the diabetic child is recognized as not only precocious in his skeleton and in his height, but above all in his mentality. These unusual intellects should be fostered at the same time we strive to eliminate the accompanying harmful attributes of the disease which sips their efficiency

The diabetic presents a laboratory for study in With our former method of caring for him he succumbed to coma, today the life of every other one ends in some phase of arterioschoosis-premature old age. Therefore, whenever we see a diabetic who has lived above the average diabetic duration of life, we should any lize that individual case in order to learn the explanation of his longevity. And since so many diabetics die of arteriosclerosis we should concentrate upon this phase of the disease as our arbeit knowing its solution will help to defer old uge for us all

to my gratification I have learned that 120 of my living diabetics have already fixed longer with their disease than they were entitled to live according to life expectancy tables when they contracted it To this number 43 others could be idded if they only survive this present year

Freatment Our knowledge of the treatment of diabetes is largely empirical. In this Academy within a decade I have listened to earnest and honest advocatés, whom we all respect, champion either an extremely low carbohydrate diet or an extremely high carbohydrate diet The two schools have expressed themselves positively and, to put it mildly, it has been rather hard for either to allow that their regimes were not the best and should supplant all others I confess I have seen certain diabetic cases do better than my average diabetic although following quite dissimilar lines of treatment from my own. This is undoubtedly due in many instances to my average being too low but we must recognize that a diabetic under careful supervision and in touch with his physi-cian gets on well. This can be explained in part because ill schools recognize and adhere to cer tun fundamental concepts (1) that a diabetical must never be overfed and for this we thin that Dr Allen most of all, (2) that the protein assiment that should approximate that of the norm the basis vidual, varying in accordance with his ar-

3 grams per kilogram body weight f voung child to three quarters of a get, which prob-alization and al-

Fat at one time formed the mained to share the of the diabetic diet and we know the same assemblishe restrictedly, led to comi Even r industrials Ti taken than many of us thought trainzed like smb sen's acute sateration and failed to utilize their carbohydrate were kept so at the smb supplied of the combination of the combination of the calories verged on the combination of the smb supplied of the combination of the smb supplied of the combination of the smb supplied of the calories and daily in detaching the smb supplied of the

tients whom I have cared for recently who are receiving less than 100 grams carbohydrate and I do not think I have seen a pritient this year whose physician had prescribed less than 50 The summer serson and New Lingland colleges bring many diabetics to the neighborhood of Boston Such diabetics if from the west usually have been upon a dict containing 80 grams carbolydrate. With Dr. Sansum's cases the car boly drate rises up to 350 grams Your Dr Geye lin, who has had so much experience with the low fat high carbohydrate diet, will I hope de scribe his own methods in the discussion of this

Perhaps you are interested in my present dietary prescriptions. Lirst of all I try never to overfeed the patient second. I try always to give at least 100 grams of carbohydrate and I hope to give 150 or 160 grams. Many patients find that they feel in better spirits and can work more vigorously with a diet of 100 to 150 grams carbohydrate than with one of 50 grams or less Very occasionally I prescribe still more but I hesitate to reach the 200 gram level because I notice that the patients of others as well as my own in successive years often, though not always require additional insulin-Purthermore I am not convinced that there is any gain for a diabetic to live on more than 150 grams carbohydrate and in turn be obliged to restrict greatly the fat in his food. With such a quantity I should think he would be safe from premature arteriosclerosis We must all strive to treat our patients the best we can and keep and publish our end results for the benefit of others

Insulin has preserved the diabetic and allowed him to live more abundantly, as Di Foster rightly requires, but like any other drug it has its dangers Regretfully I must acknowledge pubhely what others have said to me privately—that the number of deaths due to over dosage with msulm must be considerable. These occur I suspect chiefly because of confusion in the diagnosis of insulin shock from diabetic coma. Two recent man or mesad and so shocking that I util or of the people and urgency for better and die nosis and scientific excitment of three price cover the cost diab

This man of moderate mean ample exact sidered a dangerous revole benefits of these s rigible, with graft weal to the medical prof sion, more than it is likely ever to become aw of Unfortunately, public health authorities wellus sincluntary agencies, have ever igno a sent acute syngration and failed to utilize their nfluence—so essential in detern

seels that it has been attack

; 11+

ſ ~,

the

fort

cian

his

for

And

rific

si

that of medical diagnosis. But this increased cost is economically offset by the reduction of the period of disability through proper therapeusis, and by the obviation of a possible chronicity or morbidity through timely diagnosis.

The mode of present-day living, and the rapacious desire for conveniences, comforts and luxuries, have been great factors in the enhancement of medical cost. Formerly, when a woman expected to become a mother, she arranged the most suitable room in the house to meet the occasion The same simple preparations were made in the case of miscarriages, breast abscesses, simple fractures, hemorrhoids, carbuncles, tonsillectomies and many minor conditions. Today the home, no matter how appropriate, is not a convenient place for the sick, and in most cases a room is engaged in the private pavilion of one of the hospitals or in a sanitarium, as well as the service of special nurses. All these items spell payment, and although the attending physician has no financial interest in these expenditures (if anything, they may jeopardize the surety of his own payment), yet he is debited with this cost. The only criticism that may be registered here against the physician is his failure to discrittage these unnecessary and, to all appears travagant indulgences

Looking at these enormous industry, mercial and medical mergers, one we to the real worth and wisdom of the

giants.

To give even an approximate (economic benefits and commercial ad may accrue from these industrial in a syst premature. But the medical mergers, for their pretentious structures, have an nothing to the intrinsic value of medicine ansurely have not enhanced the standard of its practice. And in the words of Doctor Smith:

"The whole conception of the practice of medicine as it has evolved is bound up in the idea of the individual and personal service of the physician to his patient—a close and confidential re-

lationship.'

Medical service in these institutions is no longer a contribution of the physician who is prompted by a humane sympathy towards the afflicted and suffering; it is just merchandise handed out by a medical automat when the complaint is deposited into the slot-machine of a Medical Center.

Medical service, as it is practiced in these institutions, has no longer the personal in "the the confidential relationship between' patient, but a cold business routine be extension institute and policy holder

Medical charity, as dispensed in toria, is no longer the rendering of by a profession of cooks in detachtion of cooks in detachtion of covery bad. oft, Surgice clinic.

And although the physician is the all-important factor in every medical institution, notwithstanding the big array of paid supervision and salaried social directors, giving his services gratis or for a pittance, yet his identity is lost in the glare of advertised institutional magnatumity, and his contribution of service effaced by the blazing generosity of a benevolent directorate

If these medical "combines" are gradually congealing professional relationship and its psychic bearing on therapeutic beneficence, they are doing even greater harm to the public welfare by undermining the integrity and economic well-being of the physician by the unfair competition made possible by enormous funds at their disposal

"Organized medicine," said a writer some time ago, "is usually hostile to any new project which endeavors to promote an increase in the practice of preventive and curative medicine. Organized medicine is very commonly opposed to any activity which competes with the practice of medicine or tends to reduce the economic cost of disease."

These innuendoes and ignominious insinuations are mendacious, baneful and false and have done much in their pernicionsness to vitate the esteem of the public toward the profession. Most physicians are prompted by a sincere desire to render the best service to humanity, and look on disease public calamity in whose eradication the entitle of the public procession must participate. This is sufficiently in the put by the historical register of those

who gave their lives for the cause who gave their lives for the cause their lives for the cause who paid uplifters and professions, the cauldron of medical being filled with new

th keep on crystalliz-.....ion of discase. Public € quarded today than it ™ly has the span of life " , statistics, by at least by gulance, but life itther plane of sound 📣 early diagnosis and dical man lives for not only the comin the average physin he does not patent mpelled to struggle . simple existence mefits of these sac the medical profeser to become aware alth authorities, as

has been attack "
d is rightfully iugelow as

have ever ignored

) to utilize their ex-

ential in determin

olindness in a susceptible individual. (I of no way of determining susceptibility rance.)

re are many other poisons toxic to the nerve, although few act so quickly. g the poisons in common use which may sudden blindness may be mentioned e and allied derivatives of cinchona, preparations, filix mass, atoxyl, acetansmic acid, etc. Blindness due to these s may be permanent, but there is more recovery of all or a large part of the

len blindness occurring in acute glaugenerally affords a favorable immediate sis—favorable for the vision because can be restored by immediate operation worable for the glaucoma because the 's attention is forcibly centered upon iousness of his disease and his consent ation is obtained at the most favorable or preserving the optic nerve, namely beginning of the first attack.

erical blindness usually comes on sudIt may assume any form, from scotoand field defects, to total amaurosis.
vary in its manifestations from day to
The pupillary reaction to light is not
The diagnosis is often difficult, espenthose cases where there is not total
vision. The patients are not malingerme should not diagnose hysteria unless
nology (such as retrobulbar neuritis,
e sclerosis, etc.) has been definitely
d except in most obvious cases, and
ten in a certain proportion of cases,
ill occur. The prognosis is very good,
time limit can be set.

dden blindness due to retrobulbar neuprognosis is favorable if the underlynology can be early diagnosed and reIf not relieved within two or three
ptic atrophy in varying degree usually
even though the causative factor be
ently eliminated. I believe nasal sinus
principally ethmoidal, to be by far the
mmon cause; I feel that when the
clears up following tonsillectomy
bably because the sinus involvement
spontaneously with the removal of
llar focus. There is much difference

of opinion in regard to this subject, but I feel rather strongly that retrobulbar neuritis is rarely a focal infection, but usually results from direct extension of the inflammatory process through the thin walls of the ethmoid.

In the foregoing discussion of certain outstanding conditions which cause sudden blindness, I have endeavored to indicate the prognosis as far as the eye and sight are concerned. But is this enough? It must have been apparent that in all but traumatic cases, affections of the eye are usually related to diseased conditions elsewhere in the body, either local or remote.

If we see a retinal hæmorrhage, from our standpoint as ophthalmologists this is serious in so far as it may affect vision, but from our broader viewpoint as men of medicine the hæmorrhage is merely an incident probably portending serious impairment of the circulatory system, which may happily be only transi-

tory or may be of grave omen.

In considering inflammatory reactions of the uveal tract, which are generally regarded as manifestations of focal infection, we are very apt to regard recovery after the cleaning up of some one focal infection as definite evidence that this focus was the sole factor in the local tissue reaction. It may have been, but "post hoc, propter hoc," is a misleading form of reasoning. The normal healthy individual can neutralize a surprising amount of toxin from teeth, tonsils, sinuses, etc., without showing tissue reaction, but a day may finally come when a little extra toxic absorption disturbs this delicate balance and uveitis develops. Prompt removal of a diseased tooth, or tonsillectomy, or exenteration of the sinuses, any one of these, may restore the balance between toxic absorption and tissue resistance. realization of this would discourage much vainglorious boasting of specific cures. case of many eye affections, if they get well in the course of treatment which is not directed at a specific etiological factor, it is because the accompanying systemic derangement or imbalance has returned to normal, probably with the aid of the rest, diet, catharsis, salicylates, mixed treatment, foreign protein injections, etc., which we have prescribed more or less empirically.

### MEDICAL AND SURGICAL ASPECTS OF ACUTE BACTERIAL INFECTIONS

PAPERS PRESENTED DURING THE THIRD GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE, ABSTRACTED BY FREDERICK P REYNOLDS, M D, MEDICAL SECRETARY, COMMITTEE ON MEDICAL EDUCATION

Second Article Ao I is in the Jurnal of December 1st 1ages 1397 1403

#### DR HENRY SAGE DUNNING

HE mouth is the most unclean cavity in the body, the jaw bones become infected oftener than any bones in the body and chronic infections of jaw bones lasting for years have a deleterious effect on nearly all the vital organs," said Dr. Henry Sage Dunning, Professor of Oral Surgery at the Columbia University Dental School, in an address on "Infections of the Mouth"

"Approximately 100 different kinds of bacteria may be found in the average mouth. The dental tissues forming the mouth cavity are injured constantly by hot and cold foods, medicines, illfitting plates, crowns and bridges, broken teeth, hard substances taken in the mouth, in the food, and the wear and tear of mastication

"The mouth is a difficult cavity to keep clean and is an ideal place for micro-organisms to grow and multiply. When bacteria are present and there is mjury of tissue there generally follows inflammation of tissues as the bacteria are given an opportunity to attack and enter the tissues causing an infection. The microorganisms of the mouth may enter the jaw hones directly through an injury of the gum and also through a cavity in a diseased tooth whose pulp of nerve dies and then becomes a pulpless tooth. When the bones of the jaws become infected the bacteria

lodge in the tiny spaces in the spongy bone and it is at times impossible to rid the bone of this infection. The bacteria in the bone have an ideal environment for their growth and reproduction as the blood scrum, moisture, heat and lack of air promote their life activities. The bacteria locked in bone, form toxins and the poison drains into the bone in the direction of the least resistance It is impossible to sterilize the hone or the tissues in the mouth, and consequently the bacteria remain in the bones for years and often for the life of the patient. It depends a great deal upon the chemistry of a person's body and one's resistance to infection whether or not the 'bugs' in one's system become active, crusing disease, or whether they do not

"The concensus of opinion is that it is a rational procedure to eliminate as many bacteria in the body as possible, just as it is now thought wise to reduce the bacterial content in milk and other food taken into the body To this end, modern medicine and dentistry are working to eliminate dangerous bacteria and thereby to prevent disease It is much easier, more economical, more comfortable and less dangerous to keep the mouth clean and the teeth, guins and bones healthy than it is to cure a given disease after it has a 'good start' in a dirty, neglected mouth '

#### DR ISIDORE FRIESNER

Infections of the middle ear play an important role in acute infections affecting other parts of the human system, declared Dr Isidore Friesner, Otologist to the Mt Sinai Hospital, who spoke on "Infections of the Middle Ear" He stated that their treatment is "solely surgical" It consists, broadly, of an attempt to destroy the continuity and obliterate the infected vessel. He stated that there was no evidence indicating that transfusions of any character contribute except indirectly to the establishment of cure

Discussing the pathological changes caused by infections of the middle ear in remote parts of the system Dr Friesner said. "It is interesting to speculate regarding the manner in which the blood stream is relieved of the infectious agent We have seen an instance of severe chill at

night with colonies of streptococci too numerous to count in the blood culture taken at this time and twelve hours later the blood culture be sterile. This phenomenon was repeated three or four times" He stated, on the other hand, that instances of multiplication of bacteria in the blood arising from inflammation of the ear had not come under his observation

The speaker discussed systemic infections arising from the middle ear and affecting the lungs and abdominal organs He added that as far as the symptoms generally are concerned, in such infections they do not differ in their essentials from those of general bacteria infections from other sources. He emphasized the importance of infections of the middle ear in causing acute systemic infections

#### DR. FREDERIC W. BANCROFT

of the Fifth Avenue Hospital, analyzing the most

Dr Frederic IV Bancroft, Surgical Director common postoperative infections discussed the prevention and treatment of wound infections

blindness in a susceptible individual. (I of no way of determining susceptibility vance.)

re are many other poisons toxic to the nerve, although few act so quickly. g the poisons in common use which may sudden blindness may be mentioned re and allied derivatives of cinchona, I preparations, filix mass, atoxyl, acetansmic acid, etc. Blindness due to these is may be permanent, but there is more y recovery of all or a large part of the

den blindness occurring in acute glaugenerally affords a favorable immediate osis—favorable for the vision because can be restored by immediate operation avorable for the glaucoma because the t's attention is forcibly centered upon riousness of his disease and his consent ration is obtained at the most favorable or preserving the optic nerve, namely beginning of the first attack.

erical blindness usually comes on sud-It may assume any form, from scotoand field defects, to total amaurosis. vary in its manifestations from day to The pupillary reaction to light is not The diagnosis is often difficult, espen those cases where there is not total vision. The patients are not malingerne should not diagnose hysteria unless lology (such as retrobulbar neuritis, e sclerosis, etc.) has been definitely d except in most obvious cases, and en in a certain proportion of cases, ill occur. The prognosis is very good, time limit can be set.

dden blindness due to retrobulbar neuprognosis is favorable if the underly-10logy can be early diagnosed and re-If not relieved within two or three optic atrophy in varying degree usually even though the causative factor be ently eliminated. I believe nasal sinus principally ethmoidal, to be by far the mmon cause; I feel that when the a clears up following tonsillectomy bably because the sinus involvement spontaneously with the removal of llar focus. There is much difference

of opinion in regard to this subject, but I feel rather strongly that retrobulbar neuritis is rarely a focal infection, but usually results from direct extension of the inflammatory. process through the thin walls of the ethmoid.

In the foregoing discussion of certain outstanding conditions which cause sudden blindness. I have endeavored to indicate the prognosis as far as the eye and sight are concerned. But is this enough? It must have been apparent that in all but traumatic cases, affections of the eye are usually related to diseased conditions elsewhere in the body, either local or remote.

If we see a retinal hæmorrhage, from our standpoint as ophthalmologists this is serious in so far as it may affect vision, but from our broader viewpoint as men of medicine the hæmorrhage is merely an incident probably portending serious impairment of the circulatory system, which may happily be only transi-

tory or may be of grave omen. In considering inflammatory reactions of the uveal tract, which are generally regarded as manifestations of focal infection, we are very apt to regard recovery after the cleaning up of some one focal infection as definite evidence that this focus was the sole factor in the local

tissue reaction. It may have been, but "post hoc, propter hoc," is a misleading form of rea-

soning. The normal healthy individual can neutralize a surprising amount of toxin from teeth, tonsils, sinuses, etc., without showing tissue reaction, but a day may finally come when a little extra toxic absorption disturbs this delicate balance and uveitis develops. Prompt removal of a diseased tooth, or tonsillectomy, or exenteration of the sinuses, any one of these, may restore the balance between

toxic absorption and tissue resistance. realization of this would discourage much vainglorious boasting of specific cures. case of many eye affections, if they get well in the course of treatment which is not directed at a specific etiological factor, it is because the accompanying systemic derangement or im-

balance has returned to normal, probably with the aid of the rest, diet, catharsis, salicylates, mixed treatment, foreign protein injections,

etc., which we have prescribed more or less empirically.

often harmful. The microorganisms found in the blood stream are usually the organisms multiply-

ing far from the site of inoculation.

The study of the treatment of anthrax serves as an illustration. Twenty-four years ago the text books of surgery advised excision of the skin lesion of anthrax, followed by the application of caustics, strong antiseptics, or the actual cautery. Small local lesions recovered after this treatment but the results were not as good as when the lesions were protected from injury, the parts kept at rest, and secondary infection avoided. Apparently in some instances the bacilli seem to have been disseminated by the operation. During the last ten years a powerful antianthrax serum has been available and has been used with and without excision. There is a growing recognition that the disease is often local and shut in by a barried of cells; that excision may break through this barrier and disseminate the bacilli and may cut out a focus perhaps furnishing anti-bacterial substances; and that, if the microorganisms are widespread, as is often the case, local excision is useless.

"It is a common observation and one confirmed by experience that mechanical interference, during the early stage of infection should be confined to the simplest measures, such as aspiration and simple incision to afford drainage and thus avoid unfavorable pressure. It is only after the bacteria have disappeared from the circulation and the local focus is well circumscribed, that incision and drainage show satisfactory results. This was well shown in the streptococcus infections that occurred in several of the army camps

during 1918.

"Aside from these pure'y surgical measures which can only be applied in special cases with localized lesions, there are certain general measures in use today, such as bacteriotherapy, serotherapy, chemotherapy and the transfusion of blood. My own experience in these fields is limited and my attitude sceptical. I have seen no such convincing evidence of the efficacy of any measures suggested as to feel justified in advocating it whole-heartedly.

"It is well known that valuable as antiseptic solutions are in preventing secondary infection, in sterilizing the skin, instruments, etc., there are reasons why their use, when bacteria have become established and are multiplying in the body,

is unsatisfactory.

"All these considerations make it improbable that any antiseptic applied with the idea that it

is a simple germicide will be effectual,

"In regard to transfusion of whole blood, there does seem to be a general agreement that it is beneficial, at least temporarily, especially in subacute and chronic cases. Repeated small transfusions seem to be more effective than a single The color improves, the feeling of well being returns, the appetite improves; it seems difficult not to believe that it is helpful in combatting disseminated infection.

#### DR. EUGENE H. POOL

Possible pitfalls encountered by physicians and surgeons in the diagnosis and treatment of appendicitis were discussed by Dr. Eugene H. Pool, attending surgeon at the New York Hospital. He counseled greater care in diagnosis and greater discrimination in resorting to operations.

"Chronic appendicitis, as generally employed, is a misnomer, it rarely if ever occurs. The appendix is not the source of a chronic focal infection, it rarely is responsible for symptoms referable to the gastro-intestinal tract. When there is evidence of a single recent acute or sub-acute attack or repeated suspicious attacks the organ should be removed. Under other conditions one should be extremely cautious as to diagnosis and in general follow conservative measures before considering appendectomy for disturbances of the gastro-intestinal tract.

"Probably the most frequent and serious mistakes occur in children in whom the lesion is often far more advanced than the symptoms and signs suggest. Moreover, in infants and children early pneumonia is often diagnosed as acute appendicitis.

"Influenza often presents at its onset exclu-

~ med sively abdominal signs and sintestinal grippe—and not infreq. `this ieads to the diagnosis of appendiciting cially in children. Anaesthesia and operat ler such conditions greatly add to the dange liscomfort, especially if pneumonia develon

"Undulant fever has in some insa been mistaken for appendicitis and operation performed."

Dr. Pool, discussing the role of the appendix generally in diseases said: "It is beyond question, I think, that the appendix has caused more suffering, sickness and death than any other single structure of the human body. Yet it is so small and apparently so insignificant that its importance was not recognized until relatively recent years.

"When the appendix is acutely infected its peculiar blood supply favors necrotic areas through Its floating and unprotected posiits thin wall. tion in the peritoneal cavity favors spread of infection through that great area. Its generous circulation leads to early and intense reaction of the system to absorbed toxic products. Its structure embodies two tissues which elsewhere are frequently subject to chronic inflammation,

itis, pneumonitis, septicemia and blood

cating elimination of tight abdominal gs, Dr. Bancroft cited the experience of is at the Fifth Avenue Hospital who for ave not used any abdominal dressings and incealed their wounds with court plaster

y have been able to show," he said, "that neidence of evisceration or infection has n greater than when tight dressings are It is our custom to apply sufficient gauze r the incision and to hold it in place with enough adhesive plaster to prevent its

No attempt is made to apply pressure, abdominal binders are used. During the ars this procedure has been followed there n only one case of wound evisceration, as due, I believe, to other causes. The are infinitely more comfortable and their bdominal distension is certainly less. It n our custom on the first postoperative inspect all dressings, and any that feel bit tight are loosened so that the patient ortable. Even with dressings applied at the time of operation one is often sursee an expansion of at least an inch ting the adhesive the first day after the to."

uncroft also stated that "we believe that n is lessened if food is given early." In plicated cases, he said, the patient is and toast the afternoon following the

operation.

reaker said that it must be assumed that

an operative wound is rarely free from the presence of bacteria. Many bacteria in clean wounds are air-borne. The skin isalso a source of bacteria. He stated that "postoperative trauma (or injury) may be as great a cause of infection of clean wounds as the trauma (or injury to tissues or blood vessels) that occurs during the operation." He described methods of reducing postoperative trauma by preventing retching. Different type of sutures for closing wounds were discussed.

"If one studies through the microscope," he said, "the repair of postoperative wounds one is surprised to find the amount of reaction about any foreign body." Every such foreign body, he pointed out, uses up a certain amount of the normal defense reaction of the system against bacteria.

"The adoption of a careful, non-traumatizing technique will do much toward reducing infection in clean abdominal wounds."

He added that blood clots have become relatively more important in surgery as the improvement in technique has diminished many other types of complication. The causes of clots deserve more study, he stated. Coagulation of the patient's blood is an important factor in prevention. Infection or the presence of bacteria or their by-products in the blood stream is a contributing factor in clots, or thrombosis. Study of the blood-clotting factors inherent in the individual patient was recommended. Dr. Bancroft stated that the Mayo Clinic is experimenting with postoperative use of thyroid extract to prevent clots.

## DR. WALTON MARTIN

sing\_the significance and treatment of na, Dr. Walton Martin, Attending Surt. Luke's Hospital, New York, described us phases of dissemination of the infection bacteria are found in the blood nd stressed "the necessity of bringing attitude toward the various measures nthusiastically advocated, often perhaps, triment of the patient." He said that itical attitude should be "found on a of the vagaries of septicemia, or inharacterized by the present of bacteria od."

nation of the contaminated blood gives indication of the complex phenomena e. The number of microbes discovered t a portion of the myriads in the body ly indicate the passage of hundreds of on their way to destruction.

recast of the patient's fate can only y considerating the entire clinical hismection with the blood culture.

not, necessary to be hopeless when

pathogenic germs are found in the blood current. In many patients the germs are poured into blood powerfully bactericidal. In many the germs are found in early stages of disseminated infection, which will pass on to localization and recovery."

Dr. Martin described various experiments on animals showing the course of dissemination of bacteria in the blood and discussed the body's reaction to the invading bacteria and various therapeutic methods to combat the infection.

Dr. Martin said that in most infections there is an initial lesion at the point of implantation indicating a local sensitization of the body and a heightened capacity on the part of the cells to react to the invading parasite.

However, he warned that efforts to deal with the bacteriemia condition at the point of the in-

itial lesion alone were inadequate.

"Attempts have also been made to excise the initial lesion under the impression that the microorganisms are finding their way into the circulation from this primary focus," he explained. "Such treatment is nearly always unsuccessful,

still has too high a mortality in childbirth, European countries are also dissatisfied with their conditions in this respect

Dr Kosmak's subject was "Puerperal Morta'ity and Its Reduction" He introduced the general subject of the program arranged for the
evening by the County Medical Society. The
other speakers were Dr. J. Whitridge Williams,
Obstetrician-in-Cluef, Johns Hopkins Hospital,
Baltimore, and Dr. John Osborn Polak, Profes-

sor of Obstetrics and Gynecology, Long Island

College of Medicine, Brooklyn
"A world-wide interest has been developed in
recent years in the mortality due to childbearing,"
said Dr. Kosmak "The acceptance of a certain
number of maternal deaths as unavoidable risks
which are associated with pregnancy and labor
has been universal for so many years that it was
difficult until a comparatively short time ago to
develop any interest in the subject among the

luty, or even in medical circles

"This point of view has undergone a change and the public has asked and the profession has been asked very bluntly why this should be so, and more particularly we are asked whether anything can be done to prevent this high death rate. For experience has shown that it is definitely possible that a certain proportion of deaths from childbirth can be prevented. In fact, this development in our knowledge has gone so far that we can actually separate the causes of puerperal deaths into those which are preventable and those which are unavoidable.

"In the latter group would come certain un fortunate complications of pregnancy characterized by hemorrhage and similar factors, and in that former larger group we may place toxemia and infection. It is to the infections associated with childbearing that we give special attention in this program and well may this subject be included in the general topic to which the Gradunte l'ortright is devoted. Its importance from a medical as well as a social and economic point of view is stupendous, for puerperal sepsis, that particular complication of pregnancy under discussion takes a toll of over one-third of the mothers who have sacrificed their lives to child-bearing.

'It would seem that sepsis could be prevented in obstetric practice as it is elsewhere in medicine As a matter of fact it his to a large degree, but as we are still ignorant of all the modes by which it develops, the milleunium is not at hand in so far as its complete abolition is concerned. But we must continue our efforts to attack the problem, even if this requires a revision of the me ins by which we have thus far studied it.

"It appears to me that the methods of prevention generally employed are too much limited to local conditions and not sufficiently extended to the patient and her organism as a whole We

have directed our attention largely to the maintenance of an asentic labor, realizing fully however that even where this is properly conducted there are numerous avenues of infection which cannot be completely controlled. In this we have side-tracked as it were the muntenance of the natural resisting powers of the patient and it might be well, although this seems far-reaching. to regard with careful thought the lessons of immunization which have been taught by the pediatrist, the internist and others. This is a field which has been largely neglected, for we have been so busy with our local efforts of preventing the introduction of organisms into the body that we have forgotten how great a factor the natural immunity of the woman is under such circum stances. Were it not for this immunity a much larger number of women would succumb we are gradually finding out that the pregnant woman develops a preventive organism in her pelvis and in her blood-stream, the maintenance of which we must aim to develop and to make use of in our fight against puerperal sepsis

"This, I believe, to be one of the leading factors in future efforts to reduce septic infection as the result of childbearing. In the meanwhile it is important that we persist in our use of the knowledge already at hand and that every effort he made to avoid the introduction into the gencrative tract of any pyogenic organisms which may later possibly invide the tissues themselves As a matter of practice this should be the prin cipal aim because here we are treading on more or less known ground, for it has been amply proven that a delivery conducted under natural and clearly circumstances is less apt to spell disaster from the standpoint of infection than one which is carelessly or ignorantly carried out A tendency to interfere with the natural course of labor by various operative and other procedures is undoubtedly one of the most serious accusations which the profession will have to face It will be difficult to curb this tendency, for on the one hand, there is the demand by the patient for a shortening of her labor, stimulated as it has been by widely circulated magazine articles and other propaganda, to which desire for relief the physician is only too ready to accede perhaps for reasons of his own And then on the other hand, is that increase in technical knowl edge about obstetric deliveries which is so valuable in the hands of the highly trained specialist and so dangerous if practised by his less competent collergue

'And how may the unfortunite result of these circumstances be combated? I believe very firmly that it is only by the proper education of our medical students, by gruing them a well balanced general education in medicine, rather than a smat terms of the various specialties, so that they will provide a thorough knowledge of the physiologic and

of a characteristic empyema. Every year the war a few of these cases have also been The wide-spread occurrence of these cases demic form and the spontaneous cessation epidemic, constitute phenomena among the triking in modern medical history.

e typical pneumococcus cases give rise to loubt and one can never be absolutely sure individual case whether he is not in reality; with a case of true lobar pneumonia. The number of such cases, however, in my ence is small, only about two per cent of es of pneumonia. These cases have not neluded among the cases of true lobar onia because of the typical onset, the mild and the irregular distribution of the lesion ung with evidence of wide-spread involve
[ the bronchi. The mortality among these as been low, 7.5 per cent, and the pneuconcerned have in almost all cases been forup IV.

e will not permit nor do I propose to to recount all the progress that has been uring the past twenty years in the eno understand the nature of the phenom-

infection and recovery in the best rized form of pulmonary infection, obar pneumonia of Type I and II. Difof opinion undoubtedly exists as to the mificance of all the observations made 
instances, and their practical applicaproceeded very slowly. But, as you all 
en in industry it takes time for new 
new methods to be made applicable to 
e of man on a large scale. General emof the airplane has not immediately 
the demonstration of the possibility of 
any advances in knowledge concerning 
technical procedures must wait long be-

of specific or serum therapy, progress has also not been entirely lacking. While the administration of oxygen in pneumonia is an old remedy, its theoretic foundations were seriously questioned and its efficacy greatly doubted until very recent years. It was only through the construction of chambers in which the oxygen content of the air could be carefully regulated, and in which patients suffering from pneumonia could be treated, that the amount of oxygen they received could be accurately determined and its effect observed. It has now been demonstrated that when patients suffering from cyanosis, and therefore with deficient oxygen content of their hemoglobin, are placed in an atmosphere rich in oxygen this cyanosis diminishes or disappears, the color of the skin becomes normal, and the blood, when tested, is found to have increased its oxygen content. In many cases this change is accompanied by subjective improvement and even apparently by real relief to the circulatory and respiratory apparatus. That the relief of this burden of anoxemia in a patient, otherwise seriously intoxicated, is of real benefit seems obvious on theoretical grounds alone. Whether, however, the severity of the infection, which after all, is probably what most matters, is thereby changed to any appreciable extent, only a much wider experience will show.

"It can hardly be maintained that drug therapy in this disease has shown any outstanding advances in recent years. Experimental and clinical studies, however, have more clearly revealed the effects of certain drugs in pulmonary infections, and have indicated the harmful effects of particular drugs under certain conditions, drugs which were formerly widely, and frequently indiscriminately, employed. For instance, the usefulness of morphine in most cases has been experimentally and clinically demonstrated, but on the other hand, its harmfulness in certain cases with mide-spread exudation into the lung has

Volume 30 Number 24 1479

# NEWSPAPER PSYCHIATRY—THE PSYCHOPATHOLOGIES OF EVERYDAY LIFE By LOUIS J. BRAGMAN, M.D., SYRACUSE, N. Y.

T is interesting to analyze, from a psychiatric point of view, some of the so-called startling occurrences that are daily chronicled in the headlines of our newspapers. It is possible, reasoning from analogy and making due allowances for the distortions, inaccuracies, and inadequacies as to pertinent facts apparent in the news accounts, to unravel many of these complicated happenings in the drab light of hundreds of similar cases encountered in the doctor's private practice, in clinics, and in hospitals. Every physician with psychiatric experience can easily duplicate from his own office files almost any of the types of hizarre, sensational behavior that provide grist for the newspaper mill.

Dr. George Zeller, Director of the Peoria, (Illinois) State Hospital, recently selected nine patients with whom he had close professional contact and wrote them up under the title The Bereft.\* The table of contents of this book would brighten the day of any "copy" editor, including as it does the story of Fainting Fanny, one of the most celebrated institutional characters this country ever produced, who could escape the legal consequences of her depredations by the simple expedient of feigning illness, which she developed into a fine art; the tale of The Graveyard Elm, which deals with a well-known aberrant type of mind that takes a morbid delight in desecrating graves, and other interesting cases, which in the daily press would bring shudders of amazement and horror, but which repeat themselves with monotonous frequency in all large insti-tutions for the mentally afflicted. Even the novelist with his fertile imagination does not begin to apprehend the richness of the material afforded by the neurotic or the psychotic individual whose behavior to the editor would be "news." but to the physician is routine "clinical material." Truth is indeed stranger than fiction. A glance at some newspaper types, picked at random, will bear this out:

"Boston's Entirely Unofficial Spokesman" is the caption of the rotogravure picture of a man, eccentric by his very appearance, who was the subject of a prominent news item recently. In brief, the story relates that this man, a janitor, sent out invitations to hundreds of cities to attend a meeting of the "World League of Cities." No special insight into this man's life is needed to appreciate that we are here dealing with one of the many variations of the unstable mind that presents itself to the psychiatrist in his day's work. Whether this

person has the static pupils and inactive knee jerks that suggest the grandiose ideas of a paretic, or whether he represents a type of dementia-præcox psychosis, cannot be determined except through personal examination, but enough is manifest on the surface to indicate that his mind is running in an abnormal channel.

There is the case of the freak featured under the heading "Fiddle-Maker Eighth Time Offers To Be President." Such persistency is without question "queer." The write-up says: "Alvin Washington Van Dorsten, a violin maker, today announced himself a candidate for the eighth time for the Presidency of the U. S. His announcement submits his name to both the Democratic and Republican parties." The noble ambitton here manifested is something for the casual reader to smile at quietly and pass over, but who can doubt the day-dreams, the pleasant phantasies, the blighted hopes, that pervade the mind of this unfortunate would-be-president and form the background of this "clinical picture"?

In psychiatric terms, we are dealing here with the "paranoic" mind, a "paranoic" being a person who has built up a system of delusions, who is abnormally suspicious of others, and often suffers from an unreasoning fear of being harmed by those around him. This condition, coupled with the normal defense mechanism, frequently makes the paranoic a dangerous person. There are two general types of paranoia, though at times they are not clearly distinguishable, the one associated with dementia præcox and the other a pure type. In the first, owing to the accompanying mental deterioration, the bizarre ideas are often recognized and properly interpreted before any harm is done. Frequently, this type is included in the membership of the various cults, religious, social, and otherwise, that are written up in great length in the papers one day and forgotten the next. But it is the second type, the true paranoic, whose system of ideas, unaccompanied by any mental breakdown, is of such seemingly logical quality, that he becomes a potential social menace. In this class we find the so-called public nuisances. many cases of malicious conduct, "poison-pen' letters, litigations, assaults, and homicides.

The scientific paranoic is always on the front page. Here is another specimen, typical 1 cause, with no mathematical skill or training with no intellectual assets, he is bent on setting existing systems, on revising plophies of life, and otherwise transformation.

\* Unblished by the Illinois Department of Welfart in 1925. Distributed gratis by the State of Illinois



# PRACTICAL CONCLUSIONS DRAWN FROM ONE THOUSAND FORCEPS DELIVERIES

#### By H. J. STANDER, M D, BALTIMORE, MD

Abstract of Paper real before the Medical Society of the State of New York at Rochester N J June 3 1930. For complete orticle, see Johns Hopkins Hospital Bulletin. December 1930.

**7HE** two most important problems in Obstetries in this country are the appalling maternal mortality and the high death rate in the new-born We, as obstetricians, cannot be proud of the former, nor can we clum to have materially reduced foetal mortality during the past generation, except by the prenatal treatment of syphilis and perhaps by the more frequent employment of Clesarian section in patients with contracted pelves. It is only by an honest acknowledgment and careful study of our bad results, rather than by directing attention to our occasional satisfactory successes, that we shall be able to raise the standard of obstetrical practice and thus reduce these death rates

This paper is based upon the analysis of one thousand consecutive forceps deliveries performed in the Obstetrical Department of the Johns Hopkins Hospital from October 17, 1917 to December 31, 1929—a period of slightly over twelve years. It shows that in 15,370 full term deliveries, the incidence of forceps delivery was

about 9 per cent, or 1 in 11

The following conclusions are drawn

1 Low forceps constitutes over 80 per cent of all forceps delivery, while high forceps was performed in less than 2 per cent of the cases

2 Uterine mertia or prolonged second stage of labor accounts for over half the forceps operations

3 Forceps delivery is necessary four times more frequently in primiparous than in the mul

tiparous patients

4 Contracted pelvis occurs more than twice as frequently in the colored as in the white patient. It is a considerable factor in the indication for forceps, since it not only includes contraction of the pelvic outlet due to funnel pelvis, but also plays a considerable part in the production of uterine mertia, in patients who are subjected to a test of labor.

5 The gross foetal mortality incident to for-

ceps delivery is 10 per cent

6 The foetal mortality in colored primiparae is 17.4 per cent, and constitutes the most important single factor in the production of the high gross mortality in forceps delivery

7 The focial death rate is definitely increased by failure of rotation in posterior presentations and is particularly high where the head is ar

rested in deep transverse

8 The duration of labor is a very important factor in increasing the foetal mortality incident to forceps delivery. After 48 hours the foetal death rate becomes excessively high

9 Only one fifth of patients delivered by forceps had no perineal lactrations. As tears are far more frequent in primiparae, primiparaty may be an argument in favor of routine episiotomy.

10 Our experience shows that the colored woman is about twice as poor a risk as to both morbidity and mortality, as the white prigent

11 The cephalic application of the blades is essential to the proper performance of forceps delivery. The high incidence of obliquely posterior and of deep transverse presentations makes it inadvisable to apply the blades to the sides of the pelvis, and it is to neglect of this precaution that the great dread of such presentations is due

12 The foctal heart in utero does not always afford satisfactory information as to the condition of the child, and this should be borne in mind especially when forceps are applied in women who have been in labor for more than

36 hours

13 The foetal mortality is higher in primiparae than multiparae, and this is particularly true for forceps delivery in the young primipara under 20, as well as in the elderly primipara over

35 years of age

14 From the considerations here adduced, it is apparent that the conservative use of the forceps is a means of saving the lives of many infants, but nevertheless, the foetal mortality is higher than is usually appreciated



# PRESIDENTIAL COMMENTS ON CURRENT EVENTS-No. 12

eaking at a great many medical society this year I have received in return an unding of the medical attitude and common the public attitude toward certain relationships that I would not have unfrom any other experience that I have the State there is an aroused inter-

tions. It has appealed definitely r cent of the medical profession hily physicians and who do about of all the medical work. To aily physician, who knows the ing, and sympathetic relationship that between doctor and patient, will do develop a spirit of public medical ny activity of organized medicine

cent annual conference of the Secredents, and Editors of the Constituent al Societies, there was more attention dical relations than usual. There was recognition of the fact that there is the practice of medicine than just to se.

that the profession will go along with e thought that a doctor has a dual. The major one is the private practice ie, the intimate relation of doctor and st as it always has been. This is the f scientific medicine. We have just cience as we can make use of. Scienme is on a high plane. The other part r's responsibility is essentially civic. It gation to take part in public medicald help to discharge the public social f medicine that once was greater than and to which we must come back if ng to hold the full measure of public

retaries' Conference discussed "Service idigent Through Contract with the edical Societies" and "Methods of Radio Valuable in Spreading Health a." There was considerable discusto "Health Insurance" as it exists wenty-three countries of the world. example of cooperation between the fession, public health and educational is was related. The work that New has done through its Public Relations in bringing about cooperation between ations having anything to do with welfare and the medical profession in entire conference.

rence is plain enough that the proeginning to take a different attitude ities of other organizations, trying high to meet certain unsolved health iefly arising from an awakened public ousness and due to the revelations of

medical research. These resources have not yet been made fully available to the public, and their lack of availability constitutes one of the major problems confronting the medical profession.

The medical profession has for some time blamed health organizations and the State for their public health activities, on the ground that it interfered with the private practice of medicine and that it was wrong to do anything that might interfere with the reputation of the practitioner. This attitude of mind is changing now to the need of guiding and directing health activities of other agencies, realizing more than ever before that there are changing social conditions and that the activity of other agencies is solely because the medical profession has not been able to publicly distribute the benefits of the resources that its own science has developed for the prevention and limitation of disease.

There is a growing impression in organized medicine that we are talking rather too much and too publicly about economic conditions and creating economic committees and economic bureaus as our sole effort to correct the troubles. Everything is suffering economically today.

The attention that the profession gives to the discussion of the indication of social trends in health demands is one of the most interesting indications of changing times. All that organized medicine can do is to adopt certain policies that will give to the public the health servce that it needs; to take a civic interest in the efforts of organizations to solve health service problems, and to give to the work of other organizations expert aid and guidance and render the technical medical service that it is trained to give.

The interest shown at this conference, without doubt, indicated that organized medicine realizes that it must meet certain conditions that are world-wide that have been met by most of the countries of the world by health insurance and have not yet been met in America because they have not pressed so hard for solution. Organized medicine has not seemed to have, until recently, a conception of the danger that confronts it and this conference brought out the fact that it was about time for medicine to begin to work out an American system for medical service if it is going to escape the restrictions and limitations that have been placed upon it in many other countries of the world.

The National Secretaries' Conference this year must have appealed to the good judgment of those who attended because everyone who spoke of the program said, "This is the best program and the best meeting that I have known."

If the profession of medicine has a clear conception that real public problems confront it, then it will come nearer to solving these problems than if it continues to feel that it is already fulfilling

# OE VEELIED COOKERY INSLILULE

409 AMSTERDAM AVENUE, MEW YORK CITY Between West 79th and 80th Streets
Phone Susquehanna 7709

The Profession is invited to recommend with confidence our scientifically constructed equipment for the

# Dry Cooking of Vegetables, etc.

In practical vacuums with minimum oxidation at low temperatures at only atmospheric pressure, using only the condensed moisture of the food (in most instances) during the cooking process. Conserves the maximum amount of mineral salt and vitamin content. Preserves the natural food flavors,

A trained staff of experts is prepared to instruct the patient in our kitchen-laboratory or in the home how to carry out the physician's own dictary program.

	Name N	Мем Үокк	
	Jung	409 Amsterdam Avenue	
ut special offer to physicians.	Send information abo	COOKEKA	
Mail complete information.		INSTITUTE OF APPLIED	

Cirk

# Mucous Membrane Inflammations

NEO-SILVOL is a valuable disinfectant in its specific field of treating mucous membrane inflammations without irritation. When the etiological factor is an infection—streptococcus, pneumococcus, staphylococcus, or gonococcus—solutions of NEO-SILVOL have been found dependable in soothing the inflammatory process, in controlling growth of bacteria, and in promoting a return to normal conditions.

NEO-SILVOL, a colloidal silver iodide compound, is effective without irritation. It does

leaves no disagreeable stains.

TEO-SILVOL, a conoidat silver rodide compound, is enecite without it is not precipitate tissue chlorides, or coagulate albumen, despite its antiseptic power. It

Select NEO-SILVOL for the treatment of any mucous membrane inflammation—in eye, ear, nose, throat, urethra or bladder.

## :boilqque si loulie-ooN woH

In I-ounce and 4-ounce bottles of the granules.

As a 5% ointment in I-deachm tubes.

In the form of Vaginal Suppositories, 5%—boxes of 12.

Accepted for inclusion in N. N. R. by the Council on Pharmacy and Chemistry of the A. M. A.

# PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN

SEATTLE

ьео Упимвувогіз

мокв Иву Овделия

Сикле Вльтімовы Удая (Сиклен Воргійныя Воргій

Клизля Сітт Син Іп Сапада: May York

NOGAA

Consider Cold Radon Implants in the Treatment of Carcinoma of the

Prostate Prostate mutosЯ

SugandosaQ

Uterus (Cervix)

Breast

Antrum

**lisno**T

Гагупх

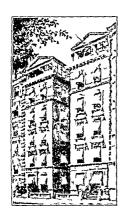
Lip Tongue

Face

(Detailed Information on Request)

KADON COMPANY, Inc., I East 42nd St., New York

# or Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

# CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets New York City
Telephone Schusler 0770

# FADON

Consider Gold Radon Implants
in the Treatment of Carcinoma
of the

Face Tonsil Oesophagus Bladder
Lip Antrum Breast Prostate
Tongue Larynx Uterus (Cervix) Rectum

(Detailed Information on Request)

RADON COMPANY, Inc., I East 42nd St., New York

# SURPRISING CUTTING CAPACIT

**ENDOTHERM MAPPLER** WODEF E in the New

specizeular, with such nicety of con-UTTING capacity nothing short of

DETROIT, MICHIGAN PARKE, DAYES

DALTIMORE

New Orthans

KANSAS CITY

May York



PRATTLE

# MODAH

of the in the Treatment of Carcinoma Consider Cold Radon Implants

Uterus (Cervix) Rectum Prostate Breast SugardosaO Bladder

mu¹tnA

lisnoT

Larynx

qi\_ Face

anguo1

(Detailed Information on Request)

KADON COMPANY, Inc., I East 42nd St., New York

Va...

# New York State Journal of Medicine

JULY 1, 1930

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E 103rd St, New York City



Entered as second class matter July 5, 1907 at the Post Office, at New York, N Y, under the act of March 3, 1879 Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorised on July 8, 1918. Copyright, 1930, by the Medical Society of the State of New York.

### TABLE OF CONTENTS PAGE IV

# A COLD-PRESSING PROCESS

insures the clear, crystal-like, non-cloying quality of Dewey's

Red and White

# GRAPE JUICE

THIS process eliminates the sweetish, unacceptable taste of juice that has been boiled, and preserves intact all the flavor and nutritive value of the natural fruit.

The limited quantity of the fine, sun ripened Jersey grapes of which Wine Grape Juice is made, and the cost of the special process, make it impracticable to place the product in the hands of dealers everywhere

We shall be glad to make arrangements to have your dealer stock it, if you kindly will send us his name and address.

## FREE SAMPLES

Complimentary samples of both red and white will be mailed to you on request.

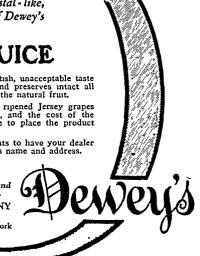
H T DEWEY & SONS COMPANY

Established 1857

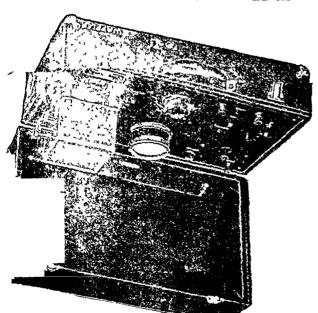
138 Iulton Street

New York

Cellars -Lgg Harbor, N J



# SURPRISING CUTTING CAPACIT



THREE types of surgical high-frequency current are delivered: Cutting (knife) in air or unde water; Coagulation and Desiccation. The cuttin from a portable apparatus, and when used for coagult tion and desiccation, remarkably large maximur capacity is available when needed. In addition, the Model F may be used for all medical diathermy apply and ample output is available for the treatmet cations, and ample output is available for the treatmet all conditions in which diathermy is indicated it

accordance with present-day technic.
The entire apparatus is enclosed in a handsom leatherette-covered carrying case 20 inches long, I inches wide and 10 inches high. Placed on the mobil table shown at the left, the Model F make, a hand

some piece of office equipment.
The investment involved is unusually small for a apparatus of such high quality and capacity. Mail thit ecupon nov.

General Office and Factory: Long Island City, N. Y. Show Rooms: 173 East 87th Street, New York City

..... State......

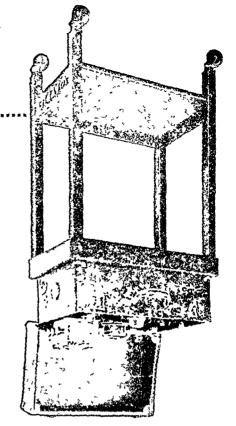
WAPPLER WAPPLER ELECTRIC COMPANY, Inc

Wappler Electric Company, Inc.,

Long Island City, M. Y.
Please send me Bulletin 728-C, describing the Model F Endotherm.

in the New MODEL F WAPPLER

trol that even the most delicate dissection is facilitated—this is the new Model F Wappler Endotherm. The Wappler Electric Company, Inc., was the pioneer in the development of endothermy apparatus. This is its latest achievement in this field.



nikakakakakakakakakaka

# New York State Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 103rd St., New York City.



Entered as second-class matter July 5, 1907 at the Post Office, at New York, N. Y., under the act of March 3, 1879. Acceptance for mailing at special rate of postage provided for in Section 103, Act of October 3, 1917, authorized on July 8, 1918. Copyright, 1930, by the Medical Society of the State of New York.

# Table of Contents Page IV

# Starch-Free Food Variety IN DIABETIC DIET



These and many other appetizing, starch-free foods are easily made in the patient's home from

# LISTERS DIETETIC FLOUR

Strictly Starch Free

Self-rising

Carton Listers Flour (one month's supply, enough for 30 bakings) \$4.85

Ask us for the name of the Lister Depot near you. Advertised only to the physicians,

Lister Bros., Inc., 41 E. 42nd St., New York



Greatly Increases Tetanus Cases

## OTHER AUTITOXINS

# 1. Erysipelas Antitoxin

for therapeutic use only. plied in concentrated form Konrad E. Birkhaug. Suping to the principles of Dr. product is prepared accordthan 50%. This widely used period of disability by more Reduces the patient's

### .ddiup2 2. Scarlet Fever Antitoxin

exceed 10 ce, in volume, therapeutic dose does not and therapcutic use, The able for prophylactic u-c, centrated form only. Availmittee, and supplied in confrom the Scarlet Fever Com-Prepared under license

## Saulbb. 3. Diphtheria Antitoxin

. - Jimii 000,02 of 000,1 mort sgacob ni yaiyusy edhirye oliqoea a minimum. Marketed in laxis and serum sickness to and the danger of anaphythe percentage of total solids Especially treated to reduce Isotonic with the blood.

> cases of tetanus. July celebrations also cause many from freworks during Fourth of The burns which children sustain be followed by tetanus infection. to street dirt or garden soil may fractures. Exposure of any wound nails, and cuts, abrasions and punctures from splinters and number of burns, lacerations, injury, and thus increases the activity increases exposure to ing the warm months. Outdoor danger is greatly increased durmonth of the year, but the TETANUS occurs in every

> tetanus. ably the surest preventive of Tetanus Antitoxin is unquestionfrom reaction-producing proteins. sorption. It is remarkably free fluidity that permits rapid aband high in potency, yet of a small in bulk, low in total solids Tetanus Antitoxin Squibb is

> 5,000, 10,000 and 20,000 units. keted in syringes containing units. Curative doses are marvials or syringes containing 1,500 prophylactic use is supplied in Tetanus Antitozin Squibb for

, instruction of the state of t

Write to the Professional Service Department for Interature

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858. E.K. 2001BB & SONS, NEW YORK

eresitracia of putitive mich all XXIIOL off coitness exerts

Specific for Pernicious Anemia

# VENTRICULIN

This new Anti-anemic Substance is now obtainable from the nearest Parke, Davis & Company branch or depot through your regular source of supply.

Researches collaborated in by Dr. E. A. Sharp of our Department of Experimental Medicine and Drs. C. C. Sturgis and Raphael Isaacs of the University of Michigan have resulted in the development of a stomach extract which presents certain definite advantages over liver extract in the treatment of pernicious anemia.

- 1. More palatable.
- 2. More effective in stimulating reticulocytosis.
- 3. Better adapted to prolonged treatment.
- 4. More stable.
- 5. Cost to patient greatly reduced.

The name of this new product is Ventriculin (from the Latin ventriculus, stomach). Ventriculin is marketed with the collaboration of the Thomas Henry Simpson Memorial Institute for Medical Research of the University of Michigan. Every manufactured lot of Ventriculin is tested by the University of Michigan and approved by the Director of the Simpson Memorial Institute before it is distributed commercially.

Samples, for the present, are not available.

# PARKE, DAVIS & COMPANY, Detroit, Michigan

New York Kansas City Chicago Baltimore New Orleans St. Louis Minneapolis Seattle

# RADON

Gold Radon Implants for Interstitial Use.

Description: — Pure Gold (24 Karat)

Wall thickness 0.3 millimeter Outside diameter 0.75 millimeter Length 5 millimeters

Length 5 millimeters Mechanically sealed

Radon content certified and guaranteed.

Suitable Radon Implanters loaned for each case.

All orders and inquiries given prompt attention.

(Booklet furnished on request)

RADON COMPANY, Inc., 1 East 42nd St., New York

# 01 . U.

# Gold Radon Implant

A Decided Forward Step in Radium Therapy

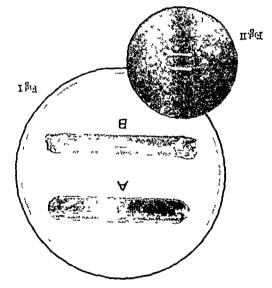


Fig. 1 Comparison as revealed by the microscope—magnification 5<sup>1</sup>, diameters.

(A) New Gold Implant with perfect hemispherical ends. Fultation 0.3 mm.

ends. Fultration 0.3 mm.
(B) Old type Gold Implant. Filtration 0.2 mm

Fig. II Same seeds—actual size.

TEVK-BROOF COLD

Doth Reproductions Unretouched

COLD RADON IMPLANT
420 LEXINGTON AVE OF ANERICA

Telephone Lexington 1847

RADON IMPLANTS

Radium therapists will instantly recognize the advantages of this new Gold Radon Implant\*.

No longer need there be uncertainty as to the loss of radon through leakage. The new Gold Radon Implant is hermetically sealed. Certified concentration is now assured.

The serious objection to the irritating effect of sharp and ragged edged implants is now completely overcome. With perfectly hemispherical ends, highly polished, the new Cold Radon Implant can be passed through the implanting instrument without difficulty, and will not cause irritation to implanted and will not cause irritation to implanted

Every implant is uniform in dimensions, and has these physical characteristics: outside diameter 0.9 millimeter; length 4 millimeters wall thickness 0.3 millimeter instead of the usual 0.2 millimeter. All implants are made from 24 karat gold. Absorption of Beta rays 97.6% as against gold. To 0.2 millimeter gold formerly used.

We furnish the new Gold Radon Implant in two types—permanent or removable. Removable implants can be withdrawn from tissue immediately treatment is concluded.

You may enjoy these added advantages at no increase in price.

Implanting instruments will be loaned without charge.

Quick deliveries to all parts of the United States or Canada.

Wire, write or telephone your orders.

\*Prepared and Sold under License U S. Patenis Nos 1,655,156-

# New York State Journal of Medicine

The part of the pa

Egitted as second-class matter July 5, 1907 at the Fost Office, at New York, N. Y., under the act of March 3, 1879. Acceptance for mailing at special rate of postage provided for in Section 100, Act of October 3, 1917, authorized on July 8, 1918. Copyright, 1930, by the Medical Society of the State of New York.

DALAM DALAM DELIMBER DE DE LA PROPERTICIO DE LA PORTICIO DE LA PROPERTICIO DE LA POP

TABLE OF CONTENTS PAGE IV

# Starch-Free Food Variety IN DIABETIC DIET



These and many other appetizing, starch-free foods are easily made in the patient's home from

# LISTERS DIETETIC FLOUR

Strictly Starch Free

Self-rising

Carton Listers Flour (one month's supply, enough for 30 bakings) \$4.85

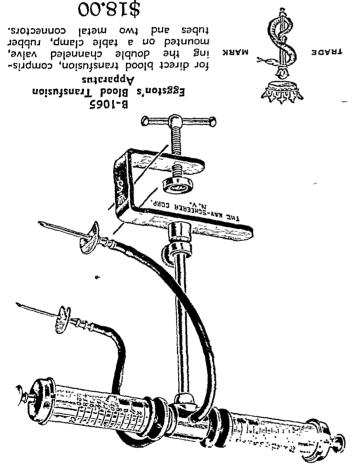
Ask us for the name of the Lister Depot near you. Advertised only to the physicians.

Lister Bros., Inc., 41 E. 42nd St., New York

# Februar

# A New Double-Syringe Principle in UCOD TRANSFUSION APPARATU

By Dr. A. A. EGGSTON, New York



shortens the period of recipient. This principle discharging same into the si boold atiw ballit ylsuo while the syringe previthe donor with one syringe of blood being drawn from The arrangement permits syringe to the recipient. other side from the blood the blood, and on the to the syringe aspirating one side from the donor a continuous channel on that alternately torm with transverse grooves der of which is supplied the inner revolving cylinan airtight, friction valve, to , nism off ni , etsisnoo zuteraqd A noizutzner T I HE Eggston's Blood

transfusion which in turn reduces to the minimum the possibility of clotting. Send for a reprint of technique. Price, complete with both syringes and needles, \$31.50.

Call and see our New Show and Sales Rooms on the eighth floor of the B Empire Trust Building, located at 580 Fifth Avenue, New York City.

# KNASCHEEBEB COBBOBATION

280 24P YAENDE' NEM LOKK CILL

Vol. 30, No. 15

AUGUST 1, 1936-

# New York Stall Journal of Medicus

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E 103rd St., New York City



Entered as second class matter July 5, 1907 at the Post Office at New York, N Y, under the act of March 3 1879 Acceptance for mailing at special rate of postage provided for in Section 1103 Act of October 3 1917, authorised on July 8, 1918 Copyright, 1930, by the Medical Society of the State of New York.

## TABLE OF CONTENTS PAGE IV

# Crystal-Clear, Non-Syrupy

# GRAPE JUICE

Red or White - For Medicinal Use

MADE of luscious, sun-ripened wine grapes grown in South Jersey vineyards, on soil noted for its heavy iron properties.

Prepared for 40 years by a cold pressing process which preserves all the vitamines, nutritive value and flavor of the natural fruit.

Different: because it can be retained by the most delicate stomach when most other nourishment cannot be taken.

### FREE SAMPLE

We are chances to have every physican tre of Send from physicality bottles indep

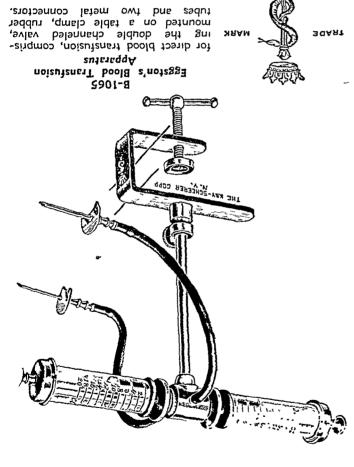
H. T. Dewey & Sons Company
Established 1857

138 Fulton St.

New York

# A New Double-Syringe Principle in UCOD TRANSFUSION APPARATU

By Dr. A. A. EGGSTON, New York



00.812

shortens the period of recipient. This principle discharging same into the si boold atiw ballit ylsuo while the syringe previthe donor with one syringe ot blood being drawn from The arrangement permits syringe to the recipient. other side from the blood the blood, and on the to the syringe aspirating one side from the donor a continuous channel on that alternately torm with transverse grooves der of which is supplied the inner revolving cylinan airtight, friction valve, to , nism off ni , etsisnoo zuteraqdA noizutznerT IHE Eggston's Blood

transfusion which in turn reduces to the minimum the possibility of clotting. Send for a reprint of technique. Price, complete with both syringes and needles, \$31.50.

Call and see our New Show and Sales Rooms on the eighth floor of the B Empire Trust Building, located at 580 Fifth Avenue, New York City.

KNX-SCHEEKEK COKBOK CITY CORPORATION



its entire function by developing and practicing scientific medicine, applied only to disease and mits from its activities the expert guidance of iffort to increase the availability of resources o prevent disease.

The impression that I brought away from the recent Secretaries' Conference was that while not all who attended had thought much along the lines of the second obligation of medicine, that of giving civic service, they were all in a receptive

mood for the consideration of whether organized medicine is functioning today in line with public needs which are so different from even a few years ago; and which every nation in the world is thinking about. Nothing is surer, I believe, than that government everywhere realizes its responsibility for the health of its people, and if they do not get it adequately, will take a hand in its provision.

WILLIAM H. Ross.

#### DR. WILLIAM BENHAM SNOW

The medical career of Dr. William Benham now, who died on November 29, 1930, aged sevnty years, is an example of great accomplishments in the face of difficulties. The son of a farmer in Greene County, he was attacked with muscular atrophy at the age of sixteen years. His affliction led him into the field of neurology, and later into physical therapy. He also was one of the early workers with the x-ray, exposure to which was probably the cause of his death.

Dr. Snow was one of the fathers in the movement to add physical therapy to other therapeutic measures. He was widely known both in Greene County, where he began his practice, along the valley of the Hudson River, and in New York City, where he passed the greater part of his active life. He was eminently successful as a practitioner, editor, author and teacher, and was loved by all his colleagues and pupils and by his patients and companions.

#### LOOKING BACKWARD

### This Journal Twenty-five Years Ago

Patent Medicines and Nostrums: This Journal of December 19 contains an editorial by Dr. E. Eliot Harris ling attention to the distinction between propr. arry medicines, patent medicines, nostrums, and secret synthetics. He also protested against the use of the word "patent" as a synonym of nostrum, and of "patented" as its antonym, thereby introducing an element of confusion of thought. Dr. Harris sums up the editorial as follows:

"1. Proprietary remedies include ethical preparations and nostrums.

"2. All medicines protected by a patent are ethical.

"3. Nostrums include secret proprietary mixtures and secret synthetics protected by the trademark law.

"All samples of secret medicines should be deposited in the trash-basket, as every scientific physician should know the quantity of the ingredients in the mixture or mixtures which he uses, and should beware of secret synthetics."

Doctors today will do well to hold these distinctions in mind.

its entire function by developing and practicing scientific medicine, applied only to disease and omits from its activities the expert guidance of effort to increase the availability of resources to prevent disease.

The impression that I brought away from the recent Secretaries' Conference was that while not all who attended had thought much along the lines of the second obligation of medicine, that of giving civic service, they were all in a receptive

mood for the consideration of whether organized medicine is functioning today in line with public needs which are so different from even a few years ago; and which every nation in the world is thinking about. Nothing is surer, I believe, than that government everywhere realizes its responsibility for the health of its people, and if they do not get it adequately, will take a hand in its provision.

WILLIAM H. Ross.

#### DR. WILLIAM BENHAM SNOW

The medical career of Dr. William Benham Snow, who died on November 29, 1930, aged seventy years, is an example of great accomplishments in the face of difficulties The son of a farmer in Greene County, he was attacked with muscular atrophy at the age of sixteen years. His affliction led him into the field of neurology, and later into physical therapy. He also was one of the early workers with the x-ray, exposure to which was probably the cause of his death.

Dr. Snow was one of the fathers in the movement to add physical therapy to other therapeutic measures. He was widely known both in Greene County, where he began his practice, along the valley of the Hudson River, and in New York City, where he passed the greater part of his active life. He was eminently successful as a practitioner, editor, author and teacher, and was loved by all his colleagues and pupils and by his patients and companions

#### LOOKING BACKWARD

## This Journal Twenty-five Years Ago

Patent Medicipies and Nostrums: This Journal of December 17 contains an editorial by Dr. E. Eliot Harris lling attention to the distinction between propre cary medicines, patent medicines, nostrums, and secret synthetics. He also protested against the use of the word "patent" as a synonym of nostrum, and of "patented" as its antonym, thereby introducing an element of confusion of thought. Dr. Harris sums up the editorial as follows:

"1. Proprietary remedies include ethical preparations and nostrums

"2. All medicines protected by a percut are

"3. Nostrums include secret proprietation tures and secret synthetics protecter by the secret mark law.

"All samples of secret medicines in the sisted in the posited in the trash-basket, as every physician should be a second physici physician should know the quantity of the dients in the mixture or mixtures and should be and should beware of secret springer Doctors today will do well to said

tinctions in mind.



## MEDICAL PROGRESS



The Clinical Significance of Tubercle Bacillemia.—E. Löwenstein says that the tubercle bacilli enter the blood stream with extraordinary frequency, without our having as yet any clinical symptom by which to diagnosticate bacillemia. He succeeded in showing that two hours after their intracutaneous injection into the terminal phalanx of the hindfoot of the guineapig even the removal of the entire foot could not protect the animal from a generalized tuberculosis. This shows that the bacillus is carried not only by the lymphatics but also by the blood stream. It is easy to obtain pure cultures from the blood by Löwenstein's method of adding 15 per cent sulphuric acid to the culture medium, which destroys all other kinds of bacteria. His improved culture medium consists of eggs, asparagin, and congo red. Frequently the bacilli are present in such numbers that every individual drop of blood yields a colony. They are found in large numbers in the blood of tuberculous patients without fever, whether the disease is localized in the lungs, kidneys, skin, joints, or elsewhere. Recently in two cases of undiagnosed dermatosis the finding of tubercle bacilli in the blood in great numbers made diagnosis possible. Löwenstein's investigations show that after the appearance of an isolated focus the bacilli circulate in the blood and cause a chronic bacillemia, which may persist after the particular focus is fully healed. In collaboration with Reitter he has recently demonstrated their presence in the blood of 21 patients (100 per cent) with typical acute "rheumatic" polyarthritis, thus confirming Reitter's view of the tuberculous etiology of acute joint rheumatism. Pure cultures have thus far been obtained in 48 cases of the latter. Under the improved method three of every four cases of clinical tuberculosis of the eye examined gave pure cultures. Thus far 159 different strains have been identified in the circulating blood, with wide morphological and cultural differences. On account of the dependability of the method it seems likely that this direct demonstration of the disease virus in the circulating blood may possess a greater signisicance for clinical medicine than the tuberculin reaction.—Münchener medizinische Wochenschrift, September 26, 1930.

Unapparent Dystrophies.—The clinical and experimental study of deficiency diseases. says Georges Mouriquand, in the Bulletin de l'-Académie de Médecine, of October 14, 1930, has demonstrated that side by side with diseases that are characterized by the classic signs (including the avitaminoses A, B, C, and D) there

exists every grade of predeficiency. It may be recalled in connection with rickets (avitaminosis B) that loss of calcium and phosphorus begins many months before any bony changes appear even in the roentgenogram. Similarly, ocular signs of vitamin A deficiency do not appear in noticeable degree until this has been experienced for forty to sixty days. A diet partly deficient in vitamin C but otherwise balanced may keep the body for a long time in a condition of predeficiency which may easily turn into a state of true deficiency if multiple lacks in diet exist. It is possible to conceive of an absolutely latent deficiency which may be described by the author's epithet "unapparent." Here dystrophy exists but gives no sign, even minimal, of its presence. When guinea-pigs were placed on a regimen deficient in vitamin C but containing sufficient calories. typical scurvy developed in 12 to 15 days. Un the same deficiency diet with calories reduced by two-thirds, however, no scurvy developed, and the animals died without showing signs of dystrophy even at autopsy. To bring the scurvy out into visible appearance, the diet must be strongly scorbutigenic, with a wide disparity between total vitamin C and total When the disparity is slight becalories. tween these factors, the scurvy remains unapparent, but nevertheless existent. In addition, such other factors as increase of basal metabolism, presence of infections and the like, may bring to light a scorbutic dystrophy previously invisible. The same is true of other deficiencies, though perhaps not so readily demonstrable. The infant fed on cow's milk is frequently suffering with an unapparent dystrophy which may remain unrecognized thanks to otherwise careful hygiene. This unapparent dystrophy is revealed only too often by the child's lessened resistance to infectious diseases or by serious digestive disturbances which may end in fatal athrepsia.

Automassage of the Vessels in Bed-Patients.—A. Böttner says in the Deutsche medizinische Wochenschrift of October 31, 1930, that by a modified use of the so-called Franke system of vessel gymnastics it is possible to preserve the elasticity of the vessels and of the body as a whole during a prolonged stay in bed. The method is applicable even for patients who are seriously ill, with or without fever, and prepares these persons in advance for the time when they will be able to leave

the bed and assume an upright position It consists essentially of the repeated artificial emptying and filling of the blood vessels by holding the arms and the legs alternately in a vertical position. Unlike ordinary massage which makes pressure from without inward, the Franke method exercises a stretching or contracting effect on the vessels from within outward. Hence the massaging effect is produced under conditions that make a strong de mand on the vessel elasticity, by means of the blood masses themselves For patients on whom the lifting of the legs into a vertical position would make too strenuous a demand, a slanting board, on the principle of a bedrest, has been provided with curves specially adapted to support the knees and ankles comfortably at any desired angle. The arms and legs are held up alternately for 7 or 8 minutes The procedure is carried out 4 or 5 times in succession, and is repeated 3 times a day. In some cases the nurse may offer a little assistance when the patient is too weak to manage the lift-The method is especially indicated for patients with diseases of the extremities, such as osteomyelitis joint affections and the like, but it is advocated for every class of patients who must suffer an enforced stay in bed. It is un surpassed as a means of preventing thromboses and resultant embolisms, especially in cases where toxinfectious factors tend to produce blood changes or affections of the vessel walls "Decerebrate Rigidity" in Man - J S Man son and Gergus R Terguson, writing in the British Medical Journal, November 8 1930, 11,

3614, report an interesting case which appears to represent the counterpart of experimentally produced decerebrate rigidity. The patient, a man aged 67 years, came under observation in 1918, ten years before his death, complaining of stiffness and pain in his left shoulder At that time he inclined to the right when He complained of stiffness in the left shoulder and pain in the left leg His condition gradually became worse, so that he became bedridden and developed dementia During the greater part of ten years he lay motionless and speechless, with his arms adducted and flexed at the elbows and wrists, and his legs rigidly extended—in the position regarded as the physiological counterpart of experimen tal decerebrate rigidity. At the post-mortem the dura mater was found to be thickened and excessively vascular in the right pre-Rolandic area, it covered and was adherent to a firm rounded tumor about two inches in diameter, which appeared to have hollowed out the brain tissue by pressure The tumor had the appearance of an endothelioma, growing from the fals cerebri Beneath the tumor there

was a softening extending into the basal gang-On the left side there was no obvious softening and the cerebral artery was not oc-Microscopical examination confirmed the endotheliomatous nature of the tumor, and showed some degeneration in the pyramidal tracts in the midbrain and pons, but not in the medulla oblongata. The early, rapidly progressive dementia and other unusual features in this case make it probable that a consider able portion of the symptomatology was due to cerebral vascular disturbances. After dis cussing the divergent views as to what constitutes clinical decerebrate rigidity, and why cases present such differences in the posture assumed, the conclusion is reached that the resulting picture depends on the degree to which the cortico spinal and strio spinal systems are affected and their relative importance in a particular subject, animal or human writers express the hope that this case report will stimulate interest in these questions, and will lead to more complete examinations which in turn will help to solve the problems of the motor pathways and the lesions which result from diseases affecting them

The Value of Alkalis in the Treatment of Chronic Nephritis -A Arnold Osman, writing in The Lancet, November 1, 1930, ccxix, 5592, summarizes the results of the treatment of certain types of nephritis with alkalis dur ing the past seven years. Amounts of alkali varying from 200 to 700 grains daily were taken by some of the patients for as long as four years In 40 cases so treated the mortality was 37 per cent, while in 40 similar cases treated by other methods the mortality was 42 per cent The chief value of the alkalis in the treatment of nephritis consists in their action in promoting diuresis and thus ridding the tissues of excess water or edema. It has been found that if equal parts of potassium citrate and sodium bicarbonate are given by mouth, in amounts sufficient to raise the plas ma bicarbonate to, and to maintain it at, a normal level under all circumstances of diet and exercise, it is often possible to induce a diuresis sufficient in degree and duration to rid the body entirely of edema. If, after the edema has subsided, the dose is readjusted to that which will, under the new conditions, maintain the plasma bicarbonate at a normal level, the edema often does not return. Under the influence of alkalis, albuminuria is almost always reduced and may disappear entirely During the treatment with alkalis no dietary restrictions need be enforced. The treatment should, except in rare instances, be used only where a preliminary estimation has shown a decrease in the plasma bicarbonate. It may

be used in chronic parenchymatous nephritis, chronic "mixed" nephritis, the late stages of acute parenchymatous nephritis and of subacute nephritis, with persistent edema and without marked hematuria. Alkalis should Alkalis should not be used, with rare exceptions, in the early stages of acute nephritis with hematuria, in acute diffuse nephritis, during acute exacerbations (with hematuria) of chronic nephritis (unless controlled by estimations of blood bicarbonate), or in the presence of marked myocardial degeneration and cardiac arrhythmia. When there is persistent vomiting or marked dyspnea, alkali therapy should not be used without a preliminary estimation of the blood bicarbonate, nor should it be attempted in cases of persistent edema until other and simpler measures have failed.

Bacterial Hypersensitivity of the Intestinal Tract.—Stanley E. Dorst and Roger S. Morris call attention to a type of disease which presents a clinical picture varying within wide limits and frequently diagnosed as chronic appendicitis, peptic ulcer, chronic cholecystitis, spastic colitis, or mucous colitis. They thought at first that some unusual organism in the enteric flora might be the responsible agent, but investigation revealed only normal flora. A series of 30 patients who had symptoms of long standing, were skin tested with various normal strains of enteric bacilli. The results were most astonishing; 26 of the 30 patients showed marked sensitivity to one or more of the "normal strains." An attempt was made to desensitize patients sensitive to active strains, by giving exceedingly small doses daily, keeping within the dose producing local or focal reaction. The usual result was a gradual disappearance of skin sensitivity, paralleled by a disappearance of clinical symptoms. The fact that one of the authors obtained rather favorable results in a group of similar cases by the use of repeated doses of castor oil, led to the study of the detoxicating action of sodium ricinoleate. It was found that sodium ricinoleate detoxifies many organisms in the enteric flora in vitro, as demonstrated by the disappearance of skin reactions upon the injection of strains which before detoxication have given marked reac-Further observations proved the value of administering sodium ricinoleate orally, together with possible autovaccination. Five rrains of sodium ricinoleate are suspended in slive oil, enclosed in a soft enteric capsule and ne is given before each meal and at bedtime; radually the dose is decreased as symptoms abside. Patients who have been given this nd no other treatment gradually lose their in sensivity to organisms to which they had

shown previous sensitization.—American Journal of the Medical Sciences, November, 1930, clxxx, No. 5.

The Diagnosis and Treatment of Some Common Minor Digestive Disorders.-T. C. Hunt, in discussing certain common digestive disturbances which tend to be neglected in the text-books, says the typical bilious attack is just an attack of migraine. There is an abdominal type of migraine which may occur as a true constitutional disorder or in association with gallbladder disease. Differentiation may be difficult, and even if the gallbladder is diseased its removal may not relieve the attacks. The underlying cause in both cases is often a metabolic liver disturbance, which may be treated successfully by the administration of 1 or 2 ounces of glucose three times a day, and one of the preparations of bile salts, with moderation in diet, and sometimes by duodenal drainage of the bile. Functional dyspepsia in young people is of two types, one in which nervousness gives rise to indigestion and the other in which indigestion gives rise to ner-The differentiation of these types depends upon whether the nervousness precedes or follows the indigestion. In young girls there is a type of nervous dyspepsia associated with marked thinness, amenorrhea, constipation, and visceroptosis. In its treatment the fundamental thing is to produce a gain in weight. In such cases the administration of 5 grains of insulin, increased to 10 grains, twice a day gives the most striking and satisfactory results. The insulin is given with a plentiful supply of barley sugar or glucose, and is continued for three weeks. insulin provokes gastric, pancreatic, and biliary secretion and lessens spasm; it is perhaps the best tonic we have. The patient must be convinced that her constipation is a relatively harmless condition and all drastic purgatives must be abandoned. In true neurasthenicdyspepsia change is the most important fac-The dyspepsia must be treated in new surroundings and with new thoughts. In old men enlarged prostate may be the cause of dyspepsia; the treatment is essentially surgical. Arteriosclerosis may also be a cause of dyspepsia in the elderly, due to actual vascular changes in the gastric and mesenteric vessels and the abdominal aorta. For this type of dyspepsia Abernethy's advice is applicable: Allow six hours between meals, eat slowly, rest after meals, dine off of one dish.—The Lancet, November 8, 1930, ccxix, 5593.

The Present Status of Peptic Ulcer.—Sara M. Jordan states that as a result of Ivy's investigations we have come to believe that

chronic peptic ulcer is produced by repeated spastic contraction in the storrich, which in turn, is associated with high secretion of hydrochloric acid, both of which may be caused by increased nervous tension. This conception immediately suggests as the appropriate form of therapy measures which favor relavation of the spastic condition and neutralization of the strong acid. In the writer's experience in over 900 cases the neutralization of acid combined with rest, as elaborated by Sippy, has been most successful. Hospital rest is prefcrable for several reasons. It permits checking up of the hydrochloric acid to avoid alkalization as well as madequite neutralization, checking up the stools for occult blood and the subsidence of symptoms controlled by fluoro scopic examinations. It provides an opportunity to educate the patient regarding the nature of peptic ulcer and the necessity of following the regimen outlined. A carefully eval unted history, together with an analysis of the chemical and roentgenological data are the three basic constituents for the diagnosis of ulter With our increasing knowledge of gallbladder and colon disorders, a history of peri odic distress occurring at certain times after meals with food and soda relief, can no longer be considered as positively diagnostic most helpful part of a history is an accurate description of a typical day with distress, including a list of the food eaten at each meal and an exact record of the time of occurrence ind character of the distress, with the exact effect of all measures, such as rest, food al kalıs or bowel movement. The criteria upon which the decision of curability is based are (1) the disappearance of the r ray defect, (2) the subsidence of symptoms, (3) the complete disappearance of occult blood from the stools It is generally agreed today that medical treatment should be tried before surgery is contemplated The commonest errors in the treatment are the use of too little food, or too little variety in the food, for the ambulatory patient, the use of too much magnesia and of larger doses of alkalis than are necessary, and failure to forbid the use of alcohol and nico The theory generally held a few years ago, that pyloric obstruction with twenty-four to forty eight hours retention of barium should be relieved by surgery has been abandoned Many of these patients are now being relieved by medical management -New England Jour nal of Medicine, November 6, 1930 xcciii, 19

The Spleen as an Organ of Internal Secretion - G P Sakharoff, writing in the Revue française d Ludocrinologie of August. 1930, points out two reasons why the spleen should be regarded as an endocrine organ. first, because it produces a special substanceleucocytolysine-which dissolves the white cells of the blood, and secondly, because of the influence exerted by the spleen upon heredity This substance entering the blood stream, has an influence upon all parts of the circulatory apparatus thus regulating in a great measure the morphologic composition of the blood, es pecially as regards leucocytes. In the leu cocytolytic function we see the regulation of at least one special substance poured directly into the blood and producing an effect throughout the entire circulatory system Findings of another character also suggest that the spleen is related to other organs of internal secretion Thus Sakharoff has found in splenectomized mice a number of corpora lutea in excess of the animals in the litter. This agrees with the findings of certain Serbian workers in respect to the early rut of splenectomized mice due to absence of the restraining action of the splcen upon the ovaries, expressed here in the early maturation of the follicles and their rupture in a number greater than normal. An increase in the number of offspring in the litter of splenectomized mice has also been noted. In the second generation such offspring present a stable leucopenia which is maintained through subsequent generations showing no tendency to return to normal The influence of splenec tomy is also observed in the transmission of the color of the fur, which tends to pass into grey In the crossing of normal white females with yellow males a certain number of grey or white specimens are obtained But in the crossing of the same males with splenectom ized females the number of grey specimens increases in proportion to the time elapsed from the moment of splenectomy, and since the color of the fur is determined by heredity the question of the influence exerted upon the chromosomes naturally arises. The crossing of splenectomized grey or yellow males with normal albino females produces in the fur of the progeny a displacement toward white We are therefore led to the conclusion that splen ectomy causes nutritive changes that act upon the extoplasm of the genital cells, producing modifications which are reflected in the hered ity by clearly characterized displacements

be used in chronic parenchymatous nephritis, chronic "mixed" nephritis, the late stages of acute parenchymatous nephritis and of subacute nephritis, with persistent edema and without marked hematuria. Alkalis should not be used, with rare exceptions, in the early stages of acute nephritis with hematuria, in acute diffuse nephritis, during acute exacerbations (with hematuria) of chronic nephritis (unless controlled by estimations of blood bicarbonate), or in the presence of marked myocardial degeneration and cardiac arrhythmia. When there is persistent vomiting or marked dyspnea, alkali therapy should not be used without a preliminary estimation of the blood bicarbonate, nor should it be attempted in cases of persistent edema until other and simpler measures have failed.

Bacterial Hypersensitivity of the Intestinal Tract.—Stanley E. Dorst and Roger S. Morris call attention to a type of disease which presents a clinical picture varying within wide limits and frequently diagnosed as chronic appendicitis, peptic ulcer, chronic cholecystitis, spastic colitis, or mucous colitis. They thought at first that some unusual organism in the enteric flora might be the responsible agent, but investigation revealed only normal flora. A series of 30 patients who had symptoms of long standing, were skin tested with various normal strains of enteric bacilli. The results were most astonishing; 26 of the 30 patients showed marked sensitivity to one or more of the "normal strains." An attempt was made to desensitize patients sensitive to active strains, by giving exceedingly small doses daily, keeping within the dose producing local or focal reaction. The usual result was a gradual disappearance of skin sensitivity, paralleled by a disappearance of clinical symptoms. The fact that one of the authors obtained rather favorable results in a group of similar cases by the use of repeated doses of castor oil, led to the study of the detoxicating action of sodium ricinoleate. It was found that sodium ricinoleate detoxifies many organisms in the enteric flora in vitro, as demonstrated by the disappearance of skin reactions upon the injection of strains which before detoxication have given marked reac-Further observations proved the value of administering sodium ricinoleate orally, together with possible autovaccination. Five grains of sodium ricinoleate are suspended in olive oil, enclosed in a soft enteric capsule and ne is given before each meal and at bedtime; radually the dose is decreased as symptoms ubside. Patients who have been given this nd no other treatment gradually lose their cin sensivity to organisms to which they had

shown previous sensitization.—American Journal of the Medical Sciences, November, 1930, clxxx, No. 5.

The Diagnosis and Treatment of Some Common Minor Digestive Disorders.-T. C. Hunt, in discussing certain common digestive disturbances which tend to be neglected in the text-books, says the typical bilious attack is just an attack of migraine. There is an abdominal type of migraine which may occur as a true constitutional disorder or in association with gallbladder disease. Differentiation may be difficult, and even if the gallbladder is diseased its removal may not relieve the attacks. The underlying cause in both cases is often a metabolic liver disturbance, which may be treated successfully by the administration of 1 or 2 ounces of glucose three times a day, and one of the preparations of bile salts, with moderation in diet, and sometimes by duodenal drainage of the bile. Functional dyspepsia in young people is of two types, one in which nervousness gives rise to indigestion and the other in which indigestion gives rise to nervousness. The differentiation of these types depends upon whether the nervousness precedes or follows the indigestion. In young girls there is a type of nervous dyspepsia associated with marked thinness, amenorrhea, constipation, and visceroptosis. In its treatment the fundamental thing is to produce a gain in weight. In such cases the administration of 5 grains of insulin, increased to 10 grains, twice a day gives the most striking and satisfactory results. The insulin is given with a plentiful supply of barley sugar or glucose, and is continued for three weeks. insulin provokes gastric, pancreatic, and biliary secretion and lessens spasm; it is perhaps the best tonic we have. The patient must be convinced that her constipation is a relatively harmless condition and all drastic purgatives must be abandoned. In true neurasthenic dyspepsia change is the most important fac-The dyspepsia must be treated in new surroundings and with new thoughts. In old men enlarged prostate may be the cause of dyspepsia; the treatment is essentially surgical. Arteriosclerosis may also be a cause of dyspepsia in the elderly, due to actual vascular changes in the gastric and mesenteric vessels and the abdominal aorta. For this type of dyspepsia Abernethy's advice is applicable: Allow six hours between meals, eat slowly, rest after meals, dine off of one dish.—The Lancet, November 8, 1930, ccxix, 5593.

The Present Status of Peptic Ulcer.—Sara M. Jordan states that as a result of Ivy's investigations we have come to believe that

chronic peptic ulcer is produced by repeated spastic contraction in the stomach, which in turn, is associated with high secretion of hydrochloric acid, both of which may be caused by increased nervous tension. This conception immediately suggests as the appropriate form of therapy measures which favor relaxation of the spastic condition and neutralization of the strong acid. In the writer's experience in over 900 cases the neutralization of acid combined with rest, as elaborated by Sippy, has been most successful. Hospital rest is preferable for several reasons: It permits checking up of the hydrochloric acid to avoid alkalization as well as inadequate neutralization, checking up the stools for occult blood, and the subsidence of symptoms controlled by fluoroscopic examinations. It provides an opportunity to educate the patient regarding the nature of peptic ulcer and the necessity of following the regimen outlined. A carefully evalnated history, together with an analysis of the chemical and roentgenological data are the three basic constituents for the diagnosis of ulcer. With our increasing knowledge of gallbladder and colon disorders, a history of periodic distress occurring at certain times after meals, with food and soda relief, can no longer be considered as positively diagnostic. most helpful part of a history is an accurate description of a typical day with distress, including a list of the food eaten at each meal, and an exact record of the time of occurrence and character of the distress, with the exact effect of all measures, such as rest, food alkalis, or bowel movement. The criteria upon which the decision of curability is based are (1) the disappearance of the x-ray defect, (2) the subsidence of symptoms, (3) the complete disappearance of occult blood from the stools. It is generally agreed today that medical treatment should be tried before surgery is contemplated. The commonest errors in the treatment are the use of too little food, or too little variety in the food, for the ambulatory patient: the use of too much magnesia and of larger doses of alkalis than are necessary, and failure to forbid the use of alcohol and nicotine. The theory generally held a few years ago, that pyloric obstruction with twenty-four to forty-eight hours retention of barium should be relieved by surgery has been abandoned. Many of these patients are now being relieved by medical management.-New England Journal of Medicine, November 6, 1930, xcciii, 19.

The Spleen as an Organ of Internal Secretion.-G. P. Sakharoff, writing in the Revue française d'Endocrinologie of August, 1930, points out two reasons why the spleen should be regarded as an endocrine organ: first, because it produces a special substanceleucocytolysine-which dissolves the white cells of the blood, and secondly, because of the influence exerted by the spleen upon heredity. This substance entering the blood stream, has an influence upon all parts of the circulatory apparatus, thus regulating in a great measure the morphologic composition of the blood, especially as regards leucocytes. In the leucocytolytic function we see the regulation of at least one special substance poured directly into the blood and producing an effect throughout the entire circulatory system. Findings of another character also suggest that the spleen is related to other organs of internal secretion. Thus Sakharoff has found in splenectomized mice a number of corpora lutea in excess of the animals in the litter. This agrees with the findings of certain Serbian workers in respect to the early rut of splenectomized mice due to absence of the restraining action of the splcen upon the ovaries, expressed here in the early maturation of the follicles and their rupture in a number greater than normal. An increase in the number of offspring in the litter of splenectomized mice has also been noted. In the second generation such offspring present a stable leucopenia which is maintained through subsequent generations showing no tendency to return to normal. The influence of splenectomy is also observed in the transmission of the color of the fur, which tends to pass into grey. In the crossing of normal white females with yellow males a certain number of grey or white specimens are obtained. But in the crossing of the same males with splenectomized females the number of grey specimens increases in proportion to the time elapsed from the moment of splenectomy, and since the color of the fur is determined by heredity the question of the influence exerted upon the chromosomes naturally arises. The crossing of splenectomized grey or yellow males with normal albino females produces in the fur of the progeny a displacement toward white. We are therefore led to the conclusion that splenectomy causes nutritive changes that act upon the cytoplasm of the genital cells, producing modifications which are reflected in the heredity by clearly characterized displacements.





## LEGAL



## EXECUTOR AND TRUSTEE—AMOUNT OF COMMISSIONS

By LORENZ J. BROSNAN, ESQ.
Counsel. Medical Society of the State of New York

When an individual makes a will and names therein an executor or trustee, such executor or trustee, upon qualifying as such and accepting the trust and responsibility reposed in him by the testator, is entitled upon the winding up of the estate to compensation in the manner fixed by the provisions of our Surrogate's Court Act applicable thereto. The compensation so fixed is the same whether the executor or trustee be an individual or a corporate fiduciary.

Section 285 of the Surrogate's Court Act provides, so far as material, as follows:

"On the settlement of the account of any executor \* \* \* or testamentary trustee, \* \* \* the surrogate must allow to such executor \* \* \* or testamentary trustee for his services in such official capacity, and if there be more than one, apportion among them according to the services rendered by them respectively:

"For receiving and paying out all sums of money not exceeding two thousand dollars, at the rate of five per

centum.

"For receiving and paying out any additional sums not amounting to more than twenty thousand dollars, at he rate of two and one-half per centum.

"For receiving and paying out any additional sums not exceeding twenty-eight thousand dollars at the rate of one and one-half per centum

of one and one-half per centum.
"For all sums above fifty thousand dollars, at the rate

of two per centum.

"If the gross value of the principal of the estate or und accounted for amounts to one hundred thousand lollars or more, each executor \* \* \* or testamentary rustee is entitled to the full compensation on principal nd income allowed herein to a sole executor \* \* \* or estamentary trustee, unless there are more than three, which case the compensation to which three would e entitled must be apportioned among them according the services rendered by them respectively."

It will be noted that the law provides that here the gross value of an estate amounts to ne hundred thousand dollars or more, executors and trustees up to the number of three shall be lowed full commissions. In estates whose gross thue is less than one hundred thousand dollars, the one full commission will be allowed no matrice how many executors and trustees are named the testator, such full commission to be apportuned among them in proportion to the services by rendered.

It sometimes happens that the testator will prole that the executor or trustee shall receive a tain lump sum in lieu of the commissions to ich he would otherwise be entitled under the tute. In such event such executor or trustee is not entitled to receive the compensation provided by statute unless, within four months from the date of the issuance of letters testamentary in the case of an executor or of the filing of an oath of office in the case of a testamentary trustee, such executor or trustee files with the Surrogate a written instrument renouncing the specific compensation provided for in the will.

A very interesting question arises where the same person is named as executor and as testamentary trustee. In many instances it is common for a testator to name the same individual as executor and as trustee. Broadly stated, the executor's duty is to wind up the estate and when this is done it becomes his duty to turn over the assets of the estate to the testamentary trustee, the trust to be administered according to the terms and provisions of the will. same individual is both executor and trustee, the question has arisen as to whether double commissions should be paid; that is to say, whether commissions should be allowed to such individual in both capacities, first as executor and then as trustee. This question was squarely presented to one of our Surrogate's Courts very recently.

In the case in question, a trust company was named in a testator's will both as executor and as trustee, and when the said trust company filed its accounting in the Surrogate's Court it claimed commissions in a dual capacity, both as executor and as trustee. The importance of the problem was very well stated by the learned Surrogate as follows:

"This question is one which is raised in a very large proportion of cases of executorial accounting and is a matter of serious import to the estates of decedents. There is, of course, no question respecting the right of the person administering an estate to commissions on all income received and paid out by him. The sole problem is whether, when the same person acts throughout the entire period, from the death of the decedent to the final distribution of all sums in the estate to the ultimate persons entitled in possession by the provisions of the decedent's will, he should be allowed to divert from the objects of testator's bounty ten per cent of the first \$2,000 principal, five per cent of the next \$20,000, three per cent of the next \$28,000, and four per cent of all sums beyond, or whether, under such circumstances, one-half of these rates is all he should be paid.

"The aggregate of such additional commissions, if properly allowable, will inevitably total a stupendous figure. The total value of all property in the county amounts to many billions; that in the State represents approximately a quarter of the entire wealth of the richest nation on earth. The possessions comprising this

wealth, as a whole, change hands through death, approximately five times in every century. A difference, therefore, of only an average of two per cent in the capital exactions of fiduciaries upon the portions of estates in which immediate possession is suspended, must in a generation involve such colossal sums as almost to stagger the imagination. When it is realized that this fiduciary relationship is being more and more centered in an ever-diminishing number of large corporations, the consequent effects upon the future of the State and nation and the lives and fortunes of our citizens are worthy of the most careful study and critical analysis.

These observations are in no way to be construed as a disparagement of the valuable contributions made by corporate fiduciaries in the administration of estates or the propriety of adequate recompense to them for services performed. The sole question for determination is as to the basis for their recompense under existing statutes and judicial determinations, which, if furnishing insufficient remuteration, should be altered by direct

legislative action rather than by indirection.

"Experience in this court has indicated that the estates in which possession of portions of the principal is postponed by testamentary direction, will average a net sum, exclusive of funeral and administration expenses, of approximately \$100,000. On such estates, funeral charges, attorneys' fees and other administration expenses and double commissions, if allowable, will eat up about onetenth of the estate if litigation or unusual difficulties are not encountered. In the event of such complications, the proportion of administration costs will, of course, frequently run much higher.

The court then went on to show that an individual who instructs his attorney to draw a will naming the same person as executor and as trustee never intended that his estate should be depleted by such individual obtaining commissions in both capacities. The opinion of the court in this respect is extremely interesting:

"As a matter of strict fact, it is probable that scarcely one testator out of a hundred realizes that the savings which he has accumulated by a lifetime of labor and self-sacrifice to insure the continuation in comfort of his dependents when he can no longer personally care for them, will be so largely depleted by commissions and administration expenses as is the practice. Nor does he understand that a slight change in a word or phrase in his will may double the sum which will be subtracted as commissions from the principal fund which he desires to dedicate to the welfare of his dependents. By a legal fiction the language of the will, however technical and complicated, is perhaps necessarily attributed, in all its subtlety, to the testator, no matter what the degree of his lack of understanding of its technical connotation, or even of his positive illiteracy. It cannot be gainsaid that in the average case where a so-called trust is set up in a testamentary document and the one to whom the administration has been confided seeks commissions on the principal at the double rate, all that the testator directed when instructing his attorney in the preparation of his will was that specified persons should have the income from a certain sum or portion of his estate for life and on their deaths it should go to others Where, under such an instrument, the same administrator is to handle the fund throughout, it would un-

questionably be a matter of great surprise to the average testator to learn that his attorney, consciously or unconsciously, had it in his power to double the exaction from the fund by a slight change of phrase or a substantially immaterial manner of directing the same administrator to pay the same money to the identical individual. Under our legal system every man is, of course, presumed to know the law, but this is a very different matter from a solemn determination that in a given case a specified testator actually affirmatively intended that the individual or corporation selected to administer his affairs from start to finish should receive a double payment from the principal funds of his estate, where such individual or corporation merely shifts the fund from one pocket to another and it remains continuously in his or its pos-

"It is contrary to human nature for any person to desire to pay a larger sum for a given service when the identical act may be secured for half the amount from the same individual."

In holding that the executor and trustee was entitled to only one commission, the Surrogate said:

"It may perhaps be felt that the discussion of this question has been extended beyond a reasonable length, particularly since the views of the court on the subject have been expressed on previous occasions. It should be recalled in this connection, however, that the position of the court in this regard has never before been seriously challenged, and since the questions here involved are presented virtually ex parte by representatives of those financial institutions which will profit to the extent of an almost incalculable aggregate sum if a contrary rule should be established, it is incumbent on the court, as the trusted guardian of the interests of the fatherless and the widow, to clarify its position so far as possible in order that an appellate tribunal may have such benefit as may be derived from the experience and research of the court of first instance to which this problem is a matter of daily occurrence. The far-reaching importance of a determination of the subjects here involved is difficult of exaggeration. Every testator relies upon the surrogate in the first instance and the higher courts, if occasion requires, to see to it that his property, after his death, is made available without improper diminution, for his family or named beneficiaries. idea to become prevalent that his attorney, by ineptness or inadvertence—eliminating design—could subject his estate to unnecessary exactions and that the courts, by the application of a legal fiction, contrary to the most fundamental concepts of human experience, would uphold such unnecessary diversion, the untoward consequences could not be other than disastrous. It would not only still further undermine the confidence of the public in the legal profession and add to its sometimes cynical attitude toward the law and the courts, but might well have a far-reaching and injurious effect on the habits of thrift and foresight which are a part of the fundaments of our national prosperity."

As the Surrogate points out in his opinion, the question is of far-reaching importance, and the opinion represents a courageous attempt to conserve within reasonable limits the expenses of administering an estate.



ALLEGED NEGLIGENT TREATMENT OF HEMORRHOIDS

In this case a patient called at the office of the defendant doctor complaining of hemorrhoids and gave a history of having suffered from them for several years. He stated that they had been so painful and severe as to disable him from attending to his work for several days at a time and that he had become a nervous wreck because of this condition.

Examination revealed a very bad case of prolapsed internal hemorrhoids and fissure of the The doctor explained to the patient the treatment he proposed to give and it was consented to. The doctor then sterilized the rectum with a 2% solution of mercurochrome and proceeded to anaesthetize the anus by means of an injection of 34% solution of novocaine into the skin and subcutaneous tissue and into the external sphincter muscle both at the anterior and posterior commissure. He next injected into each of the four large hemorrhoids 1 c.c. of 4% solution of quinine and urea, which was the doctor's usual mode of treatment. The doctor further decided to treat the patient with an electric needle and placed an electric pad on the patient's abdomen attaching thereto the positive pole and applying the negative pole at the anus. Then, with the electric needle he punctured the hemorrhoids in several different places and allowed the needle to remain in the hemorrhoids for several moments. The electric treatment did not prove satisfactory, for the patient, even though under anaesthesia, became very nervous and refused to permit the doctor to complete said treatment. The doctor then inserted the hemorrhoids and sterilized the parts again with 2% solution of mercurochrome and applied a dressing pad of sterilized gauze held in place by adhesive plaster. He advised the patient to return to his home and in the event that the hemorrhoids should come out or prolapse, to push them back in himself. The patient informed the doctor that he had done this himself a number of times before.

That evening the doctor received a telephone call from the patient's wife informing him that the patient was in severe pain and requesting him to make a personal call. The doctor told her to apply hot applications and compresses and to give him two morphine tablets. The doctor had previously given the morphine tablets to this patient with instructions to take them in case of severe pain. The doctor, however, did not call perpare the patient with instructions to take them in case of severe pain.

sonally at the patient's house as he thought it would be unnecessary to do so.

The next day the doctor went to see the patient and found that the hemorrhoids had come out and that they had not been replaced, and that the hot applications had not been applied according to his instructions. The doctor tried to insert the hemorrhoids but failed to do so owing to the fact that they had swollen since the previous day, and the patient refused to permit the doctor to satisfactorily treat them, complaining of great pain. The doctor then left the patient with instructions to keep hot applications on the hemorrhoids in order to reduce the swelling., The patient was seen by the doctor for several subsequent days and on all of these occasions the doctor bathed the affected parts with a boric acid solution and with a 2% solution of mercurochrome. On one occasion the doctor tried to inject a quinine and urea solution as a local anaesthetic, in order to relieve the pain and release the muscle spasm and in this way to permit the protruding hemorrhoids to be inserted or to go back of their own accord, but the patient flatly refused to allow the doctor to inject anything. Gradually the swelling of the parts was reduced and one hemorrhoids disappeared entirely, the other three being much smaller. However, there was some sloughing of the skin resulting from the distension, congestion and compression.

At this point, the patient's wife apparently being dissatisfied with the results of the treatment told the defendant doctor that she would like to have another physician see her husband. The second doctor was called in consultation with the defendant, and after the consultation it was decided that the second doctor should continue treating the case. The defendant doctor did not see the patient again and was informed subsequently that the patient was removed to a hospital and the hemorrhoids removed by an operation

Suit was instituted against the doctor for malpractice, alleging negligent treatment of the hemorrhoids. The case was duly brought on for trial and at the conclusion of the testimony on behalf of the plaintiff, a motion was made to dismiss the complaint for the reason that the facts claimed by the plaintiff did not constitute a cause of action. This motion was granted, thus disposing of the case in favor of the doctor.



Volume 30 Number 24 1493



## NEWS NOTES



#### QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held in affiliation with the Queensboro Tuberculosis and Health Association at the Oakland Golf Club, Bayside, L. I., on September 23rd, 1930, with 104 members present. It was preceded by a golf tournament and a dinner, during which president E. A. Flemming, M.D. of the Medical Society and president Mr. Henry C. Wright of the Queensboro Tuberculosis and Health Association were speakers. The scientific session of the Society was given precedence, and the following program was presented:

Address: "Some Aspects of the Prevention of Tuberculosis in Children," by Dr. F. Maurice Mc Phedran, Phipps Institute, Phila-

delphia, Pa.

Discussion by Drs. Edward S. McSweeny, Henry A. Reisman, and Walter C. A. Steffen.

Dr. Frederick H. Fechtig, was elected to active membership, and Dr. James Joseph Flemming, to associate membership.

The transfer of membership of Dr. Sidney Wilensky from the Medical Society of the County of Queens to the Medical Society of the County of New York, was announced.

An abstract of the report of the Comitia

Minora follows:

A regular meeting of the Comitia Minora was held Wednesday evening, September 10th, with President Flemming, Vice-President Voltz, Secretary Smith, Treasurer Dobbins, and Drs. Courten, Lavelle, Riley, Thomas, Reuling and Mencken in attendance.

A letter from the Chamber of Commerce calling attention to a "Queensboro Exposition of Progress and Prosperity" was presented and a committee consisting of the Executive Committee and Dr. Mencken appointed with power to give it such consideration as after investigation they deemed wise.

The Secretary reported the attendance of delegates Drs. Chalmers, Flemming, Smith, Moss, Boettiger, and Lavelle, at the meeting of the House of Delegates of the State Society

in Rochester on June 2nd and 3rd.

The Secretary reported his attendance at the meeting of the Secretaries held at the invitation of the State Society in Albany on Tuesday, September 9th.

Treasurer's Report:

 Income, May 10th to Sept. 10th inclusive
 \$3,023,38

 Disbursements
 7,751,15

Balance in checking account. \$342.46 Balance in initiation fund.. 1,555.61

Total cash on hand......\$1,898.07

Bills were approved to the amount of \$52.59 Dr. Mencken for the Committee on Graduate Education reported plans for the resumption of Friday Afternoon Talks beginning with October 3rd, at which time Frederick C. Lemmerman, President of the Chamber of Commerce, Borough of Queens, and William J. Russell, Executive Vice-President, will address the Society.

Dr. Carl Boettiger, of the Committee on Public Health and Public Relations, reported that the chief activity of this committee during the summer was the organization of the Queens County Cancer Committee, Dr. M. Weinstein acting as its chairman. Arrangements have been completed with the New York City Committee whereby the Queens County Committee will participate in the annual campaign for funds which will take place during November. Funds thus obtained will be applied to the work of cancer prevention in this boro.

At its last meeting the Board of Trustees assigned a room in the building for the use of the Committee on Public Health and Public Relations and the Queens County Cancer Committee. This room will be suitably furnished and decorated without expense to the Society. There will be a permanent secretary within the next few weeks, also without expense to the Queens County Medical Society. In this room the committee proposes to carry on all the activities of the Committee on Public Health and Public Relations and its subcommittees, and maintain a Public Health exhibit and information bureau in all matters pertaining to its functions.

A report from Dr. Joseph Wrana, for the Committee on Medical Economics, was as follows:

In attempting to iron out certain differences of opinion at present existing between the Compensation Insurance Carrier and the medical profession at large, there have been a series of conferences held this summer by representatives of the State Medical Economics Committee, the committees of the County Societies of the Metropolitan district, and the Insurance Carriers, which were attended by rep-

Edward E. Brown, M.D., 4202 Layton Street, Elmhurst.

George I. Cowan, M.D., 22-04 33rd Street, Astoria.

M.D., 134-11 231st Friedlander, Harold Place, Laurelton.

Robert A. Kroehler, M.D., 231-05 138th Ave-

nue, Rosedale.

Iulius Lebovitz, M.D., 48-01 43rd Avenue,

Long Island City.

Arthur P. MacVeany, M.D., 279 Ascan Avenue, Forest Hills.

Charles S. Moiel, M.D., Jamaica Hospital.

S. Edward Navarra, M.D., 145-16 243rd Street, Rosedale.

William B. Quinn, M.D., 5002 47th Street,

Vincenzo Pennisi, M.D., 107-44 Sutphin Boulevard, Jamaica.

Richard L. Saunders, M.D., 9029 153rd Street.

Harry J. Secky, M.D., 2430 35th Street,

Jamaica. Alfred A. Trivilino, M.D., 150-02 88th Ave-

nue, Jamaica.

The President appointed Drs. F. G. Riley, H. C. Eichacker and E. J. Buxbaum a nominating committee.

The Society passed a resolution whose closing paragraph reads:

"Be it further resolved, that 'Principles of Professional Conduct' are necessary, beneficial, just and equitable, and that this Society calls upon all of its members and upon the Executive Committee of the State Society rigidly to enforce the provisions of 'Principles of Professional Conduct' and to confer with the Board of Censors of this Society or with the State Grievance Committee regarding any violations of the Medical Practice Act."

Scientific Session:

"The Diagnosis of Acute Surgical Diseases of the Abdomen," by Joseph S. Thomas, M.D. Discussion by Drs. Griswold D. Nammack, Denis E. McMahon, Howard W. Neail, Morris Bender and Lester Samuels. Closed by Dr. Thomas.

"Blood Transfusion." Some new and original work on Blood Tapping and Blood Matching, with lantern slides, and moving pictures. A new and practical way of entering the vein in blood transfusion, by John Matthew Scannell, M.D., Discussion by Drs. Emil F. Koch, E. J. Buxbaum and Jacob Werne. Closed by Dr. Scannell. Attendance, 140.

E. E. SMITH, Secretary.

#### SUFFOLK COUNTY

The 124th Annual Meeting of the Suffolk County Medical Society was held at the Henry Perkins Hotel, Riverhead, N. Y., Thursday, October 30th, 1930, with the President, Dr. Albert E. Payne, presiding and the Secretary, Dr. Edwin P. Kolb, recording. There were in attendance 50 physicians and 15 nurses and other guests, a

The report of the Public Health and Public Relations Committee was given by the Chairman, Dr. Frank Overton, who suggested the need of a committee on Economics to deal with conditions and opportunities growing out of the new Welfare Law.

On motion the formation of a committee on Economics was authorized, and Drs. W. H. Ross, David Edwards, and Frank S. Child were named its members.

Dr. William Tiffany, Chairman of the Publication Committee, reported that the Monthly News Letter was now being issued regularly with Dr. Frank S. Child as editor.

The meeting discussed the legal standing of an x-ray laboratory conducted without the supervision of a physician. A complaint regarding such a laboratory was referred to the Censors.

A resolution was passed endorsing the State fifty-million-dollar bond issue for the benefit of State institutions.

Dr. J. H. Marshall reported on the pressing need of additions to the County Tuberculosis Hospital, and urged each member to inform his supervisor of the need.

Dr. Leroy B. Davis of Westhampton Beach, was elected to membership.

The following officers were elected for the year

President, Wm. J. Tiffany, Kings Park; Vice-President, David Hallock, Southampton: Secretary, Edwin P. Kolb, Holtsville;

Treasurer, Grover A. Silliman, Sayville;

Censors: F. S. Child, Port Jefferson; James Ames, Babylon; and George H. Schenck, South-

Delegates to State Society: Drs. Tiffany and Kolb.

The President's address was delivered by Dr. A. E. Payne, who set forth the need that physicians should take a more active interest in their civic duties.

Dr. Walter L. Niles, Dean of the Medical School of Cornell University, read a paper on "Digitalis Therapy in Pneumonia." He described a long series of cases in Bellevue Hospital, onehalf treated with digitalis and the other half without it, and showed that the death rate was the lower in the half which did not receive digitalis.

E. P. Kolb, Secretary.

Volume 30 Number 24

## THE DAILY PRESS



1497

#### FOLKLORE OF BODILY INFLUENCE

Doctors occasionally run across beliefs which are folklore handed down by verbal tradition from early antiquity. Such an item is discussed editorially in the New York Herald Tribune of December first, which said:

"The attitude of the London Jew who refused blood transfusion because the only available donor satisfactory to the physicians happened to be a gentile, and because mixture of racial bloods impressed the intended recipient as unendurable, was swayed by one of the two oldest ideas in the world about the essence of human personality. Similar, but springing from a source as ancient, is the familiar distaste, now little but a faded metaphor, to breathing the same air as an alien race or an inferior class.

"We still talk of the 'spirit' of man, forgetting that this once meant no intangible distillation of personality but merely the obvious attribute of breathing. Folklore and literature alike are full of references to the breath of life and similar reminders of the ancient dogma. Even 's kisses have been interpreted not unplausibly as survivals of a custom once intended to mingle the breath so that personalities also might be fused.

"The dogma of the identity of heart and blood with personality came into history later than this, and Mr. Warren Dawson has traced it to the lure of ancient Egyptian physicians who seem to have been the first scientific men not forbidden by religious taboos to dissect the human body. When an Egyptian body was prepared for mummification the only internal organ left intact was the heart. Even the great vessels stretching out from it into the body were left, so fas as possible, untouched. That the Egyptians had any inkling of the circulation of the blood or of the real duties of the heart seems improbable, but they did conceive this organ to be the seat of life and consciousness and the blood to be intimately related thereto. Thence came into men's minds all the complicated lore of purity of blood, of 'bad blood' between rivals, of 'heartfelt' sincerity, and so on, which have dominated the thoughts and the literature of races of whom Egyptians never dreamed. The brain, curiously enough, Egyptian dissectors seemed never to have considered of the slightest importance, and heroes of literature when vowing devotion still press their hands on chests instead of heads."

#### COURSES IN ACADEMIC REPOSE

If you see it on the editorial page of the New York Times, it is probably true. The following item appeared on November 27:

"The least that can be expected of college students is to keep awake in the classroom. But in new courses at Barnard the best thing that a star pupil can do is to go to sleep. These classes in rest and relaxation have been planned to combat chronic fatigue and to forestall malnutrition and kindred ailments due to nervous and physical exhaustion.

"They will take the place of dancing, swim-ming and gymnasium. Instead of three periods of physical activity a week, the chronically fatigued student will sign up for corresponding hours of complete passivity. Five rest classes a day are offered, and students will receive 'full substitute credit.

"A description of class 'work' sounds very like an hour on the sun deck during a vacation cruise. Students relax in comfortable deck chairs on the 'lutely nothing is not so funny after all.

roof of Barnard Hall on sunny days. In bad weather a 'fresh-air room' inside is used, cheered by the warmth of a sun-lamp. Hot bouillon or cocoa is served to the weary ones, who are warmly bundled up in steamer rugs. Talking and reading are forbidden and sleep encouraged. The present enrollment presents fifty-seven varieties of fatigue. The dismissal bell for the class is presumably an alarm clock.

"Perhaps those who sleep the soundest or who gain the most weight will get the highest marks. One talented relaxer has already gained eight pounds. Last year college girls might have objected to such an unearned increment. This year, with fashions calling for rounded silhouettes, the classes may prove the most popular in the entire curriculum.

Possibly we should have verified the existence of the courses; but every doctor knows the difficulty of getting patients to relax, especially the feminine ones. A college course in doing abso-

## TEST FOR GIN AND TOBACCO

The column on the editorial page of the New York Herald Tribune called The Lantern is ostensibly humorous, but it is sometimes newsy and philosophical. Beverly Smith, the author, wrote on December first:

"A friend of mine recently inherited an old house up the Hudson. The cellar was included, and in the cellar were many cases of fine prewar gin. He gave a house warming party, inviting New Yorkers up from the city.

"Before the party began he showed the dusty old bottles to his guests, who exclaimed mightily with admiration and anticipation. Then he produced a shiny new bottle of gin-synthetic stuff ordered by telephone at \$15 a case. Each guest was blindfolded and permitted to taste a teaspoonful of old authentic gin and a teaspoonful of the Out of twenty modern bootlegger's product. guests fourteen preferred the new stuff and picked it as being the old. The fourteen were much chagrined, the more so when the host announced that this honest preference, made blindfold, would be rigorously respected in dispensing drinks during the evening.

"Does this testify to a decline in the modern American taste, or to the skill of the modern bootlegger, or to the fact that no gin is fit to drink anyway? Draw your own moral."

The quality of tobacco would seem to be equally elusive, for a blindfolded smoker can seldom tell whether or not his cigar or pipe is lighted. Yet, after all, the differences in the qualities of various brands of tobacco are real and detectable.

#### HUNTERS' CASUALTIES

The New York Herald Tribune of November 26 has the following item on casualties among hunters this fall:

"Eighty-seven people have been killed or injured in New York State so far this season, according to figures compiled by the conservation department. Of this number twenty-eight were killed and fifty-nine injured. In addition, one hunter who became lost in the woods was found Twenty-nine hunters were shot by the accidental discharge of their own guns, forty-six were shot by companions, eight were shot by other hunters and four were hit by stray bullets.

"Nine deer hunters were killed and eight injured. Three duck hunters were killed and six injured. Nine hunters were killed hunting birds and thirty-two were injured. Miscellaneous shooting accounts for the balance of the casu-

"The total number of hunting casualties this year was the smallest in the last four years, but the percentage of fatalities was high. Hunting accidents have not increased in proportion to the increased number of licenses issued each season. In 1925, with about one-half the number of hunters in the woods as there were this year, the season's casualties were considerably higher.'

## HEALTH VICTORIES

Sickness and pain have always excited the pity and charity of men, but in these later days health is glorified and deified, even as it was in ancient Greece. The New York Times commented on the subject of health victories editorially on July 17, as follows:

"Epictetus, himself a 'lame old man,' wrote a hymn of thanksgiving to 'God who has given us hands, the power of swallowing, imperceptible growth and the power of breathing while we sleep.' But man has lately done a great deal in cooperation with the Creator to lengthen the average period during which he may continue to enjoy those powers. This does not mean that the former maximum span of life has been lengthened, except perhaps in cases when the gentle and skilled hand of nursing protects the flame that

would otherwise have been blown out by the gusts of nature. It means only that more people live longer, or, as stated in the summary of the report of the commission of the American Medical Association and the National Education Association in yesterday's Times, the 'average expectancy of life' has been lengthened twenty years in this country in the last seventy-five years.

"There have been great victories, and no doubt the shadow of death will be pushed still further back by the researches and patient watchfulness and all but divine skill of those who have entered

this battle for human welfare, and especially for those who have been lately invited by the older generation to take for their birthright, in Robert Bridge's phrase, as vast a heritage as their bodies

have in 'the immemorial riches of mortality'."

## BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their ments, or in the interests of our readers,

- EPHEDRINE AND RELATED SUBSTANCES. By K. K. Chen and Carl F. Schmidt. Octave of 121 pages. Baltimore, Williams & Wilkins Company, 1930. Cloth, \$2.50. (Medicine Monographs Vol. 17.)
- DIET AND DISEASE. By George A. Harrop, Jr., M.D. Octavo of 404 pages with 80 tables. Philadelphia, P. Blakiston's Son & Co., Inc., 1930. Cloth, \$4.00.
- RECENT ADVANCES IN DISEASES OF CHILDREN. By Wilfred J. Pearson, D.M. and W. G. Wyllie, M.D., M.R.C.P. Second edition. Octavo of 548 pages; illustrated. Philadelphia, P. Blakiston's Son & Co. Inc., 1930. Cloth, \$3.50.
- Rose and Carless' Manual of Surgery. By Cecil P. G. Wakeley, F.R.S., Edin., and John B. Hunter, M.C. Thirteenth Edition. Octavo of 1592 pages, illustrated, with radiographic supplement. New York, William Wood & Company, 1930. Cloth, \$11.00.
- OUTLINE IN OBSTETRICS FOR NURSES. By F. W. Rice, M.D. Octavo of 228 pages, illustrated. St. Louis, The C. V. Mosby Company, 1930. Cloth, \$2.00.
- RIDERS OF THE PLAGUES The story of the conquest of disease, By James A. Tobey. Octavo of 348 pages, illustrated. New York, Charles Scribner's Sons, 1930. Cloth, \$3.50.
- Grow Thin on Good Food. By Luella E. Axtell, M.D. 12mo. of 336 pages. New York & London, Funk & Wagnalls Co., 1930. Cloth, \$2.00.
- Nervous Indicestion. By Walter C. Alvarez, M.D. Octavo of 297 pages. New York, Paul B. Hoeber, Inc., 1930. Cloth, \$3.75.
- Leonardo da Vinci, The Anatomist. By J. Playfair McMurrich. Octavo of 265 pages. Illustrated. Baltimore, Williams & Wilkins Company, 1930. Cloth. \$6.00.
- ELEMENTARY ZOOLOGY FOR MEDICAL STUDENTS. By L. A. Borradaile, Sc.D. Second Edition. 12mo. of 397
  pages, illustrated. New York & London, Oxford University Press, 1930. Cloth, \$3.50. (Oxford Medical Publications.)
- HISTOLOGY FOR MEDICAL STUDENTS. By H. Hartridge, M.A., M.D., and F. Haynes, M.A. Octavo of 369 pages, illustrated. New York & London, Oxford University Press, 1930. Cloth, \$5.00. (Oxford Medical Publications.)
- A Техт-Воок ог Ратиолосу. Edited by E. T. Bell, M.D. Octavo of 627 pages, illustrated. Philadelphia, Lea & Febiger, 1930. Cloth, \$3.00.
- LABORATORY MEDICINE. By Daniel Nicholson, M.D. Octavo of 433 pages, illustrated. Philadelphia, Lea & Febiger, 1930. Cloth, \$6.00.
- RECENT ADVANCES IN CHEMOTHERAPHY. By G. M. Findlay, M.D. Octavo of 532 pages, illustrated. Philadelphia, P. Blakiston's Son & Co., Inc. 1930. Cloth, \$3.50.

- TROPICAL MEDICINE. By Sir Leonard Rogers, M.D. & John W. D. Megaw, C.I.E. Quarto of 536 pages. illustrated. Philadelphia, P. Blakiston's Son & Co. Inc. 1930. Cloth, \$4.00.
- MINOR SURGERY AND BANDAGING. By Gwynne Williams, M.S. 20th Edition, 12mo, of 445 pages, illustrated. Philadelphia, F. A. Davis Co., 1930. Flexible Cloth, \$3.50.
  - Handbook of Anatomy. By James K. Young, M.D. Revised by Geo. W. Miller, M.D. 7th revised edition. Octavo of 460 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Flexible Cloth, \$3.75.
- CITY Noise. The Report of the Commission Appointed by Dr. Shirley W. Wynne, Commissioner of Health to Study Noise in New York City and to Develop Means of Abating it. Edited by Edward F. Brown and others. Octavo of 308 pages, illustrated. New York City, Noise Abatement Commission, Department of Health, 1930.
- MEDICAL AND SURGICAL YEAR-BOOK, Physicians Hospital of Plattsburg. (Vol. 1, 1929.) Octavo of 322 pages, illustrated. Plattsburg, N. Y., The William H. Miner Foundation, 1930.
- Мотнек Alfhonsa, Rose Hawthorne Lathrop. By James J. Walsh, M.D. Octavo of 275 pages, illustrated. New York, Macmillan Company, 1930. Cloth, \$2.25.
- DOCTORS AND SPECIALISTS. By Morris Fishbein, M.D. 12mo of 118 pages, illustrated Indianapolis, Bobbs-Merrill Company, 1930. Cloth, \$1.00.
- DISEASES OF THE EAR. By Philip D. Kerrison, M.D. 4th revised and enlarged edition. Octavo of 627 pages, illustrated. Philadelphia & London, J. B. Lippincott Company, (c. 1930). Cloth, \$7.50.
- OBSTETRICS. By J. Whitridge Williams. 6th enlarged and revised edition. Octavo of 1157 pages, illustrated. New York & London, D. Appleton & Company, 1930. Cloth, \$10.00.
- MEDICAL AND SURGICAL REPORTS of the Episcopal Hospital. Edited by John H. Arnett, M.D. Volume VI. Octavo of 460 pages, illustrated. Philadelphia, Press of Wm. J. Dornan, 1930.
- A PRACTICAL MEDICAL DICTIONARY. By Thomas Lathrop Stedman, A.M., M.D. 11th revised edition. Octave of 1222 pages, illustrated. New York, William Wood & Company, 1930. Cloth, \$7.50.
- Medical Clinics of North America. Vol. 14, No 2 September, 1930. (New York Number.) Published every other month by the W. B. Saunders Company Philadelphia & London. Per Clinic Year 16 Cloth, \$16.00 net, paper \$12.00 net.



## BOOK REVIEWS



A SURVEY OF THE LAW CONCERNING DEAD HUMAN BODIES. By GEORGE H. WEINMANN. Octavo of 199 pages. Washington, D. C., The National Research Council of the National Academy of Sciences, 1929. Paper, \$2.00. (Bulletin of the National Research Council No. 73.)

"The survey of the law covering dead human bodies" by Mr. Geo. H. Weinmann, L.L.B., which forms one of the Bulletins of the National Research Council, provides a long needed careful and laborious survey. Great credit is due him for his complete and painstaking effort. It covers the subject in such a way that it makes a very useful and comprehensive work on this subject and it should certainly be in the hands of every hospital superintendent and pathologist. It is a novel work. We have never seen embodied in one single pamphlet such an all inclusive treatment of this subject.

It is regrettable that there is a lack of uniformity of the laws in the various states concerning the handling of dead bodies. To the physician this subject is of particular interest in the matter of obtaining autopsies to increase his medical knowledge. Frequently because of his lack of knowledge of the law he commits a tort and becomes a subject in a legal action. Criminal investigations are badly hampered and often made impossible because of the interference of the hospital pathologist or interne in performing autopsies on bodies which are subjects of criminal investigation and defeat justice by reason of their lack of knowledge of the law.

M. E. MARTEN.

A Manual of Diseases of the Nose and Throat. By Cornelius G. Coakley, A.M., M.D., F.A.C.S. Seventh Edition, revised. Octavo of 672 pages, illustrated. Philadelphia, Lea and Febiger, 1930. Cloth, \$4.50.

The seventh edition of this well-known book is forwarded to us by the publishers. It is enough to say in its favor that this is the seventh edition, larger than the early editions by showing little change in its make up with the exception that the addition of new matter is evident and many new illustrations have been added.

W. C. BRAISLIN

OBSTETRICS FOR NURSES. By JOSEPH B. DELEE, A.M., M.D. Ninth Edition. 12mo of 654 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1930. Cloth, \$3.00.

When a text-book has reached the ninth edition it is, of course, fairly well known to the public, and when the same volume has been written by such a distinguished and widely known author as Dr. DeLee, little need be said about it, except to stamp it as standard.

The new edition has been rewritten and brought completely up to date. New illustrations, photographs and drawings have been added, together with step-by-step pictures that supply students quickly and clearly with the important details of obstetrical nursing.

The volume is divided into three parts. Part I deals with the physiology and anatomy of the reproductive organs, together with a chapter on the changes which occur during pregnancy, one on the infant and one on the hygiene of pregnancy. Part II considers the management of pregnancy, labor and the puerperium and teaches the proper care of the patient during these periods. Part III deals with the nathology which may disturb the normal course of theselthree stages of reproduction.

The book is written from the nursing viewpoint, and it is a very excellent text-book. W. S. S.

OBSTETRICS FOR NURSES. By CHARLES B. REED, M.D., F.A.C.S., and CHARLOTTE L. GREGORY, R. N., B.S., M.D. Third Edition. Octavo of 399 pages, illustrated. St. Louis, The C. V. Mosby Company, 1930. Cloth, \$3.00.

This little book is very good. As usual though, too much space is alloted to abdominal palpation, vaginal examinations, and the mechanism and management of unusual presentations and positions. The nurse never needs this information; and many doctors practice obstetrics, in a casual way however, without any more idea of it than they have. What the nurse really needs is a thorough knowledge of asepsis and its exact meaning. With this, intelligence and experience, she is well qualified. On the whole a useful, readable book. C. A. G.

ULTRA-VIOLET RAYS IN THE TREATMENT AND CURE OF DISEASE. By PERCY HALL, M.R.C.S., L.R.C.P. Fourth Edition. Octavo of 248 pages, illustrated. St. Louis, The C. V. Mosby Company, 1930. Cloth, \$4.50.

In this fourth edition of his book the author has brought the work strictly up to date. The opening chapters are devoted to a discussion of the history and properties of light therapy. There follow three chapters describing in an impartial manner the apparatus available for the production of artificial light. The remainder of the book presents an exposition of the use of light both natural and artificial. Actinotherapy in all its branches is thoroughly covered, including its application to dentistry and the medical specialties. Light therapy in the municipal clinic and in the home is discussed. These latter uses are of rapidly growing importance, and their discussion is timely. The book is well written and clearly printed and illustrated, and can be recommended to the reader as an interesting and authoritative presentation of its subject.

A System of Bacteriology in Relation to Medicine. [By Various Authors. Prepared under the direction of the Medical Research Council.] Vol. II. Octavo of 420 pages. Vol. IV. Octavo of 482 pages. Vol. V. Octavo of 506 pages. London, His Majesty's Stationery Office, 1929. Cloth, £8-8-0 a set; £1-1-0 each.

In a previous review the scope of this system, in which each section is written by an eminent British authority, was outlined.

Volumes II and IV are now at hand. The former is devoted to the staphylococci, streptococci, gonococcus, meningococcus, influenza and pertussis; the latter to typhosus, the salmonella group, dysentery, the colon group, the cholera vibrio and the pasteurella group.

The authors use both the old classification and the new one of the American Society of Bacteriologists. Each organism is discussed systematically giving its history, cultural characteristics, biochemistry, serology, pathology in animals and man, mode of transmission, immunity, diagnosis, prevention and treatment. The reviewer does not know of any other work in English which gives such a complete discussion of the subject.

Volume Five of this System discusses the following bacteria and diseases: Glanders, diphtheria, tuberculosis, Johne's disease, leprosy, the brucella group, anthrax and tularemia.

There is a full discussion of tuberculosis from many angles, which makes this chapter most interesting. Because of the increasing interest in undulant fever, the long chapter on the brucella infections in man and animals is most timely. This is a complete summary of our present knowledge of undulant fever and should be read by every physician. The chapter on tularemia is E. B SMITH also worth reading.

INFANT NUTRITION: A Text-book of Infant Feeding for Students and Practitioners of Medicine. By WILLIAMS McKIM MARRIOTT, B.S., M.D. Octavo of 375 pages, illustrated. St. Louis, The C. V. Mosby Company, 1930. Cloth, \$5.50.

A valuable addition to the book shelves of the man who concerns himself with the management of babies. An unusual fount of information on the management

of dietary problems written simply and interestingly Chapters-3, 4 and 5 on Metabolism deserve special mention for their clearness and conciseness. This could only have been written by one who knows the subject thoroughly.

Many other parts are worthy of note, mainly the chapter on Celiac Disease (22) and especially the one on

vomiting (23).

The reviewer takes pleasure in recommending the book to those who wish to "brush up" on Baby Feeding and to those who wish to begin a course of more intensive study of the subject.

The material is well chosen and ably written Its author should be congratulated. H. APFEL.

Physiology and Biochemistry in Modern Medicine. By J. J. R. Macieod, M.B., Ll.D., D.Sc., F.R.S. Sixth Edition. Octavo of 1,074 pages, illustrated. St. Louis, The C. V. Mosby Company, 1930. Cloth, \$11.00.

This is the sixth edition of a modern classic. It has been possible, through much typographical shrewdness, so to speak, to keep this standard work of the same size as the preceding edition. It is to some extent the work of a group of men ably collaborating with Macleod. Practically all new and old (that has stood the test of time) knowledge in physiology and chemistry is within the covers of this work, covering the vast fields of the physicochemic basis of physiological processes, the blood and the lymph, the neuromuscular system, the special senses, the circulation of the blood, respiration, digestion, the excretion of urine, metabolism, and the endocrine organs. A Bible of physiology; a gospel of biochemistry. A. C. J.

MEDICAL CLINICS OF NORTH AMERICA. Published every other month by the W. B. Saunders Company, Philadelphia and London. Per Clinic Year (6 issues): Cloth, \$16.00 net; paper, \$12.00 net. Vol. 13, No. 4. January, 1930. (Philadelphia Num-

ber.)

The three hundred pages of this number present a variety of topics, among them The Etiology and Pathology of Arthritis; Lipoid Nephrosis; Streptococci in Relation to Rheumatic Disease, by Small; Study of the Heart Borders, and the Hypoglycemia Hazard in the Treatment of Diabetes Mellitus. W. E. McC.

Vol. 13, No. 5. March, 1930. (Chicago Number.) This issue of the Medical Clinics is thoroughly practical and therefore should be of value to the general practitioner. There is a chapter dealing with some common clinical mistakes, and corroborated by autopsy findings. Then there is a consideration of undulant fever from the diagnostic standpoint. The topic of appendicitis in children is well summarized. The subject of heart disease is of course not overlooked. And so one may wander into quite a number of topics of common EMANUEL KRIMSKY. professional interest.

Vol. 13, No. 6, May, 1930. Index Number. (Mayo ('linic Number.)

There are 24 chapters to this number of the Medical Clinics contributed entirely by the Mayo Clinic. One writer maintains that hypertension is not a contributing factor in causing hemorrhage in gastric or duodenal The association of angina pectoris with toxic goiter is discussed. The concomitant improvements in both instances are illustrated by case experiences. Injuries to the spine are thoroughly reviewed. One of the contributors maintains that the prostate gland is comparatively rare as a focus of infection. A perusal of this issue will reveal much of practical importance to the general practitioner. EMANUEL KRIMSKY

DIABETES: Directions for Treatment by Insulin and Diet, By Benjamin F. Smith, M.D. 12mo of 223 pages. New York and London, D. Appleton and Company, 1930. Cloth, \$2.00.

Of the large number of manuals on diabetes written in non-technical language for the diabetic patient and practising physician, it is the impression of the reviewer that this little manual is one of the best. The author devotes a few pages to a description of the clinical aspects of the disease, and confines the remainder of the book to a listing of a large and varied group of menus, with a liberal variation in recipes. The book should prove a very useful addition to the list of manuals from which the physician can select for the training of his diabetic patients. WILLIAM S. COLLENS

THE INTERNATIONAL MEDICAL ANNUAL: A Year Book of Treatment and Practitioner's Index. Editors: CAREY F. COOMDS, M.D., and A. RENDLE SHORT, M.D. Forty-eighth Year, 1930. Octavo of 598 pages, illus-New York, William Wood and Company. 1930. Cloth, \$6.00.

In its 48th year the scope of this book remains the same, the matter consisting of abstracts of the leading articles from European and American medical journals. The various sections are edited by most of the best known physicians of Great Britain.

It is a high grade book and will be found most useful W. E. McCollom. for reference.

SURGICAL CLINICS OF NORTH AMERICA. Published every other month by the W. B. Saunders Company, Phila-delphia and London. Per Clinic Year (6 issues): Cloth \$16.00 net; paper, \$12.00 net.

Vol. 9, No. 5. October, 1929. (Philadelphia Number.) This issue contains a number of excellent contributions and all the fields of surgery are well represented. The and all the neus of sugar, and reviewer feels, however, that some of the rightly to periodicals devoted entirely rather than to a journal which avoved rather than to a journal which avoved the result of the resul general practitioner and general surgeon. Vol. 9, No. 6. December, 1929. (Lahey) -Index Number.)

The editors of this issue are to be ... the excellent material at their dispos-100 ing characteristics of all studies Lalley Clinic-their thoroughness and tance-are prominent in each contrib ent volume.

Thyroid surgery in all its spinal and general, and portance to the ger cuseed by

## OUR NEIGHBORS



#### DAILY PRESS IN TENNESSEE

The August issue of the Journal of the Tennessee State Medical Association comments editorially on the subjects and sources of the items in its news department and says:

"Most of the material for the news section of this Journal is obtained from a press clipping service. All the papers in Tennessee are supposed to be read by this agency and every item mentioning doctors, medicine and hospitals is sent to us. Some additional news items are supplied by county secretaries, but the greater part of what you read in the news section of the Journal is based on clippings.

"This month we have analyzed these clippings and find them subject to being classified under

several heads.

"1. Out-of-State News. A report of the death of Dr. Harvey Wiley and a picture of Dr. E. Starr Judd, President-Elect of the American Medical Association, are typical of the news classified under this head. A total of 10 clippings was received this month.

"2. Deaths. Seven doctors died during the period covered by our clippings. One of these deaths was reported in six different clippings. Other deaths in a fewer number of papers. A total of 19 clippings come under the head of deaths.

"3. Medical Societies. Ten meetings of county societies were announced and recorded by the State press. One meeting secured six notices, other a fewer number. A total of 18 clippings was received.

"4. Personal. The three thousand doctors in Tennessee received some publicity of a personal nature during the month. Such items were as follows: the plans of one doctor to buy an airplane, two other doctors' addresses before luncheon clubs, the third doctor won a suit against an insurnace company, several doctors moved their offices, the picture of a physician's bride, hospital interns. The clippings classified under this head numbered a total of 33.

"5. Public Health. Clinics, units, reports, conferences, visits of distinguished doctors, talks and

death rates were reported in 93 clippings.

"6. Miscellaneous. 'Medical Students in Military Camps,' 'Tuberculosis in Shelby County Cows,' 'The Country Doctor,' 'New Medical Buildings,' medical auxiliary notes, and such items were classified under this head and were reported in a total of 19 clippings.

### Summary

"If 'reading maketh a full man,' the people of this State were filled along medical lines last month in the following proportion:

Class	Clippings	Percentage
1. Out-of-State News	10	5.21
<ul><li>2. Deaths</li><li>3. Medical Societies</li></ul>	18	9.89 9.37
<ul><li>4. Personal Mention</li><li>5. Public Health</li></ul>	33	17.19
6. Miscellaneous	93	48.43 9 <b>.</b> 89
Total	192	99 98"

## CRIPPLED CHILDREN IN WEST VIRGINIA

Crippled children have received official attention in several states. A conference on their care in New York State was the subject of an editorial in this Journal of February 1, 1929, page 159; and agreements and a fee list were described in the same issue, page 170.

Reports from other states abstracted in this Journal are as follows:

Kentucky, February 1, 1929, page 188. Oklahoma, June 15, 1929, page 783. New Jersey, January 1, 1930, page 50. occur di 121va, June 15, 1930, page 753.

the hygiene of programment of pregnancy, impled children in West Virginia ment of pregnancy, in symmetries and of the West ment of pregnancy teaches the proper care of the West teaches the proper care of the follows:

on by the normal course of these time wildren are in duction.

fore in

. % (

the history of the State, according to records in the office of the Crippled Children's Council. The concerted action of parents, organizations, and interested individuals following the holding of the diagnostic clinics in the various sections of the State is responsible for the placing of scores of children under treatment. A large percentage of these children are from the rural areas of the State, the parents availing themselves of the opportunity to have an orthopedic specialist examine their handicapped children, and following the advice given.

"A systematic plan of follow-up is carried out after each clinic, with the result that a considerable number of children enter hospitals for care and treatment soon after the holding of the clinics.

(Continued on page 1518—adv. x)

# THE NEW YORK STATE JOURNAL OF MEDICINE

FOR THE YEAR

1930

VOLUME 30

The Official Organ of the MEDICAL SOCIETY OF THE STATE OF NEW YORK Published twice a month by the MEDICAL SOCIETY OF THE STATE OF NEW YORK from its offices in the Building of the New York Academy of Medicine, 2 East 103rd Street, New York City

COPYRIGHT, 1930
'HE MEDICAL SOCIETY OF THE STATE
OF NEW YORK



## INDEX-VOL. 30, 1930



#### SCIENTIFIC ARTICLES

]	PAGE		PAGE
Abdomen Acute Surgical Conditions of the-		Childbirths Home vs General Hospital - Van	
Dickinson	1029	Auken	1090
Abscess of the Epiglottis—Gilmore	448	Colds The Relation of to Pneumonia—Dimon Colleges Health Services in—Mitchell	197 1283
lens other thin—Williams	631	Communicable Diseases Medical Accounting m-	1-00
Adenitis, Tracheobronchial—Emerson	(51	Spencer	649
Adenoma, Toxic End Results of Thyroidectomy in		Community Interesting the Small-Sears	848
Cases of Hyperthyroidism and—Raffl	1412	Compensation Doctor The—Posner	951 1035
Adrenal Glands Are there Indications for Opera-	1217	Constipation Treatment of—Boros Death and Birth Certificates New Form of—De	
Agranulocytosis,	695	Porte	144
Anatomic Basis	1227	Dermititis Lyfoliativa (Arsphenamine) Kerntitis	
Anesthesia in Dr	. 86	Lxfoliativa Complicating—Kirby	715
	1 <i>2</i> 75 14 )4	Dermatological Conditions Basal Metabolism in-	259
Anesthetics Some of the Newer—Fveleth Appendicutis—Pool	1473	Diabetes Control and Treatment-loslin	1461
Arrythmas in Young Adults The Importance of		Drabetes Insipidus-Williams	1023
Lytra systolic—Bishop Sr & Jr Arthritis Rheumatism The Treatment of with	266	Diabetes Menitus Paroxysmai rachivearma in t	
Arthritis Rheumatism The Treatment of with		Case of Treated with Insulin and Synthalin with	583
Special Reference to Non-Specific Protein Therapy—Shahon	1214	Complete Recovery—Lukin Diabetic Patient Surgery of—Heyd	203
Asthur by Inhalation Causes of—Mamelok	1163	Duethorms Compositorial Fuether Advancement	
יר י	1472	mCherry	1333
	1474	m-Cherry Diathermy Medical-kovacs Diphtheria Prevention A Report on the Progress	1336
New Form of-	144	Diphtheria Prevention A Report on the Progress of the Upstate Compaign To Date—Senftner	331
De Porte Birth Injuries, Ocular-Jacobs	1355	Doctor as Seen by the Detail Man-Martell	1034
	1357	Doctor Looks at Journalism The-Williams	595
Bladder Outlet Obstruction in Infancy and Child	<b></b>	Doctor What May he Gain by Discretion in Read	
hood Congenital—Campbell	704 1468	ing—Clark Doctor, Compensation—Posner	645 951
Blindness Sudden—Frey Blood in Cancer Patients A Study of the—Green	1403	Doctors A Remedy for Fee Splitting Amon,-	,,,,
and Mettenleiter	971	Chandler	1103
Blood Pressure Readings Interpretation of Jones	194	Lar Middle Infections-Triesner	1471
Blood Stream Infections in Children Prognosis of -	1352	Lar Infections in Babies—Jones and Gerstly Lir Infections Middle Common Forms and Their	1
Denucti and Allen Brun Tumor Patients Mental Symptoms Amon	1172	Mana ement—Popper	1146
and Brain Tumors Among the Instine—Dayidoff	1205	Education Health and Health I ducation-van der	
Breech Presentations The Management of-Wilson	339	Bogert	708
Bacteriophage The-d Herelle	1400	Indocarditis Classification of—Jacobs  Fundamic Meningitis The Treatment of—Neal	635 79
Pronchiectasis An Analysis of 51 Cases—Priddle Bronchitis Peanut—Heatly	1077 986	I pilepsy and Migrane The Role of the Vegeta	19
Cancer Its Nature Prevention and Treatment—	200	tive Nervous System in-Brock	442
Adair	270	Epiglottis Abscess of the-Gilmore	448
Cancer Farly Diagnosis of and Its Relation to	076	Upilepsies Etiology and Symptomatology-Shrin	1750
Surgical "	976 255	han Propht	1359 569
Cancer as Cancer Pat m—Green	400	Tye as	897
and Mettenlester	971	Tallopi .	
Cancer Skin Treatment of-Filer and Fox	1344	sufflation—Spencer	398
Cancer Treatment of Intra Oral With Special	1094	Fever A Case of Blackwater and its Urological Aspect—del Valle	1287
Reference to Kadaum Therapy—Quick Cancer Uterine Factors that Influence Progn is	1034	Lever Rheumatic in Children - its Clinical	1207
and End Results m—Healy	191	Aspects—Ka -ar	325
Carcinoina of the Breast The Diagnosis and Freat		Finger Infecti	
ment of-White	1210	Spirochetal Lorceps Deliveries 1070—Stander	975
Cardiac Conditions The Advantage of a Complete	1 (1	Foot Common Disabilities of the-Their Diagnosis	1481
Diagnosis in-Halsey	141	and Treatment-Whitman	معملار
Cardio Va cular Renal Disease. The Chincal Sta- mifecure of Return Arterial Changes and Retuntis		Lourner Albert The Master Syphilet gill Daniel	
ni—Gipner	951	Fracture Spinal—Dowd Fragilitis Ossium—Gleich	
Cervical Inspection and Rep ir with Special Ref		Glands Are there Indication	
erence to Primary Cervical Repair-Wood	1150	Glands Are there Indication Adrenal — Crile Castric Contents	
Cervicitis Copper Ionization in the Trentment of-	897	O Istric Content	
Child Guidance Proflems in-Clarke	1271		
Court continues a time terms in a contract		" - AM T KET	

· PA	GE	•	PAGE
Glycosurias, The Differential Diagnosis of the	390	Use in—Levy	_1084
Graduate Fortnight, N. Y. Academy of Medicine,		Throne	259
Papers at—Reynolds	ł/1 .	Migraine and Epilepsy, The Role of the Vegeta- tive Nervous System in—Brock	442
Case of—Terry, Jr	100	Milkborne Outbreaks in New York State-Brooks	1418 1471
Handicapped, Laboratory Aids in Surgery of the— Thomas	108	Mouth Infections—Dunning	
Hay Fever—The Etiology of—Thommen 4	137	-Weisenburg	588
	577 335	Neurosis, Traumatic, from the Industrial Point of View—Slater	205
Hay Fever—Its Diagnosis—Thommen	911 941	Neurosurgical Problems Other Than Tumors and Abscesses—Williams	631
Hearing, The Rehabilitation Movement of the Hard		Nipple, Paget's Disease of the—Fraser	13
of—Phillips		Noise, Its Management, Effect and Control—Dennis Orthopedic Conditions, What the General Practi-	
Heart Block with Stokes-Adams Syndrome, A	007	tioner Has to Look for in a Periodic Examina-	
Case of, Treated with Barium Chloride and Digitalis—Parkhurst	79	tion—Boorstein	1107
Health Administration of the Panama Canal Zone-		mon Diagnosis in Clinical Ophthalmology-	
The state of the s	274 164	Deteogenesis Imperfecta Tarda (Fragilitis Ossium)	899
Health Examination, Periodic, From Standpoint of		Report of Four Cases in One Family-Gleich	850
the Otorhinolaryngologist—Howard	146	Osteomyelitis, Acute Hematogenous—Beekman Oto-Laryngology Since 1906—The Passing Years—	1402
New York State—Mitchell	283	Jones	710
Hypertension, The Kidney in—Wedd		Paget's Disease of the Nipple—Fraser Pain, Upper Abdominal, A Discussion of—Reifen-	13
Treatment of—Parsons	015	stein	829
Hyperthyroidism and Toxic Adenoma, End Results of Thyroidectomy in Cases of—Raffl 1-	412	Pediatrics, The Application of Radiology to the Practice of, with Indications and Contra-indica-	
Icterus Neonatorum, The Nature of-Goldbloom		tions—Mattick	1156 591
Incontinence, Fecal, A Device to Control-Lands-		Personality, Anatomic Basis of -Sands	1227
man	909	Pulmonary Tuberculosis Without Diagnostic Physical Signs—Plunkett	
Management—Popper	146	Peritoneum, Tuberculosis of the-Grace	969
Infections, Blood Stream, Prognosis of, in Children —Dennett and Allen	352	Pharmacopæia, Physicians and The—Bastedo Photography—Intra-Gastric—Bernstein and Gray	839 433
-Dennett and Allen	วกร	Plastic Repair of Severe Radium Burns and Angi-	
of—Reynolds		oma—Straatsma	1474
Inhalation Asthma—Mamelok	163	Pneumonia, The Prevention and Treatment of—Cecil	210
in High, and Its Relation to Treatment—Orr and		Pneumonia, The Relation of Colds to-Dimon	197
Haden	161	Postoperative Complaints and Visceroptosis—Cor-	23
Strong	10	Practice of Medicine, Individual and Collective-	
Keratitis, Exfoliativa Complicating Dermatitis Ex-	585	Williams	71 1343
foliativa (Arsphenamine)—Kirby	715	Prolapsus Uteri: Review of Anatomy, Etiology and	
	380	Results of Treatment—Bloom	19
Labor, Rectal Anesthesia in Dry—Harper Liver, Syphilis of the—Negative Wassermann—	86	Cashman Protein Therapy in Rheumatism—Shahon	1364 1214
Davis	324	Psychiatry, Newspaper—Bragman	1479
Mass Production and Wholesale Distribution in Medicine—Gettinger	465	Psycho-Analysis of Border Line Cases—Oberndorf Puerperal Mortality—Kosmak	648 1477
Maternal Mortality, How Shall We Lower—Barry 1	019	Pyloric Stenosis, Hypertropic, in Colored Infants-	
Medials, Medical—Dickinson	4/8 .	Radium Burns and Angioma, Plastic Repair of—	140
Spencer	699 307	Straatsma	9
Medicine Under Siege—Harris	397 823	Radium Therapy, Treatment of Intra-Oral Cancer with Special Reference to—Quick	1094
	763 693	Reading and the Doctor—Clark	645 86
Meningitis, The Treatment of Epidemic—Neal	79	Rehabilitation Movement of the Hard of H	
organs, ause, Low Voltage X-Ray for a Therapeutic	915	Phillips Rheumatic Fever in Children—Its Clinical	1143 k
the hygiene of pres a General Hospital, The Treat-		—Kaiser	325 1027
ment of pregnancy, lacture of oram), The Practical	63	Scabies and Tinae—Traub Septicemia—Bancroft	472
periods. Part III deals with the	840	Sinus Disease, Chronic, The Managen	- }
disturb the normal course of these thir Hospitals, production.	16	Mullin	1280 11403
· tot			/ 761

Skin Cancer, Treatment of—Eller and Fox. 1344 Sore Scalp, Headache with—Fernlund 1041 Spinal Anesthesia—Simpson 1275 Splenomegaly, Chronic, of Unknown Origin—Reimann 1233 Sterility 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Complete Recovery—Lukin 583 Thyroid Diseases. Their Classification and Treatnent—Hinton 77 Thyroidetomy in 1412 Toxic Adenoma 1412 Toxic Adenoma 1412 Tongue, Malignancy of the, on a Luctic Base—MacGregor 1618 Toxic Adenoma 167 Tosils and Sinuses, The—MacKenty 1403 Tuberculosis of the Peritoneum—Grace 969 Tuberculosis of the Peritoneum—Grace 969 Tuberculosis, Ocular, Still a Comparatively Uncommon Diagnosis in Clinical Ophthalmology—Lerner 899 Tuberculosis, Laryngeal, The Treatment of, With Artificial Sunlight—Miller 844 Tuntors and Abscesses, Some Neurosurgical Problems Other Than—Williams 631 Tumors of the Brain—Davidoff 1205 Tumors of the Testicle, Bilateral—Report of Two Cases—Wollheim 765 Ulcer, Perforated Peptic, Age Incidence in—Read 991 Uterine Prolapse—Bloom 19 Visceroptosis, Postoperative Complaints and—Corcoran 223 Workmen's Compensation Law, The Medical Phase of the—Lawrence 136
AUTHORS OF SCIE  Adair, Frank E., New York, N. Y. 270 Albert, L. L., Yonkers, N. Y. 897 Allen, Abbott William, New York, N. Y. 1352 Bancroft, Frederick W., New York, N. Y. 1471 Barry, John H., New York, N. Y. 1019 Bastedo, W. A., New York, N. Y. 839 Bechet, Paul E., New York, N. Y. 386 Beckman, Fenwick, New York, N. Y. 1402 Bergmann, G. P., Mattituck, N. Y. 1402 Bergmann, G. P., Mattituck, N. Y. 1358 Berstein, Benjamin M., Brooklyn, N. Y. 433 Billings, Frank, Chicago, Ill. 1398 Bishop, Louis Faugeres, Ir., New York, N. Y. 266 Bishop, Louis Faugeres, Ir., New York, N. Y. 266 Bishop, Louis Faugeres, Ir., New York, N. Y. 266 Bishop, Louis Faugeres, Ir., New York, N. Y. 266 Blake, Eugene M., New Haven, Conn 1357 Bloom, Oscar H., Brooklyn, N. Y. 107 Boros, Edwin, New York, N. Y. 107 Boros, Edwin, New York, N. Y. 107 Boros, Edwin, New York, N. Y. 1035 Bowen, Byron, D., Buffalo, N. Y. 890 Bower, George C., Willard, N. Y. 897 Bragman, Louis J., Syracuse, N. Y. 1479 Brock, Samuel, New York, N. Y. 1479 Brooks, Paul R., Albany, N. Y. 1418 Brunsting, Louis A., Rochester, Minn. 1223	Del Valle, Carlos M., New York, N. Y. 1287 Dennett, Roger H., New York, N. Y. 1352 Dennis, E. B., Jr., New York, N. Y. 1352 Dennis, E. B., Jr., New York, N. Y. 573 De Porte, J. V., Albany, N. Y. 1440 Dickinson, Rohert Laton, New York, N. Y. 1029 Dickinson, Rohert Laton, New York, N. Y. 1482 Dimon, James W. W., Utica, N. Y. 197 Dowd, Charles N., Saratoga Springs, N. Y. 958 Dunning, Henry Sage, New York, N. Y. 1471 Egloff, William, Boston, Mass. 1037 Einhorn, Moses, New York, N. Y. 1344 Emerson, Charles P., Indianapolis, Ind. 651 Eveleth, George S., Little Falls, N. Y. 651 Eveleth, George S., Little Falls, N. Y. 1041 Fox, Everett C., New York, N. Y. 1344 Fresner, J. Frank, New York, N. Y. 1344 Frese, J. Frank, New York, N. Y. 1344 Frey, Guernsey, New York, N. Y. 1346 Garvin, William C., Singhamton, N. Y. 1468 Garvin, William C., Singhamton, N. Y. 1471 Gerstly, Joseph M., New York, N. Y. 166 Gettinger, Joseph M., New York, N. Y. 166 Gettinger, Joseph M., New York, N. Y. 16
Boorstein, Samuel W., New York, N. Y.   1107   Boros, Edwin, New York, N. Y.   1035   Bowen, Byron, D., Buffalo, N. Y.   1035   Bowen, Byron, D., Buffalo, N. Y.   890   Bower, George C., Willard, N. Y.   975   Bragman, Louis J., Syracuse, N. Y.   1479   Brock, Samuel, New York, N. Y.   1442   Brunstine, Louis A., Rochester, Minn.   1223   Campbell, Meredith F., New York, N. Y.   704   Cary, William H., New York, N. Y.   131   Casliman, George A., New York, N. Y.   134   Cecil, Russell I., New York, N. Y.   210   Chambers, Noble R., Syracuse, N. Y.   210   Chambers, Noble R., Syracuse, N. Y.   133   Cherry, Thomas H., New York, N. Y.   133   Cherry, Thomas H., New York, N. Y.   380   Clark, J. Bayard, New York, N. Y.   645   Clark, Eric Kent, Rochester, N. Y.   1271   Cole, Harold N., Cleveland, Ohio.   638   Cole, Rufus, New York, N. Y.   1474   Corcoran, William L., New York, N. Y.   169   Cottis, George W., Jamestown, N. Y.   120   Davidoff, Leo M., New York, N. Y.   121   Davidoff, Leo M., New York, N. Y.   121   Davidoff, Leo M., New York, N. Y.   1205   Davidoff, Leo Lare, Leonard L	Fraser, J. Frank, New York, N. Y.  Frey, Guernsey, New York, N. Y.  Fries, Guernsey, New York, N. Y.  Fries, Greinsey, New York, N. Y.  Friesner, Isidore, New York, N. Y.  Garvin, William C., Binghamton, N. Y.  Gerstly, Joseph M., New York, N. Y.  Geitliner, Joseph H., Bronx, N. Y.  Gilmore, G. B., New York, N. Y.  Gilmore, G. B., New York, N. Y.  Gilmore, John F., Rochester, N. Y.  Gilmore, G. B., New York, N. Y.  Goldolhoom, Alton, Montreal, Que.  Goldolhoom, Alton, Montreal, Que.  Jelo, Standard, M. Y.  Goodman, Samuel, N. Y.  Goodman, Samuel, N. Y.  Goodman, Samuel, N. Y.  Gorace, Roderick V., New York, N. Y.  140  Grace, Roderick V., New York, N. Y.  Graefi, J. G. William, New York, N. Y.  Harris, M. L., Chicago, Ill.  Haden, Russell L., Kansas City, Mo.  Hasey, Robert H., New York, N. Y.  Harley, Charles, G.  Hinton, Je

Jacobs, Max W., St. Louis, Mo	Raffl, Arthur B., Syracuse, N. Y. 1412 Read, Joseph C., Brooklyn, N. Y. 591 Reifenstein, Edward C., Syracuse, N. Y. 829 Reimann, Hobart A., Buffalo, N. Y. 1233 Reynolds, Frederick P., New York, N. Y. 1397, 1471 Robinson, G. Allen, New York, N. Y. 761 Rosenthal, Nathan, New York, N. Y. 693, 763, 1164 Sands, Irving J., Brooklyn, N. Y. 693, 763, 1164 Sands, Irving J., Brooklyn, N. Y. 984 Schneider, Anton S., Plattsburg, N. Y. 569 Sears, Frederick W., Syracuse, N. Y. 848 Senftner, Herman F., Albany, N. Y. 1214 Shanahan, William T., Sonyea, N. Y. 1359 Simpson, Leo F., Rochester, N. Y. 1275 Slater, B. J., Rochester, N. Y. 205 Spencer, Helen W., New York, N. Y. 388 Spencer, Helen W., New York, N. Y. 388 Spencer, Helen W., New York, N. Y. 99 Straatsma, C. R., New York, N. Y. 10 Terry, Arthur H., Jr., New York, N. Y. 10 Terry, Arthur H., Jr., New York, N. Y. 100 Thomas, Walter S., Clifton Springs, N. Y. 100 Thomas, Walter S., Clifton Springs, N. Y. 100 Thomas, Walter S., Clifton Springs, N. Y. 100 Thome, Binford, Brooklyn, N. Y. 259 Torek, Franz, New York, N. Y. 437, 577, 835, 911 Throne, Binford, Brooklyn, N. Y. 259 Torek, Franz, New York, N. Y. 437, 577, 835, 911 Throne, Binford, Brooklyn, N. Y. 259 Torek, Franz, New York, N. Y. 1027 Van Auken, William B. D., Troy, N. Y. 1096 van der Bogert, Frank, Schenectady, N. Y. 708 Wakeman, Bertis R., Hornell, N. Y. 274 Wedd, Alfred M., Clifton Springs, N. Y. 131 Weisenburg, Theodore H., Philadelphia, Pa. 588 Whipple, Allen O., New York, N. Y. 1023 Williams, Henry Ward, Rochester, N. Y. 319 Williams, Frederick, New York, N. Y. 319 Williams, Henry Ward, Rochester, N. Y. 319 Williams, Henry Ward, Rochester, N. Y. 3150 Woldleim, J. L., New York, N. Y. 375 Wood, Glenn A., Syracuse, N. Y. 1150
	•
EDITO	PRIALS
Acute Bacterial Infections. 1423 Annual Meeting, The 392, 451, 593 — Meeting, Papers at the 148 — Meeting, Daylight Saving Time at the 593 — Registration 1366 — Reports 538 Apportioning County Society Activities 1168 Basis of the Service of the Legal Counsel 450 Cancer Problem, The 281 Centers, Medical and Health 594 Children's Hour, The 918 Commercial Exhibits, The 394 Conference of State Secretaries and Editors 1426 Directory, The—An Appeal 988 Dispensing Information 1109 District Branch Meetings 1238 Organs 1 Preachers 90 occur during 1 Preachers 90 occur during 1 Preachers 90 occur during 1 Preachers 91 ceaches the proper care of 336 teaches the proper care of 336 periods. Part III deals with the 128 disturb the normal course of these thre 1289 production. 634	Hospitals to be Licensed, All. 338 House of Delegates, The. 770 Inspiring Action 1236 Looking Backward—This Journal 25 Years Ago: Advertisements 150 Annual Meeting 1291 Chloroform or Death at Sixty 451 City Doctors in the Country 1045 Conference Club 29 Council on Pharmacy and Chemistry 540 Dispensary Law 1426 Fee Splitting 394 Health of the Nation 282 Hospitals of New York 339 Incorporating the A.M.A 219 Interest in Civic Medicine 655 Journal and Directory 1369 Medical Directories 1238 Medical Interviews 918 Milk Commission for Rockland County 723 Patent Medicines and Nostrums 1485 Popular Medical Publicity 855 Principles of Professional Conduct 1168 Pure Milk 92 Reciprocity in Licensure 900

Reorganization Spitting in Public Venereal Disease Education Measuring County Society Efficiency Midill, Grant C. Regent Medical Education, Unity of Medical Ethics Medical Ethics Medical Practice Cost Accounting in Medical Practice The Chinging Order of Medical Practice, The Chinging Order of Medical Practice, The Chinging Order of Medical Problems Universality of Medical Standards, The Newer Message of the Journal The Milestones Nasal Infections in Bathers Necrology Dr C Floyd Haviland	PAGE. 1111 595 770 1045 280 654 1291 722 28 393 29 855 1111 853 449 339	Progress of the Year Prosecution and Persecution St Martin Alexis and Dr Beaumont Society Activities Records of Thirty Years of Age Tuberculosis Control	1424 1484 539 1425 282 217 1483 149
Maxwell C Klatt Attorney	900	Turning Over a New I eaf	768

#### MEDICAL PROGRESS

## Comments and Abstracts on Scientific Articles in Other Journals

		Page		Page
Abdominal Operations and Respiration		343	Cardiac Arrest	1241
Abscess Subphrenic		1242	Failure	724
Acidosis Post Operative		453	Carotin and Vitamin A	1240
Alymphocytosis Total		222	Cathract Extraction	283
Alkalis and Chronic Nephritis		1497	and Parathyroid Tetany	285
Anemia Hog's Stomach in Pernicious		396	Catheterizing the Right Heart	30
- Hyperchrome	0*7	33	Celiac Disease and V tam ne	1372
Liver in Pernicious	857,	1240 772	Cerebrospinal '	919
Present Status of Pernicious Treatment of Pernicious		772	Chest Injury	724
Ancurysm Aortic		341	Circulatory System Preserving the	725
Angina and Intermittent Claudication		858	Codemism	285
- Vincent s		220	Cog Wheel Breathing	1373
Angina Pectoris Cardiac Weakness and		1373	Colitis Crisis of Chronic Constipation and Catharsis	597 1430
- and the Coronary Arters		151	Constitution and Camarsis	725
Hyperthyroidism and		340	in Children Nature of	152
Transitory Paralyses and Treatment of 220		1112	Coronary Arteries Sclerosis of the	1295
- Treatment of 220	657	773	Cutivacene Paul's	1046
Antitoxin in the Blood		396	Deafness Conduction	223
Aorta Dilated		342	- and High Frequency Sound Waves	1370
Appendicitis Acute in the Aged		597	Decerebrate Rigidity	1487
and the Right Kidney Palpation Sign in		1296	Diabetes Coma of	398
Palpation Sign in		343	Surgical Problems in Sulphur and Metabolism of	1239
Arrhythma Ventricular		30 73	Sulphur and Metabolism of	395
Arterial Embolism Acetylcholine in		1049	Diristolic Pressure in Suicidal Ideas	1430
Arterial Pressure in Its Clinical Aspects		1172		726
ralue of		544		656
of		96	Digestive Disorders	1241
Arthritis Chronic		542	Diphtheria of the Nostrils	1488
- X Ray Treatment of Chronic		1046	Prophylaxis with Omtment	1170
Athletic Injuries Physical Therapy in		453	Duodenum Insular Hormone in the	7150
Atmosphere and Disease		153	Dystrophies Unapparent	
•		1486	Eclampsia Cause of	
		1488	Thyroxin in Puerpetal	
		152	Flectric Burns Treatment of	
Blood Sugar Ichthyol and		221	Electricity in Acute Conditions	
Blood Vessels and Visceral Pain		992	Embolism Increase in	
Boils and Carbuncles Collodion Treatment of		598	Encephalitis Tyelids in	
Cancer The Chemist's Concept of		921	Insulin in	
The Curability of		920 1172	Trophic Les	
Development		286	Vaccination	
- Epidemic in Paris		283	Endarteritis Obliterans	
of the Liver Paget's		921	Indocrines and I	
Prevention of		33	and I	
and Rectal Polypi		154	Epidemics.	
Carcinoma Age and Sex in		771	Exhan <b>ed</b>	

	Page		Page
Exophthalmic Goiter and Thyroid Extract	455	Pharingitis, Chronic Dry	1370
Eve damage by Strong Light	058	Phlegmon of the Floor of the Mouth	1427
Facial Paralysis, Operation for	1113	Circulation in	
Feet Swelling of the	, 120	— Digitalis in Lobar	1242
Fever. Malta	. 155	Serum Treatment of	658
Filterable Viruses and Medicine	13/4	Treatment of	1239
Poisoning94	1047	Polyneuritis, 1930 Type of	921
Frei's Buboes	. 395	Pregnancy Test	223
Furunculosis, Injection of Whole Blood for	1430	Prostatic Hypertrophy	1240
Gall Bladder and Liver Disease	1169	and Vasectomy  Obstruction, Mechanism of	771
Gastric Functions in Hot Climates	856	Pseudosciatica	1428
— Ulcer, Cause of	. 543	Psychiatry's Part in Preventive Medicine	1171
Glaucoma, Graves' Disease, Sympathetic Nervous	543	Psychoneuroses in General Practice	31
System	. 1427	Pulmonary Granulosis, Syphilitic	95
Goiter Problem, Foods in	. 774	Pylorospasm in the Nursling	
Gonorrhœa Treatment	. 444	Rectal Thermometry Injuries	858
Grippe and Psittacosis	. 455 1048	Retina, Obliteration of Central Artery of	
Hay Fever, Treatment of	. 1048	Rheumatism, Pains in Muscular	922 919
in Health and Disease, The Child's	. 1114	Problem of	
of the Gereral Practitioner	. 599	Treatment of Chronic93,	
and Nitrous Oxide		Ringworm of Scalp, Thallium Acetate in	599
Block and Adrenalin  Disease, Newer Knowledge of		Saline Catharsis and Cholesterin	
Nonvalvular Diseases of	. 1171	Scarlatina and Nephritis	
— Disease, Rheumatic	. 340	Seasickness	~~ 4
Hemiplegia, Treatment of	. 341	Sex, Determination of	
Hemophilia, Nature of	1294	Sex Hormones in the Female	340
Hirschsprung's Disease	. 284	Sickness, Post-Anesthetic	
Hodgkin's Disease, Autogenous Gland Filtrate in	. 993	Sinus Arrhythmia in Old People	
Hyperpiesia, Treatment of	. 30 . 857	Spleen Secretion	1489
Hypertension, Emotional		Stomachs, Thoracic	1114
Infections, Bacillus Coli	. 1295	Streptococci, Etiological Overvaluation of	
Pneumococcal	. 96	Strumous Buboes and Lupus	
Inhalation Therapy, Acid	. 154	Surgical Diagnosis, Slipshod	
Liver and		Sweating in Therapeutics	342
— Use of	. 398	Sympathetic Nerves, Surgery of the	1296
Intestinal Obstruction		Syndrome, Cisterna Magna Pressure	
— Toxemia, Relation of to Allergy  Iron in Certain Anemias		Tachycardia, Paroxysmal	452
Knee-Joint, Internal Derangements of		Tennis Elbow, Treatment of	
Kuemmel's Disease, Nature of	. 657	Tetany after Exercise	1293
Kümmell-Verneuil Disease		Thrombosis, Prevention of	994
Laziness, Pseudo	. 283	Toxic Collapse	220
Measles, Changing Type of	. 32	Tubercle Bacillemia Tuberculosis, Calcium in	220
—— Serum Prevention of	. 452	Calot Treatment of Surgical	1169
Migraine, Allergic	. 1048	—— Choline for	455
Morbis Coxae Senilis	. 542	—— Diet in Skin	773
Multiple Sclerosis, Malarial Treatment of	. 919	Salt in	1241
Nasal Sinus Disease in Children	. 774	Spleen Therapy in Soft Palate	283 31
Three Fatal Cases of	. 919	Tracheal	221
Nervous Indigestion and the Colon		Treatment	991
Nosebleed, Familial		The Ultravirus of	856
Obstetrical Practice		Tumor and Normal Tissue, Similarity	1113 1429
Osteochondromatosis	1371	Tumors Without Auditory Defects, Ponto-cerebellar	991
Oxygen in Treatment of Disease organ, Treatment of occur during he hydren of protes	. 659	Ulcer, Curling's	596
occur diring 00	. 541 3 1420	Urticaria, Compression	223
"" "J Siche OI Diegiana	1272	Uterus as a Digestive Organ	596
		Vaccination, Alastrim and Variola	151
eriods. Part III deals with the	. 452	Virus, Calmette-Guerin	1294
isturb the normal course of these three roduction.	286	Vitamins	1428
roduction.	1488	Whooping Cough. Diagnosis of	541 284
ı		in	

#### DAILY 'PRESS

## Abstracts and Comments on Newspaper Articles Bearing on Medicine

	Page		PAGE
Academic Repose, Courses in		Illegal Practitioner, Prosecution of an	240
Advertisements, Cigarette	239	Illness a National Problem	1126
Advertising Joke (Cold Cure)		Insurance Against Sickness	475
Alcohol and Health	933	Locusts, Battling with	550
Animal Groups, Nomenclature of		Memory, Electric	1059
Antiseptics, A Pioneer in	169	Money, Unburnable	1127
Appetites, Child	934	Mortality, Dinosaur	1386
Aspirations, Unborn	358	Mothers. Part-Time	476
Automobile, the Deadly (cartoon)	1184	Nerve Action, The Physics of	805
Better Life Investigation	112	Noise Abatement in New York City	1312
Birth Control and the Churches	551	Noise Abatement	
Blustering March	357	Noise and Working Efficiency	
Body Weight, Reducing	169	Noise, Sleuthing for	1059
Bridge Player, Inferiority Complex of the	357	Oyster Eating	1440
Cancer Publication, New	1254	Peccadillo, The	44
Cartoons, Medical44, 111, 169, 357, 475, 615	0/2,	Pensions, Old Age	1004
742, 804, 872, 933, 1003, 1058, 1126, 1184, 1254,		Personality Lessons	
Census Taking	475	Phantasies, Millennial (poem)	616 414
Colds in Cornell University, Prevention of Common Cold, Virus of the	1440	Pharaoh's Tomb, The Curse of	
Child Conference, The National	1439	Physicians, Negro, in New York City	295
Child Perfection Rating	230	Pilltaking Championship	
Child Psychology (2 cartoons)	1126	Prison Riots and Cartoon	44
Chiropractic Convention	294	Prohibition Psychology	615
Chiropractors, A Columnist's View of		Prolonging Life	
Contests, Endurance		Rabies in New York City	1127
County Surveys (cartoon)	111	Radio and Quacks	170
Crickets, Psycho-Analysis of	1004	Radio Talks	
Danger in the Home	170	Relativity	872
Deaf and Dumb, Education of the		Rhymes, Health	45
Dental Decay, Cause of		Rough Company (poem)	
Diphtheria, Popular Publicity on		Smoke and Dust in the Air	
Diets, National		Social Workers	
Doctors, Rural	1004	Space and Time	872
Doctors Fees, Why some are Large	1058	Statistics, Enlivening	804
Economics, Medical		Suggestion, The Power of	
Fatalities, Fourth of July		Sunburn	
Films, Medical Movie		Sunburn, The Craze for	616
Fines, Short Cut with		Sutures, Ant Jaw	
First-Aid Stations, Roadside Red Cross		Syra, The Isle of the Blessed	
Folk-lore of Bodily Influence		Talkies, Two Views of	
Garbage on Beaches		Tear Gas in Civil Life	
Germ, The Stealthy		Test for Gin and Tobacco	
Gorilla Preserves		Testimony, Reliability of	
Guest, Liability for a		Tests, Intelligence	
Hands (cartoon)	1311	Tests for Prejudice	550
Health Hazards (2 cartoons by Briggs)		Tests, Psychological	
Health in the Household, Hazards to	476	Time, What is it?	551
Health Institute, A National	933	Values, Scientific	1311
Hearts, Broken	294 872	Vivisection, Anti-	6/2
Home Treatments, Old-Fashioned (cartoons)	672	Wind Velocities, Beaufort's Scale of	1185
Hospital Endowment for Leprosy	1255	Window Silencer Words and Actions	1989
Hunters' Casualties		Worms and Germs (cartoon)	004 1254
			1237

## BOOKS

oregnancy, 274, 874, 1005, 1256, 1387, 1499 art III deals with the normal state of the state of

Book Reviews,

47, 114, 172, 241, 360, 415, 477, 552, 617, 675, 744, 875, 935, 1060, 1128, 1186, 1256, 1313, 1388, 1441, 1500

## INDEX OF THE ACTIVITIES OF MEDICAL SOCIETIES RECORDED IN THE JOURNAL DURING THE YEAR 1930, VOLUME 30, PRINCIPALLY IN THE DEPARTMENTS OF NEWS NOTES AND OUR NEIGHBORS

DEPARTMENTS OF NEWS N	OTES AND OUR NEIGHBORS
n	Page
PAGE	
Academy of Medicine of Delaware 756	Changing Order of Medical Practice (Editorial) 393
Academy of Medicine of New York Graduate	Charity Medical in Wisconsin 1318
Fortnight 471 1056 1125 1384 1397	Chicago County Medical Society and Advertising 60
Academy of Medicine of New York, Art Lyhil it 110, 401	Child Conference National 1439
Administration of Wisconsin State Society Offices 116	Children's Hour by Physicians in New Yorl City 918
Advertising by County Societies in Bergen Co,	Child Welfare Work School of in Kentucky 374
N I 48	Cigarette Advertising in Ohio 485
	Clinics in California 1068
Training by County Training	Collection Agencies in New Jersey 54 810
	- in Wisconsin 885
	College Health Cornell 1440
Advertising in Massachusetts 1523	
Advertising in New York from Colorado Viewpoint 691	
Advertisements in Colorado Journal 625	
Advertisements Exchange of, in West Virginia 1136	College Students Health Service Opinion from Illinois 373
Aid to Automobilists by Red Cross in I lorida 1396	Illinois 3/5
A M A Conference of State Secretaries and I'di	College Students Health Service Opinion from
tors in 1929 118	Wisconsin 431
A M A Conference of State Secretaries and Edi-	Colorado Advertising 625 691
tors in 1930 1426 1434	Fee Schedule for Workmen's Examinations 816
American Medical Association Meeting 864	House of Delegates 116
American Public Health Association Analysis of	Incomes of Physicians 1262
Membership 682	Insurance in 1521
Annual Meeting—See Medical Society of the State	Journal 116
of New York	Commission on Health Laws of the State 917
	Commission on New Treatment in Michigan 68)
	Commonwealth Fund in Indiana 296
in Colorado 116 in Illinois 1062	- in Massachusetts 1314
	The state of the s
	Conference, AMA of State Secretaries and I'di
	tors 118, 1426 1431
in Pennsylvania 1203 1519 in Texas 624 1006	Conference of Chairmen of County Public Rela
in Texas 624 1006	tions Committee 1179
in Wisconsin 1320	Conference Governors, on Public Health Educa
Annual Registration of Physicians 43 426 567 Annual Reports 43 426 567	tion 611
Annual Reports 405 538	Conference of Health Officers 854
Anti Vivisection 1064	on Hospital Registration 237
Apprentices Doct 176	- of Churmen of State Committees 1176
Arkansas Annual Meeting 567	of County Secretaries 1177
- Medical Movies 420	Consultation Bureau in Minnesota 480 1328
Army Medical Field Service School 932	Cooperation Health Department and Physicians in
Attendance at Meetings in Florida 1456	Ohio 304
in Tennessee 430	Cost of Illness > 120
Art Club Physicians' 401	Council Meeting December 12 1929 36 Counsel's Annual Report Mr Stryker 509
Automobile Deaths 1184	Council Meeting December 12 1929 36
Basic Science Law 1 488	Counsel's Annual Report Mr Stryker 509
Better Health Bure 365	County Health Committee in Wisconsin 685
Bills of Doctors Loans on in New Jersey 810	- Department in Oneida County 1305
Blue Ribbon Children in Kentucky 881	— Department in Oneida County 1305 in Tompkins County 350
Bootleg Insurance in Missouri 253	County Health Department in Westchester
- in West Virginia 311	County 43 189
British Medical Association 866 925 1000 1054 1125	County Health Departments in Iowa 247, 482
Bulletins Editorial 1110	County Health Departments in Iowa 247, 482 County Hospitals State Aid and Regulations 101
T 1040 1000	County Medical Society Activities
on Legislation 164 231 349 403 612	Albany 348
- on Public Relations 231 291 854	
California Clinics 1068	
Cost of Sickness 1072	
Health Insurance 1072	
Journal - 945	
Parent Teachers Round up 374	- 1 - 1/m
	Erie
	Francin P
	Genesee .
Cancer Control in Oklahoma 821	Greene
——————————————————————————————————————	Herkimer
General Warm Published and American Control of the	Jefferson
Cancer New Publication on	

	PAGE	Ŧ	PAGE
			56
Ontario	1382	Endowments for Medical Societies in New Jersey.	50
Orange	1438	Education, Public Health, Governor's Conference	
Orleans	108	on	611
Orleans	1122	Education Program, Woman's Auxiliary, A.M.A	164
Oswego	1402	Tale Country Delicoments	236
Queens	1493	Erie County Radiograms	
Rensselaer	102		1291
Rockland	1309	Examination of Peddlers in Iowa	1526
Schenectady	610	Exhibit of Medical History	б11
Schenectady	1210	Exposition, Health, for Brooklyn	871
Schoharie801,	1310	Exposition, Health, for Diooxiyii	118
Schuyler	355	Fair, State, Medical Society, in Nebraska	
Seneca109,	, 614	Family Physician in Preventive Medicine (Ed.)	218
Steuben548,	1199		1121
Suffolk	1496	- in Colorado	816
Sunoik	1170	in Colorado	1102
Sullivan235,	11/0	The state of the s	1202
Tioga410, 802,	1383	Fifty Years of Practice in Ontario County	1382
Tompkins	1438	Florida: Attendance at Meeting	1456
Ülster	105	Popular Health Education	949
Warren	1436	Red Cross, First Aid to Autoists	1396
		State Society Objectives	1105
Washington	1309	State Society Objectives	1170
Wayne 1179,	1183	Fund, Commonwealth in Massachusetts	
Westchester43	. 189	Fund, Student Educational in Georgia	1268
Wyoming930,	1300	—— in Kentucky —— in Nebraska 750,	372
vy young	1050	in Nebraska750,	1011
County Secretaries, Conference of	017		
County Secretaries' Conference in Indiana	815	Georgia: Graduate Courses	
County Society, Attendance in Tennessee Analyzed	430	Health Education Week311.	429
County Society Activities, List of3	7. 39	Medical Publicity429,	620
in Iowa	483	Student Education Fund	1268
	812		
County Societies Advertising in Indiana		Governor's Commission on Health Law Revi-	00,
County Societies, Care of Indigent Sick in Iowa	368	Governor's Commission on Health Law Kevi-	1700
County Society News in Mississippi	1452	sion	
Crippled Children in Iowa	753	Governor's Conference on Public Health Education	611
in New Jersey	50	Graduate Medical Courses in New York36,	1250
in West Virginia		in Georgia	
In west virginia	174	in Indiana	200
Cults and Legislators in New Jersey			
Daily Press in Tennessee	1502	in Iowa	
Defense, Medical, in Contract Cases (See Insur-		in Kentucky	
ance)	609	in Missouri	1013
Delaware: Academy of Medicine	756	——————————————————————————————————————	
Detawate: Academy of Medicine	756	in Oklahoma	
Nurses' Registry		M Omanoma	
Department of Health and Physicians in Ohio	304		948
Diagnostic Service of Meningitis in Massachusetts.	489	in Texas	628
Diphtheria Prevention	854	— — in Virginia188, 248,	486
in New Jersey		Graduate Fortnight of New York Academy of	
in Wisconsin	1100	Medicine471, 1056, 1125, 1384, 1397,	1471
The state of the s	1170	Houlth Education (Con Decular Health Education)	17/,1
Discipline in Medical Society, Rhode Island		Health Education (See Popular Health Education).	
District Branches, Editorial	1238	Health Education Week in Georgia	429
Dates of Meetings	999	Granville Hospital	1251
—— Map	999	Grievance Committee and Rebates	547
First	1301	Group Insurance in Rhode Island	
Third		Health Boards in Nebraska	427
		Health Contons (Ed)	
Fourth		Health Centers (Ed.)	594
Fifth	1302	Health Center Control in Iowa	416
Sixth			917
Seventh		Health Department of Massachusetts	1396
Eighth			759
District Councilors in Illinois	1062	Health Exhibit at Nebraska State Fair	1300
District Medical Coniction in Vincinia	1004		
District Medical Societies in Virginia	1012	Trait Train of the Care	1383
in Wisconsin	884	Health Insurance in California	10/0
Dougherty, Dr. D. S., Appreciation of	1435	Health Officers in Indiana	1394
Drug Store, Kind of Business in Ohio	493	Hippocratic Oath (Editorial)	1368
Dues, State, in Idaho	1392	"Hick" Test in Rhode Island	121
in Louisiana	253	Historical Exhibit	
in Louisiana		Translate and Dad 1 C	611
— in the Northwest States	365	Hospitals and Doctors' Compensation (Pub. Rel.	_
in Wisconsin	122	Comm.)	100
and State Membership	364		654
Wir in of State Officers in Maheneles	488		1251
U(674)d		Hospital for Lawin Counter	
occur diff. Polotions	150	Hospital for Lewis County	101
the hygiene of Discourse the hygiene of Discou	120	for Wyoming County	917
the hygiene of piece care of the committee on Public Relations.  1121, 1249, teaches the proper care of the compensations.	1380	Hospital Licensure	237
teaches the proper care of kmen's Compensa-		Hospitals in Oklahoma	759
		Hospital Policy of England	925
disturb the normal course of these three ditorial) production.		Hospital Politics in Tennessee	422
oroduction or normal course of these three morial	•		766
production.	≾.	Hospital Rules and Standards, by Public Relations	1200
200000		Committee101, 1	1900

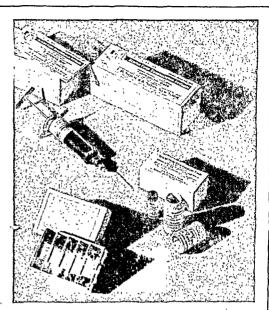
PAGE	n
House of Delegates, Minutes of New York 777	Pagr — Rhode Island 1106
— — of Colorado 116	Texas629, 9
Idaho State Dues	— — — Virginia 5
Illegal Practice in New Jersey, Prosecutions 124 Illinois: Advertising by Chicago Society 60	Journal of A. M. A. Quoted
Annual Meeting	Journals of States, Quoted:
	Arkansas
College Student Health	California
District Councilors	
Popular Health Education182, 806, 1066	Florida949, 1195, 1396, 145
Round-up of School Children	Georgia
Scientific Service Committee 1006	Indiana296 371 812 815 882 1394 152
Illust Cost of 120	Iowa129, 188, 297, 298, 306, 368, 416, 482,
Incomes, Physicians: in Texas   1261	Florida
in Vest Virginia1267, 1444	Kansas
Income Tax Provisions     296       Indexing Medical Society Activities (Ed.)     29	1010 113
Indexing Medical Society Activities (Ed.)	Maine
Index of Society Activities, First Quarter	Minnesota 181 181 479 400 623 682 1266
Third Quarter 1182	1314. 1324. 132
of Minutes House of Delegates	Nebraska
Delegates	New England Medical Journal (Massachusetts
	New Jersey 48, 58, 123, 124, 176, 307, 362,
Indiana: Advertising by County Societies 812  Commonwealth Fund 296  County Secretaries' Conference 815	and New Hampshire) 365, 489, 1314, 1396, 152 New Jersey 48, 58, 123, 124, 176, 307, 362, 416, 560, 566, 626, 748, 755, 759, 806, 810, 1130,
County Secretaries' Conference	1138, 1202, 1264, 146 New Orleans Med. & Surg. Jour. (Louisiana
Harlth Officers 1394	and Mississippi)
- Painting, Bids for	Northwest Medicii
— Painting, Bids for 1524 — Publicity Bureau 882 — Publicity Ethics 371	Idaho and Montar
Infantile Paralysis in Maine	1390, 1392, 145 Ohio124, 126, 304, 485, 493, 680, 687, 942,
Infant Welfare Committee Report, Dutchess-	1390, 1392, 145. Ohio124, 126, 304, 485, 493, 680, 687, 942, 1269, 1330, 1441 Oklahoma
Putnam	Oktahoma
Insurance, Malpractice, Legal Editorial 860	Rhode Island
Insurance, Unlicensed Companies in Missouri 253	South Carolina936, 948, 1194, 1326, 152
Insurance, Malpractice, in California512, 609, 1068	Terres -186 242 426 403 567 624 628 752
in Colorado 1521	936, 940, 1006, 1075, 1258, 144
in Missouri	Virginia . 120, 188, 248, 487, 564, 618, 1012,
in New Jersey1264, 1460 in Ohio	West Virginia 1136 1130 1267 1444 150
in Rhode Island 1141	Wisconsin . 122, 189, 251, 296, 302, 307, 325,
in South Carolina 1194	428, 431, 627, 676, 685, 688, 691, 884, 885,
in Texas	1198, 1261, 1263, 1318, 1320, 1322, 139 Journals, State Value of
Interne Membership Texas County Societies 1075	Kansas Medical Practice Definition 411
Iowa: Activities of County Societies	Kentucky: Blue Ribbon Campaign
— County Health Departments247, 482 — Crippled Children	Graduate Courses 1011 Law Enforcement 81
- Examination of Peddlers 1526	\ Capership, Medical 18
Graduate Courses	Medical School 94
Health Center Control	Pellagra Prevention 12, School Children, Health 88
Lay Education Bureau	School Children, Health         88           School of Child Welfare         37           Students' Loan Fund         37
— Medical School and State Society 746 — Membership in State Societies	- Students' Loan Fund 37.
1000	Union Meetings 113.
— Periodic 1130	Laboratory for Rhode Island Medical Society 107t
Popular , 1132	Laws, Commission, to Study Health in New York',?
Secretaries Conference 129	Law Enforcement in Kentucky
— President's Address         1130           — Secretaries' Conference         127           — State Society Activities         298, 1130	in New Jersey
Woman's Auxiliary Itinerant Practitioners in Wisconsin	in Pennsylvania
Journals, State, Description of: California	Lay Education Bureau in Iowa
Journals, State, Description of: California Colorado	May Health Organizations
— — — Michigan	Keuka Lake Medical Association  Laboratory for Rhode Island Medical Society 107t  Laws, Commission, to Study Health in New York 7  Law Enforcement in Kentucky in Minnesota in New Jersey in Pennsylvania  Lay Education Bureau in Iowa 100 Medical Society 107t  Law Enforcement in Kentucky 107t  Jersey Health Organizations 107t  Medical Association 107t  Jersey Health Organizations 107t  Jersey Health Organization 107t  Jersey Health Organi

PA	\GE					:	Page
Letters of Information, In Oneida County 13	303	Nurses					668 529
Legislation	612 176	Periodic	c Health	Examina	tions		529
Plans for	478	Pollutio	on of W	aterways			664
in New Jersey	174	Preside	nt		<i></i>		495 523
in Texas	446 616	Public Scientif	Health a	na Meaici	al Educa	tion	575
manney for react of the contract of the contra	116	Secreta	ry	<i></i> .	. <i></i>		501
Licensing Hospitals (Editorial)	338	Treasu	rer				504 509
List of County Public Health Services of Counties of New York State	047 z					ocieties in New	
Loans, Corporation, in New Jersey to Pay Doctors'		Tersev	_				52
Bills	810	Members	hio List	in Texas			940
Bills	$\frac{268}{272}$	Members	hip in S	tate Socio	eties	Massachusetts	306 489
in Kentucky	372 ] 1011 ]	Michigan	: Comm	ission on	New Tro	eatments	689
Losses to Doctors After Automobile Casualties 1	269		Fee Li	ist			1192
	249		Journa Public	l Health (	Committee		421 1188
Maine, Honoring Living Doctors	1458		Round	-Up of S	chool Ch	ildren	493
— Journal	311		Unemr	lovment			630
Public Health Association  Public Relations	676 180	N Citties				ty? .ectures by, in	
School Children Examination	678	Oklaho	oma			<i></i>	1014
Maine Public Health Association	676	Minutes.	House of	of Delegat	tes	<i></i>	777
Malpractice, Defense Against, See Insurance.	298	Minneson	ta: Activ	rities of S	tate Soci	ety	478 1314
Managing Director, Iowa State Society  Map of District Branches	999		Basic	Science	Law	478,	488
Massachusetts: Commonwealth Fund in			Const	ultation B	ureau		, 1328
Health Department	1396 489		Journ Law	nai Enforcent	ent	· · · · · · · · · · · · · · · · · · ·	1322 480
Psittacosis	490		Legis	lation			478
	1000					ion184	
Maternity Survey, Clinton County803, Measuring County Society Efficiency	1045						,
Medical Centers (Editorial)	594		- Purp	le Cross	·····		1266
Medical Centers, by County Societies	865 654		- Radio	o, Medica	ll ate Socie	ety to Members	. 1324 s 181
Medical Education, Unity of (Editorial)  Medical Field Service School	932	Mississi	ppi, Cour	ity Societ	y News		. 1452
Medical News, Gathering, in Texas	493	Missour	i: Bootle	g Insurar	ice		. 253
Medical Practice, Changing Order of (Editorial) Medical Practice, Definition of in Kansas	393 418					souri University	
Medical School of Missouri University	749		Wido	ws' Fund		· · · · · · · · · · · · · · · · · · ·	. 1140
Medical School and State Society in Iowa	746 1054	Movies,	Medical				
Medical Service for England	1034					· • • • • • • • • • • • • • • • • • • •	
Meeting, June 2-4, 1930, in Rochester.		Naprapa	aths in I	owa			. 1393
Anniversary Meeting	733	Nebrask	a: Annu Dunii	al Meeting	g State O	fficers	. 808 488
458, 538, 593,	603		Healt	h Boards			. 427
Banquet	731					e Fair118	
Clinic Day	736 736					nittee	
Description of Annual Meeting	737	New Je				County Society	
Exhibitors' Dinner	736		Anı	nual Meet	ting		3, 1130
House of Delegates	734 777	<del></del>	Cer Col	lecting Bi	ills	County Society	y 307 I. 810
Minutes, Index of	795		Cri	ppled Chi	ildren		. 174
Reference Committees	603 735					n in 1766	
Periodic Health Examinations, Popular Meeting			Eli,	gibility to	Member	ship52	2, 566
President's Dinner	733		En	dowments	for Me	dical Societies.	. 56
President's Inaugural Address Program, Scientific	693 736		— • He	aduate Ec alth Exan	nination	362	2, 755 . 759
we reports of Officers and Committees to House of			Ind	lemnity It	nsurance	1264	4, 1460
organa, egates	538					• • • • • • • • • • • • • • • • • • • •	
the hygiene of pi ment of pregnancy,	506		La	y Health	Organiza	itions	. 52
teaches the proper care of	662		Le	gislators'	Attitude		. 174
periods. Part III deals with the he	509 665					lls hysicians	
production.	519		Ph	ysicians' 🛭	Ass'n of	Gloucester Co	. 54
production.	527 ′33					gal Practice	
•	Ti.	_	- 4	25~10			

	PAGE		D
			PAGE
- School Children Examination	123	President's Address in California	878
- Secretaries' Conference	48	in Iowa	1130
- Tenure of Office	52	in Oklahoma	886
- Tri-State Conference	41	President Elect Johnson, Testimonial to	1002
Welfare Committee	416	President's Comments on Current Events/09,	
Newspaper Publicity in Wisconsin	251	854, 917, 989, 1044, 1110, 1107, 1237, 2190, 1307,	140
in Bergen County, New	40	1424,	
Jersey	48	Presidential Leadership (Editorial)	722 495
News, Medical Getting in Texas	493	President's Annual Report of Dr. Vander Veer .	
News in the State Journal (Editorial)	1309	President's Letter in Minnesota478,	623
News in the State Journal (Editorial)	089	President's Page in Virginia564,	1520
Noise Abatement in New York City	1312	Press Service in Wisconsin	428
Obstetrical Syllabus	610	Preventive Medicine and Family Physician	218
Officers, Duplication of, in Nebraska Office Holding by Physicians in New Jersey	488	Preventive Medicine in Minnesota	1263
Office Holding by Physicians in New Jersey	566	n · F	549
Ohio: Advertising Cigarettes	485	Prize Essays	374
- Auto Casualties, Loss to Doctors	1209	Prize for Medical Faper in Lennessee	539
- Distribution of Physicians	687	Progress of the Year (Editorial) Providence, National Better Health Bureau, Inc.	365
- Golfing at Annual Meeting		Deletancia in Massachusette (Comi corious)	
- Health Department and Physicians		Psittacosis in Massachusetts (Semí-serious) Public Activities Committee in Nebraska	118
Journal	680	Public Health Association of Maine	
- Medical Defense	126	Public Health Laboratories Association	600
- Public Relations			
- State Society Activities		Public Health Committee in Dutchess-Putnam	158
- Workmen's Compensation	1448	County	
Oklahoma: American Millers' Association Lectures	1014	Public Health and Medical Education Commit-	1100
- Cancer Control		tee36, 288, 608, 1176,	1188
Graduate Courses		Annual Report of	608
Hospitals		Public Health Committee in Michigan	
Medical Movies	1524	in South Carolina	936
President's Address	886	Publicity in Indiana, Ethics of	371
Oregon: Cancer Cure	562	Public Relations Committee: Annual Report	516
Dues	365	To Council, Dec. 12, 1929	100
Workmen's Compensation in		Bulletin	852
Organization Improvements in Tennessee	944	Conference of County Chairman1052,	1179
Osteopaths as Health Officers in Washington	754	Hospital Standards101,	1300
Oyster Industry, Meeting on	1440	Letters to County Chairman	, 291
Parent-Teachers' Association (See Round-Up)		Meetings100, 169, 229, 407, 607,	1300
Pellagra Prevention in Kentucky	127	Plans for 1930	1170
Pennsylvania: A. M. A. Conference of Secretaries	118	Public Relations Committee in Counties:	
and Editors		In Broome Co.	1180
Annual Meeting 1203 Cancer Course	751	In Dutchess Co	
Law Enforcement	554	In Steuben Co	118
Periodic Health Examinations Committee234		In Wayne Co.  Public Relations Committee, A.M.A. Opinion	117
520	1176	Public Relations Committee, A.M.A. Opinion	110
Periodic Health Examination in Iowa		Public Relations Committee in Maine	5
in New Jersey	759	in New Jersey	121
in Texas	242		121
Physical Therapy Committee162, 521, 801	1190	Public Relations Surveys of Counties:	10
Physical Therapy Committee162, 521, 801	1177	No. 9, Rensselaer	10
Physical Therapy Committee Announcement on		No. 10, Ulster No. 11, Sullivan	10 23
Apparatus	291	No. 12, Albany	20
Physical Therapy Committee Reports40	. 162	No. 13 Schengetady	61
Physical Therapy Standards	614	No. 13, Schenectady No. 14, Washington	87
Physicians' Art Club Physicians' Association in Gloucester County, New	401	No. 15, Oswego	112
Physicians' Association in Gloucester County, New	<i>r</i>	No. 16, Broome	137
Jersey	. 54	No. 17, Warren	143
Physicians' Relation to Other Health Agencies	s	Public Speaking Course in Wisconsin	
(Editorial)	. 337		
Physicians in Ohio, Distribution of	, 124	Purple Cross in Minnesota	
Politics and Physicians in Knoxville Hospital	. 422	Queensboro Tuberculosis Association	
Popular Health Education in Florida	. 949	Questionnaire on Doctors' Pay for Services in Hos-	
in Georgia311, 429 in Illinois182, 866	, 620	pitals	
— — in Illinois182, 866	1066	Radio in Erie County236	M, 2
in Indiana	. 1882	in Minnesota	
in Iowa		Rebates, Rules of Grievance Committee	
in Minnesota	,	A Jords of Society Activities (Edian)	
in New Iersev		" rier of Wirses in Delays	

Pac	SE I	PAGE
Relation of Physicians to Other Health Agencies 352	News Gathering	493 242
Rhode Island: Group Insurance         1141           "Hick" Test         121	Periodic Health Examinations Vital Statistics	752
Journal	Three Generations of Physicians in Rossman	
Laboratory of State Society 1076	Family	174
Medical Society, State	Treasurer's Annual Report, Dr. Heyd Tri-State Conference, 13th, on December 7, 1929	504 41
School Children Examination 684	——————————————————————————————————————	352
Round-Up of Pre-School Children in California 374	15th, on May 24, 1930	796
in Illinois 556 in Michigan 493	Opinion from New Jersey Opinion from New York	41 42
in Virginia 618	— Opinion from Pennsylvania	
Rural Physicians in Ohio	, 362,	1135
———— in Wisconsin	Trustee's Annual Report	509
Sanatologists in Illinois	State Control in Virginia	121
School of Child Welfare in Kentucky 374	Unemployment from Medical Point, in Michigan	630
School Children, Examination in Kentucky374, 881	Utica, Council of Social Agencies	13/9
in Michigan 1188	Virginia: District Medical Society	1012
in New Jersey123, 560 in Rhode Island 684	Graduate Education188, 248,	486
in Virginia618, 1332	Journal	564 1190
—— in Wisconsin 676	President's Page	564
(See Round-Up)	President's Plans	
Scientific Service Committee in Illinois	Round-Up of School Children Six and Nine Point Children	
in Indiana 815	Tuberculosis, State Care	121
in Iowa	Vital Statistics in Texas	
Secretaries and Editors A.M.A. Conference1426, 1434	in Illinois	
Secretary's Annual Report, Dr. Daugherty 501	Washington: Advertising by County Societies 62,	129
Service Bureau, Physicians, in Wisconsin 1394 Services to Members of Minnesota Medical Society 181	DuesOsteopaths as Health Officers	365 754
Six and Nine Point Children in Virginia 1332	Venereal Disease	1453
Society Activities in Wisconsin	Workmen's Compensation	
Social Agencies, Council on, in Utica	Welfare Committee in New Jersey	
Group Insurance 1194	Welfare Law in New York	1180
Physicians and Public Health	— — in Washington County	310
Taxing Physicians	Exchange of Advertisements	1136
Specialists, in New Jersey, Law Proposed 354	Incomes of Physicians	1444 1130
Stimulating, Society in Louisiana	Widow's Fund in Missouri	1140
State Society Objectives in Florida 1195		116
Student Apprentices in New Jersey in 1776 176	Annual Meeting Charity, Medical	1320 1318
Student Educational Fund in Georgia 1268	Collection Agreements	885
Students, Medical, Advisory Committee in Illinois. 1062	County Health Committee	685
Surgeons in State Hospitals	Disability Table District Meetings	884
Survey, Maternity, of Clinton County803, 1306	Doctors in Rural Districts	307
Survey, Medical Charity in Wisconsin	Dues, State	122 1013
Surveys of Public Health in Counties 100	Itinerant Practitioners	627
Surveys of Counties (See Public Relations Surveys)	Library Newspaper Publicity	110
Taxing Physicians in South Carolina	Press Service	428
Telephone Directory in Texas, Physicians Listing. 1258 Tennessee: Attendance at Knox County Society 430	Preventive Medicine	
County Society Attendance, Analysis of 430	Public Speaking Course School Children Examination	691 676
Hospital Politics	Student Health Service	431
Organization Improvements	Service Bureau, Physicians'	
range nures of Office in County Societies in New Jersey 52	Woman's Auxiliary, A.M.A. in Iowa	164 188
ur of late Education 624, 1006	in New York	780
hygiene of pregnanci 1787, sicians 261	Women's Medical Society	1332 605
ches the proper care of in County Societies 1075	Workmen's Compensation	1249
iods. Part III deals with the 1258. 1446	Fee Schedule, in Colorado	816
Annual Meeting	in Ohio	1.390
186	Wyoming: Annual Registration	426

scarlet fever can be prevented



## -they proved it at Clay and Berea

The effectiveness of Scarlet Fever immunization measures in the control of epidemics was recently fully investigated. Two epidemics, in Clay and Berea, Kentucky, in 1929, offered an opportunity for thoroughly testing the effectiveness of such measures. The records of the control of these epidemics were published in the Kentucky Medical Journal in November and December, 1929, and make one of the most valuable and inspiring chapters in the history of preventive medicine.

It has been proved without doubt that with proper measures of immunization no susceptible person need have Scarlet Fever. In both active measures for immunization taken. In all of these tests, Squibb Scarlet Fever Toxin was used.

Squibb Scarlet Fever Products are manufactured under license from the Scarlet Fever Committee, and samples of every lot are submitted to it for approval. They are as follows:

Scarlet Fever Toxin for the Dick Test and for more permanent immunization; Scarlet Fever Antitoxin for temporary prophylaxis and for treatment.

For full information writed sional Service Dept. 32ANY New York.

## Announcement DIGITALIS-

## A More Accurate Method of Standardization

For the physician's protection, as well as for that of the manufacturer, there is need of a more accurate method of standardizing digitalis.

Now, as formerly, Upsher Smith is pioneering an improved method of assay which reduces the usual margin of error to the very minimum. In future, Upsher Smith digitalis products will be standardized by comparison with a fixed standard (the International Standard Digitalis Powder).

It is found that the ratio of strength as given by different workers between this standard drug and another remains fairly constant, despite variations of technique.

The strength of Digitalis (Upsher Smith) is now stated, not in terms of absolute cat units, but in terms of International Units, as follows:

## CAPSULES FOLIA-DIGITALIS

(UPSHER SMITH)

1 International Unit (equivalent to about 2 grains of U.S.P. Digitalis Powder)—Packed in bottles of 24, 500 and 1,000

Tincture, tablets and one-third strength capsules will be similarly labeled.

or full information write for copy of the regard of the Smith booklet—"New Thoughts acture the hygiene of pare 170, nent of pregnancy, eaches the proper care of these three production.

(Continued from page 1519-adv. xi)

Presbyterian Church. Following the invocation and while the audience remained standing, Dr. George C. Yeager, chairman of the Committee

on Necrology, submitted its report.

"The scientific exhibit, consisting of fourteen booths, was unusually attractive, some of the exhibits being continuously crowded. The motion picture demonstrations increase in value each year. The fifty-four technical exhibits were of the usual standard and brought the very latest to those in attendance. We continue to be proud of these features, and the interest shown by the exhibitors.

"The entertainment was of high grade and greatly appreciated. The dinner-smoker was largely attended, about 800 being present. The serving of the dinner was a noteworthy achievement from the catering standpoint alone. The principal speaker was Mr. Charles M. Schwab, a resident of Cambria County, chairman of the board of the Bethlehem Steel Corporation.

"The big social event of the session was the president's reception which was held at the Sunnehanna Country Club. Dancing was keenly enjoyed until the wee sma' hours of the morning. A delightful innovation this year was the arrangement whereby those who did not care to

dance could play cards.

"The Public Meeting, one of the outstanding events, was addressed by Dr. J. Allen Jackson, Danville, on 'The Role of Mental Hygiene in the Prevention of Mental Disease.' A very pleasant musical entertainment was featured. This event was unusually well attended, showing what can be accomplished, when the local committee in

charge is efficiently functioning.

"The annual golf game was more attractive than ever. Divots winged their trajectories, and 'Fore' was the battle cry. The golf tournament always precedes the regular session, and is a valuable ally in attracting members to the meeting. There were 83 members in competition on the links of the Sunnehanna Country Club. Nine prizes were awarded the winners of the various events. A banquet was held at which 132 were present.

"The trap shoot was held on the Johnstown-Windber Gun Club range in Geistown. Dr. L. C. Irwin, of Kittanning, was high gun, with a score of 99.

"A very attractive feature of our annual session is the medical alumni reunions. This year the following participated: University of Pennsylvania, Jefferson Medical College, University of Maryland, Medico-Chirurgical College, University of Pittsburgh, and Temple University.

"The Wome Auxiliary had a spirited, colorful, and em satisfactory meeting. The numended for the very devided. The registration

## New York State

bue Charities Asso. e speakers were the L n, Dr. Charles H. Fraz bert C. Buckley, Philadeli iends Hospital; and Dr. Will elphia, chairmán, Executive C is Committee for the State Wellin

## ABILITY INSURANCE IN COLO: Feels.

ogram of the Association."

Thi: .61 The November issue of the Colorado Mediic contains the following account of a new m of liability insurance ador 3d in Colado:

"Premiums on liability insurance now will lower than ever before for those members the Colorado State Medical Society in the raller communities.

"Up to this time physicians in the sparsely

THE sers—alre.

'7 their individuatered as eccond-class matter July 5, 1 with the Actr. Post Office, at New York, N. Y. un have the advanteral rate of postage provided for Under insurance 103, Act of October 3, 1917, au cannot be issued / 8, 1918 Convirght, 1930 less there first  $h_1$  int, pure,  $h_2$  interpolicy for the ep to 50% of thes.  $h_1$ Copyright, 1930

· Unive... "Thus, with 🛭 tion has been laid. The - places such holds such a master policy, with ...

(Continued on page 1522-adv. xiv)

## When pneumonia is on the war path

Alka-Zane is a granular, effervescent salt of calcium, magnesium, sodium and potassium carbonates, citrates and phosphates. Dose, one teaspoonful in a glass of cold water.



CIDOSIS is its ally. In infectious diseases the tendency toward acidosis is now a widely accepted fact. And treatment has a far more difficult job ahead.

The remedy is simple. Alka-Zane will replenish and support the depleted alkali reserve. Alka-Zane may be dissolved in water and, if desired, added to milk or fruit juices to form a zestful, refreshing drink.

Final decision on the true worth of Alka-Zane rests with the physician. We will gladly send a twin package, with literature, for trial.

WILLIAM R. WARNER & CO., 1 113 West 18th Street, New York City

# ....uncement

# DIGITALIS-

# A More Accurate Method of Standardization

For the physician's protection, as well as for that of the manufacturer, there is need of a more accurate method of standardizing digitalis.

Now, as formerly, Upsher Smith is pioneering an improved method of reduces the usual margin of CTES, which minimum. In future, Upsi products will be standard with a fixed standard a patient given Standard Digitalis Pov



can be duplicated easily in your own practice. For that is the great advantage of Olajen over ordinary calcium preparation by mouth—The colloidal form with its protective menstruum leads to complete and rapid utilization of the Calcium and other salts in Olajen—

The taste is as good as Chocolate Peppermint. The Clinical Results in Calcium Deficiencies Malnutrition, Bronchial and other Respiratory Affections will satisfy your exacting requirements.



 Presbyterian Church. Following the invocand while the audience remained standing on Necrology, submitted its report.

Decembe

booths, was unusually attractive, some of the scientific exhibit. consisting of four exhibits being continuously crowded. The search of the usual stand lans in any one county to those in atterdivantage of the lower

of these featr10 so.
exhibitors. rum rate under this new
"The e12.50 per year for the \$5,000greatly age, as against \$15.00 per year
large master policy was established.
The proportionate reduction in the prepri larger policies. Thus the isolated
an in country practice, belonging to
anty society with only a handful of
members. may have as low a premium rate
as the Denver, Colorado Springs, or Boulder
doctor."

# PHYSICIANS AND PUBLIC HEALTH IN SOUTH CAROLINA

The South Carolina Medical Association is the Board of Health of the State; and it naturally follows that the County Medical Societies also have public health functions. This subject is discussed editorally in the October Journal of the South Carolina Medical Association as follows:

"Naturally there has arisen some confusion about the action taken at the Florence meeting with reference to the part the County Medical Society is to play in the supervision of public health activities in each county in the state. It was recommended that every county medical society appoint at once a public health committee, this committee being charged with cooperative and supervisory powers with reference to all public health matters in the county.

"We believe the House of Delegates did not intend to cripple in the slightest degree legitimate public health work but to bring about a closer cooperation on the part of the medical profession with public health agencies. In no other way will the South Carolina Medical Association ever completely fulfill its destiny as proclaimed in the organic public health law of the state to the effect that, the South Carolina Medical Association is the State Board of Health. The intent of this law is to the effect that every member of the State Association is duty bound to take an interest in preventive medicine in his community and in his private practice.

"The Anderson County Society attempts to

# Announcement DIGITALIS-

A More Accurate Method of Standardization

For the physician's protection, as well as for it of the manufacturer, there is need of a are accurate method of standardizing digi-

crei

Now, as formerly, Upsher Sm g an improved method c' luces the usual margin of whele nimum. In future, Bly cost n oducts will be stan ossible saving and repay: th a fixed starer got weary of bidding on trivundard Digitatiwhen a surgeon asked for bids on

(Continued from page 1519-adv. xi)

Presbyterian Church. Following the invocation and while the audience remained standing, Dr. George C. Yeager, chairman of the Committee

on Necrology, submitted its report.

"The scientific exhibit, consisting of fourteen booths, was unusually attractive, some of the exhibits being continuously croig back same and the usual standard 20 S be in the market for an o to those in attendancines at that time and want to of these features to of cutting. Williamsport (I exhibitors. ...age, March 6, 1930."

greatly a propor largely ir larger

serving in coal movies in oklahom

ment inty

The October issue of the Journal of the C mem<sup>1</sup> homa State Medical Association describes following plan for distributing medical movicounty societies:

"The State Medical Association, at the S nee meeting, authorized the purchase of se

(Continued on page 1525-adv. xvii)



25

Supporting Corsets and Belts

Specific support, well balanced to give correct uplift to abdominal walls. No elastic to stretch and destroy balance of support. Made in both laced front and solid front designs but adjusted from the back with the upward backward traction necessary for correct uplifting support.

SERVICE

Each patient sent to the Van Orden Shop constitutes an obligation to justify the physician's confidence in sending her and every effort is made to give her the support required with comfort. All supports made to measure to meet individual needs. Demonstration on request.

BARNUM-VAN ORDEN

379 FIFTH AVENUE

NEW YORK

Bet. 35th and 36th Sts.

Telephone, Caledonia 9316



# "INTERPINES"

GOSHEN, N. Y.

PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

-QUIET-HOMELIKE-WRITE FOR BOOKLET

DR. C. A. POTTER

DR. E. A. SCOTT



# New York State rnal of Medicine

licia. reels. By Dr. ICIAL Sadelphia. This film thorough, schosis, operation and postoperative

nws anatomy including the variations nal most frequently encountered. The al aspect of inflammation of the apEntered as seem 1/20-18 matter July 3 1007
the Port Office at New 1/2th N 3 under
the Port Office at New 1/2th N 4 under
set of March 3, 1873 Acceptance for ma
set special rate of produce provided for in
st special rate of officiality 3 1017 arbito
July 8, 1918 (Copyright 1930) to
July 8, 1918 (Copyright 1930) to
f county 21-deties. W
lated on having a University whose cooperation places such
physicians at lif 5 yr no cost,

# **PADON**



(Radium Emanation)

# Technic of Application Outlined in

# "RADON THERAPY IN UTERINE TUMORS"

(Send for Copy)

Radon Tubes Furnished for These Conditions

RADON COMPANY, Inc.,

# Announcement DIGITALIS—

# A More Accurate Method of Standardization

the physician's protection, as well as for f the manufacturer, there is need of a accurate method of standardizing digi-

, as formerly, Upsher S. uy crea improved mether visual Inthe usual margintioned under im. In fut of Clinical Educais will medical motion medical motion with the company, some of \_\_\_will be of most unusual into the practicing physician, Il be available.

"If possible, County Medical ocieties and medical groups rould use some of them though ney are more costly than the 'isual films.

"In future issues on this page, latters relating only to Medicine nd the Profession will be condered.

"A medical questionnaire is now eing prepared to send to two docors and two surgeons in different ectional areas of the state to asertain the medical and surgical seases which at this time are aparently on the increase, and now ireatening the health of the peo-When replies are received,

Thitor of the Monthly wil to discuss these brie -ticular atter mal and Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature free on request



POLAND SPRING COMPANY

(Continued from page 1519-adv 11)

Presbyterian Church. Following the invocation and while the audience remained standing, Dr George C. Yeager, chairman of the Committee

on Necrology, submitted its report.

"The scientific exhibit, consisting of fourteen booths, was unusually attractive, some of the exhibits being continuously crig back same and cantion picture demonstrations in successful bidder is year. The fifty-four idvanta open for about sixty the usual standard 200 some open for about sixty the usual standard 30 be in the market for an oper-to those in attendance, of these features 2 ones at that time and want to save exhibited a little of cutting Williamsport (Indi-

Society conta." on the examinate.

"It has recently attention that the city EQMA vi'le, Iowa, has passed a wlalegislation requiring agents or solicitors of any kine or nature to furnish a heato certificate secured from the cit health officer or a licensed phy sician of Dyersville before being granted permission to solicit in the city.

"This ruling, it is stated, has been passed in order to protect the people of Dyersville, Iowa, from the spread of infectious diseases, and to guard against the bringing of such diseases into the city. Since the rule provides that a fee not to exceed \$5.00 can be assessed for such a physical examination, the move will not only go far towards protecting health in the city, but will prevent an influx of indigent peddlers.

"It has not come to our attention that such a rule is effective at other points, but it would seem a wise provision in the furtherance of public health. Epidemics of considerable scope have in the past been traced to itinerants particularly of the peddler class, and an ordinance such as that adopted by Dyers-\_

# New York State ournal of Medicine

HE OFFICIAL ORGAN of the EDICAL SOCIETY OF THE STATE of NEW YORK

blished Twice a Month from the ilding of The New York Academy of edicine, 2 E. 103rd St., New York City.



Entered as secont class matter July 5, 1907, at the Post Office at New York N Y, under the act of Myrch 3, 1879 Acceptance for making at special rate of postage, provided for in Section 1703, Act of October 3 1917 authorized on July 8, 1918 Copyright, 1930 by the Medical Society of the State of New York

# Table of Contents Page iv

# DEWCYDEW-TONE and PORT

SOME time ago we attempted to introduce Dewey's Dew-Tone and Port to you. Have you tried it? We feel so certain of its effectiveness that we know a trial will mean its continued use. We want to assure you again of its medicinal value and absolute purity.

Dew-Tone and Port is particularly helpful to patients suffering from chlorisis or anemia. Especially, those forms of anemia associated with convalescence or senility, where iron deficiency is a recognized paramount etiological factor.

The iron is furnished by wine secured from properly matured grapes grown in soil which is known to produce grapes of maximum iron content. The body is capable of absorbing this natural iron in large quantities because it approximates similar chemical structure in the human organism.

To augment these natural aids we have added peptones and both calcium and sodium glycerophosphates. These salts supply deficient calcium and phosphorous, thus stimulating a return to normal metabolic processes and assuring adequate nutrition to the nervous system.

With this scientific combination of ingredients we have an active tonic, pleasant and palatable, which stimulates the digestive system, increases gastric secretion and supplies body deficiencies until the organism has returned to normal functioning.

Dew-tone and Port is only sold direct to you or your patients

# SEND FOR FREE SAMPLE

We will be pleased to send you a complimentary sample upon request

# H. T. DEWEY & SONS COMPANY

138 Fulton Street, New York City

Cellars: Egg Harbor, N. J.

# Announcement DIGITALIS-

# A More Accurate Method of Standardization

r the physician's protection, as well as for of the manufacturer, there is need of a accurate method of standardizing digi-

w, as formerly, Upsher S' an improved mettie Visual Inces the usual marf Clinical Educanum. In here in this issue, other icts will medical motion savets rincipally by itoricasik Company, some of will be of most unusual in-Frest to the practicing physician, 

"If possible, County Medical Societies and medical groups should use some of them though they are more costly than the Visual films.

"In future issues on this page, matters relating only to Medicine and the Profession will be considered.

"A medical questionnaire is now being prepared to send to two doctors and two surgeons in different sectional areas of the state to ascertain the medical and surgical diseases which at this time are apparently on the increase, and now threatening the health of the peo-When replies are received,

Fritor of the Monthly wil to discuss these Brie member of his sta -+icular atter mal and and while the audience remained standing, Dr. George C. Yeager, chairman of the Committee on Necrology, submitted its report.

"The scientific exhibit, consisting of fourteen booths, was unusually attractive, some of the exhibits being continuously crug back same and cantion picture demonstrationans it, successful bidder is year. The fifty-four towards open for about sixty the usual standard as grant open for about sixty the usual standard 200 be in the market for an operto those in attendancines at that time and want to save exhibit "

of cutting." - Williamsport (Indi-

the city.

(Continued from page 1519-adv. xi)

Presbyterian Church. Following the invocation

Society conta:" on the examinate

"It has recently attention that the city OMA ville, Iowa, has passed de klarequiring pedal legislation agents or solicitors of any kee or nature to furnish a hear certificate secured from the city health officer or a licensed phy sician of Dyersville before being granted permission to solicit in

"This ruling, it is stated, has been passed in order to protect the people of Dyersville, Iowa, from the spread of infectious diseases, and to guard against the bringing of such diseases into the city. Since the rule provides that a fee not to exceed \$5.00 can be assessed for such a physical examination, the move will not only go far towards protecting health in the city, but will prevent an influx of indigent peddlers.

"It has not come to our attention that such a rule is effective at other points, but it would seem a wise provision in the furtherance of public health. Epidemics of considerable scope have in the past been traced to itinerants particularly of the peddler class, and an ordinance such as that adopted by Dyersville would be a great forward step in any community in lesning or eliminating this health

Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature free on request



POLAND SPRING COMPANY

Dept. C Fifth Avenue

# New York State Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E, 103rd St., New York City,



Entered as second class matter July 5, 1907, at the Fost Office at New York, N Y, under the act of March 3, 1879. Acceptance for matting at special rate of postage provided for in Section 1103, Act of October 3, 1917 authorized on July 8, 218. Copyright, 1930 by the Medical Society.

# Table of Contents Page Iv

# Dewey's DEW-TONE and PORT

SOME time ago we attempted to introduce Dewey's Dew-Tone and Port to you. Have you tried it? We feel so certain of its effectiveness that we know a trial will mean its continued use. We want to assure you again of its medicinal value and absolute purity.

Dew-Tone and Port is particularly helpful to patients suffering from chlorisis or anemia. Especially, those forms of anemia associated with convalescence or senility, where iron deficiency is a recognized paramount etiological factor.

The iron is furnished by wine secured from properly matured grapes grown in soil which is known to produce grapes of maximum iron content. The body is capable of absorbing this natural iron in large quantities because it approximates similar chemical structure in the human organism.

To augment these natural aids we have added peptones and both calcium and sodium glycerophosphates. These salts supply deficient calcium and phosphorous, thus stimulating a return to normal metabolic processes and assuring adequate nutrition to the nervous system.

With this scientific combination of ingredients we have an active tonic, pleasant and palatable, which stimulates the digestive system, increases gastric secretion and supplies body deficiencies until the organism has returned to normal functioning.

Dew-tone and Port is only sold direct to you or your patients

#### SEND FOR FREE SAMPLE

We will be pleased to send you a complimentary sample upon request

# H. T. DEWEY & SONS COMPANY

138 Fulton Street, New York City

Cellars: Egg Harbor, N. J.

Established 1857

# Acute Sinusitis

may be due to:

1. Vacuum—inflammatory closure of the sinus, and subsequent absorption of air;

2. Pressure of accumulated exudate;

3. Toxic influence upon nerve terminals of pus and other inflammatory products.

Antiphlogistine applied over the affected region will help to:

1st-Relieve the pain;

2nd—Dissipate the congestion;

3rd—Establish drainage of the diseased sinus.

By virtue of its prolonged hyperaemic, osmotic and antiseptic powers, Antiphlogistine activates lymph circulation and relieves the swelling and congestion of the mucosa.

Write for sample and literature

THE DENVER CHEMICAL MFG. CO.

163 Varick Street

New York, N. Y.

SUCCESS in the treatment of these cases depends upon the establishment of free drainage and ventilation.

#### HARRY F. WANVIG

Authorized Indemnity Representative

of

The Medical Society of the State of New York
80 MAIDEN LANE NEW YORK CITY

TELEPHONE: IOHN 0800-0801

# QUID PEPTONOIDS WITH CREOSOTE

31NES the active and known therapeutic qualities of creosote and guaiacol with the ive properties of Liquid Peptonoids and is accordingly a thoroughly dependable ct of definite quantities and recognized qualities as shown by the formula:

# Each tablespoonful represents

Alcoноl (By Volume)			12%
Pure Brechwood Creosote	•		2 min.
GUALACOL	•	•	1 min.
PROTEINS (Peptones and Propeptones)	•	•	5.25%
LACTOSE AND DEXTROSE	•		11.3%
CANE SUGAR	٠	•	2.5%
MINERAL CONSTITUENTS (Ash) .			0.95%

It acts as a bronchial sedative and expectorant, exhibiting a peculiar ability to relieve hitis—acute or chronic. It checks as well a persistent winter cough and without or untoward effect. It is agreeable to the palate and acceptable to the stomach—merit as an intestinal antiseptic. Supplied in 12 oz. bottles.

Samples on request

HE ARLINGTON CHEMICAL COMPANY

VONKERS NEW YORK

# TABLE OF CONTENTS—DECEMBER 1, 1930

nstipation and Catharsis1430  LEGAL  Ipractice—Statute of Limitations
Ipractice—Statute of Limitations
imed Negligent Treatment of Scrotal Hydrocele1432
eged Negligence in Treating Injured Finger
ath Claimed Due to Failure to Detect Heart Condition Dur-
ng Pregnancy1433
NEWS NOTES
nual Conference of Secretaries and Editors1434
Appreciation of Our Secretary, Dr. D. S. Dougherty1435
blic Relations Survey, No. 17-Warren County
mpkins County
ange County Medical Publicity1438
DAILY PRESS
e National Child Conference1439
menclature of Animal Groups
e Virus of the Common Cold
ster Eating
evention of Colds in Cornell University1440
or Gas in Civil Life
BOOKS
ok Reviews
OUR NEIGHBORS
omes of Physicians in West Virginia1444
gislative Sessions in Texas (adv. page xii) 1446
orkmen's Compensation in Ohio (adv. page xiv 1448
unty Society News from Mississippi (adv. page xviii) 1452
nereal Disease Case Reports in Washington (adv. page xix) 1453
nereal Diseases in Washington (adv. page xx) 1454
mulating Attendance at Meetings in Florida
(adv. page xxii) 1456
antile Paralysis in Maine(adv. page xxiv) 1458
emnity Insurance in New Jersey (adv. page xxvi 1460
ating and a second a second and

# "Feed a Cold"

Perhaps there was some justification for this old therapeutic axiom, but there is no doubt as to the value of the more recent dictum which emphasizes the importance of alkalinization in the treatment of respiratory affections in general.

For a safe, effective and palatable method of securing alkalinization without upsetting the stomach or tending toward alkalosis, try

# KALAK WATER

the strongest alkaline water of commerce. Kalak Water is an antacid — not a laxative.

KALAK WATER CO. 6 Church St. » New York City

#### SPINACH SALAD

(Six Servings) Gms Prot Fat Carb Cal

1/2 tablespoons Knox Spar king Gelatine

1, cup cold water

1, cups boiling water

2 tablespoons lemon juice 2 14 tearpoon salt
114 cups cooked spinseli
clopped
2 lard cooked eggs 300

100 13 10 5 Total 28 10.5 9 242 5 15 40 One serving

Soak gelatine in cold water and dissolve in boiling Doah grained in cold water and unserted in bolding water Add lemon junce salt sites and chill When nearly set site in chopped spinach mold and chill until firm Serve on lettuce hearts or lender chicory leaves and garnish with hard cooked egg cat length wise in articles and spinkled with papirias Serve with

#### JELLIED CHICKEN IN CREAM

(Six Servings)

Gme Prot Fat Carb Cal 1 tablespoon Knox Gelatine 1/4 cup cold chicken broth or

11, cups boiling chicken broth fat free

14 teaspoon sait Pinch pepper

1 cup cooked chicken, enbed 1/4 eup cream, whipped

125 24 20 SS 1 22 15 Total 31 One serving

Soak gelatine in cold liquid for five minutes and dis-solve in 1 of broth Season with salt and pepper and chill until nearly set Fold in chicken and whipped cream Turn into molds and chill until firm Serve on lettuce or garnished with parsley and strip of nimento

#### TOMATO JELLY

(Six Servings) Gms Prot Fat Carb Cal

11/4 cups hot water

tesspoon sait tesspoon whole mixed 11/4 tablespoons Knox Spar-

king Gelatine 10
5 tablespoons cold water
1¼ cups tomatoes strained 250
2 tablespoons vinegar .5 10

> . . . .

	On	Total serving	12 2	.5 10 2	92.5 15
		· · · · ·	•	٠.,	•
•	٠.		$\cdot$		•

# KNO is the real

# the Diabetic can eat

ONTROLLING the diabetic diet is often a problembut the solution is often found in Knox Sparkling Gelatine—pure gelatine—free from sugar, artificial flavor ing or coloring

Knox Gelatine does two things for the diabetic

Makes the foods which grow monotonous look and taste entirely different-provides the pleasure which satisfies taste1

Makes a small quantity of vegetables, meat or fish go 1 long way-provides the bulk u hich satisfies appetite!

You will find Knox Gelatine a valuable aid in keeping your diabetic patients diet happy. We would like to send every physician a booklet on Diet in the Treatment of Diabetes by a widely known dietetic authority-present ing many new ideas and recipes in the preparation of bene ficial diabetic diets. It is of such character that it may be placed in the hands of any patient with the assurance that it will act as a safe diet control, and at the same time make the patient as happy with his food as though he were not on a diet. This booklet will be sent in any quantity, to supply the diabetic patients of any physician who will mail the coupon

F you agree that recipes like the ones on this page will be helpful in Lyour diabetic practice, write for our complete Diabetic Recipe Bookit contains dozens of valuable recommendations We shall be glad to mail you as many copies as you desire Knox Gelatine Laboratories. 432 Knox Ave , Johnstown, N Y.

Neme

Address

Cliz

State

For Respiratory Diseases

# DISULPHAMIN

Orto-oxibenzoyl-sulphon-nucleino-formol-sodiumtetradimethylamino-antipyrin-bicamphorated 3 IMPORTANT AIDS TO PHYSICIANS AND SURGEONS

A Reliable Oxytocic

# THYMOPHYSIN

(Tomesváry)

A Valuable Hemostatic

# STRYPHNON

(Meyor & Albrecht)

Please send literature on items checked:

DISULPHAMIN [

THYMOPHYSIN [

STRYPHNON |

American Bio-Chemical Laboratories, Inc.

235 Fourth Avenue New York

Sole Agents for Conada NATIONAL DRUG & CHEMICAL COMPANY of Conada, Ltd., Montreal

#### INDEX TO ADVERTISERS

RULES—Advertisements published in the JOURNAL must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

Page	PAGE	PAGE
ABDOMINAL SUPPORTERS, ETC  S. H. Camp & Co	West Hill Sanitarium xxix	Huxley Labs. xxviii Hynson, Westcott & Dunning xxvii Lederle Labs., Inc. xii Mead Johnson & Co. xi Merck & Co., Inc. xvi
COLLEGES, SCHOOLS & HOSPITALS  N. Y. Polyclinic Med. Sch. & Hosp. xxx  N. Y. Post Grad. Med. Sch. & Hosp. xxvii  Sydenham Hospital		Olajen, Inc.         xix           Parke, Davis & Co.         xxxi           Chas. H. Phillips Chem. Co.         xxvii           Sandoz Chemical Works, Inc.         ix           Schering Corp.         ix           Tailby-Nason Co.         xviii           Wander Co.         xxiii
FOOD  Knox Gelatine Labs v  Sugar Institute xvii		William R. Warner & Co., Inc xv Winthrop Chemical Co., Inc xxi-vii
HOSPITALS, HEALTH RESORTS AND SANITARIUMS  Aurora Health Farms xxix  Dr. Barnes' Sanitarium xxviii  Breezehurst Terrace xxviiii  Brigham Hafl xxix  Crest View Sanatorium xxvii	BiSoDol Co.   viii   Crookes Labs , Inc.   xii   Davies, Rose & Co., Ltd.   xiv   Denver Chemical Mfg. Co.   ii   Drug Products Co.   xx	TONIC H. T. Dewey & Sons Co i
Halcyon Rest xxix Interpines xxix Montague Hospital xxxii Dr. Royers' Hospital xxxiii	Fellows Med. Mfg. Co., Inc. xiii W. A. Fitch, Inc. xxvi Granger Calcium Products, Inc. xxix	WATERS

# for ARTERIOSCLEROSIS -ANGINA PECTORIS

N cardiovascular disease, such as angina pectoris and arteriosclerosis, a spasmodic condition of the arteries is frequently responsible for acute distress and discomfort as well as high blood pressure.

In these cases the administration of Theominal has been found to afford marked and often continued relief. Both of its constituents (Luminal and theobromine) cooperate in reducing vascular spasm, increasing coronary blood flow and lowering high blood pressure.

#### ANGINA PECTORIS

"Theominal has an excellent antispasmodic and sedative action in angina pectoris and conditions of restlessness of arteriosclerotic origin. In severe cases its use often makes it possible to dispense with opiates. It is nontoxic and well tolerated during prolonged administration. Its efficiency is evidenced by abatement or arrest of anginal attacks."

### **ARTERIOSCLEROSIS**

"Summarizing my observations I can state that the administration of one tablet of Theominal, three times daily, is sufficient to demonstrate its sedative and hypotensive effect within a period of eight days. As a rule, after two days, subjective improvement occurred, with rapid subsidence of restlessness in cardiac patients as well as tachycardia."

#### HYPERTENSION

"In eight of ten cases of high blood pressure Theominal produced striking improvement during the period of treatment. The effect was transitory in one case and negative in the other. In almost all instances a constant reduction of blood pressure ensued, varying between 25 and 70 mm. Hg.; once even up to 110 mm. transiently."

DOSE: One tablet two or three times daily.

SUPPLIED in bottles of 25 and 100 tablets

# THEOMINAL

Reg. U. S. Pat. Off. and Canada

Write for trial bottle and literature

# WINTHROP CHEMICAL COMPANY INC

NEW YORK N.Y

170 VARICK STREET W

has no substitute

# Quick relief in GASTRIC PAIN, too/

Gastric Hyperacidity
"Sour" Stomach
Acid Eructations
"Heartburn"
Acid Dyspepsia
Nervous Dyspepsia
Gastric Pain
Acid Urine
Acidosis
Vomiting in Pregnancy
Sea Sickness
After Anesthesia

The pleasantly effective antacid, BiSoDoL, not only controls hyperacidity quickly but in so doing it allays pain and irritation to the sensitive mucous membrane of the stomach.

BiSoDol offers a balanced formula in which the effect of the sodium and magnesium bases is enhanced by the mechanical protective effect of the bismuth content on mucous membranes.

Where systemic alkalization is indicated, as in the treatment of cyclic vomiting, the morning sickness of pregnancy, the common cold and respiratory affections in general, etc., BiSoDoL offers distinct advantages over the usual forms of alkali treatment.

We would like you to try BiSoDoL for yourself. Let us send you literature and clinical sample of this ethically presented prescription product.

The BiSoDoL Company Dept. NY-12130 Bristol St., New Haven, Conn.



Bi5oDo

A great

advance in

Calcium

Therapy

# advance in CALCIUM Gluco SANDOZ

Per Os - Palatable
Intramuscular - No Irritation
Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

SANDOZ CHEMICAL WORKS, Inc. 61-63 Van Dam St. NEW YORK, N.Y.



Schering's Female Sex Hormone

# **PROGYNON**

Standardized according to the Allen-Doisy test

#### ANIMAL EXPERIMENTS

Show the effect of Progynon in influencing the development of the female sexual organs

#### CLINICAL EXPERIENCE

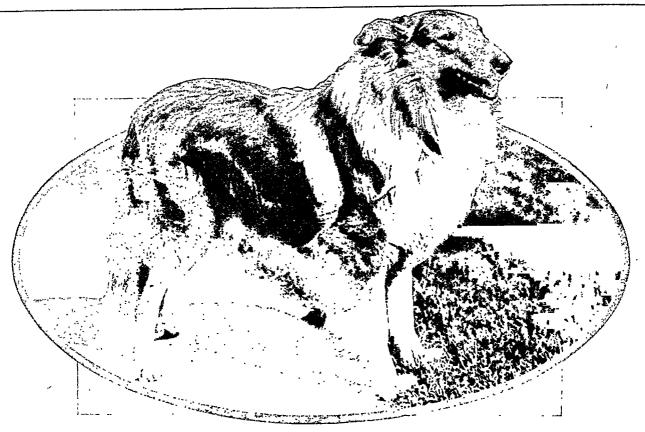
Proves its efficacy in ovarian hypofunction, surgical or physiological menopause or disturbances of the female gonads \* \* \*

Boxes of 6 ampoules of 1 c c. each, containing 20 Allen-Doisy units, for subcutaneous and intramuscular injection

Schering Corporation
110 William Street, NEW YORK, N.Y.

There exists a the IOUAN II dest writing to therefore





Thorn aristocrat of canines, is an unusual collie. He and his mate fetch the antitoxin horses from the pastures at the Lilly Biological Laboratories. He knows each horse, handles the work perfectly. His services are valuable, his intelligence surprising.

# WHEN DOGS GO MAD!

Dogs in health are generally regarded as man's best friends in the animal world. When infected with rabies, they are potentially among man's greatest enemies.

# Rabies Vaccine, Lilly

Rabies Vaccine, Lilly, is a dependable fourteen-dose treatment. It is applicable to all types of cases. The *first* seven-dose package, in 1 cc. syringes, is supplied from the nearest Lilly depot; the *second* seven-dose package, in 1 cc. syringes, is sent direct from Indianapolis. All orders should be telegraphed and must come through a retail pharmacist.

ORDER AS V-776

# ELI LILLY AND COMPANY

INDIANAPOLIS, U. S. A.

# PROGRESS THROUGH RESEARCH

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 23

NEW YORK, N. Y.

December 1, 1930

#### MEDICAL AND SURGICAL ASPECTS OF ACUTE BACTERIAL INFECTIONS

PAPERS PRESENTED DURING THE THIRD GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE, ABSTRACTED BY FREDERICK P. REYNOLDS, M.D., MEDICAL SECRETARY, COMMITTEE ON MEDICAL EDUCATION

THE Third Graduate Fortnight of the New York Academy of Medicine which was held October 20th to 31st, attracted large audiences both for the evening meetings and for the coordinated afternoon clinics which were held in twelve hospitals of the city.

Physicians came from all parts of the United States to attend the sessions. Applications for clinic tickets were received from physicians in 22 States and from 4 Provinces in Canada.

The speakers on the programs of the evening meetings were men of established standing in their special lines of work and in their papers presented viewpoints of the general subject of the Fortnight from many different angles.

The papers of the Fortnight will be printed in full in the monthly Bulletin of the Academy. Abstracts of some of the papers are presented herewith.

#### DR. C. F. MARTIN

The introductory address inaugurating the Fortnight was delivered by Dr. C. F. Martin, Dean of the Medical Faculty, McGill University, Montreal, on the subject of "Medical Education and Medical Practice." After his preliminary remarks Dr. Martin discussed medical education in its many aspects and compared the systems in vogue in foreign countries with those in America. In particular he pleaded for a broad general education as the basis for a medical career. In regard to the continued education of the practitioner he said:

"But, you will ask, what about the continued education of the practitioner, which, after all, was to have been the main theme of my message. I have already explained in extenuation of this long dissertation that one cannot well dissever graduate teaching from the antecedent training. According to his special preliminary advantages of birth, training and opportunities, so will the graduate be guided in his later career.

"Modern medicine has been demanding more and more access to laboratories and hospitals, which is essential to the growth and maintenance of professional power. The great majority of physicians, however, have had too little contact with these agencies, and relatively few take full advantage of the opportunity.

"Continuation courses for practitioners represent a need in medical education worthy of very careful consideration. The clinical resources of a great city in a university setting alone offers an opportunity for the organization of graduate teaching. The success, however, depends as much on the segregation of the graduate students as it does upon the teacher.

"Mass training in post-graduate work in detail is certainly not feasible, though much may be done to large groups to maintain their interest, to instruct and to entertain, and this can be done by lectures, clinics and demonstrations.

"And what may one say for the continued education of the older practitioner—for him who absorbed in years of general practice has been allowed too little leisure for keeping abreast of medical progress—the pilgrim, who has awakened to a desire to change for a brief period, the depressing atmosphere of the Valley of Humiliation for the stimulating triumphs of the Delectable Mountain of Knowledge? The answer is not so easy. Medical science has become so vast, so dependent on the biological sciences, so highly specialized in every direction—the individual spheres of knowledge have become so interdependent, that a choice is difficult for him who

seeks to gain a refreshment where progress has

been so appallingly rapid.

"Apart from the opportunities of wards and dispensaries, he will be confronted with the choice of study in laboratory technique, in highly specialized courses in serology, radiology or any of the similar advanced subjects of post-graduate study.

"In his effort, for example, to study focal sources of infection he may learn to differentiate a normal from an abnormal dental condition, mere absorption from focal abscess of the teeth. He may even transilluminate, with some degree of skill, the sinus cavities, or detect an abnormal shadow in the actinogram. If more ambitious and lucky in his technique, he may acquire some dexterity in the newer methods of examination of the gall bladder, and even study the pyelograms of the normal and abnormal kidney, and he may familiarize himself with the diagnostic study of cerebrospinal fluids, or learn bacteriologically the various types of pneumonia.

"In such short courses, however, without the preliminary and more prolonged fundamental

training he will not only fall short in manipulative skill but fail to appreciate the relative values of what he learns to see. Without experience and judgment he cannot expect to go very far, and there is no short cut to such an achievement.

"There pours into these graduate, or refresher, courses, as they are called, a number of men, each with individual ambitions and ideals, and each with a different zeal for knowledge. Each is staggered at the choice, uncertain how best to use his time. The danger lies in wanting to learn too much, in wanting to taste too many of the intellectual savouries of the banquet. He is apt to do as so many have done before him in Vienna and avail himself of so many courses that, at the end of his short weeks of study, he suffers from intellectual indigestion. Far better would it be for such a one to curb his ambitions, confine himself to the reasonable, restrict his interests to a limited sphere and by attaching himself to one service, or one teacher, whom he respects, and allow his mind to gain inspiration, knowledge, and a degree of judicial discrimination."

#### DR. FRANK BILLINGS

Dr. Frank Billings, Professor Emeritus of Medicine of the University of Chicago, presented the first scientific paper on the subject of "Focal Infection As a Cause of General Disease." He discussed the subject from many angles. In particular he discussed the modes of transmission of bacteria and toxins from the foci of infection. Unfortunately in an abstract it is impracticable to cover this part of the paper.

"Focal infection as an etiologic factor of general diseases is now an established pathological

principle.

"During the last twenty years an enormous literature on the subject has accumulated. As this literature is available, this address will deal chiefly with the important principles of focal infection.

"A few general diseases only caused by focal infection will be cited; but sufficient in number to illustrate the principles discussed.

Site of Primary and Secondary Foci of Infection

"The most common site of a primary focus of infection is about the head, including the teeth and jaws, the faucial tonsils, the lymphoid tissue of the nasopharynx, the accessory nasal sinuses, the mucosa of the upper nasal cavities, the middle ear and mastoid cells. Less frequently primary foci are located in the skin including pyogenic infection of finger and toenails; in the bronchi as bronchi-ectatic cavities; ulcers acute or chronic in the intestinal tract and rectum including infected hemorrhoids; in the genito-urinary tract, fallopian tubes, venous sinuses of the uterus, semi-

foci of infection occur in the lymph

vessels and nodes, especially of the neck and mediastinum and mesentery. In the gallbladder and appendix vermeformis as chronic infection. In distal tissues anywhere in the body in the form of metastases.

# Character of the Infectious Micro-organisms of Foci of Infection

"The dominant infectious agents causing foci of infection are the streptococci; s. hemolyticus, s. viridans; staphylococci; s. albus, s. aureus; the tubercle bacillus; the gonococcus; the diphtheria bacillus; the colon bacillus when removed from its normal habitat and in mixed infection with other pathogenic bacteria.

The fallopian tubes are susceptible to infection with the gonococcus which may cause obliterating salpingitis or abscess and may cause peritonitis. Tuberculous salpingitis may lead to peritonitis or to tuberculous invasion elsewhere. The deep urethral tract, prostate gland and especially the seminal vesicles are frequently infected with the gonococcus, and sometimes as a mixed infection with streptococci. Gonococcus infection of the seminal vesicles may be acute or chronic and as a primary focus of infection may lead to arthritis acute or chronic, gonorrheal bacteriemia and ulcerative endocarditis.

"The skin and its appendages may be the site of foci of infection in the form of furuncles, abscesses about the finger and toenails, blisters and abrasions infected with the ever present staphylococcus on the skin and sometimes by streptococci.

Susceptibility to General and Also to Local Disease from the Focus of Infection

"The incidence of general and local disease from the focus of infection is notably small in comparison with the incidence of primary and secondary foci of infection. The marked prevalence of infection of the jaws and teeth is not associated with the frequent incidence of acute or general disease. The incidence of chronic gonerheal infection of the deep urethra, prostate gland and seminal vesicles is very great as compared with the occurrence of gonorrheal arthritis tenosynovitis, gonococcenia and ulcerative endocarditis.

The relatively rare incidence of systemic disease as compared with the marked prevalence of foci of infection may be explained by well known facts of immunity both natural and ac-The natural defenses of the body due to the bactericidal and antitoxic powers of the tissues, blood plasma and cells, especially the phagocytes protect us from infectious diseases both acute and chronic Turthermore, when the animal body is invaded with pathogenic bacteria the natural defenses are increased by their pres ence in the tissues and blood. Similar stimulation of the formation of protective antibodies may be induced in the host by the injection of nonlethal amounts of living bacteria or of dead pathogenic agents

"Bacteria may diminish in virulency and path ogenicity and exist as harmless parasites of the skin, mucous membrane and probably also in the existing foci of the tissues

"The immunity to infection from foci of infec tion to general and local disease may be partly or wholly broken down by the same causes noted in the discussion of the susceptibility to foci of infection Exhaustion and debility from physical and mental overwork, starvation, chronic noninfectious general disease and exposure to wet and cold are important factors in the increased susceptibility to acute and chronic general disease from focal infection. It is also to be noted that poor body mechanics including faulty posture defective functions of the respiratory organs diminished blood pressure with poor circulation defective general nutrition and other factors in crease the susceptibility to systemic infection from a focal infection especially in the so called chronic rheumatic disorders

Examples of Chronic General and Local Disease Due to Primary and Secondary Foci of Infection Chronic Cholecystitis

"Chronic cholecystitis, with or without gall stones, is as a rule the result of acute infection of hemitogenous origin

"Chronic infectious cholecystitis is of importance because of the discomfort it may cause and its interference with the function of digestion It is quite as important as a secondary focus of infection causing general disease. This infection may lead to biliary cholingitis evidenced by the long known entity hepatic intermittent fever, to degenerative changes in the heart muscle and kidness, to types of perincuritis and other conditions. The surgical cradication of the infection is usually followed rapidly by the disappearance of the intermittent fever the restoration of the heart muscle tone, a disappearance of the evidences of kidney degeneration and relief from the uncomfortable lameness due to perincuritis.

#### Chronic Infectious Arthritis

'Chronic arthritis is classified as an atrophic form and as a hypertrophic type. Chronic arthritis is widely disemminited, the atrophic type occurring in the young to middle age and the hypertrophic type in those beyond middle age. It is important because of its crippling results and discomforts and also because of the great economic loss which it entuins.

"After long study the American Committee for the Control of Rheumatism, its members composed of elimicians and investigators whom we all respect has issued an opinion concerning the disease commonly known as chronic rheumatism or chronic arthritis. The Committee is of the opinion that hypertrophic arthritis is not of in fectious origin, but that atrophic arthritis is an infectious type of the disease. The opinion is given that no one strain of the streptococcus or of other bacteria has been discovered as a specific etiologic factor.

"This report of the Committee has been published in an essay by Osgood of Boston In the paper Osgood gives a clear, comprehensive and satisfactory description of hypertrophic arthritis and also of atrophic arthritis or chronic rheumatism, which I recommend should be read by all members of the profession interested in the sub-

"The members of the American Committee for the Control of Rheumatism individually and as a committee believe apparently that much of the morbid anatomy and resulting disfunction which occurs in the joints, muscles and tendons of atrophic arthratis, is due to the diminished blood circulation of the involved tissues. With this opinion I agree and direct attention to statements I have made in former publications and in this paper to the probability that hematogenous infection by bacterial emboli or their toxins is a large factor in the diminution of the blood circulation especially in the smaller blood vessels

"In the treatment of the condition it is interesting to note that at the Mayo Clinic lumbar sympathetectomy has restored a liberal blood circulation to the lower extremities of patients suffering with atrophic arthritis with phenomenal restoration of function of joints and muscles and great favorable changes in the morbid anatomy of the affected parts"

N. Y. State J. M. December 1, 1930

#### DR. F. d'HERELLE

Dr. F. d'Herelle, Professor of Bacteriology at the Yale University School of Medicine spoke on "Bacteriophage as a Treatment in Acute Medical and Surgical Infections." In his introductory remarks he said that bacteriophage therapy is still in its infancy and many studies are still necessary before we will learn all the results that we may anticipate, but what has already been done in many diseases justifies the belief that this is the specific treatment par excellence and that it will attain a wider and wider application.

"Let us consider a particular case,—that of the phenomenon of recovery from infectious disease. We know, through common experience, that certain species of animals are completely refractory to certain diseases which decimate other species. No one has ever seen, for example, in the course of the most terrible epidemic, a single rabbit contract cholera or a single guinea pig contract typhoid, although men were dying by thousands. The guinea pig and the rabbit, as indeed are all other animals, are refractory to these two diseases. They enjoy a natural immunity.

"We know, likewise, by common experience, that a great many of the infectious diseases do not recur or, at least, recur but rarely. It is unusual for a man who has recovered from an attack of typhoid, for example, to contract this disease a second time. A first attack of an immunizing disease leads, therefore, within the individual, to the appearance of a new character. He enjoys an acquired immunity. This immunity, very strong at the beginning, gradually diminishes at a rate more or less rapid in accordance with the disease causing it. In certain cases it disappears completely after a greater or less length of time.

"There is, in addition, a third type of immunity. In certain of the chronic diseases such as tuberculosis or syphilis it is very evident that the patient does not enjoy an acquired immunity since the pathogenic organisms continue to develop within the lesions, but he possesses, nevertheless, a new character, for reinfection cannot occur as long as he remains the carrier of the specific germs. This immunity certainly different from acquired immunity since it ceases at the moment when the specific organism disappears from the lesion, may be termed pathogenic immunity or, better, symbiotic immunity.

"It is only natural a priori to consider the phenomenon of recovery as being within the limits of immunity, but this has yet to be experimentally proved. It is somewhat curious to note that this question of recovery in infectious diseases, a question which would seem fundamental, has always been passed over in silence. Everyone has implicity admitted that recovery was a natural consequence of the acquisition of immunity. The reason for this conclusion can readily be understood for all present day immunology is founded

upon laboratory experiments carried out with guinea pigs and with rabbits. These animals have been inoculated with cultures of different bacteria, cholera vibrios, typhoid bacilli and others for which these animals possess an absolute natural resistance. In them there has been produced artificial infections which bear no relationship with natural diseases. It is in this way that nature has been disobeyed, for such studies can only lead to an imaginary solution. Today immunology is but a pseudo experimental science.

"From the beginning of my study of bacteriophagy I have been struck by the fact that the appearance within the body of the patient of the principle which leads to bacteriophagy coincides with the time when the symptoms ameliorate. Absent during the disease, bacteriophage appears constantly in convalescents. Bacteriophagy is thus contemporaneous with recovery.

"Various questions now arise. Is this bacteriophage found only by chance in the intestinal tract of certain dysentery patients, or is it a constant phenomenon? We will return to this question later. Is the phenomenon of bacteriophagy limited to the dysentery bacillus? I have been able to establish the fact that bacteriophagy is a general phenomenon."

He enumerated various disorders in which he had found it possible to isolate races of bacteriophage leading to the dissolution of bacteria.

"The diversity of the bacteria attacked warrants the belief that the phenomenon is, indeed, general, perhaps involving all bacteria.

"For lack of time I will not discuss all of the characteristics of the bacteriophage phenomenon for it is in reality extremely complex. I will restrict myself to some of the essential ideas. The bacteriophage corpuscle is a living, ultramicroscopic being as is proved by the fact that this corpuscle dissolves bacteria through the agency of a ferment which it secretes. The secretion of a ferment implies a metabolism and this is an essential character of living beings. A bacteriophage is, therefore, of necessity a virus, a parasite of bacteria.

"In its action each bacteriophage is not specific, for a given bacteriophage may parasitize and dissolve bacteria belonging to different species, sometimes as unrelated as the streptococcus and the colon bacillus or even the plague bacillus and B. typhosus. The characters of each strain of bacteriophage are variable. There are races of bacteriophage able to attack many species of bacteria, others which attack but a single species or even but a single bacterial strain. Certain of them are so potent that they are able in vitro to destroy and to dissolve within less than two hours all of the bacteria contained in a culture, while others exercise but a scarcely perceptible, partial action.

"Adaptability is an exclusive property of living

beings and the bacteriophage possesses this character to a very high degree. There are, however, in this respect differences between different races for certain bacteriophages adapt themselves very readily, while others do so very slowly. In so far as the present discussion is concerned, the most important character of adaptability is represented by the faculty which each strain of bacteriophage possesses of adapting itself to the parasitism of new bacterial species which hereto-fore were not attacked. This experiment of fore were not attacked. adaptation can even be effected in vitro. possible, for example, to adapt a bacteriophage which originally, at the time of isolation, was active only upon B. coli to the parasitism of This property of adaptation is B. typhosus. rapidly lost in races of bacteriophage maintained under laboratory conditions.

"In order to prove if the bacteriophage is really the cause of a recovery it is only necessary to study patients affected with acute infectious diseases from the beginning of the disease up until the end of convalescence. This is what I have done for various human and animal diseases. Here is, in summary, what I have observed. The condition of the patient depends upon the behavior of the bacteriophage and recovery takes place only when the destroying potency of the bacteriophage reaches an intensity sufficient to lead to the bacteriophagy of the

pathogenic bacteria.

"I will state briefly what has been done up to the present time in this direction. From 1919 on I have made experiments upon patients affected with bacillary dysentery, causing each patient to ingest two cubic centimeters of a culture of bacteriophage having a high virulence for dysentery bacilli. In all cases, without exception, all of the morbid symptoms disappeared within a few hours, in from four to twenty according to the case, and the next day the patient was definitely convalescent. Since that time this method of treatment has been applied on a large scale, principally in the Soudan and in Brazil.

"In Brazil, as the result of control experiments conducted by da Costa Cruz, who obtained results identical with those which I had reported, the Oswalde Cruz Institute of the Brazilian Government has prepared, since 1924, cultures of a highly virulent bacteriophage for the dysentery bacilli. These have been placed into two cubic centimeter ampules and distributed to hospitals, to government health officers, and to all physicians who have requested them. This mode of treatment has quickly supplanted all others, including the use of antidysenteric serum, which has been abandoned. The results obtained in the first 10,000 cases have been published and only two failures are recorded.

"As for the Soudan, this phrase, summarizing the results, appears in a letter of the Director of the Medical Service. The results of treatment of bacillary dysentery with it have been little short of miraculous. A single failure, the case of an infant already moribund when brought into the hospital, occurred among several hundred cases treated.

"In the year 1927 while in India, as the result of the experiments of which I have spoken, I attempted the treatment of Asiatic cholera. These attempts at therapy were made in the Punjab, on the natives cared for in their homes and to whom no other medication was given. Each patient received an initial dose of two cubic centimeters of a virulent bacteriophage, and with the family a second dose of four cubic centimeters diluted in one hundred cubic centimeters of water was left with instructions to give it to the patient by spoonfuls during the three or four hours following. I should state that I merely furnished the cultures of bacteriophage; treatment was carried out by Major Malone of the Indian Medical Service, assisted by the other officers of the Service. As it was impossible to enforce any one mode of treatment, the family of the patient was free to accept or refuse it; in the latter case usually resorting to the prescription of the Hin-doo medicine man. The majority of the patients for whom authorization was granted were found in a critical state; indeed, it was only because of this that parents, despairing of saving them, accepted the new treatment. As a control series we have taken those cases in which the bacteriophage treatment was refused. In spite of these extremely unfavorable conditions the mortality in the controls was 62.9 per cent, and among those treated with bacteriophage 8.1 per cent.

"In 1926 while in Egypt I treated four cases of bubonic plague injecting the bacteriophage into the buboes; all four of the patients recovered.

"Let us state in passing that the antitoxic action manifested so quickly and effectively by the bacteriophage is absolutely clear cut, although it is difficult to explain in the present state of our knowledge. I have observed it not only in plague but in other toxic diseases which I have treated with bacteriophage, cholera and bacillary dysentery among others.

"One other type of infection should be mentioned briefly, that is, the treatment of chronic bronchitis, of angina, and of coryza by means of a mixture of different races of bacteriophage active for those organisms which may be isolated from the throat in these conditions.

"Treatment by bacteriophage has been, I believe, demonstrated to be the specific treatment ar excellence, since it leads to recovery through a mechanism identical with that of natural recovery. Because of its nature one may hope to obtain results only when the bacteriophage administered is endowed with a maximum potency against the pathogenic organism involved.

# DR..FENWICK BEEKMAN

Development of more satisfactory methods of treating cases of inflammation of the bone-marrow arising from infections in the blood is bringing encouraging results in this serious disease of childhood, and successful treatment lies in early recognition of the conditions, followed by immediate operation, said *Dr. Fenwick Beekman*, attending surgeon at Bellevue Hospital. Dr. Beekman's subject was "Acute Hematogenous Osteomyelitis."

"Though the outlook, in many cases, is poor, a larger number of favorable results are now obtained than were formerly, due to the more rational treatment which has been developed. Because of this, less lives are lost, there is a decreasing number of patients with recurring attacks and there are fewer individuals with permanent disabilities.

"The intelligent treatment of an infection of a bone is dependent upon a knowledge of the pathological changes which may occur during the disease. To obtain the best results, the treatment must be applied at the earliest possible period in the course of the disease. The surgeon is often unduly criticized for a poor result when he is not to blame, as his care of the patient did not commence until the osteomyelitis had developed intoan advanced stage. Consequently, early recognition of the condition is essential; this most frequently lies in the hands of the pediatrician or general practitioner. The local symptoms by which the diagnosis is reached can only be understood through a study of the pathological changes in the bone, as the diagnosis at this stage of the disease is dependent upon the presence of but a few signs.

"The disease varies in its intensity from a mild type of case with a well localized focus, to one in which there is a general blood infection accompanied by symptoms which overshadow in intensity those of the local bony lesion. In this latter type of case, there is a general sepsis and from the blood of these patients, the infecting micro-organism can usually be recovered by culture.

"It is well known that the disease is peculiarly confined to that period of life in which the bones of the body are undergoing their growth and that the lesion usually occurs in that part of the bone which is actively engaged in the production of growth. Though children between the sixth and thirteenth year of life are most often affected, it is not uncommon to discover the disease in younger or older individuals.

"Trauma or injury is probably the predisposing element which determines the position of the bony lesion. Some accident, producing a slight injury to the bone, precedes the onset of the disease in at least sixty per cent of the cases. The trauma is apparently of a type that causes a twisting motion to the bone.

"The outlook in cases of the disease is dependent upon several factors, the most important of which is the nature of the beginning of the disease. Death occurring in the course of an attack is usually due to the blood infection and often occurs during the first ten days of the disease. The deaths which take place later, may be due to secondary septic lesions. Many patients, with a certain type, succumb to the blood infection before the local bony lesion has fully established itself. There are other cases in which the bacteria remain in the blood for some days. This is a sign of danger; however, children with this condition recover.

"The symptoms that are present, in an individual case, of acute hematogenous osteomyelitis. may be entirely due to the local lesion or partly the result of a general blood infection. Consequently, they differ in quality and also vary in intensity.

"The symptoms of a patient in which the bone lesion is well localized, are those due to the reaction of the tissues in the region of the focus with accompanying constitutional symptoms due to the toxemia, but these latter are often mild and occasionally entirely lacking. The character of the lesion in the mild type of case may not be suspected for some time, for the focus which is localized within the bone, displays signs that are not pronounced and these may be misinterpreted.

"Acute osteomyelitis is most often mistaken for acute rheumatic fever. This is probably due, in a great many cases, to the lack of a complete physical examination, which would have revealed the bony tenderness, rather than to the misinterpretation of the symptoms. Infantile scurvy has been mistaken for the mild type of osteomyelitis and is a possibility to be considered.

"Emphasis should be laid upon the fact that the x-ray is of little positive diagnostic value during the early stage of an attack of acute hematogenous osteomyelitis.

"An individual suffering from the disease should be considered as an emergency case and immediately operated upon.

"Since adopting these more conservative methods of dealing with acute hematogenous osteomyelitis, there has been a reduction of the mortality and an improvement in the morbidity in the cases treated by the Children's Surgical Service of Bellevue Hospital. There have been fewer complications and disabling deformities, consequently, the period of hospitalization, in the individual case, has been shortened."

#### DR JOHN EDMUND MACKENTY

Dr John Edmund Mackenty, Senior Surgeon of the Manhattan Eye, Ear and Throat Hospital, New York discussed 'Infections Arising from Tonsils and Smuses"

Emphasizing the importance of acute bacterial infections he said

"Added research will, no doubt, show us that focal infection is not in itself a complete entity but only the forefront of a vast unexplored back ground in which he concealed and undeciphered the intricate problems of immunity and biologic chemistry It is in this hinterland that we must search for the true primary causes of disease In other words, the infections we now see and experience are but the seeds, the background of which we know little or nothing is the soil

"For centuries prior to Pasteur the science of medicine was a compassless ship, captained it is true by many a good, intrepid and ingenious mariner The great genius of Pasteur has given it direction Now we have many charts to fur ther our explorations into new worlds. Among these, and not the least of them, is the domain of focal infection

"It is not an exaggeration to state that focal infection is assuming an ever increasing role of importance in the medical mind and practice and that the majority of focal infections are located in the para nasal sinuses, the tonsils and the teeth

"Time was, and that in my memory as an ac tive worker in the profession, when only a few advanced thinkers and experimenters were grop ing towards the truths now established, visualizing a more simple and logical explanation of the then disconnected phenomena of focal infection diseases

"The workers in the field of diseases of the head and throat of thirty years ago were few, compared with now, and their standing in the profession at large not enviable They were in a way the pariahs of the body medical, the small brothers of the big surgeons Little did they dream then of the fertility of the unexplored domain they had inherited. That here above the shoulders of man was the roosting place of a thousand evils for him but few suspected how changed the picture! Barren no more, but holding in its rapidly enlarging confines the causes of a goodly percentage of human alls

"I have irrefutable evidence of the malign influence of diseases of the sinuses, the tonsils, the teeth and the ear upon the body even in its remotest parts

"Beginning often in early childhood the maligit and insidious trail of chronic tonsillar and sinus disease may be traced through the lives of their victims Lowered efficiency, moral and physical degeneracy, chronic invalidism, and even an untimely end are too often the results sociological standpoint the loss is incalculable

"In this almost unexplored domain of im munity a brilliant and disease conquering future awaits the young men in our profession advisedly young men since, in the shadow of advancing years, we older ones, though filled with ideas born of experience and though alluting roads to higher and more accurate knowledge may beckon to us, yet we hesitate to advance and can do no more than point the way In retrospect we see how often fruitless have been our long journeyings in the search of truth. Time enough, or courage or strength enough to blaze new trails are denied most of us and we fain would shift the burden to vounger shoulders

"This all important factor of immunity is too often disregarded in our blind confidence in sur gery to stay the ravages of chronic sinus discase In selected cases surgery does accomplish mir acles, but there remains a great number in which mechanical intervention does great harm is reflected in the fear many patients evince at the mention of sinus surgery. So many of their acquaintances have been made worse by it doubt if the profession in general realizes the widespread extent of this disease. Looking out through the narrow peep hole of specialism it would seem to me to affect one-quarter or more of the human family

"Heredity, I believe, is a factor in sinus dis In hundreds of instances I have observed sinusitis in every member of the family and oc casionally in every member of two generations In later life influenza is the most potent factor

"I have considerable proof, in my own records, to offer in support of my contention that sinusitis

and arthritis are closely associated

"The gastro intestinal tract from end to end may feel the effects of a long continued sinus and tonsil infection, both directly from the infected material swallowed and indirectly through the blood stream

"In recent years the lung specialists are recognizing the intimate connection between lung con ditions and sinus diseases with a resultant re classification of lung pathology on a causative basis "

In discussing the role of diseased tousils and treatment of them, Dr Mackenty emphasized the importance, in cases of operations, of removing every last vestige of the diseased organs to guard against recurrence of trouble. He added

"Ionsillar infection is often the cause of This relationship is so inchronic sinus disease timate that little help for chronic sinusitis is to be expected if the offending tonsils are allowed

#### DR. FENWICK BEEKMAN

Development of more satisfactory methods of treating cases of inflammation of the bone-marrow arising from infections in the blood is bringing encouraging results in this serious disease of childhood, and successful treatment lies in early recognition of the conditions, followed by immediate operation, said *Dr. Fenwick Beckman*, attending surgeon at Bellevue Hospital. Dr. Beekman's subject was "Acute Hematogenous Osteomyelitis."

"Though the outlook, in many cases, is poor, a larger number of favorable results are now obtained than were formerly, due to the more rational treatment which has been developed. Because of this, less lives are lost, there is a decreasing number of patients with recurring attacks and there are fewer individuals with permanent disabilities.

"The intelligent treatment of an infection of a bone is dependent upon a knowledge of the pathological changes which may occur during the disease. To obtain the best results, the treatment must be applied at the earliest possible period in the course of the disease. The surgeon is often unduly criticized for a poor result when he is not to blame, as his care of the patient did not commence until the osteomyelitis had developed into an advanced stage. Consequently, early recognition of the condition is essential; this most frequently lies in the hands of the pediatrician or general practitioner. The local symptoms by which the diagnosis is reached can only be understood through a study of the pathological changes in the bone, as the diagnosis at this stage of the disease is dependent upon the presence of but a few signs.

"The disease varies in its intensity from a mild type of case with a well localized focus, to one in which there is a general blood infection accompanied by symptoms which overshadow in intensity those of the local bony lesion. In this latter type of case, there is a general sepsis and from the blood of these patients, the infecting micro-organism can usually be recovered by culture.

"It is well known that the disease is peculiarly confined to that period of life in which the bones of the body are undergoing their growth and that the lesion usually occurs in that part of the bone which is actively engaged in the production of growth. Though children between the sixth and thirteenth year of life are most often affected, it is not uncommon to discover the disease in younger or older individuals.

"Trauma or injury is probably the predisposing element which determines the position of the bony lesion. Some accident, producing a slight injury to the bone, precedes the onset of the disease in

at least sixty per cent of the cases. The trauma is apparently of a type that causes a twisting motion to the bone.

"The outlook in cases of the disease is dependent upon several factors, the most important of which is the nature of the beginning of the disease. Death occurring in the course of an attack is usually due to the blood infection and often occurs during the first ten days of the disease. The deaths which take place later, may be due to secondary septic lesions. Many patients, with a certain type, succumb to the blood infection before the local bony lesion has fully established itself. There are other cases in which the bacteria remain in the blood for some days. This is a sign of danger; however, children with this condition recover.

"The symptoms that are present, in an individual case, of acute hematogenous osteomyelitis, may be entirely due to the local lesion or partly the result of a general blood infection. Consequently, they differ in quality and also vary in intensity.

"The symptoms of a patient in which the bone lesion is well localized, are those due to the reaction of the tissues in the region of the focus with accompanying constitutional symptoms due to the toxemia, but these latter are often mild and occasionally entirely lacking. The character of the lesion in the mild type of case may not be suspected for some time, for the focus which is localized within the bone, displays signs that are not pronounced and these may be misinterpreted.

"Acute osteomyelitis is most often mistaken for acute rheumatic fever. This is probably due, in a great many cases, to the lack of a complete physical examination, which would have revealed the bony tenderness, rather than to the misinterpretation of the symptoms. Infantile scurvy has been mistaken for the mild type of osteomyelitis and is a possibility to be considered.

"Emphasis should be laid upon the fact that the x-ray is of little positive diagnostic value during the early stage of an attack of acute hematogenous osteomyelitis.

"An individual suffering from the disease should be considered as an emergency case and immediately operated upon.

"Since adopting these more conservative methods of dealing with acute hematogenous osteomyelitis, there has been a reduction of the mortality and an improvement in the morbidity in the cases treated by the Children's Surgical Service of Bellevue Hospital. There have been fewer complications and disabling deformities, consequently, the period of hospitalization, in the individual case, has been shortened."

fourteen times, in 1929 forty six times, and from January, 1930, to September 1, thirty-three times

Classified as to ages there were

2 between 10 and 20 years

8 between 20 and 30 years

20 between 30 and 40 years

21 between 40 and 50 years

18 between 50 and 60 years

20 between 60 and 70 years

6 between 70 and 80 years 2 between 80 and 90 years

Classified as to sex there were forty-seven males and fifty females

#### Classified as to diseases there were

9 hysterectomies

25 appendectomies

24 hermotomies

5 Cæsarian sections

6 cholecystectomies

3 cholecystotomies

2 exploratory laparotomies

2 ectopic gestation

6 prostatectomics

1 resection vaginal wall

2 urethral strictures

1 removal of testicle

1 open reduction of fracture

5 amputations-3 leg, 1 toe, 1 finger

2 permeorrhaphies

1 curretage

1 removal of bunions

1 intestinal obstruction

The preparation of the patient for spinal anesthesia comprehends plenty of fluids, an enema, and five grains of veronal in a glass of hot milk the night before the operation, five grains of caffeme sodium benzoate one hour before the patient is taken to the operating room and one sixth of morphine with one-three hundredth of scopo laine one half hour before the operation spinal injection is given on the operating table The skin with the prtient in a sitting posture having been sterilized and the patient placed in the proper position an ampule containing 1 cc of a five per cent solution of ephedrine and one per cent of novocame is injected over the site of the puncture, the second or third lumbar inter-The ephedrine takes care of the tendency to a fall in blood pressure. As soon as the spinocame is injected the patient is put in the horizontal position and the head of the table lowered and kept at an angle of from five to twenty degrees, according to the operation to be done. For the lower extremities and perineum a Trendelenburg position of from fifteen to twenty degrees should be used A ten to fifteen degree tilt will keep the anesthetic below the umbilicus while a flat table of a five degree Trendelenburg-will permit the anesthesia to ascend to the margin of the ribs. The Trendelenburg position should be muintained two or three hours after the operation

With two exceptions our experience with spinal anesthesia was very satisfactory. Any anesthetic which permits the surgeon to form a major oper ation without pain while the patient is conscious and able to talk or smoke or otherwise amuse himself is certainly very tempting to the surgeon and to many patients.

We had one patient who had a severe abdomi nal operation under spinal who said that he not only had no pain during the operation but that he never felt any pain during his convalescence Of the cases of spinal only three were nauseated Four patients were very nervous during the oper ation but suffered no pain. Post operative pain in the head and back was complained of in two cases and the spinal had to be supplemented with ether in two instances The blood pressure was taken before and after the operations and a fall of ten points was the greatest change noted. One patient developed pulmonary edema and the oper ation had to be abundoned. Subsequent history pointed to a previous pulmonary tuberculosis One patient died on the table. She complained of being uncomfortable and the head of the table was madvertently raised

Deaths have and will occur under any anes Sudden deaths occur without anesthetics It is related that when Simpson the discoverer of chloroform, was about to try it on a human being for the first time, the flask containing the precious fluid was dropped and broken on its way to the operating room. As there was no more to be had, the operation was of necessity performed without anesthesia. When the first in cision was made the patient died of syncope Simpson in recounting the story said "Chloroform has just had a beautiful escape" It is probable that many patients have died on the operating table when death was not due to the anesthetic and it is also probable that many patients have died after having been removed to their rooms as a result of the anesthetic

Spinal anesthesia would seem especially adapted for cases of intestinal obstruction, for the same degree of relixation cannot be obtained and maintained without very deep etherization which carries with it the well known predisposition to surgical shock, gastro-intestinal paralysis, lung complications and damage to the liver and kidneys. For the same reason it would seem to be the best anesthetic for prostatic operations for the arterial sclerosis of the aged is usually accompanied by nephritis which suffers less from spinal than from ether. It is also very useful in hone surgery. It is not suited for very nervous people or those who have any disease of the central nervous system or cases of septicema.

The seventy nine cases of rectal anesthesia ex-

tend back over a period of four and one-half months or since the fifteenth of May of this year. They are classified as follows:

35 males Sex: 44 females 8 between 1 and 10 years Ages: 13 between 10 and 20 years 15 between 20 and 30 years 18 between 30 and 40 years 15 between 40 and 50 years 4 between 50 and 60 years 2 between 60 and 70 years 3 between 70 and 80 years 1 between 80 and 90 years

## Classified as to diseases there were:

5 hysterectomies 30 appendectomies

6 herniotomies

6 Cæsarian sections

3 cholecystotomies

5 hemorrhoidal operations

4 tonsillectomies 3 leg amputations 3 perineorrhaphies.

3 removal of cysts 2 lipoma

1 curretage 1 cervical glands

1 mastoid

1 eneucleation of eye 1 stone in kidney

2 fracture of skull

1 ectopic gestation

1 ischio-rectal abscess

Of these seventy-nine patients, twenty-six or onethird needed no anesthetic besides the avertin, fifty-three required a supplementary anesthetic, varying in amount from two drams to five ounces of ether. The average amount of ether for the fifty-three patients requiring a supplementary anesthesia was one-half ounce.

The anesthetic used was avertin. It is a salt of brominetribromethanol, a white crystalline substance soluble in water at 104. As put up and sold by the Winthrop Chemical Company it comes in liquid form, dissolved in amylene hydrate, each c.c. containing 1 gm. of the drug, The dose is graduated according to the weight of the patient. 1/10 c.c. for every 2.2 pounds of the patient's weight. Thus if a patient weighs 22 pounds you would give 1 c.c. of the averting or if the patient weighs 220 pounds you would give 10 c.c. To the required dose of averting enough distilled water at a temperature of 104 is added to make a 2.5% solution. A convenient table which shows the number of c.c. of averting and water to be used in patients ranging in weight from twenty-two to two hundred twenty pounds is furnished with the avertin. After the water ted its purity is tested with a drop of congo red. It is then introduced into the patient's rectum by gravity, using a glass funnel with a rectal tube or male catheter, twenty minutes before the operation. The avertin should be administered while the patient is in bed in his room. The room should be darkened and quiet. It usually happens that the patient has no recollection of being placed on the stretcher or of the trip to the operating room. We had one patient operated for the radical cure of hernia who, upon being visited by relatives the next day, was asked how he felt. He replied, "All right. They have not operated on me yet and I don't know when they are going to." This patient was seventy-three years old and he took no ether.

The usual preparations, a cleansing enema and five grains of veronal, are given the night before the operation, the morphine and atrophin half an hour before the avertin is administered. As a rule the last thing the patient remembers is the enema. He does not remember being put on the stretcher, being taken to the operating room or the return trip. When the surgeon sponges off the site of the operation with alcohol or whatever antiseptic he uses, especially if it is an abdominal operation and there is any skin reflex, the patient will need a little ether. Out of the seventynine cases cited in this paper fifty-three took some ether and even if they all had had to have it, it seems to me to be much preferable to ether alone, for the reason that it takes so little.

Directly after I graduated from medical school I returned to my home in Lewiston, Maine. One morning I called on the family dentist to have a tooth filled. There was no one in the waiting room but I heard some one pounding in the workroom and I went in. The doctor was busy smoothing out a piece of sheet lead with a wooden mallet. I made known my errand and he said:

"Can't you come in next week. I am going on a fishing trip today and I was busy making some

I said, "All right," and started to go out when a big six foot French river driver came in, held up two fingers and pointed to the left side of his face which was badly swollen. He had come down the Androscoggin River with a drive of logs the day before and in the meantime had lapped up considerable liquor.

The doctor said to me, "Did you get your diploma?"

"Sure," I said.

"Then stay and give this log roller a little ether. It won't take long."

We got what we could of him in the dental The doctor examined his teeth and then sat across his legs and held his wrists. I made a cone of an old newspaper and commenced giving him ether. The doctor stayed with me until the patient stopped hollering and struggling. Then he resumed his sheet metal work.

other vapor irritated the patient's respiratory tract and there was a great outpouring of mucus turned his head to one side wrapped a paper napkin around two fingers and attempted to get the mucus out of his mouth, when suddenly his laws closed down on my fingers like a snapping I expected to hear the bones crunch any turtle minute I did the only thing I could do-I The dentist came out of his workroom, mallet in hand took one glance at the situation and acted He hit that Canuck on the top of the head with the mallet, a blow that sounded like Babe Ruth Iming out a home run The Frenchman's jaw dropped. I retired to the nearest The doctor reached for his forceps and had the two teeth extracted before I got over feeling faint

They say that the cerebration of a drowning man as he goes down for the last time is unequalled in speed but I doubt it I saw in that brief interval before the doctor administered his knock-out the headlines in the evening paper, "River driver dies in dentist's chair, choked to denth by two fingers of young doctor administering his first anesthetic." I saw my whole life

runed

When I had recovered sufficiently, I asked the dentist if he thought he could manage the patient "Oh ves," he said, "I can manage him all right I am used to these birds I he gets unruly"—and he waved his mallet airily—"I'll give him a little more anesthetic

I have always had a high opinion of that dentist and as I have thought of him in the succeeding years, his promptness and efficiency have grown on me, but it was not until this year that his uncanny prescience was brought home to me. His airy gesture with the mallet and his reference to a little more anesthetic I took for a sample of humor which seems indigenous way down east. But when I read an account of the eighth symposium of Colloid Chemists held in Ithaca, last June, I realized the surprising scientific accuracy of the dentist's words when he called his mallet an anesthetic

Dr G H Richter, national research fellow at Cornell University, in his paper read at that symposium, said

"When unconsciousness comes the cells of nerves turn thick and white, like hard boiled eggs. This congulation is the same whether unconsciousness is due to anesthetics, narcotics, heat, cold electricity, intoxication or a blow on the head.

"During consciousness these cells are almost transparent But chloroform, ether, various forms of alcohol, paraldehyde and choral hydrate cause them to turn white Jarring due to tap ping, also makes them whiten This whitening is a precipitation such as is produced in eggs when cooked, differing from eggs because it will

return to its original state when the narcotic is removed or the effects of the blow wear off Fading of the white and disintegration of the coagulation begin when the anesthetic is removed and requires fifteen to twenty-five minutes. If coagulation goes too far, it becomes irreversible and death ensues. The cells are then whiter and harder in appearance."

So you see according to the Colloid Chemists, it does not make any difference whether the anesthetic is ether, chloroform introus oxide spinocaine avertin, luminil or a blow on the head—the end results as far as sensory nerves are con-

cerned are all the same

But the effect these different anesthetics have on the respiratory tract the heart and circulation and the parenchymatous organs are all different and in selecting an anesthetic one should be guided accordingly

In choosing an anesthetic the first consideration is the safety of the patient, the second is the comfort of the patient | Taking it by and large ether still holds the first place as to safety during the administration period. It seems to be the gen eral opinion that any one can give ether all know that in a pinch the ether can and mask are often turned over to a nurse or a relative or a neighbor or even to the hired man with the injunction "Sork it to 'em" Safe enough perhaps for anesthesia lasting only a few minutes but not so safe if the anesthesia is to be continued any length of time The less ether that is given the safer is the anesthetic. This fact accounts for the great number of barbituric acid derivatives, the so-called basal anesthetics that are on the market today A partial list includes barbital allonal, panadorn, pernoctor, sommiferne dial, lummal and sodium amytal They all have their supporters

With avertin as a bisal anesthetic you can keep the patient well under with very little ether. Some patients do not need any ether at all. Some need a little at the beginning of the operation and a little when the peritoneum is being closed if the operation is an abdominal one. There is only one thing that is quite so disconcerting to the surgeon as to have the patient come out of the anesthetic during the operation and that is not to have the patient come out at the finish.

With avertin the patient is fully or partially anesthetized all the time and if he does start to come out a few drops of ether is all that will be needed. Avertin gives a smooth anesthesia and a smooth anesthesia adds to the patient's safety for it enables the operator to do his work quicker and better when relaxation is complete and continuous.

When the comfort of the patient is considered all the evidence is on the side of the bisal anesthetics. The average patient, I think dreads the anesthetic more than the operation. The average

N. Y. State J. M. December 1, 1930

# END RESULTS OF THYROIDECTOMY IN CASES OF HYPERTHYROIDISM AND TOXIC ADENOMA\*

# A study of 200 Cases

# By ARTHUR B. RAFFL, M.D., F.A.C.S., SYRACUSE, NEW YORK, N. Y.

LTHOUGH the first thyroidectomy for hyperthyroidism was performed by Tillaux as far back as 1880, it is only within the past twenty years that the great strides have been made in the development of thyroid surgery which have placed it on its present secure foundation. During this period the literature has emphasized the importance of preoperative treatment, and the time and type of operation, and has noted the gradual lowering of the mortality rate to less than one per cent. Less attention, however, has been paid to the results obtained by operation.

The value of thyroidectomy in cases of thyroid toxicity is admitted. This study of a group of 200 unselected cases of hyperthyroidism and toxic adenoma was made for the purpose of estimating the value of subtotal re-

moval of the gland.

The patients ranged in age from 10 to 78 years and their basal metabolic rates varied from plus 10 to plus 98. In all cases in the series the typical bilateral resection of the gland, including the isthmus and pyramidal lobe, was performed, a narrow strip of gland and the posterior capsule being left on either side of the trachea. The greater number had a combined gas, oxygen and novocaine infiltration anesthesia, about ten per cent had novocaine alone. In a certain proportion of these cases, lobectomy alone was performed in one or two stages, and in a few the lobectomy was preceded by ligations (Chart II), but the proportion of gland removed was the same in all cases.

First, a study was made of the series as a whole. The cases of hyperthyroidism were then divided into three groups on the basis of metabolic rate, and finally they were grouped according to the duration of the disease. Special attention was given to the relative frequency of symptoms and to the complications of thyroidectomy as related to the severity and duration of the disease.

In the entire group of 200 cases, 170 were cases of hyperthyroidism and 30 were cases of toxic adenoma (Chart I). As our criterion for the latter diagnosis we took Plummer's description of this clinical entity which has been called by some adenoma with hyperthyroidism, and by others merely a type of hyperthyroidism. In the hyperthyroidism group, the metabolic rates varied from plus 10 to plus

98, while in the adenoma group, the metabolic rates varied from plus 20 to plus 48. Plummer states that the metabolic rate in cases of toxic adenoma is plus 30 or less. In the majority of our cases of toxic adenoma the metabolic rate was near plus 30 but several patients who gave a history of long standing tumor before toxic symptoms appeared had a metabolic rate of plus 40 or over. The duration of the disease varied in much the same way in the two conditions. However, the earliest case of toxic adenoma was seen four months after the onset of toxic symptoms, while many of the cases of straight hyperthyroidism were seen much earlier. The delay in the former group is probably owing to the fact that toxic adenoma is more insidious in its onset and not so clearly defined in its early stages as are some of the florid types of hyperthyroidism. which are often acute.

In the hyperthyroidism group, the average number of preoperative days means the number of days spent in the hospital prior to operation. This figure, 6.5 days, is not entirely representative, because a certain number of patients with severe hyperthyroidism had part of their preoperative rest and treatment at home under the supervision of their physicians and myself: However, there is considerable variation in the number of preoperative days in the two groups (Chart I). This is probably owing to the fact that rest and especially Lugols solution have little or no effect in most cases of toxic adenoma. I agree with Allen Graham that some of these cases do respond to iodization and we nearly always use Lugol's solution in bad risk cases; as yet we have seen no harm from its use.

The average number of postoperative days in the hospital is very nearly the same in both groups (10.3 and 10.8 respectively) because the time required for the healing of thyroid wounds is nearly always the same, and usually the reaction to operation, even in severe cases, is over in three days. However, the period of rest after leaving the hospital is not always the same. In the mild cases sometimes a month is sufficient, while in the severe cases a rest period of three to six months is wise.

It is hardly fair to compare complications in two groups in which there is such a great difference in the number of cases, but Chart I shows that there is very little difference between the percentages of complications in the two groups.

<sup>\*</sup> Read at a meeting of the Onondaga County Medical Society, March-4, 1930.

#### THYROIDECTOMY

#### Hyperthyroidism-170 Cases

B M R	Duration of Disease	Average Days Preoperative	Average Days Postoperative	Complications	Pathology	Result
+10 to +98	1 Month to 8 Years	6 5 Days	10 3 Days	151 Without 19 With	155 Hyperplasia 7 Colfoid 4 Colfoid Adeomata 4 Normal	161 Cured 8 Improved 1 Died
				10 1%	91% Hyperplasia	94 6% Cure 1

#### Toxic Adenoma-30 Cases

B M R	Duration of Disease	Average Days Preoperative	Average Days Postoperative	Complications	Pathology	Result
+20 to +48	4 Months to Many Years	3 4 Days	10 8 Days	27 Without 2 Tracheitis 1 Fibrillation	30 Fetal Adenoma	29 Cured 1 Improved
				11 1%	100% Fetal Adenoma	96 6 Cured

CHART I In analysis of the results of thyree lectomy in hyperthyre idism and toxic adenoma

The complications in the hyperthyroidism group will be studied more completely later in this report. However, it might be well to state that such complications as recurrence, tetany, myyedema, and hyperthyroid reaction have never been seen in cases of toxic adenoma but are found after thyroidectomy for hyper thyroidism. It will be seen at once that these complications are all directly referable to the gland itself and are due to the differences in operative procedure necessary for cure

The pathology of thyroid toxicosis is very interesting because of the great variation be tween the microscopical picture and the clin-Some observers say that the ical findings administration of iodine so changes the pic ture of hyperplasia that often the condition cannot be recognized, others hold that the picture is changed but that the hyperplasia ian still be distinguished We have found that the administration of jodine alters the picture of hyperplasia but does not destroy it However, this does not explain the fact that in some of the very definite cases of thyroid toxicosis only colloid or normal glands were present and that this was true before jodine came into use in preoperative treatment series showed a positive hyperplasia in 91 per cent of the cases the remaining 9 per cent showing pathological pictures of colloid collord adenoma, and normal gland. In every case of toxic adenoma we found remove or more A 10-11 idenomata of the fetal type 1

metabolic rate was high, all of the glands showed a definite hyperplasia, the percentage of hyperplasia stendily increasing with the increase in metabolic rate. Among the moder ately severe cases, six showed other pathology. The case with the normal appearing gland had all the symptoms and signs of hyperthyroidism with definite exophthalmos.

In estimating our percentage of cures, we were obliged to choose some basis for deciding when a case was cured. We felt that the most practical criterion was to take the patient's word for it. If, after a year had elapsed, there were no complaints referable to the thyroid gland, we felt justified in calling that patient cured. Of course, many of these patients had residual symptoms owing to their prolonged illness, but the disease itself was cured and the patients felt well.

On this bisis, then, 946 per cent or 161 out of the 170 cases of hyporthyroidism were cured. Four of the patients listed as cured had recurrences and were operated upon the second time before permanent relief was obtained. In three of these cases with recurrences, the first operation had been performed elsewhere. The death, which was due to car dire failure, occurred in a long standing, severe case of goiter with a high metabolic rate, complicated by dementia and curicular fibrillation. In the adenoma group the results seemed more unitormly good. It is true that in some of the cases the blood pressure clevition did not a second control of the cases the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure clevition did not a second case the blood pressure case the second case the case th

#### THYROIDECTOMY FOR HYPERTHYROIDISM

## B. M. R. + 10 to + 30-67 Cases

Average Length of Disease	Average Days Preoperative	Average Days Postoperative	Pathology	Type of Operation	Result
2 Months to 8 Years	2.5 Days	9 36 Days	57 Hyperplasia 8 Colloid 2 Normal	All One Stage	63 Cured 4 Improved
			85% Hyperplasia		94% Cured

#### B. M. R. + 30 to + 50-66 Cases

Average Length of Disease	Average Days Preoperative	Average Days Postoperative	Pathology	Type of Operation	Result
1 Month to 5 Years	5.56 Days	10.76 Days	60 Hyperplasia 4 Colloid Adenoma 1 Adenomata 1 Normal	57 One Stage 9 Two Stage	63 Cured 3 Improved
			90% Hyperplasia	86.3% One Stage	95% Cured

#### B. M. R. Over + 50-37 Cases

Average Length of Disease	Average Days Preoperative	Average Days Postoperative	Pathology	Type of Operation	Result
4 Months to 7 Years	15.6 Days	11.33 Days	37 Hyperplasia	23 One Stage 12 Two Stage 1 Ligation and One Stage 1 Ligation and Two Stage	35 Cured 1 Improved 1 Died
			100% Hyperplasia	62.1% One Stage	94.6% Cured

CHART II .- An analysis of the results of thyroidectomy in hyperthyroidism, on the basis of metabolic rate,

come down to normal, but generally speaking, these patients were more completely relieved of their symptoms than were the patients with hyperthyroidism. These findings in the adenoma group are not in agreement with the findings of some of our ablest surgeons, but in our small series of cases to remove a toxic adenoma was to effect a cure.

The percentage of cured cases was practically the same in both groups, but this does not mean that in the more severe types the "cured" patients did not have more residual symptoms. However, these patients were so relieved that their residual symptoms were disregarded and they did not complain.

The patients included in the "improved" group showed very little improvement objectively, but they had a normal metabolic rate and none of them felt that there had not been a change for the better. There was no patient in this series that did not respond more or less favorably to thyroidectomy. Since that time, however, we have had one case in which there was so little improvement after lobectomy that

we have not encouraged removal of the remaining lobe.

It is a well-known fact that the treatment of hyperthyroidism depends to a great extent upon the severity of the disease. In this study we have grouped the cases into three classes according to metabolic rate (Chart II). The rates chosen to best represent the mild, moderate, and severe cases were plus 10 to plus 30. plus 30 to plus 50, and plus 50 and over respectively. The greater number of cases fell below a basal metabolic rate of plus 50. The mild and moderate cases were about equal in number. It must be remembered, however, that the metabolic rate is not a complete criterion. A long-standing case may have a rate of below plus 30, and a severe case in a period of remission may not show much elevation. However, for want of a better way to make a statistical review of cases in relation to the severity of the disease, the series was grouped as shown in Chart II. As shown in the chart, the duration of the disease has no relation to the metabolic activity. A proportionately

larger number of severe cases came to operation early because of the fact that severe hyperthyroidism demands immediate attention. The reason that some of these patients waited for years before coming in for examination was that they were able to overcome the exacerbations by periods of rest in bed, or because of their fear of an operation

There is no question that the rate of metabolism influences the choice of operative procedure (See Chart II). In each of the 67 cases in which the rate was low, a complete operation was done, while among the moderately severe cases nine required lobectomy. The majority of these partial operations were necessary because of the patient's condition at the time the first lobe was removed, while in the cases of severe hyperthyroidism the ligations and lobectomies were, for the most part, premeditated. Ligation is rarely necessary since the value of iodine and longer periods of preoperative rest in bed have received recognition. In this series a ligation was performed in only two cases, and they were among the earlier cases. In the last hundred cases no

ligations were done.

Chart III shows a grouping of the cases of hyperthyroidism in the series on the basis of duration of the disease to which it will be seen that the basal metabolic rate apparently bears no relation. It may be high or low, early or late in the course of the disease.

The time factor also seems to have little effect on the pathology. In our series the 82 cases which came to operation more than six months after the onset of symptoms showed a slightly higher percentage of hyperplasia than did the earlier cases. However, there seemed to be a fairly definite increase in operative risk in relation to the duration of the disease as shown by the type of operation. Of the cases which came early to operation subtotal thyroidectomy was performed in 93 per cent, while of the cases which came late only 72 per cent had subtotal thyroidectomy. Undoubtedly this is owing to the fact that in many of the cases which came late myorcardial damage had taken place.

The results of operation, too, seemed to be affected by the duration of the disease. Of

. J.J. .

#### THYROIDECTOMY FOR HYPERTHYROIDISM

DURATION OF DISEASE

#### To 6 Months-88 Cases

B. M. R.	Pathology	Type of Operation	Result
+10 to +72	78 Hyperplasia 4 Colloid 2 Multiple Adenomata 4 Normal	82 One Stage 6 Two Stage	85 Cured 3 Improved
	89% Hyperplasia	93% One Stage	96% Cured

#### 6 Months to 18 Months-42 Cases

B. M. R.	Pathology	Type of Operation	Result
+20 to +80	40 Hyperplasia 2 Adenomata	36 One Stage 4 Two Stage 1 Ligation and One Stage 1 Ligation and Two Stage	41 Cured 1 Improyed
	95% Hyperplasia	86% One Stage	97% Cured

#### Over 18 Months-40 Cases

B. M. R.	Pathology	Type of Operation	" Result
+10 to +70	37 Hyperplasia 3 Colloid	29 One Stage 11 Two Stage	35 Cured 4 Improved 1 Died
	92% Hyperplasia	72% One Stage	, 87% Cured

the cases of less than 18 months duration, 96 per cent were cured, while of the cases of longer duration, only 87 per cent could be so classified.

From the above observations it will be seen at the duration of the disease prior to operates is a definite factor in treatment and cure.

In Chart IV is shown a classification of the through of thyroidectomy in hyperthylicase. There is a definite increase of complications as the rate and as the duration of the list true that some of these can say that in the cases the difficulties cases the difficulties of the surgeon

The state of the s

roid tissue removed, and a good end-result

The two cases of tetany were mild and did not last beyond the hospitalization period. They responded immediately to parathormone.

The case of myxedema is receiving small doses of thyroid extract and is improving. Of course, there are, and should be, many cases of mild myxedema in the early post-operative period. They are not classified here because they recover uneventfully.

Both cases of recurrent nerve paralysis were unilateral. There was an inspiratory stridor while the patient was still on the table which cleared up after the anæsthesia was stopped. A huskiness of voice persisted for four to six weeks when the other cord compensated for the paralysis, and a natural although not strong voice returned.

The case of hemorrhage from the right superior thyroid artery, although severe, was controlled early, and except for some distortion of the scar, there were no immediate or permanent ill effects from it.

In our group of cases of hyperthyroidism we found many variations in the symptom complex. Chart V lists most of the important

# FOR EVTERTHYROIDISM

171 Cases

	E.31 E - 50 to - 59	37 Cases B. M. R. Over + 50
The same of the sa	The state of the s	29 Without 2 Recurrence 1 Infection 1 Recurrent Nerve Paralysis 2 Tracheitis 1 Arthritis 1 Cardiac Failure—Death
; <sub>/</sub> // .	Alle Michierton, considere de behandenskempelegenskempelegenskempelegenskempelegenskempelegenskempelegenskemp de 14 m. 21 de 1400	21%
Parting	Necesis .	40 Cases Over 18 Months
rably to ver, we have so little improve.	The best of the be	31 Without 1 Recurrence 2 Recurrent Nerve Paralysis 1 Hyperthyroid Reaction 1 Tetany 1 Pyelitis 1 Uremia 1 Parotitis 1 Cardiac Failure—Death
	Thy min	22.5%

# SYMPTOM PERCENTAGE—HYPERTHYROIDISM

#### 170 Cases

		Cases + 10 to + 30		Cases + 30 to + 50	37 Cases B M R Over + 50		
Tremor	64 + 3—	95 5%	66 + 0—	100%	37 + 0-	100%	
Tachycardin	59 + 8 -	88%	66 +	100%	37 + 0-	100%	
Exophthalmos	19 + 48	28 3%	38 + 28 -	57 5%	20 + 17~	54%	
Increased Appetite	49 + 18—	73 1%	54 + 12—	81 800	28 + 9	78 3%	
Weight Loss	55 + 12—	82°°0	64 + 2-	96 9%	35 + 2—	94 5%	
Nervousness	67 + 0—	100%	66 + 0	100%	37 + 0—	100%	
Irritability	64 + 3—	95 56	58 + 8	87 8%	30 + 7	81%	
Weakness	67 + 0	100%	66 + 0	100%	37 + 0-	100%	
Hyperhydrosis	40 + 27—	59 7°°	59 + 7—	89 2%	30 + 7—	81%	
Enlarged Gland	67 + 0-	100℃	66 +	100%	37 + 0-	100° e	

CHART V -Relation of symptoms to basal metabolism in hyperthroidism

symptoms, divided into groups according to the basal metabolic rates of the patients most reliable symptoms are tremor, tachycardia, nervousness, weakness, and enlargement of the thyroid gland I his last symptom need not be present, but in our series there was an increase in the size of the gland in each case, which was demonstrated at operation Exophthalmos was present in 43 per cent of the In general, it seemed that the exophthalmos appeared late in the disease, and that nearly all of the more pronounced cases of hyperthyroidism showed some exophthalmos In a few cases, however, the chief complaint was referable to the heart-these are the socalled "thyrocardiacs" of Lahey which ran a course of many years without protrusion of the eyes

#### CONCLUSIONS

1 The longer the duration of the disease the greater the operative risk and the more likely a permanent residual damage after the activity of the thyroid gland has been cut down by thyroidectomy. The early case with a high basal metabolic rate has just as good a chance for iccovery as has the milder case

- 2 Although it is remarkable to what extent the heart will recover after operation, many patients show a weakness in this respect as demonstrated by inability to hold the breath, and exaggerated response to mild exercise
- 3 Exophthalmos of recent development nearly always clears up after thyroidectomy, but it is the last symptom to go In a few cases it remains
- 4 The subjective symptoms practically always disappear. In from four to seven days after operation the patient feels perfectly well
- 5 Hyperthyroidism is not always accompanied by hyperplasia. Moreover, the changes in the gland can not be explained as being due to iodin. The results of thyroidectomy for hyperthyroidism are as good in non-hyper plasia as in hyperplasia.
- 6 A patient with a case of hyperthyroidism of short duration returns entirely to normal after operation
- 7 All cases of hyperthyroidism are improved, and most cases are cured by thyroidectomy, and the operative risk is very slight, in this series, 0.5 per cent

# MILKBORNE OUTBREAKS IN NEW YORK STATE\*

# By PAUL B. BROOKS, M.D., DEPUTY STATE COMMISSIONER OF HEALTH, ALBANY, N. Y.

**7** O preface the presentation and discussion of the tabulations which are to follow let me say that all of the data to be presented relate to the State, exclusive of New York City. Estimated roughly, about 80% of the milk sold in the cities is pasteurized, the proportion pasteurized varying from about 99% in Buffalo and Yonkers to none (at the last report) in one small city. We have not yet attempted to collect complete data for the villages and towns. We hope to do this in the course of the State-wide survey that will soon be begun. It is well known, however, that a much smaller proportion of the milk sold outside of the cities is pasteurized. The quantity of Certified milk sold in the entire area is very small, as compared with that of other grades.

of the grand total. About 5% of the total number of cases of typhoid fever reported during this period occurred in these milkborne outbreaks.

The outbreaks of septic sore throat were few in number, but the numbers of cases in the individual outbreaks were large. Of the total number of reported cases during this period about 16% occurred in these four outbreaks. In 1929 about 65% of the total reported cases occurred in the 3 milkborne outbreaks.

As compared with the total reported cases for the thirteen year period about one-tenth of one percent of the cases of diphtheria, scarlet fever and poliomyelitis, and one percent of dysentery occurred in these outbreaks.

Although some of the outbreaks naturally in-

## MILKBORNE OUTBREAKS OF SICKNESS

NEW YORK STATE—EXCLUSIVE OF NEW YORK CITY Table No. 1 Outbreaks—Number of Cases, Approximate

Year	TYPHOID AND PARA- TYPHOID		Diph- theria		Scarlet Fever		Septic Sore Throat		Dysen- tery		Polio.		Gastro- Enteritis		Total	
	Out- breaks	Cases	Out- breaks	Cases	Out- breaks	Cases	Out- breaks	Cases	Out- breaks	Cases	Out- breaks	Cases	Out- breaks	Cases	Out- breaks	Total
1917 1918 1919	3 6 4	53 114 48	••		••		•••	 	• •	•••	••		••	•••	3 6 4	53 114 48
1920	4	55	1	70					••						5	125
1921 1922 1923	10 5 8	211 84 83	i	13	1 2 1	24 155 59			1	14				• • •	12 8 9	249 252 142
1924 1925 1926	6	103 137 126	1 2	16 24	1 2 2	20 44 65	i	366 	••	• • •	i 	 8 	1 ·: 2	82 i57	8 11 14	205 571 372
1927 1928 1929	1	15 7 7			1 1 1	5 31 6	··· 3	 225		• • •	•••	· · ·	i 	84	3 3 5	20 122 238
TOTAL	64	1043	5	123	12	409	4-	591	1	14	1	8	4	323	91	2511

Table No. 1 shows, by years, the milkborne outbreaks of communicable disease and gastroenteritis which have occurred in the thirteen year period from 1917 to 1929 inclusive. It will be noted that there were 91 such outbreaks, an average of 7 yearly, with a total of 2511 cases.

The predominance of typhoid outbreaks is striking, 64, or about 70% of the total number having been outbreaks of typhoid fever (with a few outbreaks of paratyphoid included under this head). The typhoid cases represent about 42%

\*Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N. Y., June 3, 1930.

volved both urban and suburban or rural areas, cities were chiefly affected in 28, or 30% of the outbreaks and rural areas in 63, or 70%. The cases were distributed in practically the same proportion.

Of the 91 outbreaks, 89 were traced to raw milk, (in 2 instances to Certified) and 2 to pasteurized. Of the two outbreaks traced to pasteurized milk one of 23 cases of typhoid fever occurred in 1923 and is recorded as having been traced to an unrecognized case in the pasteurizing plant. The contamination was believed to

have occurred following pasteurization. The other, an outbreak of 29 cases of scarlet fever, occurred in the same year and is said to have been traced to missed cases on a farm. There apparently was a question, at the time, both as to apparatus and efficiency of operation in this plant and evidently the milk other was not pasteurized or the operation was inefficient. Both of the outbreaks traced to Certified milk occurred in one county. One, in 1920 included 70 cases of diphtheria, the other in 1924 60 cases of para-typhoid. Both are recorded as having been traced to carriers on the farms. Included in the

supplying the milk, but the connection was not established bacteriologically, in the others mastitis, although not observed, can not be positively excluded as a possibility

In this connection it may be said that this whole subject of the relationship between streptococcic udder infections and human infections still offers a fertile field for research. In the outbreak 'recorded' as scarlet fever there were cases with eruptions typical of scarlet fever and others in which sore throat occurred but no eruption was observed. A question has been railed as to whether so called scarlet fever and septic sore

#### MILKBORNE OUTBREAKS OF SICKNESS

# NEW YORK STATE—EXCLUSIVE OF NEW YORK CITY Table No 2 SOURCES OF INFECTION

			DOORCES C.					
1917–1929	Typhoid and Para typhoid	Diph- theria	Scarlet Fever	Septic Sore Throat	Dysen- tery	Polio	Gastro- Enteritis	Total Out- breaks
Carrier on Farm Ditto—Probable	33 16	1						34 16
Carrier at Plant Ditto—Probable	1 1	1						1
Case on Farm Ditto—Probable	8	3	6 2	2*	1	1		21 2
Case in Plant Ditto—Probable	1 1							1
(Probably) Returned Bottles	1							1
Cows-Udder Infect'ns			1	1			4	6
Not Determined	2		3	1				6
TOTAL OUTBREAKS	64	Б	12	4	1	1	4	91

<sup>\*</sup>Also case of mastitis in herd, in one outbreak

table also is one outbreak of 7 cases of typhoid traced to cream

In Table No 2 the same outbreaks are classified as to sources of infection. Perhaps the most interesting point brought out here is that carriers on the farms were held responsible for 49 of the 63 typhoid outbreaks, carriers in plants were responsible for two "Probable' usually means that the epidemiological evidence pointed to a carrier but confirmatory bacteriological evidence for one reason or another was not obtained

Considering all diseases, cases on the farms were responsible for 23 outbreaks and cases among plant employees for 2

Udder infections were known to be responsible for 6 outbreaks —all of the four of gastroenteritis, one recorded as scarlet fever and one septic sore throat. In one other septic sore throat outbreak there was a case of mastitis in the herd

throat attributable to infected udders are distinct entities or only different manifestations of the same infection

These tables indicate that although there has been a decided improvement, generally speaking, in the "saintary quality" of our milk supply and while pasteurization clearly protects against milk-borne infection, only limited progress has yet been made in preventing the spread of infection through raw milk. If we group the outbreaks shown in Table No. 1 by three year periods beginning with 1918 the number of outbreaks by periods is

1918 20 1921-23 1924-26 1927-29 15 29 33 11

In the carrier periods outbreaks of gastroen territs were not reportable and, since our epidemiological activities were not as well organized

then as they were later, some small communicable disease outbreaks which might have been properly charged to milk may have been missed. A marked decline in the number of milkborne typhoid outbreaks chiefly accounts for the smaller figure in the last period. Table No. 3 presents figures of some interest in this connection.

TYPHOID FEVER
Table No. 3

	1918- 1920	1921– 1923	1924- 1926	1927- 1929
Number Milkborne Outbreaks Number Cases in Such	14	23	20	`4
Outbreaks	217	378	366	29
Total Number Typhoid Cases Reported Percentage of Total	5662	5077	4685	2325
Occurring in these Milkborne Outbreaks	4%	7%	7%	1%

The decline in the last period is no doubt largely accounted for by the general decline in prevalence of typhoid fever. However, the relatively greater decline in the percentage milkborne is apparent. Better control and supervision of known typhoid carriers and cases on farms and elsewhere by health officials, increased resort to pasteurization, the use of mechanical methods of milking, bottling and capping and increased attention to personal cleanliness in handling milk on the farm and in plants, probably have all contributed. Only in rare and isolated instances, except on Certified

farms, and except when the existence of carriers is suspected, are samples of excreta taken from milk handlers for laboratory examination.

Conclusions. In New York State, exclusive of New York City, 91 milkborne outbreaks of communicable disease, including gastroenteritis, occurred in the thirteen-year period, 1917-1929 inclusive. Only two of these were chargeable to pasteurized milk. Approximately 80% of the milk sold in the cities as a whole is pasteurized.

Of the total number of cases reported during this period about 16.0% of the septic sore throat, 5.0% of the typhoid, 0.1% of diphtheria, scarlet fever and poliomyelitis and 1.0% of dysentery occurred in these milkborne outbreaks. In 1929 about 65% of the reported cases of septic sore throat occurred in three milkborne outbreaks. Two-thirds of the 91 outbreaks occurred in areas outside of cities. About 70% of the 91 were outbreaks of typhoid fever.

Contamination occurred at the farm in about 80% of the 91 outbreaks. Carriers on farms apparently were responsible for 49 of the 63 typhoid outbreaks. Udder infections were responsible for all of the 4 outbreaks of gastroenteritis, 1 scarlet fever and 1 septic sore throat and cannot be positively excluded in 3 other septic sore throat outbreaks.

Study of the data by three-year periods beginning with 1918 indicates a sharp decline in the number of milkborne outbreaks of typhoid fever, the percentage of cases in milkborne outbreaks being about 1.0% of the total reported cases, as compared with 7.0% in the previous three-year period.

### PULMONARY TUBERCULOSIS WITHOUT DIAGNOSTIC PHYSICAL SIGNS

By ROBERT E. PLUNKETT, M.D., ALBANY, N. Y.

From the Division of Tuberculosis, New York State Department of Health, Albany, N. Y.

LTHOUGH medicine, and particularly physical diagnosis, was not based upon scientific observations until the eighteenth century, the disease now known as pulmonary tuberculosis was accurately described prior to the Christian era. The initial attempt to use percussion in the diagnosis of disease was made in 1761 by Auenbrugger, and a few years later Laennec, by means of a cylinder of paper, first demonstrated that intrathoracic sounds could be transmitted to the ear of an examiner.

As a result of these observations, medical science has continued over the years to add other methods, as well as to elaborate and improve upon these two scientific elements of diagnosis. This has resulted in making possible the discovery of tuberculosis in its early stages with a consequent saving of human suffering and lives. Valuable as these discoveries have been, is it not possible

that in the teaching of physical diagnosis of tuberculosis too much emphasis has been made on percussion and changes in breath sounds as elicited by auscultation, and that we are too ready to accept them as infallible procedures in the discovery of pulmonary pathology? Text books contain voluminous material on the various gradations of the auscultatory and percussion sounds. The significance of some of these changes are at times evaluated as classical findings in tuberculosis. In contra-distinction to this academic consideration of the diagnosis of tuberculosis, physicians who have been engaged for years in the study of the disease will tell us that the only reliable physical sign as regards the diagnosis of tuberculosis is the presence of rales (following expiratory cough) in the upper part of the chest.

Since Roentgen discovered the x-ray in 1895,

which is an invaluable aid to the diagnosis of tuberculosis, our knowledge of the disease has been materially strengthened. By virture of the observations of such men as Amberson, Sampson, Dunham, Webb, Pancoast and others, we are able more definitely to differentiate between variations in the x-ray of the normal chest and significant pathology.

In the Diagnostic Standards, recommended by the National Tuberculosis Association the only physical sign which is relied on in the diagnosis of pulmonary tuberculosis is the definite evidence of rales which persist for a week or more in the upper half of the chest. Therefore, for the purpose of this study, by the absence of physical signs is meant that no rales were elicited at the examination in the upper part of the chest. Although a slight change of percussion note, or a slight variation of breath sounds may have been evident in some cases, it was not considered sufficiently significant to warrant a positive diagnosis.

It is not the purpose of this review of cases to deprecate the value of scientific precision in the art of diagnosis. There are many cases of early tuberculosis, as well as non-tuberculous lung diseases, in which the most precise examination and interpretation are vital to the welfare of the patient. However, whether it be in a dispensary, or a private office, physicians are faced with the practical problem of analyzing and evaluating the physical characteristics of a great many patients, some of whom are tuberculous. So often have I heard qualified tuberculosis experts say that any

physician who intently auscultated a chest, and analyzed what he heard, could diagnose correctly a large proportion of cases of manifest tuberculosis. On the other hand, it has been said frequently that tuberculosis may exist without demonstrable and significant physical signs. Although both of these statements are sound, the truth of the latter is not generally recognized.

Since 1917 the New York State Department of Health has conducted diagnostic chest clinics in counties in which tuberculosis specialists are not available Although nine different physicians have acted as examiners at the clinics at various times, a large percentage of the patients were exammed by one of three different physicians. These examiners had a minimum period of training and experience in sanatorium or clinic work of seven Several of the cases without physical signs have been examined and checked up by two or three examiners, having available the r-ray and other data pertaining to the patient at the time of examination, and in almost every instance their conclusions verified that of the original examiner

A study of the cases, (all of which had been seen by a physician prior to the clinic), examined from early in 1925 until July, 1929 shows that there was a total of 19,113 examinations. The total number of cases positively diagnosed was 2,054, of which 1,852 were over fifteen years of age. As a consequence of the paucity of physical signs of pulmonary tuberculosis in children, no analysis of these is attempted in this study.

Of the total 1,852 positive diagnoses, 264 (14

264 PATIENTS WITH NO DIAGNOSTIC PHYSICAL SIGNS HAVING POSITIVE X-RAY FINDINGS

	Suggestive History 156	Negative History 108	Total	Per Cent
Minimal Moderately Advanced Advanced	102 42 12	79 25 4	181 67 16	68 6 25 4 6 0
TOTAL	156	108	264	100 0
History of Contact No History of Contact	80 76	73 35	153 111	58 0 42 0
TOTAL	156	108	264	100 0
Monat a Dhis nal S and	127 15 14	101 0 7	228 15 21	86 4 5 7 7 9
Total	156	108	264	100 0
History of Positive Sputum * History of Hemorrhage * Previously Diagnosed *	26 66 84			
TOTAL	176		<b>-</b>	

<sup>\* 5</sup> me cases had more than one of these elements (see text)

### PRESIDENTIAL COMMENTS ON CURRENT EVENTS-NO. 11

Organized medicine was established in New York State in February, 1807, following legislative enactment on April 4, 1806, authorizing medical societies to incorporate for the purpose of regulating the practice of medicine and protecting the community against the ever present tendency of the human mind to credulity and the unusual. In the preface of the history of organized medicine in New York State-one of the earliest efforts in this country—there is the statement made more than a hundred years ago that the history of all the learned professions proves that not one of them has ever become respectable or largely useful to mankind, that was not under the restraint of the great body of its own members. In no other way could there have been an advance in medical education or in the application of scientific medicine, than under the direction of the medical profession, itself:

At its initial meeting, the Medical Society of this state established a prize for the best description of a method of preventing and curing a fever which was evidently typhoid. The effort to prevent disease is not a new thing in organized medicine in this State. It is only in a stage of recrudescence now.

The existence of social trends, public welfare, and public medical service were all recognized at the annual meeting of the State Society in February, 1810, when there was a discussion of methods of the promotion of the "respectability" of the several county societies and the "public relations" of organized medicine and the The two great functions of organized medicine—the advancement and application of scientific medicine and public medical service obligations—were as definitely functions of organized medicine one hundred and twenty-five years ago as today. As time has gone on scientific medicine has steadily and rapidly advanced—very rapidly in the last two decades—and its powerful influence on organized medicine has overshadowed and, perhaps, concealed from view the other great professional function which may be called the obligation to render public medical service.

Medical public service has not so rapidly advanced, because the profession has been so busy in applying scientific medicine to the cure of disease. As time has gone on social changes have brought about an effort to increase the availability of knowledge in limiting illness. The profession has not kept up with the oncoming wave of public sentiment until now, when many organizations representing the public are endeavoring to help to make available that which the profession set out to do more than a hundred years ago.

From the period when gratuities were the common method of professional compensation, medicine has grown to a stage that still holds as al-

most sacred the obligation to cultivate its science and has added a willingness to create economic committees and economic bureaus to guard its material interests when not engaged in scientific discussion. Organized medicine spends a liberal part of its time in meetings assembled, in discussing ways and means to protect its income and guard against the assumed interference with private practice of other organizations, trying honestly enough to make available to the public the resources that medical research has revealed for the limitation of illness and for provision for adequate medical care that the profession, itself, has not so actively advocated as the social trends of the times indicated the need of. There is now a growing trend to consider the future of medical practice and the indications of future relationships of medicine and the public.

A look at the program of the Annual Conference of the Secretaries of Constituent State Medical Societies held in Chicago, November fourteenth and fifteenth, shows plainly a drift toward a new conception of medical relationships. indicates that the day of isolation in medicine is over and that medicine must soon undertake a self-appraisal of its own organization to see if its own public medical relationships are such as to enable it to make proposals for the solution of unsolved and unmet public medical service problems, chiefly just two—the availability of medical knowledge for limiting illness and provision for adequate medical care at a cost that can be met without involving the individual in debt from which he can hardly ever recover. It is the obligation of medicine to propose methods for these things and, also, to work out a solution of how the doctor may be paid for all his services to the indigent or near indigent, either in private practice or hospital service.

Notwithstanding the almost complete transformation of medicine within the recollection of most of us, because of laboratory aids and the use of instruments of precision in diagnosis and treatment, there may come another revolution in medical practice as it has come in the past, as the result of great social needs and social changes; and who knows that it is not beginning? We may be nearer than we know to such things as unlimited old age pensions, provision for adequate medical care by the State, and the inclusion of sickness benefit in Workmen's Compensation and health insurance as in other countries. It should make us think.

The editor of the London Lancet said not long ago, "No longer is the doctor the privileged member of the learned professions. He must take his place in the ranks of other scientific workers. No longer is the medical man the sole repository of authority in medical matters." Therefore, it is necessary for the medical profession to carefully appraise the position that it is making for itself today and to offer some plan for the solution of problems for which others also are busy in finding an answer In the next issue, I shall comment upon the Chicago Conference and the lessons in it, applicable to the coming adjustment of medicine to the changing times W II Ross

### PROSECUTION AND PERSECUTION

Illegal practitioners welcome an attack by medical societies for it least three reasons

- 1 It supplies them with the excuse for the publicity on which they thrive
- 2 It magnifies the importance of the illegal practitioners in the eves of the public, for it demonstrates that they are successful in their competition with physicians in securing the confidence of the people
- 3 It enables the quicks to pose as persecuted martyrs in the cause of alleged truth that is condemned by the Medical Trust '

The medical society that uses the methods of open attack on individual quacks goes contrary to one of the fundamental rules of psychology, which may be stated as follows

Whatever enters the mind through any other route than that of the reasoning faculties, cannot be removed by intellectual appeals to the reason

The appeal of quacks is to the emotions, whose fires are kindled by friction against the medical profession. Illegal practitioners are disconcerted when they fail to arouse the physicians to open attack. Silence may be a weapon of attack as well as of defense for a saying, old and true, runs as follows.

"To ignore an enemy leaves a deeper scar than to attack him"

New York State recognizes the fact that the prosecution of illegal practitioners and quacks is not the function of the medical profession, nor of the Board of Medical Examiners, but it is the function of the State Department of Education, and of the Attorney General Physicians forward their information and complaints to the State Department of Education, which sends out its own detectives and turns the evidence over to an Assistant Attorney General for prosecution, or to the Guevance Committee if the evidence involves a hierased physician. No publicity is given to the charges, and the offender has no opportunity to pose as a marter

These principles are well illustrated by a concrete case in Kansas Dr John H Brinkley was licensed in 1916, and ran a hospital for rejuveniting old men by the implantation of goat glands. He was exposed by the physicians, and on September 17, 1930, his license to practice medicine was revoked by the Board of Medical Examiners. The October issue of the Journal of the Kansas Medical Society, page 383, de-

scribed the case in an editorial entitled "Brinkley's Finish" Yet, immediately Brinkley ran for Governor of the State of Kansas on an independent ticket, and received 180,000 votes at the general election on November fourth

The case against Brinkley received much publicity in the daily press throughout Kansas, specimens of the articles being reproduced in the November issue of the Journal of the Kansas Medical Society. The publicity was so wide that the New York Sim of November 17 gave it cleven inches of an editorial column in an analysis which is clear and informative, and is worthy of study by every member of the Medical Society of the State of New York. Here is the Sim seditorial in full

"The Kansas City Star, which was as amazed as anybody else at the 180,000 votes received by Dr John R Brinkley, goat gland specialist, and 'people's candidate' for Governor of Kansas sent two members of its staff out through the Brinkley belt to get the answer to the question. How did Brinkley do it?" They visited central Kansas, where twenty-four of the twenty-six countes that Brinkley carried are grouped, and they learned that there were several answers to their

"Most of their informants agreed that Brinkley's use of the radio had been the most important single factor in his vote Central Kansas, where his greatest strength was massed, was the area where his station was the easiest for radio owners to get Brinkley's Milford station has been well known for several years in that section, during the campaign many and many a woman who knew the doctor only by his broadcasting was heard to say that a man with such a pleasant voice must be a good man Political workers who were astonished that 180,000 voters could be taught to write in a candidate's name on the ballot and do it without invalidating the billot, attribute some of the Brinkley vote to his artful repetition of the reininder 'Only you and God will be in that voting box

"The reporters of the Star found evidence of a considerable sympathetic vote for Brinkley because of the attacks upon him by the Kansas State Medical Association A Geary County farmer admitted that his family had cast four votes for the Milford doctor 'because Brinkley hasn't had a square deal' The 'people's candidate' appealed to the farmers as one victim of misfortune to other victims he compounded attacks on the Farm Board with his theme of his

and the result is a low blood chloride picture and reduced chloride excretion. Previous to the crisis, no matter how much salt is administered, relatively little is excreted, but in from 2 to 4 days after the crisis its excretion through the urine is resumed. Apparently, when the exudates are resolved, the first chlorides set free are used to replace the lack in other depots, before there is any surplus to excrete. The author believes it is not pneumococcus toxins that cause low blood pressure in pneumonia, but the sudden loss of salt balance, resulting in vasomotor weakness. we know that in some forms of hypertonia, withdrawal of salt lowers blood pressure, it is logical to administer increased amounts of salt when we wish to raise blood pressure. That the falling off of vessel tonus is the result of salt poverty seems very probable. On this assumption Scholz has been giving his patients 10 gm. salt per day orally when they can tolerate it; and when this is not possible, he gives intravenous infusions consisting of 100 gm. of a 25 per cent solution. The result has been an immediate increase of blood pressure, and a shorter and more favorable course of the pneumonia. In a strikingly large number of his 42 uncomplicated cases, the crisis set in within 24 hours. Those patients with chloride deficiency in the blood picture and lowered blood pressure reacted with a stronger increase of blood pressure than those in whom the picture was normal or nearly so. Experimental glucose infusions in animals did not increase the blood pressure, thus proving that it is not the fluid but the salt that produces the Apparently it is the storage of salt in the inflammatory foci that is fatal for the intruding bacteria. This storage, however, robs the organism of its normal chloride supply, and produces hypotonia. By administering salt freely to pneumonia patients we combat circulatory weakness at its source. The infusions should be given very slowly, using 5-10 minutes to inject the entire amount, otherwise tachycardia may appear. When they are given with proper care, no untoward results have ever been observed.

Vitamin Reserve of the Male and the Female Sex.—According to E. Poulsson, the greater demand made on the female than on the male sex in the work of propagation has resulted in the former being endowed with a richer deposit of subcutaneous fat. It must accordingly be assumed that the female, carrying the burdens of gestation and lactation, requires a greater vitamin reserve than the male. The growing fetus makes particularly great demands on the maternal vitamins, notably vitamin A. This vitamin reserve has been slowly accumulating during all

the earlier years of the woman's life, and explains her greater resistance in the face of a temporary The same is apparently true of vitamin D. Priestley's statistics based on a study of 75,000 children showed that twice as many boys as girls have rickets. The female has layers of subcutaneous fat that are wanting in the male. This is shown by the intolerance of women for such heavy woolen clothing as is worn in comfort by men, and by the ability of women to remain longer in cold water than men. greater endurance of women swimmers is not a matter of muscle but of resistance to cold. That the subcutaneous fatty tissue of woman represents the storehouse for the vitamins is still only a hypothesis, which must be tested by animal experiments. A preliminary test with the antimony chloride staining reaction on a cow and a steer, both yearlings and therefore at the age of reproduction, came out 15 to 1 in favor of the cow, whose soft yellow fat was in contrast with the fibrous, colorless fat of the steer. In two human cadavers available for examination the fat of a woman of 49 was to that of a man of 25 as 2 to 1. Here the age of the woman was not the most favorable, since after the age of child-bearing has been passed she no longer needs a vitamin reserve. But the result is in general agreement with Priestley's statistics.—Deutsche medizinische Wochenschrift, October 3, 1930.

Pseudosciatica.—J. A. Chavany, writing in the Progrès médical of October 4, 1930, points out the frequency with which a diagnosis of rheumatismal sciatica is erroneously made in cases in which pain in the region of the sciatic nerve is in reality due to disturbance in the cellular tissue (cellulitis), the muscles (myalgia), the bones and joints (chronic arthritis), or the circulatory system (spasmodic or organic obliterations). These wrong diagnoses, which are made daily, are the basis of numerous failures of treatment directed to the cure of purely nervous pain. In the first group careful exploration will reveal rounded or oval nodules or cords drawn into Here the pain is due to compression or invasion of superficial sensory nerve branches. and should be treated by skilled massage. The cause is frequently insufficiency of the liver or intestinal infection, to which appropriate remedies should be addressed. In the myalgia group, pain appears only on motion, and is calmed by the dorsal decubitus. It is due to the twitching of sick muscle bodies, and only the muscles are involved, especially those which contribute to the function of attitude. It yields readily to antirheumatic remedies, such as sodium salicylate. ionized salicylates, or novocaine given epidurally. There is no nerve pain, but its differentiation from sciatica is related less to the symptoms themselves than to their interpretation. In chronic arthritis of the hip, sometimes bilateral, the key

to the diagnosis is in the methodic exploration of joint mobility which should be carried out in every scratic patient. There should also be bilateral r ray examination, with the thigh extended in internal rotation, unless ankylosis prevents the early stages osteophytes will be seen it the umon of the neck and the head with frintness of the articular interline and a slight prominence of the external margin of the acetabulum profile as well as a face view should be taken In later stages deformations will be observed that cannot fail of recognition I reatment consists of iodized ionization over a long period or radio In the fourth group diagnosis is made by the Pachon oscillometer if there is afternal There may be lesions of the sympathetic innervation of the arterial coats pain occurs when the patient walks but not when There are pe pressure is made from without riods of exacerbation and remission Treatment consists of antispasmodics injections of de insulated pancreatic extracts diathermy of the lower extremities and radiotherapy of the suprarenal region. Occasionally varicosities will cause pain resembling sciatica, which yields to injections of suitable sclerosing medicaments

Observations on Visceral Pain-R D Rudolf and A G Smith, after reviewing vari ous theories on the question whether pain is felt in the viscus under suspicion or is referred to superficial structures, conclude that some kinds of visceral irritation produce only referred pain and others apparently only true visceral pain while often both exist. In many instances the referred pain is the only one that reaches the level of consciousness In 50 cases 13 of which are here reported, pain was relieved by intracutaneous injections of 2 per cent novocame, made with a thin flexible needle so as to produce raised white wheals These cases show that it is usually easy to relieve the referred part of visceral puin by local anesthesia, and also sometimes to dull to some extent what appears to be true visceral Several theories have been advanced as to how local mesthesia acts in these cases. Verger attributes the effect to counter-irritation, but in the experience of the writers saline injections did not relieve the pain nearly as well as did After discussing other explanations that have been offered the writers advance the theory that for referred pain to occur it is essen tial that the whole sensory reflex are be intact In referred pain the suffering may be lessened by an attack on either end of the viscero sensory Thus the referred pain in angina reflex arc pectoris can be diminished by anesthetizing the printul area on the surface or more specifically by relieving the tension in the heart or arota by lowering the blood pressure, the surface pain in luliary colic may be wiped out by infiltrating the skin or by relaxing the biliary passages by benzyl

benzoate, that of duodenal ulcer by anesthetizing the skin, or by the administration of alkalies, and 50 on -American Journal of the Medical Sciences, October, 1930, clxxx, 4

The Similarity Between Tumor and Normal Tissue -L A Turley says that because we find that a tumor is a mass of heterogeneously arranged atypical cells we are not justified in assuming that the tumor has arisen from an embryonic cell rest, or that the pseudoembryonic character of the cells is an essential tumor char acteristic, but that these two phenomena are just what we should expect to find in any mass of rapidly reproducing cells whatever the stimuluto reproduction was Therefore it is necessary to keep in mind the facts that among tumor cells lack of specialization and orientation, both in degree and kind, are due, partially at least, to the fact that they are rapidly reproducing and not to the fact that they are tumor cells The shape of the cells of a tumor will depend on the differences in the resistance at different angles which they have to overcome when developing, so fusiform and polyhedral cells may be found in the same From this it will be seen that the shape of the cells should not be used in classifying Tumor cells, like those of normal tissue, tend to specialize orientate, and arrange them selves like the tissue from which they arise Another point of resemblance of tumor to normal tissue is in the juxtaposition of the cells and the presence or absence of intercellular material the tumor arises from epithelial tissue we find the cells approximated and moulded to each other without any intercellular material. If it arises from connective tissue, we find more or less intercellular material in the form of fibroglia or col lagen fibers Still another similarity is the effect of the new mass of tissue on other tissues in the neighborhood Connective tissue, except the most embryonic always stimulates the development of vascular tissue. Connective tissue may stimulate the growth of epithelium, so that no matter how large a connective tissue mass becomes, if it is next to epithelium, the epithelium will cover it Here we have a clue to the origin of tumors, from what tissues they arose, if we know the mutual relationship between the various tissues, because tumor tissues behave like normal tissues as regards their effect on other tissues so far as development is concerned. Tumor cells are like normal cells in that they tend to function like the cells from which they arose Thus the cells of a chondroma are surrounded by chondromucin and in adenomis of the thyroid we often have An understandsymptoms of hyperthyroidism ing of these facts helps one to understand the character of certain tumors and explains to some extent the malignant character of tumors as to both classes and individuals - Southern Medical Journal November, 1930 xxm, 11

and the result is a low blood chloride picture Previous to and reduced chloride excretion. the crisis, no matter how much salt is administered, relatively little is excreted, but in from 2 to 4 days after the crisis its excretion through the urine is resumed. Apparently, when the exudates are resolved, the first chlorides set free are used to replace the lack in other depots, before there is any surplus to The author believes it is not pneumococcus toxins that cause low blood pressure in pneumonia, but the sudden loss of salt balance, resulting in vasomotor weakness. we know that in some forms of hypertonia, withdrawal of salt lowers blood pressure, it is logical to administer increased amounts of salt when we wish to raise blood pressure. That the falling off of vessel tonus is the result of salt poverty seems very probable. On this assumption Scholz has been giving his patients 10 gm. salt per day orally when they can tolerate it; and when this is not possible, he gives intravenous infusions consisting of 100 gm. of a 25 per cent solution. The result has been an immediate increase of blood pressure, and a shorter and more favorable course of the pneumonia. In a strikingly large number of his 42 uncomplicated cases, the crisis set in within 24 hours. Those patients with chloride deficiency in the blood picture and lowered blood pressure reacted with a stronger increase of blood pressure than those in whom the picture was normal or nearly so. Experimental glucose infusions in animals did not increase the blood pressure, thus proving that it is not the fluid but the salt that produces the effect. Apparently it is the storage of salt in the inflammatory foci that is fatal for the intruding bacteria. This storage, however, robs the organism of its normal chloride supply, and produces hypotonia. By administering salt freely to pneumonia patients we combat circulatory weakness at its source. The infusions should be given very slowly, using 5-10 minutes to inject the entire amount, otherwise tachycardia may appear. When they are given with proper care, no untoward results have ever been observed.

Vitamin Reserve of the Male and the Female Sex.—According to E. Poulsson, the greater demand made on the female than on the male sex in the work of propagation has resulted in the former being endowed with a richer deposit of subcutaneous fat. It must accordingly be assumed that the female, carrying the burdens of gestation and lactation, requires a greater vitamin reserve than the male. The growing fetus makes particularly great demands on the maternal vitamins, notably vitamin A. This vitamin reserve has been slowly accumulating during all

the earlier years of the woman's life, and explains her greater resistance in the face of a temporary shortage. The same is apparently true of vitamin D. Priestley's statistics based on a study of 75,000 children showed that twice as many boys as girls have rickets. The female has layers of subcutaneous fat that are wanting in the male. This is shown by the intolerance of women for such heavy woolen clothing as is worn in comfort by men, and by the ability of women to remain longer in cold water than men. greater endurance of women swimmers is not a matter of muscle but of resistance to cold. That the subcutaneous fatty tissue of woman represents the storehouse for the vitamins is still only a hypothesis, which must be tested by animal experiments. A preliminary test with the antimony chloride staining reaction on a cow and a steer, both yearlings and therefore at the age of reproduction, came out 15 to 1 in favor of the cow, whose soft yellow fat was in contrast with the fibrous, colorless fat of the steer. In two human cadavers available for examination the fat of a woman of 49 was to that of a man of 25 as 2 to 1. Here the age of the woman was not the most favorable, since after the age of child-hearing has been passed she no longer needs a vitamin reserve. But the result is in general agreement with Priestley's statistics.-Deutsche medizinische Wochenschrift, October 3, 1930.

Pseudosciatica.—J. A. Chavany, writing in the Progrès médical of October 4, 1930, points out the frequency with which a diagnosis of rheumatismal sciatica is erroneously made in cases in which pain in the region of the sciatic nerve is in reality due to disturbance in the cellular tissue (cellulitis), the muscles (myalgia), the bones and joints (chronic arthritis), or the circulatory system (spasmodic or organic obliterations). These wrong diagnoses, which are made daily, are the basis of numerous failures of treatment directed to the cure of purely nervous pain. In the first group careful exploration will reveal rounded or oval nodules or cords drawn into Here the pain is due to compression or invasion of superficial sensory nerve branches, and should be treated by skilled massage. The cause is frequently insufficiency of the liver or intestinal infection, to which appropriate remedies should be addressed. In the myalgia group, pain appears only on motion, and is calmed by the dorsal decubitus. It is due to the twitching of sick muscle bodies, and only the muscles are involved, especially those which contribute to the function of attitude. It yields readily to antirheumatic remedies, such as sodium salicylate, ionized salicylates, or novocaine given epidurally. There is no nerve pain, but its differentiation from sciatica is related less to the symptoms themselves than to their interpretation. In chronic arthritis of the hip, sometimes bilateral, the key



## LEGAL



#### MALPRACTICE—STATUTE OF LIMITATIONS

By LORENZ J BROSNAN, ESQ. Counsel Medical Society of the State of New York

The Court of Appeals of this State was re cently called upon for the first time to pass upon the question as to the date from which the statute of limitations begins to run in an action against a physician for malpractice. The case in question was handled on behalf of the physician by your counsel and it was bitterly contested and bitterly fought through three courts, the Supreme Court, the Appellate Division and finally the Court of Appeals Your counsel is happy to state that he was able to secure in this very important case a unanimous decision from the Court of Appeals adopting the contentions urged on behalf of the

physician

The complaint in this case, after alleging that the defendant was a duly licensed physician and that he had been employed to operate upon the plaintiff, charged that in the performance of the operation the defendant negligently and carelessly permitted to remain within the plaintiff's body a pair of artery forceps, and that these forceps were left in the plaintiff's body without her knowledge and while she was under a general anesthetic The complaint then charged that the defendant carelessly, negligently and in violation of the duties of his employment failed and refused to inform the plaintiff that the artery forceps had been permitted to remain within her body and concealed that fact from the plaintiff further charged that these forceps were permitted to remain in the plaintiff's body for a period of over two years when the plaintiff, who alleged that she was continuously ill during this period, went to another physician who had r-ray photo graphs taken disclosing the presence of said forceps, and it was further charged that then for the first time the plaintiff knew of the presence of said artery forceps. The complaint further alleged that the plaintiff immediately submitted to an operation for the removal of said forceps, and that as a result of defendant's negligent and careless acts and concealment the plaintiff was damaged in the sum of \$100,000

The defendant physician denied the charges of negligence and concealment contained in the complaint, and since the defendant physician did not treat the plaintiff subsequent to June of 1925 and the action was not commenced by the plaintiff until July of 1929 your counsel moved on behalf of the defendant to dismiss the action on the ground that the alleged cause of action was barred by the statute of limitations of this State apply-

ing to malpractice cases, which provides in sub stance that actions for malpractice must be begun within two years after the cause of action has Thus, there was squarely presented to accrued the court the question as to when the cause of action in this case accrued to the plaintiff should be explained that in a motion of this character, the court hearing the motion must take as true for the purpose of the motion all of the allegations of the complaint. In opposition to our motion the plaintiff raised the following contentions

(1) That the two-year statute of limitations did not apply since this was not a cause of action for malpractice but a cause of action for fraud In this contention the plaintiff relied upon the allegations with reference to the fact that the defendant had concealed from the plaintiff that he had left within her body at the time of the

operation a pair of artery forceps

(2) That even if the cause of action be deemed one in malpractice the statute of limitations does not begin to run until the discovery of the alleged injury, and, hence, since the plaintiff did not discover the injury until the 12th day of July, 1927, the present action was timely having been commenced on the 5th day of July, 1929 In other words, the plaintiff contended that the cause of action set forth in the complaint did not accrue within the meaning of the two year statute of limitations until the claimed discovery of the presence of the artery forceps

(3) Plaintiff further contended that the two year statute of limitations as applied to malprac-

tice actions was unconstitutional

The Supreme Court denied our motion to dis-

miss the complaint, saying in part.

"The complaint in form alleges a knowledge by the defendant of the fact that the instrument was imbedded in the prtient's abdomen. This allegation, which, for purposes of the pleading, is taken as true implies a positive and continuing duty to correct the error, which the surgeon \* \* \* failed This duty may be presumed to have been to do a continuing one as likewise the injury caused by such omission, and the statute of limitations did not run during such period unless the patient during that time knew or should have known of the situation"

And the court further said

"Of course nothing that has been said in this opinion is to be taken as a disposition of the actual facts, except in so far as they must be technically deemed true for purposes of this motion."

From the order entered upon this decision, on behalf of the defendant physician we appealed to the Appellate Division. In that court we secured a reversal, with one justice dissenting, of the order of the court below. The majority opinion of the Appellate Division said in part:

"There is no escape from the conclusion that the allegations of the first cause of action of the complaint clearly show that the action is based on malpractice, although it may be otherwise designated. The action was not commenced until four years after the operation took place and after the defendant attended and rendered services to the plaintiff. The time within which to bring such an action being limited to two years, the statute of limitations is a bar. \* \* \*

"The plaintiff argues that the statute should begin to run from the time of the discovery of the malpractice. The decisions setting forth the purpose and effect of such statute are to the

contrary."

And the court further said:

"A distinction is sought to be made because it is alleged the defendant knew that he left the forceps in the body of the plaintiff, but that distinction appears to be unsound. Similar efforts to save a cause of action from the bar of the statute have failed in the appellate courts."

It was curious that the point here involved had never before been passed upon by the Court of Appeals of this State. From the judgment of the Appellate Division the plaintiff appealed to the Court of Appeals which court, after your counsel filed written briefs and also orally argued before the court, handed down a unanimous decision affirming the judgment of the Appellate Division and dismissing the cause of action as being barred by the statute of limitations.

This decision is of vital importance to the entire profession, since far more than the mere question as to whether the statute of limitations had run in this particular case was involved. For the first time in the history of this State, we have secured on behalf of the physician a ruling from the Court of Appeals that the discovery of the alleged malpractice by the patient is not the controlling feature in determining the time from which the statute begins to run. It is fair to say also that had the plaintiff been successful in the contentions here made, other claimants against physicians would have been encouraged to allege concealment on the part of the doctor and in this way nullify the two-year statute of limitations.

### CLAIMED NEGLIGENT TREATMENT OF SCROTAL HYDROCELE

In this case the plaintiff was a man, 69 years of age, who had from time to time been treated by the defendant doctor for bronchitis, asthma, and a bad cardiac condition. The doctor was a general surgeon who specialized in gynecology and abdominal surgery.

The patient consulted the doctor at his office and upon examination the doctor found him to be suffering from scrotal hydrocele.

An operation for the purpose of the removal of this fluid was advised and consented to. The doctor advised tapping the fluid rather than an open operation because in cases of elderly people an open operation of this nature is often rather serious. The patient consented and was placed upon the operating table in the doctor's office. The doctor sterilized a hypodermic or aspirating needle and inserted it about one-half inch into the scrotum above the testicle. Because of the position of the plaintiff on the table, the doctor was certain that the testicle had dropped down to the bottom of the scrotum, preventing any possibility of puncture by the needle. Five to six fluid ounces of a straw-colored fluid were drained off into a receptacle at the end of the needle. The doctor then sealed the puncture in the scrotum which

the needle had made with some collodium. The operation was apparently successful in every way.

Some time later, much to the surprise of the doctor, the patient informed him that following the treatment, he had experienced considerable pain in the scrotum and that it had become swollen, and he had been obliged to call in another doctor who ordered him to a hospital where one of his testicles was removed by an operation. The patient complained very bitterly about this loss, claiming that he was unable to have any intercourse with his wife. The doctor had previously strongly advised against his having sexual intercourse on account of his cardiac condition, and had informed him that he might very possibly die in the act.

Suit was brought against the defendant doctor to recover damages, alleging that the defendant doctor had used unclean instruments which resulted in the necessity of amputating one of the plaintiff's testicles in order to prevent bloodpoisoning, and setting forth that the plaintiff had suffered great pain and agony.

Before the action could be reached for trial the plaintiff died from other causes and the action was ordered abated. This terminated the matter in favor of the doctor without trial.

### ALLEGED NEGLIGENCE IN TREATING INJURED FINGER

In this case the patient called at the office of defendant doctor complaining of an injury to her right thumb, which she claimed was caused by running a needle into her finger while sewing. The thumb was considerably swollen and quite tender to touch.

The doctor advised wet dressings of hot boric acid. Upon her return the next day the doctor observed that there was then pus present in the finger. At the first call there was no sign of pus. He made an incision in the lateral surface by means of a sterile scalpel, applying a local anesthetic of novocaine, reduced the pus and dressed the wound. The patient returned daily for dressings until about the fifth day when another pocket of pus was detected and drained. She returned thereafter for daily treatments until-several days later, when the finger appeared to be so much improved that the doctor advised her to dress it herself, but to call at his office three days later.

At the appointed time she appeared, and the doctor found osteonylitis of the terminal phalanx had developed. This inflammation, the doctor contended, had necessarily set in before he ever treated the woman, as he had taken every possible precaution. He advised her that she required surgical treatment, with the result that her thumb was amputated at the first joint by another doctor who specialized in surgery.

Some time later the patient returned to the defendant doctor, exhibiting the amputated thumb, and demanding that he return the fee that she had paid him for his care and treatment of the case. The doctor, of course, refused to comply with this request, and actions were started by the woman and her husband against the doctor.

These cases were never noticed for trial, however, and after a period of about three years, a motion was made in behalf of the defendant to dismiss for lack of prosecution, which motion was granted. This terminated these actions in favor of the doctor.

## DEATH CLAIMED DUE TO FAILURE TO DETECT HEART CONDITION DURING PREGNANCY

The defendant in this case was a physician and surgeon who specialized in obstetrics, and conducted his own maternity hospital. He was consulted by the plaintiff, a woman about seven months pregnant, and she made arrangements that she be delivered at said hospital where she engaged a room and was to receive the personal care and attention of the defendant doctor.

At that time he examined her and found her apparently in a normal condition, and directed her to come back for further examination about

every two weeks.

Three weeks later she returned and the doctor found her condition to still be normal and she made no complaint of any form of illness. Upon each of her visits he took specimens of her urine, which he found to be normal. She did not come back again, however, and the next he heard of her case was about a week later when another doctor notified him that this patient was ill at her home and was vomiting blood and that he was treating her. The defendant told the second doctor to continue caring for her and that he did not care to interfere, as his arrangements with this woman were to deliver her at the proper time.

Two days later the second doctor notified the defendant that the woman had been removed to

a hospital and died. The second doctor, when he first attended her, found her to have a bad heart condition which, accompanying her pregnancy as it did, he recognized to be dangerous, and informed her and her family that she could not be treated at her home but should be removed to a hospital. It was only a short time after her removal to the hospital that she died and the cause of her death was set down in her death certificate as follows: "Chronic endocarditis: mitral strain—chronic nephritis—complicating pregnancy at 8th month." The defendant doctor in his treatment of the case found nothing to indicate that she was in such a critical condition.

Thereafter, two actions were instituted against the doctor, one by the deceased's husband individually and one by him as administrator of her estate. Both actions attempted to charge the defendant with the responsibility for her death by reason of his failure to detect the dangerous condition which developed and caused her death. Before the said actions could be reached for trial, however, one was discontinued by the plaintiff's attorney and the other one was dismissed by the court for failure of the plaintiff's attorney to prosecute said action, thereby terminating the matter in the doctor's favor.

### PUBLIC RELATIONS SURVEY, No. 17-WARREN COUNTY

This report is an adaptation of an address given on September 18, 1930, before the Conference of the Chairmen of the Public Relations Committees of the County Medical Societies by Dr. T. H. Cunningham, Chairman of the Public Relations Committee of the Warren County Medical Society.

Our county has only about 42,000 inhabitants, about half of whom live in the city of Glens Falls. Our Public Relations committee has been in existence for almost a year, and we have made a tentative survey of medical activities, and are astonished at some of our findings. We have found that Warren County stands well in its welfare and public health work. We have found, too, that while individual doctors have been helping in this work, the organized profession as a whole has seldom been consulted in regard to it by other health organizations.

Our committee discovered many welfare and public health agencies which were only slightly known to the members of our local medical profession. We found, too, that while the local physicians knew in a general way of the existence of these agencies, the profession generally had little knowledge of what these agencies were

doing.

Our committee found that the work being done by these health and welfare organizations was so complex and so widespread and bewildering in its scope that it was difficult for us to grasp what was actually being done.

County Public Health Committee: We found that Warren County had a Public Health Committee which was an off-shoot of our Board of Supervisors; and that this committee was doing a tremendous amount of work. In the City of Glens Falls we have a Health Center with a fulltime health officer, and we discovered that much work was being done through this center through the use of various clinics and health nurses. sides this, we discovered that our local Red Cross was doing a great deal of work, and that much work, too, was being done by school physicians, by a Children's Health Camp, by the local Tuberculosis Association, by the Elks, by the Rotary Club, by the Shriners, and by many other lay organizations.

We have accomplished some things. For example, we have made a contact with the County Public Health Committee, and our Committee is now being invited to its monthly meeting; and from this time on we expect to be consulted in regard to its activities.

Tuberculosis Committee: Our Committee has established a cordial contact with our local Tuberculosis organization, and with our local Health Camp directors. We have met with them, and they have submitted their program for the next year's work and have asked our approval of it. This we have been glad to give them, and we have made several suggestions and have assured them of the support of the Warren County Medical Society in several situations which they have said they were not able to handle alone. They were

grateful for our backing in these matters, and a cordial relationship has been established with them

Water Supply: Our Committee also accomplished an important work about a year ago, although our Committee did not appear as being directly responsible for it. The water supply of the city of Glens Falls one year ago was found to be polluted because of the turning into our regular supply, during the time of shortage, of a brook known locally as the Half Way Brook. The New York State Health Department and our local health department immediately issued a warning through the newspapers and asked that our water supply be chlorinated. At that time, the New York State Department of Health did not have the authority to force our local city executives to chlorinate our water, and upon the advice of our city engineers and water board, our city fathers flatly refused to do this.

The Warren County Medical Society immediately published long articles in the Glens Falls newspapers calling the attention of the public to this situation; and I am sure that these articles which were signed by about thirty of our local doctors, forced our city officers to install a chlorination plant. These articles were responsible for the change, and the New York State Department of Health gives our Society credit for having

accomplished this.

County Health Department: Our Committee has interested itself in a County Health Department. Some time ago one of our Glens Falls newspapers, as a political measure, suggested that Warren County establish a County Health Unit. Our Committee was willing to concede that the newspapers had thought of the idea first. We felt, however, that our county physicians should take charge of the matter, that it should be brought about through our County Medical Society, and that the idea should not become a political football.

We asked Doctor Munson, District State Health Officer, to read a paper before us in which he would discuss the matter from all angles, so that our Society might have some first hand knowledge of our local needs and situations. Doctor Munson discussed the advantages and disadvantages thoroughly; and our Society went over the matter at great length, and we felt that it was something to which we should lend our

support.

A resolution was introduced that same evening before our Society to the effect that the Warren County Medical Society wished to go on record as favoring the idea of a Health Unit for Warren County. This resolution was carried, and we took it to our local papers and had the resolution

and the paper which preceded it printed in full in both of our newspapers on the following day It excited a great deal of comment, and within a few days Doctor Parren, State Health Commissioner, came to Glens Falls and called the matter to the attention of the Glens Falls authorities, and the Warren County officials. A meeting was arranged between them to which our Committee was also invited, and a tentative program was arranged by which committees were to be appointed for the city of Glens Falls and the County, to work with our committee in drawing up a general plan for a Health Unit for Warren County. We are to get together this fall for the formulation of final plans, and the probability is that Warren County will have a County Health Unit, and that this will have come about through our Medical Society. In addition to these efforts, we have had meetings with many other of our organizations, and I am glad to say that we have established the most harmonious relations with several.

Parent-Teachers' Association: Some months ago, our committee had a communication from the State Committee on Public Relations regarding the Round-Up Week of the Parent-Teachers' Association. We immediately wrote the local Parent-Teachers' Association and stated that our committee represented the Warren County Medical Society, and that we were ready to cooperate in every way in making this Round-Up Week a success.

Our local Parent-Teachers' Association is a loose organization, and we did not receive an answer to our suggestion for many weeks. Our committee saw the summer slipping away, and we made up our minds that if the local Parent-Teachers' Association would not or could not arrange for the Round-Up, it would be necessary for our committe to do it.

Our committee thereupon wrote letters describing the good that could come from a Round-Up Week and submitted them to the president of the Parent-Teachers' Association, and asked her if she would not be willing to sign them and to permit us to have them printed in our newspapers. These newspaper-letters were worded so that the whole movement seemed to start from the Parent-Teachers' Association and all of the credit for starting the affair would be given to it. These letters were printed in our newspapers, which were very glad to cooperate. Even after this, however, it was not possible to get the Parent-Teachers' Association to carry the matter on any further, and we felt that again the matter was up to us.

We then went to our local Tuberculosis Association and persuaded the head of it to write a letter to the newspapers in which he complimented the Parent-Teachers' Association on starting the effort; and in this letter he pointed out how much

good could be done by the Round-Up Week. We then got the head of the Warren County Public Health Committee to write a similar letter complimenting the Parent-Teachers' Association, and offering the nurses who are employed by that committee to aid in the Round-Up work. We thought that we had in this manner maneuvered the Parent-Teachers' Association into such a position that they would be obliged to start the work; but even then its machinery was unable to carry the load, and we had to write more newspaper articles for them in which we stated that because of the lateness of the season it had been decided to combine the Round-up examination with a Pre-School examinaton: that both of those examinations would be made at the same time by all the physicians of Warren County; and that the physicians would be willing to make both of these examinations and fill out school blanks for the same fee that they would ordinarily charge for one examination. In our newspaper articles, we also had the Parent-Teachers' Association state that it had announcements from the physicians that, where a family found it difficult to pay for such examinations, they would make them without charge.

In addition to all of this, our committee decided that we must write letters from time to time to all of the physicians in our County, in order that they might know of this effort and cooperate with us in it.

All these efforts required much time and energy that should have been done by a paid secretary. However, we finally got the Round-Up started, and we believe that next year we can trust the Parent-Teachers' Association to carry on the work alone. We believe also that this year's effort was very successful, considering all of the difficulties that we had to meet.

Workmen's Compensation: Another thing that our committee is attempting to do for our county is the standardizing of fees for compensation-cases. In our county we have a great deal of that work, and the fees are very unsatisfactory, because the representatives of the insurance companies go about from physician to physician and suggest to them that they bid against each other for compensation work. As a result of this, the fees for compensation work in Glens Falls and vicinity are not satisfactory.

Our committee has appointed a Surgical Committee to work with us in formulating a fee schedule, and we expect within a short time to present to the Compensation Commissioner who comes to Glens Falls, a local schedule of fees. We are going to present the same schedule to the insurance representatives, and we feel sure that our physicians and surgeons will adhere to that schedule. We are not asking for extortionate fees, but we do want reasonable compensation for our work.

### PUBLIC RELATIONS SURVEY, No. 17-WARREN COUNTY

This report is an adaptation of an address given on September 18, 1930, before the Conference of the Chairmen of the Public Relations Committees of the County Medical Societies by Dr. T. H. Cunningham, Chairman of the Public Relations Committee of the Warren County Medical Society.

Our county has only about 42,000 inhabitants, about half of whom live in the city of Glens Falls. Our Public Relations committee has been in existence for almost a year, and we have made a tentative survey of medical activities, and are astonished at some of our findings. We have found that Warren County stands well in its welfare and public health work. We have found, too, that while individual doctors have been helping in this work, the organized profession as a whole has seldom been consulted in regard to it by other health organizations.

Our committee discovered many welfare and public health agencies which were only slightly known to the members of our local medical profession. We found, too, that while the local physicians knew in a general way of the existence of these agencies, the profession generally had little knowledge of what these agencies were

Our committee found that the work being done by these health and welfare organizations was so complex and so widespread and bewildering in its scope that it was difficult for us to grasp what was actually being done.

County Public Health Committee: We found that Warren County had a Public Health Committee which was an off-shoot of our Board of Supervisors; and that this committee was doing a tremendous amount of work. In the City of Glens Falls we have a Health Center with a fulltime health officer, and we discovered that much work was being done through this center through the use of various clinics and health nurses. Besides this, we discovered that our local Red Cross was doing a great deal of work, and that much work, too, was being done by school physicians. by a Children's Health Camp, by the local Tuberculosis Association, by the Elks, by the Rotary Club, by the Shriners, and by many other lay organizations.

We have accomplished some things. For example, we have made a contact with the County Public Health Committee, and our Committee is now being invited to its monthly meeting; and from this time on we expect to be consulted in regard to its activities.

Tuberculosis Committee: Our Committee has established a cordial contact with our local Tuberculosis organization, and with our local Health Camp directors. We have met with them, and they have submitted their program for the next year's work and have asked our approval of it. This we have been glad to give them, and we have made several suggestions and have assured them of the support of the Warren County Medical Society in several situations which they have said they were not able to handle alone. They were

grateful for our backing in these matters, and a cordial relationship has been established with them.

Water Supply: Our Committee also accomplished an important work about a year ago, although our Committee did not appear as being directly responsible for it. The water supply of the city of Glens Falls one year ago was found to be polluted because of the turning into our regular supply, during the time of shortage, of a brook known locally as the Half Way Brook. The New York State Health Department and our local health department immediately issued a warning through the newspapers and asked that our water supply be chlorinated. At that time, the New York State Department of Health did not have the authority to force our local city executives to chlorinate our water, and upon the advice of our city engineers and water board, our city fathers flatly refused to do this.

The Warren County Medical Society immediately published long articles in the Glens Falls newspapers calling the attention of the public to this situation; and I am sure that these articles which were signed by about thirty of our local doctors, forced our city officers to install a chlorination plant. These articles were responsible for the change, and the New York State Department of Health gives our Society credit for having

accomplished this.

County Health Department: Our Committee has interested itself in a County Health Department. Some time ago one of our Glens Falls newspapers, as a political measure, suggested that Warren County establish a County Health Unit. Our Committee was willing to concede that the newspapers had thought of the idea first. We felt, however, that our county physicians should take charge of the matter, that it should be brought about through our County Medical Society, and that the idea should not become a political football.

We asked Doctor Munson, District State Health Officer, to read a paper before us in which he would discuss the matter from all angles, so that our Society might have some first hand knowledge of our local needs and situations. Doctor Munson discussed the advantages and disadvantages thoroughly; and our Society went over the matter at great length, and we felt that it was something to which we should lend our support.

A resolution was introduced that same evening before our Society to the effect that the Warren County Medical Society wished to go on record as favoring the idea of a Health Unit for Warren County. This resolution was carried, and we took it to our local papers and had the resolution



## THE DAILY PRESS



#### THE NATIONAL CHILD CONFERENCE

The Metropolitan dailies of November 20 contain the address of President Hoover at the opening of the White House Conference on Child Health and Protection in Washington, D. C. Commenting on the conference the New York Herald Tribune of November 20 says

"'We approach all problems of childhood with affection,' and President Hoover last night, in his cloquent address at the opening of the White House conference on 'Child Health and Protection' He uttered undoubtedly the keynote to which the men and women of this extraordinary round table have responded in their fifteen months of preparation for the conference. He expressed the thought which his evoked nation wide interest in their three days' meeting it Washington

"More than 1,200 experts in every phase of

cluld welfare who have laid the groundwork for the conference are ready to report and to discuss their findings and recommendations, in which sentiment is fused with fact of their studies may be judged from the size of the compendium, for a volume of 600 pages is required to contain the preliminary committee All the results of their research when published will make a library on child welfare of at least twenty 600 page volumes Mr Hoover considers that the work has been magnificently performed He may well be gratified by the fruition of his child conference plan. It is certain to carry ultimate benefit to the children of every community in the United States, 'lighting,' in the President's words 'the fires of inspiration in the general public conscience and from conscience leading it into action '"

#### NOMENCLATURE OF ANIMAL GROUPS

The younger physicians who have recently passed their Regents tests in Ivanhoe will recall the conversation regarding the change of names of animals from the Anglo-Saxon to the French when the meat appeared on the table,—swine to pork, for example

The opening of the Pet Show in Madison Square Garden on November 18 was the occasion for itens in the New York dailies giving strange names to groups of animals. The editorial page of the New York Times of November 20, carries the following discussion of the terms

The most outdoor of outdoor readers must have learned some things they didn't know in the *Times'* spirited account yesterday of the

opening of the Pct Show in Madison Squite Garden. They knew, of course, before reading the gay composition that hounds are a 'pack,' basebill players are a 'inne' and partridges are a 'covey'. But probably few knew also, as the reporter informed them, that these are the correct terms for certain aggregations of the brute kingdom.

"'A nye of pheasants, a rag of colts, a cast of hawks, a cete of badgers, a herd of cranes, a leap of leopards, a rout of wolves, a sord of mallards, a wisp of snipe, a doylt of tame swine, a gaggle of geese, a group of ganders, a troop of monkeys, a harras of horses, a company of widgeon and a kennel of raches'"

### NOMENCLATURE OF ANIMAL GROUPS

It seems strange that the cause of a common cold—the most common of all forms of illness—should defy detection. Scientists are fairly well igreed that it is infectious, and announcements have frequently been made that its virus has been discovered. One of the latest innouncements is that contained in the November seventeenth issue of the New York Times, which derived its in formation from the Proceedings of the Society for Experimental Biology and Medicine. This report describes experiments conducted during the last year in the laboratories of the Johns Hopkins Medical School, upon a group of volunteers like Imics says.

'The report was made by Di James A Doull formerly of the Johns Hopkins medical faculty and now Professor of Pieventive Medicine in Western Reserve University, and Dr Perrin H Long, now of the Johns Hopkins faculty They mide no prophecies is to whit mity result from their experiments

'The Hopkins scientists are continuing their work on the cold problem. The John Jacob Abel Fund of \$150,000, given to the Chemical Foun dation in honor of Di. Abel, the Professor of Pharmacology at Johns Hopkins, furnishes perminent financial support for the work.'

### OYSTER EATING

This Journal of September first, page 1052, described a meeting of the Oyster Growers and Dealers Association of North America, Inc., at which the production and marketing of oysters were discussed, especially the sanitary and health phases of the problems. The earnest efforts of the growers to make their product reliable in all respects has been reassuring to the people, and at the same time profitable to the producers, as is shown by the following editorial item from the New York *Times* of November 13th:

"Now that we are well into the oyster year, it is of interest to note that the latest Federal statistics show that oysters are more in demand than ever. The Department of Commerce, which is always serious about their data and culture, states that 90 per cent of all the housewives of the country are accustomed to include them in the family menu.

"If that is true, old habits must be changing. Save in an occasional can, the oyster used not to break very often into the inland domestic circle. It was reserved for special, and usually public occasions.

"Probably modern methods are responsible for the change. Better refrigerating systems have increased the oyster radius. More precautions are taken nowadays, both by the Federal and the State authorities, to prevent pollution."

The oyster has come to have an importance in medicine in these days of feeding liver for pernicious anemia, for half of an oyster consists of liver. People generally, as well as many doctors, do not know that the dark part of an oyster, or clam, or mussel, is not the intestine, but is the liver similar to that of the warm-blooded animals.

### PREVENTION OF COLDS IN CORNELL UNIVERSITY

The New York *Herald Tribune* of November 3 contains the following description of the experiments, or rather demonstrations, of the prevention of colds among Cornell students at Ithaca:

"Encouraged by the results achieved last year in virtually eliminating the annual epidemic of colds among students, Dr. Dean F. Smiley, medical adviser at Cornell University, announced today that a further extension of this movement will be made this year with the establishment of cold-prevention classes. So far as is known, this is the first time that any university has organized as comprehensive a plan for improving student health. Last year the ultra-violet ray solarium which was in operation at Cornell was credited with a 40 per cent reduction in the number of colds among those taking the treatment.

"Investigations over a period of years indicate that approximately 25 per cent of Cornell students

are definitely cold susceptible. All students who fall in this category will be afforded an opportunity to maintain their health during the period of the year when they would be normally subject to colds.

"With the conviction that controlling colds among the cold-susceptible group will go a long way toward preventing cold epidemics among the whole student body, the medical adviser's offices for men and women are organizing 'cold-prevention classes' this fall which it is hoped will be joined by the majority of those students who habitually have colds four or more times a year. The treatment provided in these 'cold-prevention classes' will include weekly ultra-violet light baths, alkalinization, instruction regarding diet and ventilation, and in selected cases a special study of the nose and throat and the use of a catarrhal vaccine."

### TEAR GAS IN CIVIL LIFE

Doctors will have to study the effects of war gases if they are to be adopted into civil life, as is indicated by the following item from the New York *Times* of October 14:

"Engineers of the Federal Laboratories, Inc., of Pittsburgh have just completed the installation of a tear gas device in the Bank of Huntington, we ording to an announcement by Douglass Conk-

lin, president of the bank. The equipment is so installed that it can be automatically discharged at the time of a hold-up, filling the entire bank lobby in two-fifths of a second with a gas that will compel every one in the lobby to close their eyes. While the gas is harmless in its effects, it is claimed no one can remain in the institution long after it is released."

## BOOK REVIEWS



10xxii. SURGERY Breed on a Study of the Anatomy By Roffer H 1 lowler M D. Quarto of 288 pages illustrated Philadelphia I A Davis Company 1930 Cloth \$1000

This book represents the author's effort to give to the medical profession a comprehensive treatise on the surgery of the tonsil. The anatomical basis for the surgery is stressed and the discovery of a very small ren muscle is made known

This new muscle the tonsillepharyngeus has been overlooked by most men because they have not delved into the minute anatomy of the tonsil and peritonsillar structures, perhaps also because the throat presented an unbroken tharyngeal facia covering the cradle from which the tonal was removed. So that there did not appear any need for special study to a vast number of men who do excellent tonsillectomy work. The book lists several operations which uppeil to the author. It is to be regretted that numerous operations which have tound f vor with large sections of the specialists have not been included in the work

The volume is of value to the beginner in the specialty of Nose and Threat who wishes to become acquanted with the unitomy of the toroil and the peritonsillar area. There is a time collection of drawings some of which are in color this is a feature

The author and his publisher are to be congratulated up in the keneral makeup of the book its fine binding the good paper and the arrangement of the material It is light that later editions will pay scenter attention to the historical side of tensillectemy MCM

A JENT ROOK OF PSYCHIATRY BY D. K. HINTERSON M.D. and R. D. GHITTSTIF M.D. 2nd I ditton. Octavo of 526 pages. London und New York Oxford University Press 1930. Cloth \$5.50. (Oxford Medical Publications )

The authors have written a book that stinds midway I ctween the limit itions that are mentably to be found in a mere outline of psychiatry and the exhaustive discussions that would naturally be obtained in a monograph in which the individual disorders are presented mental disturbance is infinitely described and the dynamics of each adequately treated. Thus a complete con cept of the various mental deviations is obtained

\ chapter is devoted to the symptomatology and psychopythology. The material is clearly and logically arranged. The laterary style is such that one can read the contents with little effort and much pleasure

The disorders of the mind are presented so is to sharply call attention to the concept that in mental devithens we are dealing with problems of the individual is a whole rather than that with one of his symptoms It is an approach that leads to an intelligent under standing of conduct disturbances

One chapter is relegated to the relation of psychiatrs and the law. The contents are such that the book should unite readily lend itself to both of the learned profes sions to law and medicine. G I SWETLOW

Applied Physiology P3 Samson Wright MD Third Edition Octavo of 552 pages illustrated Fondon and New York Oxford University Pre s 1929 Cloth \$5.50 (Oxford Medical Publications)

Three editions in four years testify to the value of this Look. It gives an account of all the main extended physi I gv in its application to disease

I come more and more important to the medical man as i firm foundation for his studies of the diseased organ Without a thorough I nowledge of the normal and the viriations which can take place in disease rational dragnosis and therapeutics become unsatisfactory book although small gives a comprehensive study of applied physiology and is the best book of its kind The present edition has been brought up to date in all the recent advances in physiology. It should be value able able to the practitioner and student and will well reward the time spent in its perusal

J HAMILTON CRAWFORD

SURGERY AT THE NEW YORK HOSTITAL ONT HUNDRED YEARS AGO By Duckner II Pool and Frank J McGow vn 12mo of 188 pages illustrated York Paul B Hoeber Inc 1930 Cloth, \$150

This is an interesting contribution to the lustory of surgery. The data come principally from a surgeral register preserved in the Hospital Archives. One can n t help lama impressed by the said state of surgery as Lite as the beginning of the 19th century

It that time there was no stethoscope no thermometer t ray of anesthesia. Hypodernic medication was un known but venesection was employed for almost every thing—the rule seemed to be when in doubt resort to lood letting frequently and plentifully. There was plenty of alcohol in the form of whiskey

Irindy wine-even gin

bread and milk poultice 'to induce an ulcer to sup the records give the gruesome details of purate kindly a thigh amputation on a boy ten years old without

Those familiar with present day surgery will enjoy reading this volume and appreciate the marvelous ad vances of the surgical art in the past century

F B D

HE NEW LAGILITION ZOOGENESS BY AUSTIN H CLARK Octave of 297 pages illustrated Baltimore The Williams and Williams Company, 1930 Cloth THE NEW LIGHTION ZOOGENISIS \$3 00

Doctor Clark has written an colightening treatise on the relations of us humans to the various creatures living among us. That man did not always dominate the earth is his contention. He maintains that in the geo logic age just past a great array of different mainmals were our superiors. It is natural therefore to speculate as to who will succeed in in as the dominating influence in the world's affairs

That various munds require physiological is well as structural alterations in response to environment is well known to physicians, but Dr Clark has well succeeded in printing a beautiful panorama of Nature's protean miracles and he has shown how they have all been designed on an orderly and definite plan

He does not inspire self confidence in his professional readers when he remaids us that from the physical view point man is relatively one of the least efficient of hving creatures

For these who wish to think of Man as merely part ct a greater Cosmos of life and dependent upon water similable weather soil veretation and animal life for his happiness and existence this book should serve as a selended contribution to the science of evolution

PAINTER KRIMSTS

Surgery of the Lung and Pleura. By H. Morriston Dayles, M.A., M.D. Octavo of 355 pages, illustrated. London and New York, Oxford University Press, 1930. Cloth, \$8.00. (Oxford Medical Publications.)

1442

This volume is a very acceptable addition to the few works dealing exclusively with thoracic surgery. The author, through his close association with this type of surgery, has been able to present the subject in a brief, yet thorough manner, so that the book should prove a valuable addition to the library of the general surgeon.

RALPH F. HARLOE.

DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SURGERY. By HAMILTON BAILLY, F.R.C.S. (Eng.). Second Edition. Octavo of 268 pages, illustrated New York, William Wood & Company, 1930. Cloth, \$6.50.

Accurate diagnosis is the essential prerequisite for successful treatment. Thorough and detailed physical examination is an essential prerequisite for accurate diagnosis,

Hamilton Bailey, in this little volume of his, has given every student and graduate physician an opportunity to perfect himself in the art of physical examination. The volume is extremely well illustrated and is crowded with valuable pointers for procuring and evaluating physical signs. A most complete index facilitates finding the desired information. It is a volume no student of surgery, graduate and undergraduate, should omit studying closely.

GEO. WEBB.

NASAL CATARRII. By W. STUART-LOW, F.R.C.S. (Eng.). 12mo of 84 pages, illustrated. London, H. K. Lewis & Company, Ltd., 1930. Cloth, 5/-.

This small pocket sized booklet of 82 pages, presents the subject of nasal infections which are commonly termed, Catarrh, in a very simple and concise manner. The various forms of sinusitis are touched upon and some of the writer's original ideas and operations are cited.

It is so simple in its language and yet so accurate scientifically, that it makes a suitable book for the physician to recommend to those of his patients who are desirous of knowing something about the nose and its troubles.

M. C. M.

THE BABY'S FIRST TWO YEARS. By RICHARD M. SMITH, A.B., M.D. New and revised Edition. 16mo of 159 pages, illustrated. Boston and New York, Houghton, Mifflin Company, 1930. Cloth, \$1.75.

Of the many books on this subject, this is one of the best. Doubtless the reviewer says so because the writer expresses his views in language which he considers clear and satisfactory. Any criticisms are too minor to make. It is cheerfully recommended for the purpose in-

tended. W.D.L

THE PSYCHIATRIC STUDY OF PROBLEM CHILDREN. BY SANGER BROWN, II, M.D., and HOWARD W. POTTER, M.D. (Published by the New York State Department of Mental Hygiene.) Octavo of 152 pages. Utica, State Hospitals Press, 1930.

This volume, rather than a text book on i subject, is an examination manual.

It consists largely of a very complete list o things to be sought in anamnesis and physical and lexaminations, with a little suggestion of the disposion to be made of a case.

be made of a case.
For its purpose, its use by members of the State Department of Mental Hygiene and similar groups it would must work work but, for a long while, the examiners it is recommended.

W. D. L.

CANCER OF THE BREAST. By WILLIAM CRAWFORD WHITE, M.D., F.A.C.S. 16mo of 221 pages. New York and London, Harper and Brothers, 1930. Flexible leather, \$3.00. (Harper's Medical Monographs.)

Early treatment is the keynote of this work, with the proper types of therapy clearly defined. Etiology, symptomatology and diagnosis are thoroughly presented, and operative treatment set forth. X-ray and radium methods are lucidly described. Pathologic technic receives due consideration. Fourteen illustrations accompany the admirable text. These Harper monographs represent a very high type of publication. A. C. J.

REFLEX ACTION: A study in the History of Physiological Psychology. By Franklin Fearing, Ph.D. Octavo of 350 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1930. Cloth, \$6.50.

An excellent work. The book is essentially a thorough survey of the history of the reflex action. The author has performed an intensive historical research, listing

554 references in the Bibliography.

This type of book is such as will prove necessary to the student of psychology, as herein he will find very detailed and lengthy quotations from the works of all pioneers in the study of this question. It is bound to have a limited circulation, but will prove very valuable to an earnest student of psychology or physiology.

HAROLD R. MERWARTH

N. Y. State J. M. December 1, 1930

TRAUMA, DISEASE, COMPENSATION: A Handbook of Their Medico-Legal Relations. By A. J. Fraser, M.D. Octavo of 524 pages. Philadelphia, F. A. Davis, Company, 1930. Cloth, \$6.50.

This work deals with medico-legal relations. It discusses compensation work very thoroughly, with particular reference to the causes of disease and disability. It should aid the practitioner greatly in distinguishing between what part of disability is caused by injury and what part by previous disease. The effect of trauma in causing subsequent disease is well presented, with the authoritative views of experts. To those who are doing compensation work this book should be highly useful.

NORMAL FACTS IN DIAGNOSIS. By M. COLEMAN HARRIS, M.D., and BENJAMIN FINESILVER, M.D. Octavo of 247 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$2.50.

One must know the normal very well indeed before one can discern pathologic signs. This book is concerned with normal findings. The idea is an excellent one and the authors have done their work well. Methods of examination are carefully expounded; thus transillumination of the nasal sinuses is illustrated in colors. Urinalysis, blood examinations, basal metabolism, etc., are well presented. Excellent for practitioner and student alike.

A. C. J.

Uterine Tumors. By Charles C. Norris, M.D. 16mo of 251 pages, illustrated. New York and London, Harper and Brothers, 1930. Flexible leather, \$3.00. (Harper's Medical Monographs.)

This monograph will be fully as valuable to the general practitioner, and to those who desire a quick review of the subject, as it will be to the gynecologist. In a comparatively short space, the author has managed to give a short description of the etiology and pathology of the various forms of uterine tumors, and to emphasize their diagnostic features and the several tests necessary for diagnosis. He has clearly set forth many valuable aids in differential diagnosis.

Operative technique has largely been omitted, but the most satisfactory forms of operation with or without radium and x-ray are clearly indicated, together with their indications and contraindications. W. S. S.

BOOK REVIEWS

1443

VARICOSE VEINS With Special Reference to the Injection Treatment. By H. O. McPhieters, M.D. Second revised Edition Octavo of 233 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, 83.50.

The Second Edition of this monograph on Varicose Veins has been amplified by the addition of an entire chapter on the surgery of the Frendelemburg Test and its application to the varicose problem

The pathological findings, in following the injection treatment, have been studied and presented as an addition to the previous observations in the First Edition.

There is still retained the evidence of reversed circulation in the lower extremity in various vents. This evidence is not at all conclusive, although the author is

persuaded that it is.

The other changes are slight but of a constructive character, especially as regards the technique of treatment. The book is certainly a valuable asset to any physician, especially if he desires to employ the sclerosing method in the treatment of varicose vents.

ROBERT F. BARBER.

THE IMPROVED PROPHYLACTIC METHOD IN THE TREATMENT OF ECLAMPSIA. By PROF. W. STROGANOFF. Third Edition, revised and completed. (First English Edition.) Octavo of 154 pages. New York, William Wood and Company, 1930 Cloth, \$3.50.

Stroganoff's monograph on Eclampsia is a vivid account of the evolution of the treatment of this baffling and dangerous malady by the man who more than any one else has contributed a successful method of reductive the successful method of reductive the successful method of reductive the successful method of successful method of reductive the successful method of r

ing the mortality.

The brilliant results obtained by the author can be duplicated by anyone who will study this monograph carefully and follow the instructions which are given

clearly and in great detail

Like other notable advances in science, the method was not acquired in a day or a week. The author's struggle to give his treatment to the world, the criticism, misunderstanding and final triumph form one of the most interesting chapters of the book.

The text is rendered more interesting by the writer's quaint attempts to master the English idiom. He succeeds admirably in conveying his meaning in forcell, simple English.

F. B. D.

Modern Ofology. By Joseph Clarence Kfeler, M.D., F.A.C.S. Octavo of 858 pages, illustrated. Philadelphia, F. A. Davis Company, 1930.

In this volume, the author, who has spent twenty-five years or more in the active field of teaching, clinic, and hospital work, gives especially his own views and the treatment he has found most satisfactory. The work done by others is reviewed and at the close of each subject there is a valuable bibliography.

In some places the text might be a little clearer. The illustrations and plates, most of them original, are good. Valuable chapters are: "Otology in Children," "Deafmutism" and "The Medico-legal Aspect of Otology." These are subjects not usually given a prominent place in text-books.

It is a book written especially for the student beginning post-graduate work in the field of Otology,

J. W. D.

A SHORTER SURGERY: A Practical Manual for Senior Students. By R. J. McNehll Love, M.B., M.S., F.R.C.S. Second Edition. Octavo of 371 pages, illustrated New York, William Wood and Company, 1930. Cloth, \$500.

Short cuts in surgery, as well as elsewhere in science and art, are usually of little value. The Initiated seldom, if ever, resorts to the condensed manual because of its paucity of details of which he is in need. The Uninitiated, the undergraduate student, who naturally likes to get a bird's-eye view of his subject and who there

considers the "short-cut" text-book a boon, is apt to misconstrue the skeletal information offered and to develop erroneous conceptions.

With these limitations understood Love's Shorter Surgery should be highly lauded. The author has succeeded in giving a great deal of well systematized information without saterificing either the scientific approach to his subject or the essential details — Geo. Wrist.

IMMUNITY IN INFECTIOUS DISFASES: A Series of Studies. By A. Beserdka. Authorized translation by Hermer Child, M.R.C.S. (Eng.), L.S.A. Octavo of 364 pages. Baltimore, The Williams and Wilkins Company, 1930.

The author presents in this volume the results of a series of research studies in immunity in the infectious diseases.

The book contains fifteen chapters dealing with the various aspects of this subject and beginning appropriately with a consideration of the various theories of immunity, and with brief reference to some current misconceptions.

Then follows a report of investigations relative to the bacterial power of the leucocytes, the question of bacterial hemolysins, the specificity of the various streptococci, and of streptococcus antitoxin. This is succeeded by a consideration of various microbial endotoxins and of vaccination by sensitized viruses. There is considerable space devoted to the important subject of the function of the skin in infection and immunity, and to the theory, experimental basis and statistical and clinical results of vaccination by the cutaneous and buc-

These studies carried out at the Pasteur Institute in the past thirty years represent a contribution of the most fundamental and utmost importance to the science of immunology.

Joseph C. Reday,

THE CHILD'S HEREDITY. By PAUL POPENOE. Octave of 316 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1929. Cloth, \$200.

An excellent work which well fulfills its intended purpose of so presenting this diversified subject that it can be appreciated readily by the average father or rother. The subject matter is presented in a very clear and readile fashion. Ones interest is maintained throughout the advantage of considering individual phases in feature is the detailed consideration of epileps and mentant of the detailed consideration of epileps and menductioning by anxious parents.

The author has made free use of the large total of 418 references, a really excellent bibliography, the utilication of which imparts an atmosphere of authority according to HAROLD R. MERWARTH.

Gynecology for Nurses. By George Gellings, M.D. and London, W. B. Saunders Company, 1930, Cret.

This is a new volume based on the author cological lectures to nurses. He has had a wit constitution of general subject in a clear, concise and simple manners to book for nurses.

Part I deals with the female genital engine and disease, while Part II considers a gynecological nursing.

The author has laid annually a grant of the surface of the surfa

gynecological nursing.

The author has laid great stress on more than half the book is devoted the gynecological patients.

A short, but most thought the gynecological patients.

Thought the gynecological patients a short, but most the gynecological patients.

Surgery of the Lung and Pleura. By H. Morriston Davies, M.A., M.D. Octavo of 355 pages, illustrated. London and New York, Oxford University Press, 1930. Cloth, \$8.00. (Oxford Medical Publications.)

This volume is a very acceptable addition to the few works dealing exclusively with thoracic surgery. The author, through his close association with this type of surgery, has been able to present the subject in a brief, yet thorough manner, so that the book should prove a valuable addition to the library of the general surgeon.

RALPH F. HARLOE.

DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SUR-GERY. By HAMILTON BAILEY, F.R.C.S. (Eng.). Second Edition. Octavo of 268 pages, illustrated New York, William Wood & Company, 1930. Cloth, \$6.50.

Accurate diagnosis is the essential prerequisite for successful treatment. Thorough and detailed physical examination is an essential prerequisite for accurate diagnosis

Hamilton Bailey, in this little volume of his, has given every student and graduate physician an opportunity to perfect himself in the art of physical examination. The volume is extremely well illustrated and is crowded with valuable pointers for procuring and evaluating physical signs. A most complete index facilitates finding the desired information. It is a volume no student of surgery, graduate and undergraduate, should omit studying closely.

GEO. WEBB.

NASAL CATARRH. By W. STUART-LOW, F.R.C.S. (Eng.). 12mo of 84 pages, illustrated. London, H. K. Lewis & Company, Ltd., 1930. Cloth, 5/-.

This small pocket sized booklet of 82 pages, presents the subject of nasal infections which are commonly termed, Catarrh, in a very simple and concise manner. The various forms of sinusitis are touched upon and some of the writer's original ideas and operations are cited.

It is so simple in its language and yet so accurate scientifically, that it makes a suitable book for the physician to recommend to those of his patients who are desirous of knowing something about the nose and its troubles.

M. C. M.

THE BABY'S FIRST TWO YEARS. By RICHARD M. SMITH, A.B., M.D. New and revised Edition. 16mo of 159 pages, illustrated. Boston and New York, Houghton, Mifflin Company, 1930. Cloth, \$1.75.

Of the many books on this subject, this is one of the best. Doubtless the reviewer says so because the writer expresses his views in language which he considers clear and satisfactory. Any criticisms are too minor to make. It is cheerfully recommended for the purpose intended.

W. D. L.

THE PSYCHIATRIC STUDY OF PROBLEM CHILDREN. BY SANGER BROWN, II, M.D., and HOWARD W. POTTER, M.D. (Published by the New York State Department of Mental Hygiene.) Octavo of 152 pages. Utica, State Hospitals Press, 1930.

This volume, rather than a text book on it subject, is an examination manual.

It consists largely of a very complete list o things to be sought in anamnesis and physical and i aminations, with a little suggestion of the disposion to be made of a case

be made of a case.

For its purpose, its use by members of the State Deartment of Mental Hygiene and similar groups it would must work work with book in hand or they will miss items.

W. D. L.

CANCER OF THE BREAST. By WILLIAM CRAWFORD WHITE, M.D., F.A.C.S. 16mo of 221 pages. New York and London, Harper and Brothers, 1930. Flexible leather, \$3.00. (Harper's Medical Monographs.)

Early treatment is the keynote of this work, with the proper types of therapy clearly defined. Etiology, symptomatology and diagnosis are thoroughly presented, and operative treatment set forth. X-ray and radium methods are lucidly described. Pathologic technic receives due consideration. Fourteen illustrations accompany the admirable text. These Harper monographs represent a very high type of publication. A. C. J.

REFLEX ACTION: A study in the History of Physiological Psychology. By Franklin Fearing, Ph.D. Octavo of 350 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1930. Cloth, \$6.50.

An excellent work. The book is essentially a thorough survey of the history of the reflex action. The author has performed an intensive historical research, listing

554 references in the Bibliography.

This type of book is such as will prove necessary to the student of psychology, as herein he will find very detailed and lengthy quotations from the works of all pioneers in the study of this question. It is bound to have a limited circulation, but will prove very valuable to an earnest student of psychology or physiology.

HAROLD R. MERWARTH

TRAUMA, DISEASE, COMPENSATION: A Handbook of Their Medico-Legal Relations. By A. J. Fraser, M.D. Octavo of 524 pages. Philadelphia, F. A. Davis, Company, 1930. Cloth, \$6.50.

This work deals with medico-legal relations. It discusses compensation work very thoroughly, with particular reference to the causes of disease and disability. It should aid the practitioner greatly in distinguishing between what part of disability is caused by injury and what part by previous disease. The effect of trauma in causing subsequent disease is well presented, with the authoritative views of experts. To those who are doing compensation work this book should be highly useful. A. C. J.

NORMAL FACTS IN DIAGNOSIS. By M. COLEMAN HARRIS, M.D., and BENJAMIN FINESILVER, M.D. Octavo of 247 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$2.50.

One must know the normal very well indeed before one can discern pathologic signs. This book is concerned with normal findings. The idea is an excellent one and the authors have done their work well. Methods of examination are carefully expounded; thus transillumination of the nasal sinuses is illustrated in colors. Urinalysis, blood examinations, basal metabolism, etc., are well presented. Excellent for practitioner and student alike.

A. C. J.

UTERINE TUMORS. By CHARLES C. NORRIS, M.D. 16mo of 251 pages, illustrated. New York and London, Harper and Brothers, 1930. Flexible leather, \$3.00. (Harper's Medical Monographs.)

This monograph will be fully as valuable to the general practitioner, and to those who desire a quick review of the subject, as it will be to the gynecologist. In a comparatively short space, the author has managed to give a short description of the etiology and pathology of the various forms of uterine tumors, and to emphasize their diagnostic features and the several tests necessary for diagnosis. He has clearly set forth many valuable aids in differential diagnosis.

Operative technique has largely been omitted, but the most satisfactory forms of operation with or without radium and x-ray are clearly indicated, together with their indications and contraindications. W. S. S.

או הסק כינור בע לאו הוו מנוגות לו פור לא הוו לה התונוש אומות להתונות הוו הוו לה התונוש אומות להתונות להוו להתונוש אומות להתונות להת

ACCEPTED, COUNCIL ON PHARMACY AND CHEMISTRY, A.M.A.

No

dosage

directions

accompany

MEAD'S

VIOSTEROL

in Oil, 250 D

originally called Acterol

# ··· EFFECTIVE ··· OCTOBER 1st, 1930

Mead's Viosterol in Oil is now designated 250 D because, in accordance with the provisions of the Wisconsin Alumni Research Foundation, we are now assaying the product by the Steenbock method. Before October 1, 1930, this same product was assayed by the McCollum-Shipley method and was designated 100 D. This was done in the belief that this method gave results comparable with that prescribed by the Wisconsin Alumni Research Foundation for its licensees. It was discovered, however, that when assayed by this method the potency of the product was virtually 250 D in comparison with products standardized by the Steenbock method.

Mead's Viosterol in Oil, 250 D (Steenbock method)—in normal dosage—is clinically demonstrated to be potent enough to prevent and cure rickets in almost every case. Like other specifics for other diseases, larger dosage may be required for extreme cases. It is safe to say—based upon extensive clinical research by authoritative investigators (reprints on request)—that when used in the indicated dosage, Mead's Viosterol in Oil, 250 D is a specific in almost all cases of human rickets, regardless of degree and duration, as demonstrated serologically, roentgenologically and clinically.

The change in Mead's Product is in designation only—not in actual potency. Mead's Viosterol in Oil, 250 D—in proper dosage—continues to prevent and cure rickets.

MEAD JOHNSON & CO.
EVANSVILLE, INDIANA, U.S.A.

Pigness in Vitamin Research

PREVENTS AND CURE



## OUR NEIGHBORS



### INCOMES OF PHYSICIANS IN WEST VIRGINIA

The November issue of the West Virginia Medical Journal contains a report on the questionnaire that was sent in October to each one of the 1500 physicians practicing in West Virginia. (See N. Y. STATE JOURNAL OF MEDICINE, Oct. 15, page 1267). Seventy-two per cent of the physicians responded. The figures given in the report are those which would apply to 100 per cent of the physicians estimated on the basis of the 72 per cent who replied. The table shows the incomes of the several classes of practitioners.

profession is \$28,000 a year, and there are two physicians who make that amount. It might be interesting to point out that one is a general practitioner, the other a surgeon. The smallest net income is \$420 a year, listed by a general practitioner in a rural district who has been in active practice for twenty-four years. The country doctor, however, does not fare as badly as one might think. The average net income of the rural general practitioner is \$4,396 a year, and the average net income of the urban general

TYPE OF PRACTICE	Average Income of Each Doctor		TOTAL INCOME OF ALL DOCTORS		PER CENT	TOTAL OF CHARITY
	Gross	Net	Gross	Net	Collections	Work
General Practice	\$8,005.86	\$5,235.26	\$8,334,105	\$5,449,908	77	\$958,941
Surgery	14,783.33	9,864.50	1,463,550	976,587	75	208,290
Eye, Ear, Nose and Throat	12,454.34	7,664.61	971,439	597,840	92	172,470
Internal Medicine	10,388.00	7,811.60	492,600	351,522	75	31,164
Pediatrics	14,300.00	5,812.50	231,000	139,500	76	42,900
Urology,	7,522.00	6,428.57	187,500	135,000	76	22,566
Miscellaneous	8,391.58	6,287.82	904,688	654,556	87	117,033
GRAND TOTALS	\$9,580.60	\$6,414.43	\$10,455,162	\$8,314,923	79	\$1,548,864

Commenting on the report, the Journal says:

"The surgeons are the highest paid of any branch of the profession, averaging \$9,864.50. X-ray specialists are the lowest paid, averaging the dermatologists, averaging, \$9,800; the obstetricians at \$9,700; the eye, ear, nose and throat specialists at \$7,664.61; the internists at \$7,811.60; the urologists at \$6,428.57; the pediatricians at \$5,812.50; the orthopedists at \$5,990, and the general practitioner at \$5,235.26. Of the smaller groups practicing special branches of medicine are the proctologists at \$7,500, the psychiatrists at \$4,100, and the public health workers at \$3,933. The average ine Stat of the "contract" doctor is the similar groups it womban that of the genk in hand or they will miss items. practitioner is \$6,528.64 a year. The "contract" doctor was figured separately, showing the average net contract to be worth \$4,166 a year.

"In many cases the younger doctors who had \$4,000 a year. Between these two extremes come been in practice for only six or seven years were making as much as or more than doctors who had spent from twenty to thirty years in the practice of their profession. It was quite clear, however, that the newer graduates just out of college were having a hard time making both ends meet. It was estimated that at least three years were required for the young doctor to get a foothold in the community or city in which he set up an independent practice. There were, of course, exceptions to this rule.

"It has been estimated by many large adver-(Continued on page 1446-adv. xii)

## FELLOWS' SYRUP

## ITS FORMULA

combines Mineral Foods and Synergistic Agents.

## ITS POSOLOGY

One to two teaspoonfuls after meals.



### ITS EFFICACY

is such that under its influence one observes a rapid increase of appetite and a marked elevation of tone.

FELLOWS MED. MFG. CO., INC. 26 Christopher St. New York, N. Y.

**ATONY** 

Samples on Request

DEBILITY

CONVALESCENCE

DEMINERALIZATION

# CROOKES' COLLOSOLS

# R

### COLLOSOL MANGANESE

For boils, acne, and all suppurative affections



### COLLOSOL ARGENTUM

Stainless, non-irritating colloidal silver, for eye, ear, nose, throat and genito-urinary affections.



Full information and samples for clinical trial will be sent on application to

### CROOKES LABORATORIES INC.

145 East 57th St.

New York City

Phone Vol. 1182-3

London

**Paris** 

Milan

Bombay

# DIGITALIS TABLETS Lederle

Standardized Windows



This Physician's Sample package containing, 3 vials of one-half, one and two cat units respectively, sufficient to digitalize and maintain one patient for a week, will be sent to a Physician on request.

LABORATORIES

PORATED,

NEW YORK

(Continued from page 1444)

tising houses that the maximum return on a professional questionnaire was 50 per cent, while the average return was lower than that. The members of the West Virginia State Medical Association returned 72 per cent of their questionnaires, and a few are still trickling in from day to day."

"The survey conducted by the West Virginia State Medical Association is the first attempt ever made to secure an exact estimate of the costs of medical care in this state and one of the first surveys of its kind ever made in this country."

### LEGISLATIVE SESSIONS IN TEXAS

The October issue of the Texas State Journal of Medicine has an editorial on a proposed change in the Constitution in the sessions of the Legislature, and says:

"The first amendment would provide for a regular legislative session each two years, of one hundred and twenty days duration, the session to be divided into three periods. The first period, thirty days, would be taken up exclusively with organization, emergency legislation and in the filing of bills.

"There would be ample time for constituents of the several legislators to make inquiries as to the bills they have introduced, and doubtless many foolish measures would be withdrawn after introduction, before the period of

committee hearings.

"But the real benefit of the proposal would be the opportunity given in the second period, also thirty days, for appearing before committees in opposition to or in support of, the various measures introduced during the first Those of us who have indulged in this very embarrassing pastime remember the difficulty experienced in endeavoring to present argument in connection with some intricate measure having a scientific bearing, in an allotment of time, of say, one hour. It cannot be done. The advantage in such a situation as this is to the fellow who has something to slip by somebody. In other words, there isn't time to find the nigger in the woodpile. Neither is there time to present the advantages of some measure which is necessarily voluminous and intricate. In this connection, we recall the difficulties experienced in the presentation of such health measures as the sanitary code, and the board of health bill.

"The third period, which is sixty days instead of thirty, is the period of debate. At the present time there is practically no debate in the legislature, except upon measures conceded to be of major caliber. There are many im-

## FELLOWS' SYRUP

### ITS FORMULA

combines Mineral Foods and Synergistic Agents.

## ITS POSOLOGY

One to two teaspoonfuls after meals.

### ITS EFFICACY

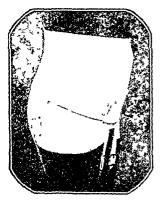
is such that under its influence one observes a rapid increase of appetite and a marked elevation of tope.

FELLOWS MED. MFG. CO., INC. 26 Christopher St. New York, N. Y.

Samples on Request



# "STORM"



# The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliac Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.
47 West 47th Street New York City

# Digitalis in its Completeness

Physiologically tested leaves made into physiologically tested pills.

Pil. Digitalis (Davies, Rose) insure dependability in digitalis administration. Convenient in size—0.1 gram (1½ grains), being the average daily maintenance dose.



Sample and literature upon request.



CO., Ltd. Roston, Mass. (Continued from page 1446-xii)

portant measures coming before the legislature from time to time which should be debated at length, which may not appear to be important because they are brief and to the point. Some legislator determines that there is something wrong and tries to get at it, but he is taken off his feet by the unsympathetic attitude of his colleagues, an attitude which would not prevail if it were not that expedition is necessary to get to some pet measure further on down the line. In other words, deliberation is not possible except when there is time for it, and certainly our legislative procedures should be deliberate.

"The average period of time the legislature has been in session during the past fourteen years, is one hundred and thirteen days, perhaps one-half of which has been wasted be-

cause of hurry."

### WORKMEN'S COMPENSATION IN OHIO

The November number of the Ohio State Medical Journal contains an account of a Workmen's Compensation conference similar to that held in New York State on October 22 (See the New York STATE JOURNAL OF MEDICINE, November 15, page 1380). The account says:

"Many questions relative to the handling and reporting of medical and surgical cases compensable under the Ohio Workmen's Compensation Law and mutual problems of the medical profession and the State Industrial Commission arising from administration of the compensation law were discussed at a dinner meeting of the Medical Economics Committee of the Ohio State Medical Association, its subcommittee on workmen's compensation, the Policy Committee of the State Association, members of the State Industrial Commission, its department heads and officials of the State Department of Industrial Relations, held on October 1, in Columbus.

"The desirability for a continuance of the mutual spirit of cooperation and friendly relationship that exists between members of the State Industrial Commission, its various divisions, and the medical profession of Ohio generally was the keynote of the conference.

"Practically all those who took part in the discussion voiced the opinion that in many ways the Ohio Compensation Law is superior to the compensation laws of other states and that in general it is more satisfactory to all groups and individuals affected by it."

But the Commission has its troubles as is

shown by the following incidents:

"Records of the Commission reveal several

(Continued on page 1450-rvi)



# What about taste?

Do you have to apologize for the taste of the medicines you prescribe? Or do your patients still believe innocently that the medicine must be bitter to be efficacious?

Agarol the original mineral oil and agaragar emulsion with phenolphthalein, is for that up to date generation that wants its medicines in the proverbial "sugar coating."

No excuses are needed for its taste anymore than for its effectiveness. Agarol is exceptionally palatable without artificial flavoring. It flows freely from the bottle, and can be mixed with any liquid or soft food.

Just enough mineral oil to carry unabsorbable moisture to the intestinal contents, keep them soft, and so make evacuation easy and painless. By gentle stimulation of peristalsis, Agarol makes the result certain, and aids in reestablishing regular habits.

One tablespoonful at bedtime

-is the dose

Final decision on the true worth of Agare! rests with the physician. We will gladly send a twin package, withliterature, for trial.

AGAROL

Constipatio

113 West 18th Street, P

(Continued from page 1448-adv. xiv)

cases where the attending physician has made himself liable to prosecution under the Anderson Law through the signing of fraudulent claims for injury or certification of inaccurate data.

"The record of one of these cases shows that a physician certified to an alleged operation for hernia, submitted a bill for the operation and was paid by the Commission which later learned, following examinations by other physicians, that such an operation had never been performed.

"A number of cases are on record at the Commission where claims were submitted, signed by the employe and the attending physician, where injuries were sustained 'outside' employment and therefore, were not compensable under the Workmen's Compensation Law. The law and the regulations of the Commission do not consider compensable any injuries incurred in going to and returning from work, unless transportation facilities are furnished by the employer and unless such injured employe was, at the time, under the control of or carrying out the instructions of the employer.

"Records of the Commission also show several instances where a physician has submitted a fee bill for services to patients who were never seen by him but where all the medical attention was rendered by a nurse or technician arrelated in the physician's offer.

cian employed in the physician's office.

"Another class of complaints that are largely due to the doctor's negligence are those received from injured workmen, asking why they have not received compensation for injuries received many weeks or months ago. In checking these kicks, we find that in some instances the physician has never filed certain reports necessary in adjudication of the case or that he has ignored the request of the Commission for more data or information on certain medical angles of the case.

"These are typical examples of some of the problems we face. For the most part, we have very little difficulty with the medical profession. The majority of doctors are doing splendid work and complying in every way with the rules and regulations laid down by the Commission. A little more cooperation and consideration by the few who are a bit trouble-some will aid in producing greater efficiency

in the office routine.

(Continued on page 1452-adv. xviii)

# In pneumonia Start treatment early

In the

# Optochin Base

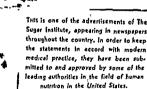
treatment of pneumonia every hour lost in beginning treatment is to the disadvantage of the patient. Valuable time may often be saved if the physician will carry a small vial of **Optochin Base** (powder or tablets) in his bag and thus be prepared to begin treatment immediately upon diagnosis.

Literature on request

& CO. Inc.

Rahway, N. J.





IF IT were not for those dainty cookies, wafers, sweet crackers and cakes made by the great baking companies of this country and sold at grocery stores overywhere — what would ladies do at their teas and bridge parties — what would we do for desserts?

Alluring indeed are the creations of these bakers. And the marvel of it is that they come to us oven-fresh. What a tribute to the careful way they are made, packed and delivered.

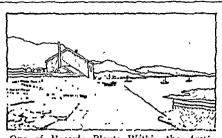
There is a place in every balanced diet for

these inviting inexpensive cookies and cakes. They round out the meal and make everybody satisfied and happy.

Too many of our meals are lacking in enjoyment because sugar has been left out. Try a dash of pure cane sugar in the essential foods, such as vegetables, fruit and cereals, and see how much better they taste. Doctors and dietitians heartily recommend this use of sugar as a flavor. The Sugar Institute, 129 Front Street, New York.

A bit of sweet makes the meal complete"

Please mention the JOURNAL, when writing to advertisers



One of Nason's Plants Within the Arctic Circle, Kabelvaag, Lofoten Islands, Norway.



### DOCTOR~

## do you prescribe or recommend Cod Liver Oil by Name?

If you want your patients to take Nason's Palatable Norwegian Cod Liver Oil, you should prescribe or recommend it by

By so doing you protect your patient against the possibility of getting inferior or untested commercial oils.

The clarity and purity of Nason's, its pleasant taste and high vitamin potency, are your assurance that in every case where Nason's is prescribed it will please and benefit your patient.

### High Vitamin Potency Plus + Palatability

The vitamin potency of Nason's Palatable Norwegian Cod Liver Oil is warranted to be not less than

1000 Vitamin "A" units per gram and not less than 150 Vitamin "D" units

per gram. Each lot is biologically tested.

Palatable - Norwegian

The Better Tasting Kind



Accepted by Council on Pharmacy and Chemistry, A. M. A.

TAILBY-NASON COMPANY Kendall Square Station, Boston, Mass.

Pharmacentical Manufacturers to the Professions of Medicine and Pharmacy since 1905

may send me (without charge) sample bottle

...(N.Y.J. 12-30)

(Continued from page 1450-xvi)

"Mr. Hedges also sounded a note of warning to the medical profession generally not to be taken in by the various so-called Industrial Service Bureaus' operating in the state and soliciting members of the medical profession and others for business, promising to collect bills before the State Industrial Commission on a commission basis. These agencies have no standing of advantage before the Commission and can do no more than the physician himself in hastening the payment of bills."

### COUNTY SOCIETY NEWS FROM MISSISSIPPI

The November issue of the New Orleans Medical and Surgical Journal, the organ of the Mississippi State Medical Association, as well as the Louisiana State Medical Society, has the following commendatory editorial on the news pages contributed from Mississippi:

"The Secretaries of the various Parish Societies of the Louisiana State Medical Society are invited to look over the splendid section that is being edited by Dr. Lippincott, and which contains so much information concerning physicians in the State of Mississippi. This section is a real tribute to the Editor, who has labored long and hard in order to get the Secretaries of County Medical Societies of the State of Mississippi, as well as the members of the Mississippi, State Medical Association, interested in submitting news items for publication in the Journal. It is only by the earnest cooperation and help of these County Society Secretaries that Dr. Lippincott has been enabled to get together so much material for the Mississippi Section of the Journal. He has done this by a personal appeal and by written requests."

The Mississippi news section fills seven pages of the Journal. An item read before the "East Mississippi Four-County Society" was as follows:

"Dr. Felix J. Underwood, The Executive Officer of the Mississippi State Board of Health, discussed the awful death rate among the doctors in Mississippi during the past nine months. There have been 43 deaths and over 50 per cent died with either acute heart attacks or cardio-renal disease. This gives us something to think about, especially those of us who are going into the fifties. We all need rest, relaxation, and less responsibilities." I have been over the state considerably during the past six months, and it makes my heart ache to see the men breaking as they are now breaking. Why can't they take the same advice that they give their patients?"

(Continued on page 1453-adv. xix)

(Continued from page 1452-adv. xviii)

Another item described a public session in

connection with the society:

"After the scientific program was disposed of, the ladies of the Twentieth Century Club of this little city were the guests of this meeting, and they listened very intently to the paper of the writer on 'Organized Medicine,' and to the paper of Dr. Felix J. Underwood on 'Public Health Work.' If every town in the state had such active women in public health matters, our health programs would go over without any question, and our death rate from preventable diseases would be practically nil. These good women have taken the most advanced step and have had a Wassermann test made on every cook in this town, and those who were infected were treated, and today in the town of Durant there is not a cook who shows a positive Wassermann test. This is great work and I hope it will not be long before every city and town in the state takes up this work. I am especially grateful to the doctors of this society for the many courtesies shown me at this meeting."

The following items are from Jackson

County:

"Nothing has happened in society work in Jackson County since June. At that time we had a good meeting with Dr. Toulman Gaines of Mobile making a most practical and beneficial talk on 'Skin Troubles That Worry the General Practitioner.' We expect the December meeting to be better than we have been having.

"I hear that Dr. S. B. McIlwain will do post-

graduate work in Memphis soon.

"The new Jackson County Hospital will be finished at an early date and will be ready for

patients by November 15.

"No doctor has been sick, died, moved, got married nor had a baby. Some of them may be getting rich, but if they are they keep it J. N. RAPE, Secretary. hidden."

### VENEREAL DISEASE CASE REPORTS IN WASHINGTON

The Washington State method of reporting venereal diseases is described in the following editorial in the October issue of Northwest Medi-

"Doctors of Washington are neglecting one very important condition,—that venereal diseases are by law reportable, as are smallpox, diphtheria, and other infectious diseases. The report is made by a number and not by name. The physician withholding the name is legally held responsible for the patient continuing under treatment until well. If the patient discontinues treatment

(Continued on page 1454-adv. xx)



## tor your Winter Patients-

the undernourished children, the "rheumatics," the anemic. the convalescents and particularly those with respiratory infections, colds, bronchitis, grippe, etc.

In these cases Olajen has proved of marked value:

To raise resistance-Stimulate the natural defensive mechanism-Rebuild.

Olajen is **not** a specific—but—by the rapid assimilation and utilization of the calcium lecithin and other salts it contains it increases the patient's physical resistance and forms a valuable metabolic adjuvant.

Samples on request



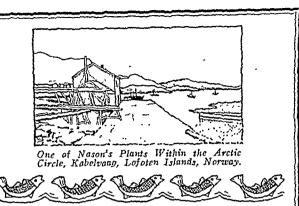
### Olajen contains per 8 oz.:

#### IMPORTANT

IN FORM AND PALATIBILITY OLAJEN IS A DEFINITE STEP FORWARD, SMALL DOSAGE BE-CAUSE OF RAPID ABSORPTION (COLLOIDAL) AND ACTION, TAKEN OFF A SPOON OR ON A CRACKER, WITH A PLEASANT MINT FUDGE FLAVOR-STRICTLY FTRICAL

Olajen, Inc. 451 West 30th Street New York City

Water to hope the property



### DOCTOR-

## do you prescribe or recommend Cod Liver Oil by Name?

If you want your patients to take Nason's Palatable Norwegian Cod Liver Oil, you should prescribe or recommend it by name.

By so doing you protect your patient against the possibility of getting inferior or untested commercial oils.

The clarity and purity of Nason's, its pleasant taste and high vitamin potency, are your assurance that in every case where Nason's is prescribed it will please and benefit your patient.

# High Vitamin Potency Plus + Palatability

The vitamin potency of Nason's Palatable Norwegian Cod Liver Oil is warranted to be not less than

1000 Vitamin "A" units
per gram and not less than
150 Vitamin "D" units

per gram. Each lot is biologically tested.

# Nason's Palatable -Norwegian

Cod Liver Oil

The Better Tasting Kind



Accepted by Council on Pharmacy and Chemistry, A. M. A.

.... (N.Y.J. 12-30)

TAILBY-NASON COMPANY
Kendall Square Station, Boston, Mass.

Pharmacentical Manufacturers to the Professions
of Medicine and Pharmacy since 1905

y may send me (without charge) sample bottle
ble Cod Liver Oil.

(Continued from page 1450-xvi)

"Mr. Hedges also sounded a note of warning to the medical profession generally not to be taken in by the various so-called 'Industrial Service Bureaus' operating in the state and soliciting members of the medical profession and others for business, promising to collect bills before the State Industrial Commission on a commission basis. These agencies have no standing of advantage before the Commission and can do no more than the physician himself in hastening the payment of bills."

## COUNTY SOCIETY NEWS FROM MISSISSIPPI

The November issue of the New Orleans Medical and Surgical Journal, the organ of the Mississippi State Medical Association, as well as the Louisiana State Medical Society, has the following commendatory editorial on the news pages contributed from Mississippi:

"The Secretaries of the various Parish Societies of the Louisiana State Medical Society are invited to look over the splendid section that is being edited by Dr. Lippincott, and which contains so much information concerning physicians in the State of Mississippi. This section is a real tribute to the Editor, who has labored long and hard in order to get the Secretaries of County Medical Societies of the State of Mississippi, as well as the members of the Mississippi, State Medical Association, interested in submitting news items for publica-tion in the Journal. It is only by the earnest cooperation and help of these County Society Secretaries that Dr. Lippincott has been enabled to get together so much material for the Mississippi Section of the Journal. He has done this by a personal appeal and by written requests."

The Mississippi news section fills seven pages of the Journal. An item read before the "East Mississippi Four-County Society" was as follows:

"Dr. Felix J. Underwood, The Executive Officer of the Mississippi State Board of Health, discussed the awful death rate among the doctors in Mississippi during the past nine months. There have been 43 deaths and over 50 per cent died with either acute heart attacks or cardio-renal disease. This gives us something to think about, especially those of us who are going into the fifties. We all need rest, relaxation, and less responsibilities." I have been over the state considerably during the past six months, and it makes my heart ache to see the men breaking as they are now breaking. Why can't they take the same advice that they give their patients?"

(Continued on page 1453-adv. xix)

# "You can relieve coughs



# without opiates"

"... Prescribe, instead, the non-nar-cotic Kres-Lumin. It combines the expectorant effect of calcium cresol sulphonates with the marked sedative and antispasmodic action of Luminal and is very palatable."

RES-LUMIN is particularly indicated in acute bronchitis and the bronchial complications of influenza, pneumonia or measles; in chronic bronchitis and pulmonary tuberculosis, in laryngitis, whooping-cough and bronchial asthma.

The dose for adults is 2 to 3 teaspoonfuls three or four times daily; for children 1/2 to 1 teaspoonful.

Kres-Lumin is now supplied in 4 oz. and 8 oz. bottles.

# KRES-LUMIN

Red U.S. Pal. Off and Canada

Literature and a 4 oz bottle of Kres Lumin sent to physicians on request.

WINTHROP CHEMICAL COMPANY, INC.

(Continued from page 1456-adv. xxii) after will not exceed two and one-half dollars, and that this shall be held as a 'pot,' to be drawn for toward the end of the meetings. Each one registering will be given a card with a number, and a duplicate number will be placed in a hat at the time of the drawing. The first number drawn will receive two-thirds of the amount of the 'pot,' and the second number, the remaining third. If the numbers drawn are held by members who have left prior to the drawing, they will receive nothing, and a second number, or numbers, will be drawn. In order to win, one must be present when the numbers are selected. Assuming that one hundred and fifty are present at the Jacksonville meeting, it is readily seen that the winning numbers will warrant the boys in remaining until the end of the session."

### INFANTILE PARALYSIS IN MAINE

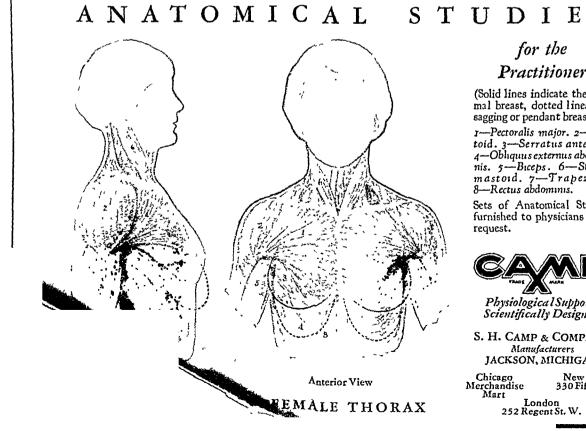
The October issue of the Maine Medical Journal contains the following editorial on infantile paralysis in the State:

"The recent incidence of infantile paralysis in Maine has been confined, for the most part, to Portland and Cumberland Counties. In number of cases, mortality and paralytic sequela the epidemic has run true to form. Relatively, to the communities and populations involved, it has not been as severe as that which occurred in New York in 1916.

"The action of Governor Gardiner in appointing Dr. Mortimer Warren, of Portland. Commissioner of Infantile Paralysis Control for our State, suggested by the Cumberland County Medical Society and after conference with representatives of the State Medical Association, again makes it possible for Maine to live up to her motto. No other New England State has as yet secured such support from its Chief Executive in attempting to combat this disease.

"For the first time in history a measure of insurance against the damage done by infantile paralysis is offered. It is for us to aid our Commissioner to establish the means of making this serum available in our State when needed.

"The Governor and our Association are alike anxious to co-ordinate in this matter and other health problems, existing agencies. In this case a new office has been created which is expected to secure better cooperation and coordinate the work of the doctor, the local and State Health Department, and other groups that should work together upon this problem for the common good. It in no way conflicts with and should supplement the proper work of all."



## for the Practitioner

(Solid lines indicate the normal breast, dotted lines the sagging or pendant breast.

1-Pectoralis major. 2-Deltoid. 3-Serratus anterior. 4—Obliquus externus abdominis. 5—Biceps. 6—Sternomastoid. 7—Trapezius. 8—Rectus abdominis.

Sets of Anatomical Studies furnished to physicians upon request.



Physiological Supports Scientifically Designed

S. H. CAMP & COMPANY Manufacturers JACKSON, MICHIGAN

Chicago Merchandise Mart

New York . 330 Fifth Ave.

London 252 Regent St. W.



# White's Cod Liver Oil Concentrat

Formerly Cod-Liv-X

HEALTH PRODUCTS CORPORATION, NEWARK, N.

(Continued from page 1456-adv 1111) after will not exceed two and one-half dollars, and that this shall be held as a 'pot,' to be drawn for toward the end of the meetings. Each one registering will be given a card with a number, and a duplicate number will be placed in a hat at the time of the drawing. The first number drawn will receive two-thirds of the amount of the 'pot,' and the second number, the remaining third. If the numbers drawn are held by members who have left prior to the drawing, they will receive nothing, and a second number, or numbers, will be drawn. In order to wm, one must be present when the numbers are selected. Assuming that one hundred and fifty are present at the Jacksonville meeting, it is readily seen that the winning numbers will warrant the boys in remaining until the end of the session."

### INFANTILE PARALYSIS IN MAINE

The October issue of the Maine Medical Journal contains the following editorial on infantile paralysis in the State:

"The recent incidence of infantile paralysis in Maine has been confined, for the most part, to Portland and Cumberland Counties. In number of cases, mortality and paralytic sequela the epidemic has run true to form Relatively, to the communities and populations involved,

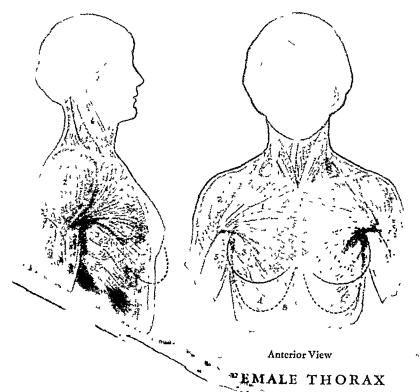
it has not been as severe as that which occurred in New York in 1916.

"The action of Governor Gardiner in appointing Dr. Mortimer Warren, of Portland. Commissioner of Infantile Paralysis Control for our State, suggested by the Cumberland County Medical Society and after conference with representatives of the State Medical Association, again makes it possible for Maine to live up to her motto. No other New England State has as yet secured such support from its Chief Executive in attempting to combat this disease.

"For the first time in history a measure of insurance against the damage done by infantile paralysis is offered. It is for us to aid our Commissioner to establish the means of making this serum available in our State when needed.

"The Governor and our Association are alike anxious to co-ordinate in this matter and other health problems, existing agencies. In this case a new office has been created which is expected to secure better cooperation and co-ordinate the work of the doctor, the local and State Health Department, and other groups that should work together upon this problem for the common good. It in no way conflicts with and should supplement the proper work of all."

## ANATOMICAL STUDIES



## for the Practitioner

(Solid lines indicate the normal breast, dotted lines the sagging or pendant breast.

1—Pectoralis major. 2—Deltoid. 3—Serratus anterior. 4—Obliquus externus abdominis. 5—Biceps. 6—Sternomastoid. 7—Trapezius. 8—Rectus abdominis.

Sets of Anatomical Studies furnished to physicians upon request.



Physiological Supports Scientifically Designed

S. H. CAMP & COMPANY

Manufacturers

JACKSON, MICHIGAN

Chicago Merchandise Mart New York, 330 Fifth Ave.

London 252 Regent St. W.

## New York Post-Graduate Medical School and Hospital

### A SURGICAL SEMINAR OF 3 MONTHS

offered three times a year—January 2, April 1, and October 1 The first seminar will begin January 2 1931 1 Under the direction of Dr John F. Erdmann. I The course consists of 38 hours' work a week, divided as follows Special clinics in the Outpatient Department (gall bladder, goliter, gastro-intestinal and breast), 8 hours, surgical diagnostic clinics and surgical Jectures, 7 hours; surgical anatomy or operative endaver surgery, 4 hours, procelogog, 2 hours, surgical pathology, 2 hours, operative rounds 2 hours; operating clinics, 7 hours, general anesthesis, regional anesthesia, or blood transfusions (alternate months), 2 hours, traumatic surgery (lecture) physical diagnosis, X ray interpretation, and medical aspects of surgical diseases, 1 hour each 1 Euroliment contology of the property (12 lessons); surgical anatomy (and the property of the prope

For further information and descriptive booklet, address THE DEAN, 302 East 20th Street, NEW YORK CITY

## PHILLIPS Milk of Magnesia

THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz., 12 oz., and 3 pt. Bottles.

THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London

## As a General Antiseptic

in place of

TINCTURE OF IODINE

Trv

## Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein) 2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

It does not burn, irritate or injure tissue in any way.

Hynson, Westcott & Dunning

Baltimore, Maryland

#### VIEW SANATORIUM CREST GREENWICH, CONN.

(20 Miles from Grand Concourse, or 25 Miles from Grand Central Station) F. St. CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to. Charmingly located, beautifully appointed; in the hilly country 1½ miles from L. I. Sound, where the air is tonic. Easy, quick drive from N. Y. City. Physician's cooperation invited on cases. Families who must\_travel leave invalid or elderly relatives with in fullest confidence. Truly homelike; no

٠٠, ١

tional appearance, beyond nurses' uniforms. Com-mittments seldom necessary. (Disturbing cases, addicts, desired.) and invalid types ly. \$25-85 weekly. -1.: Regent 8587;

; 11-<del>~</del>1. 1

g do ederriùres Please mention

# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

### =The list of advertisers in the 1929 edition follows:=

### Abdominal Supports and Binders

Camp. Sherman P.
Donovan. Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc Pomeroy Co.

### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schueter, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

### - --

Appliance Co.,

### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopsedic Appliance Co.,
Inc.

### Flour (Prepared Casein)

Lister Brothers, Inc.

### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

### Leg Pads

Camp, Sherman P.

### Mineral Water

Kalak Company

### Orthopaedic and Surgical Supplies

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc. United Orthopaedic Appliance Co.,

### **Pharmaceutical**

Fellows 1\* Mutual Reed

### Physic-

Central : Hough, Frank : Halcyon Rest Norria Registry Sahler Sanatarium

### Post-Graduate Courses

New York Polyclinic Medical School
School

### Publishers

N. Y. State journal of Medicine Tilden, W. H. (Representative)

### Radium

Radium Emanation Company

### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Servic- Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
Crest Sanitarium
Hospital

TONSILLITIS and particularly Follicular Tonsillitis is often stubborn and unyielding, with a great tendency to developing into the suppurative form.

# Tonsillitis in all its Forms

When it becomes apparent that suppuration is inevitable, the application of hot poultices is an old and accepted treatment.

Due to its thermogenetic potency and to its bacteriostatic action

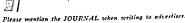
# "Antiphlogistine"

induces an active hyperaemia in the affected area, which dilates and flushes the superficial capillaries, stimulates leucocytosis, and promotes the destruction of the bacteria.

Antiphlogistine has the advantage of being unfermentable and bacteriostatic, and will cling around the contour of the neck, when other applications are difficult to retain in place.

Write for sample and literature quoted from standard journals and text books.

THE DENVER CHEMICAL MI 163 Varick Street No.



# BACIDOPHILIS MILI

Approved by the A. M. A. Council on Pharmacy and Chemistry

There is only one way of convincing you just how reliable Cheplin's really is—and that is a trial in your next case of:

## Chronic Constipation or Mucous Colitis

Cheplin's B. Acidophilus is cultivated in milk, its best Medium (owing to the presence of 5% lactose), and this, combined with the careful selection of each strain of seed, produces a maximum concentration of viable B. Acidophilus. Hence, maximum results!

For additional information send your name and address for a reprint from the Boston Medical and Surgical Fournal on the Acidophilus therapy together with SAMPLE and name of DISTRIBUTING DAIRY in your city.

CHEPLIN BIOLOGICAL LABORATORIES, Inc. Syracuse, N. Y.

### INDEX TO ADVERTISERS

RULES—Advertisements published in the JOURNAL must be ethical. The formulas of medical preparations must have been approval by the Committee on Publication before the advertisements can be accepted.

Page		PAGE	PAGE
ABDOMINAL SUPPORTERS, ETC. S. H. Camp & Co xiv	HEALTH RESORTS AND SANITARIUMS Barnes' Sanitarium	XIX	PHARMACEUTICAL PREPARATIONS Bilhuber-Knoll Corp. vii G. W. Carnrick Co. x
ARTIFICIAL EYES  Mager & Gougelman, Inc viii  CORSETS	Brigham Hall Hospital Charles B. Towns Hospital Crest View Sanatorium Halcyon Rest Interpines River Crest Sanitarium Dr. Rogers' Hospital	xix xix xix xix xvii	Crookes Laboratories, Inc. viii Denver Chemical Mfg. Co iii
Barnum-Van Orden xvii	Shaunon Lodge	xix	Olajen, Inc.         xiii           E. R. Squibb & Sons         xi           Schering Corp.         ix
	LABORATORIES Cheplin Biological Labs., Inc Lederle Antitoxin Labs., Inc	vi ix	William R. Warner & Co., Inc xv  RADIUM  Radon Co., Inc
DIETETIC FLOUR Lister Bros., Inc	MISCELLANEOUS Classified Advertisements Bancroft School	xix	SURGICAL APPLIANCES, INSTRU- MENTS, SYRINGES, THERMOM- ETERS, ETC.
FOODS  Battle Creek Food Coxii  Mead Johnson & Coxii  Mellin's Food Covii	McGovern's Gymnasium, Inc.  Medical Directory  Official Registry for Nurses  Quick Service Press  Veil Maternity Hospital	ii ix xvii	George Tiemann & Coxvji  WATERS, BATHS  Kalak Water Coiv  Poland Spring Coxvi

### In Angina Pectoris and Cardiac Asthma

### THEOCALCIN

Antispasmodic and dilator of the coronaries

Theocalcin (See N.N.R.) is theobrominecalcium salicylate. Marketed as a white powder and in tablets, 7½ grains each.

DOSE: 7½ to 15 grains t.i.d., with or directly after meals.

Literature and samples upon request.

BILHUBER-KNOLL CORP., 154 Ogden Ave., Jersey City, N. J.

# Mellin's Food Adults and Children



MELLIN'S FOOD is a valuable aid in the management of the diet in any illness of children or adults where nourishment is an important part of the treatment, for the nutritive elements of which it is composed are readily digestible and capable of rapid absorption. In acute stomach upsets, in chronic intestinal disorders, in irritable conditions that involve the entire digestive tract and in febrile diseases, Mellin's Food may be used with much satisfaction.

A DIET generally acceptable to convalescents may be prepared from Mellin's Food, as well as bedtime nourishment for the aged, or to assist in inducing natural, restful sleep in the treatment of insomnia and many extremely nervous conditions.

MELLIN'S FOOD is particularly agreeable to the taste and patients take it readily, which is always of decided advantage whenever a restricted diet is necessary.

Formulas for preparing nourishment to meet varying conditions are set forth in a book which will be sent to physicians upon request, together with samples of Mellin's Food

Mellin's Food Company,

Boston, Mass.

## Mager & Gougelman, Inc.

FOUNDED 1851

510 Madison Avenue

New York City

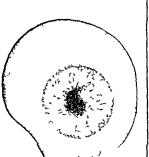
Specialists in the manufacture and fitting of

# Artificial Eyes

Selections on request

230 Boylston Street.....Boston, Mass.1930 Chestnut Street....Philadelphia, Pa.

Charitable Institutions Supplied at Lowest Rates



# Dispensing

For a limited time we are offering SPECIAL PRICES on all COUGH SYRUPS, ELIXIRS and MIXTURES.

These remedies are put up in 1 gallon containers or in 3 or 4 ounce Ready-to-Dispense bottles with blank labels.

Write for FALL OFFER LIST

MUTUAL
PHARMACAL CO., Inc.
107 No. Franklin Street
SYRACUSE, NEW YORK

"A Very Remarkable Addition To Our Equipment For Dealing With Suppurative Processes" B. M. J. 1920 11 745

# Collosol Manganese

In the treatment of deep-seated coccogenic infections, boils, acne, carbuncles, psoriasis, etc.

Supplied in ampoules 0.5 c.c. and 1.0 c.c. for intramuscular injection and 4-oz., 8-oz. and 16-oz. bottles for oral use.

Full details will be found in our booklet "Collosol Manganese" sent on request.

Crookes Laboratories, Inc.

145-7 East 57th Street

New York City



MANY patients have been using ILETIN (INSULIN, LILLY) throughout all or the major part of the eight years in which it has been available.

CHILDREN are growing normally and continuing in school, young men and women are completing college, and older patients are leading active, useful lives.

Supplied through the drug trade in 5cc. and 10cc. vials
WRITE FOR PAMPHLET AND DIET CHART

### ELI LILLY AND COMPANY

Indianapolis, U.S.A.

SHILIN COMMERCIALLY AVAILABLE IN THE UNITED

# Liver Extract No. 343 Specific in Pernicious Anemia

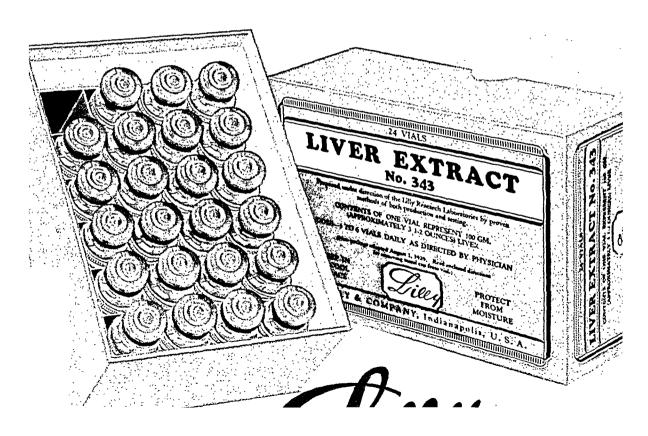
(A Highly Potent and Uniform Product)

LACH lot of Liver Extract No. 343 is tested clinically on a patient with primary pernicious anemia who has not received treatment and whose red blood-cell level is 2.5 million or below. This test provides the only known method for observing the response of the reticulocytes (young red blood-cells) and the rate of red blood-cell production, which determine the potency of the extract.

Liver Extract No. 343 is supplied through the drug trade in boxes containing two dozen vials of powdered extract. The content of each vial represents material derived from 100 grams, or about 3½ ounces, of fresh raw liver.



Write for further information



### The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

> 305 Lexington Avenue New York City Tel. Ashland 3563

DAY AND NIGHT SERVICE

Registered Nurses
Private Duty Hourly Nursing

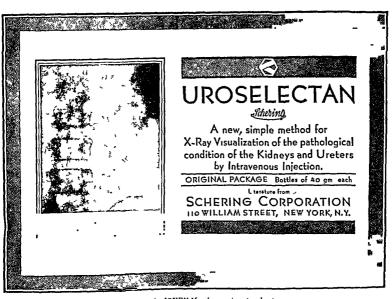
Positions Filled in Doctors' Offices

## Liver Extract Lederle

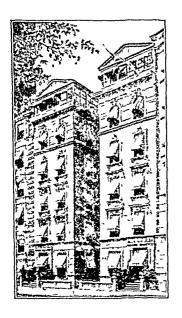
A VERY palatable, highly concentrated fraction of liver for the treatment of Pernicious Anemia. Efficiency established by more than two years of clinical trial.

Physician's sample and literature on request.

LEDERLE LABORATORIES
NEW YORK



# For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

# CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770



# AMENORRHEA DYSMENORRHEA MENORRHAGIA

# HORMOTONE

which is a combination of tonic hormones from thyroid, pituitary, suprarenal and gonads, has been used with success as a glandular aid in menstrual conditions.

G. W. CARNRICK CO.

20 MT. PLEASANT AVENUE

**NEWARK, NEW JERSEY** 

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 22

NEW YORK, N. Y.

November 15, 1930

### FURTHER ADVANCEMENT IN GYNECOLOGICAL DIATHERMY\*

By THOMAS H. CHERRY, M.D., NEW YORK, N. Y.

A<sup>N</sup> encouraging sign in the progress of medical science is the adoption of diathermy in the treatment of pelvic disorders.

In recent years this therapeutic agent is utilized on an increasing scale by the gynecologist, whereas previously, the physiotherapist had been the propagandist. This gradual change is as it should be, for the pelvic specialist is in a better position to more accurately make diagnoses and apply therapeutic relief.

The field of application in pelvic diseases is very large and the time limited to this paper is too short to undertake in detail a description of the entire subject. My remarks therefore will be limited to the progress made in the treatment of pelvic disorders by controlling the distribution of heat in medical diathermy and the destructive depth in coagulation diathermy.

The greatest field of gynecologic diathermy lies in the treatment of pelvic infections. The goneococcus is the most generally accepted origin of pelvic infections as is manifested so frequently by a urethritis, Skenitis, Bartholinitis, cervicitis and salpingitis with the complicating pathology of collections of pus in the fallopian tubes and Culdesac of Douglas.

It has previously been an accepted fact that the gonococcus was killed at a temperature of 42 degrees C., (107.6 F.). Quite recently Pelouze has demonstrated that this bacterium in some strains is not rendered innocuous until exposed to 47 degrees C., (116. F.). These findings have been verified in the bacteriological laboratory of the New York Post-Graduate Hospital. On account of this more recent information my former ideas concerning the maximum application of heat in these infections have undergone a change. There is no doubt that this fact explains some of our failures to render the urethra and cervix free of the gonococcus, as I feel that the greatest bene-

fit in this type of infection is derived from the bactericidal action of the diathermic heat units administered.

To apply sufficient heat units to the pathology presented, various types of electrodes have been devised. For the urethra and cervix, the Corbus thermophore is most excellent, the heat units administered being more or less accurately determined by a thermometer inserted in its canal. The thermometer readings give a rough estimate of the temperature generated in the tissues themselves.

It is assumed that everyone here knows that to administer diathermy, a high frequency machine is utilized, that a bipolar current is the one of choice, and to apply it, the placement of two electrodes upon the body is necessary with the anatomical part to be treated between them. The electrodes placed upon the surface of the body are termed the inactive electrodes, and the internal one inserted into a cavity is termed the active electrode. These terms are used both for medical and coagulation diathermy.

Multiple inactive electrodes are advantageous as they reduce any feeling of heat to the patient and less amperage is necessary to maintain the required temperature. One may use the link electrodes or blocked tin on the sacral and abdominal regions. These various inactive conductors are connected to one pole of the machine by means of a multiple connector.

The degrees of heat generated in the tissues varies from normal, (37 degrees C.) to actual destruction or coagulation (60 degrees C.) depending upon the amount of current utilized. The maximum area of heat generated depends upon the size of the electrodes, the amount of current used and the resistance of the tissues encountered thru which the current passes.

To accurately place a given number of heat units in various places in the pelvis, by considering the above factors, has been a weak

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N. Y., June 4, 1930.

spot in medical diathermy. Several years ago I attempted by the use of thermometers passing thru an electrode with the mercury bulb exposed thru a window in contact with the vaginal tissues, to estimate from its readings, the temperature of the adnexa.

By the use of thermocouples it is now being ascertained thru experiments, at what degrees of heat different anatomical tissues react. The variation of these readings has been observed using different sized electrodes with different amounts of current. The urethra, cervical canal, uterine cavity, bladder, ureter and rectum have been tested for temperature with this instrument.

In other words, it has been my endeavor to be able to say that with two electrodes, whose contact surface contains a definite area and with a known amount of current, certain actual heat units as expressed in degrees, can

be applied.

Thru the kindness of the Adlanco Industrial Products Corporation, who contributed a set af thermocouples for research in this field, it has been made possible to test the heat reaction of various pelvic tissues subjected to known electrical forces. The work has been done on animals and the living human, and this is only a preliminary report of the research. Further investigations are being carried on, concerning the morphological and chemical changes in the tissues when subjected to different degrees of temperature.

It seems to be the general impression that possible harmful effects occur when applying heat units to pyosalpinges and tubo-ovarian abscesses; I hope this fallacy has been sufficiently disproved in the last few years. own results in these types of cases, both in hospital and in private work, have been most satisfactory. In only two instances has a bad effect resulted from the use of diathermy. In one instance a pelvic abscess ensued. another case an ovarian cyst was mistaken for a tubo-ovarian infection, which resulted in abscess formation. The first case necessitated a posterior colpotomy and in the latter a laporatomy was done with extirpation of the infected neoplasm. I wish to stress the importance of accurate diagnosis before diathermy treatments are begun and for this reason gynecologists should apply diathermy in pelvic disorders.

With the exception of the two cases mentioned above, only two other cases have not responded to diathermic applications in the last three years. One was a private case and one was a hospital case. Good results were obtained in all others. A most striking result to prove the conservatism of treatment of adnexal infection was in a patient who, seven

years previously had both tubes and one ovary removed for an acute gonorrheal infection. She was referred for operation with an acute re-infection of the remaining ovary. A large mass filled the entire pelvis and the patient was running a septic temperature. After a period of diathermic applications for about five months the remaining ovary resoluted completely. Following several months' further observation she was in perfect health and was able to carry out her marital relations with restoration of menstrual and sexual function.

Many of these apparently frank operative cases have by diathermic treatments, not only had their sex organs conserved, but their fallopian tubes have regained their patency and pregnancy has followed.

An important part in hastening adnexal resolution is the treatment of the cervicitis that invariably accompanies this condition. In the chronic case it is the generally accepted treatment, that removal of the infected cervical mucosa and glands should be accomplished. It is my firm opinion that this can best be done by coagulation diathermy.

Following such therapy, a slough separates leaving a granulating surface that in the course of several weeks becomes epithelialized by regeneration of the squamous cells covering the vaginal cervix.

The technic of coagulation until recently has been done in a more or less inaccurate way, as there has been no method whereby the depth of destruction of tissue has been determined. The first cervical electrode to accurately apply coagulation to the cervix was devised by Ende. The principle involved in this instrument is the incorporation of both the bipolar currents in two wires the length of the cervical canal, forming an active and inactive electrode two m.m. apart. The current passes from one electrode to the other and if 2,000 m.a. of current is used for four seconds, three m.m. of contacting tissue will be coagulated.

Recently I have been using a modification of this electrode with similar satisfactory re-Instead of two wire electrodes, there are two plates 2.8 c.m. long and 4 m.m. wide placed upon opposite sides of a non-conducting material. These are connected thru the handle with terminals of the bipolar current and used in a similar manner to the Ende electrode. The depth of the destruction with this electrode using 2,000 m.a. is four m.m. has been determined by microscopical sections of amputated cervices and by the utilization of the thermocoupling at varying depths of cervical tissue. Knowing the depth of destruction obtained, there cannot arise any complicating post-operative factors such as hemorrhage or

stricture, which too great a depth of coagulation might bring about.

In connection with cervicitis, it might be mentioned that the routine taking of biopsics by the cutting current is a valuable procedure. The laboratory not infrequently reports, from these specimens, premalignant changes in the epithelium and occasionally an early carcinoma, which grossly appears to be a simple erosion.

The technic of this simple procedure can very readily be performed before coagulation is done when a machine is utilized that delivers both types of current.

Further pathological conditions of the genital organs due to chronic infections where coagulation diathermy is most useful, are the destruction of infected Skene's glands, urethral follicles and Bartholin's glands. Abscesses of these structures are easily opened by a needle The pus electrode under local anæsthesia. is readily evacuated and the opening remains patent ten days which allows for complete drainage and resolution. This method reduces to a simple office technic, a procedure, that with the scalpel and wide incision requires hospitalization and narcosis. In the chronic infective stage of these structures a similar technic utilized will destroy efficiently the infected sites.

Further use of coagulation diathermy is the destruction of the uterine endometrium that can be termed endometrial coagulation. Its usefulness is chiefly limited to those cases of essential uterine bleeding that resist all glandular and other types of conservative therapy. These patients have been given radium and x-ray therapy with indifferent results and in some instances complete amenorrhea with a premature menapause has resulted. I consider all these patients as candidates for endometrial destruction and relief will be obtained without an artificial menapause being interjected.

To bring about such a result intra-uterine electrodes have been devised that by utilizing 440 square c.m. of an inactive surface electrode and 1750 m.a. of current for 45 seconds, a depth of coagulation of 5 m.m. will result. As a preliminary dilatation of the cervical canal and a diagnostic curettement should be performed. At the time of treatment, four or five applications of the active electrode to the uterine cavity may be necessary, depending upon its size, before all areas of endometrial hyperplasia have been destroyed.

No post-operative reaction is noticeable. At the end of a week, the slough separates and is extruded thru the cervix in whole or in particles. I present this method as a preliminary report for further enlargement on the subject. At the present time there are too few cases to make a statement concerning their final results. So far it seems a satisfactory and simple method of combating a most intractable disorder.

As a final topic in advanced diathermy, the subject of malignancy should be discussed. In the treatment of cervical cancer over twenty years ago, the celebrated French surgeon, Doven, was the first to use coagulation diathermy. It has been definitely proven that cervical cancer when confined solely to the cervix can be destroyed by coagulation. I have personally, one such case alive five years and in good health. However. when extension to the parametrium has occurred, coagulation alone is useless from a curative standpoint and unfortunately the vast majority of cervical cancers are in this class when we are first consulted. At the present time it is generally accepted that radium is the treatment of choice in these cases. A combined method of treatment is here offered which may or may not be advanced and no doubt has previously been used but not to my knowledge

The entire cervical mass is coagulated with a needle electrode to its utmost limits without damaging important structures. The cutting electrode is then utilized to remove the coagulated cancer, leaving a cooked cavity in the vault of the vagina. The coagulation seals the lymph and blood vessels preventing metastases and hemorthage from the operative manipulation.

The periphery of the cancer where there are live and actively growing malignant cells is next attacked by inserting twelve to fifteen radon seeds coated with gold or platinum. An intrauterine stem containing three centers of radiation is next inserted and a rubber ring pessary is placed in the vagina with two centers radiating the broad ligaments. Another stem of one center of activity is placed against the cancer cavity. This series remains for six days, that administers approximately 12,000 m.c. hours.

Gauze packing is inserted into the vagina to keep the series in situ and to displace the bladder and the rectum as far as possible from the zone of radiation. Frequent bladder and rectal lavage post operatively, will reduce the reaction of these organs. My results following this line of therapy have been more satisfactory than by any other method.

In conclusion I wish to enter a plea that medical and coagulation diathermy be used more often as a conservative measure in pelvic infection, so that radical operative procedures will not be necessary. To further suggest the experimental testing by thermocouples of different high-frequency machines to produce a standardization, whereby a definite amount of heat units can be utilized at the anatomical site desired.

N. Y. State J. M. November 15, 1936

entire body is produced. King and Cocke<sup>5</sup> in recent experiments with high frequency currents for producing therapeutic fever were able to raise the body temperature to six degrees above normal in from one to two hours, maintaining a milliampere reading around 3500, and keeping the body covered to prevent loss of heat. Similar experiments were reported by DeKraft<sup>6</sup> in 1913.

The general characteristics of the various forms of medical diathermy are presented on the accompanying chart. It seemed inadvisable to include in the scope of this paper a detailed exposition of any other form except that of local

diathermy.

states: "There are good reasons for believing that the vibrations set up by the high frequency oscillations may have an important therapeutic effect apart from the heating action." In our present state of knowledge, however, the most satisfactory explanation of the physiological and clinical effects of diathermy is that of raising the temperature of the parts.

The well defined secondary, physiological effects of diathermy are best summarized by Kowarschik<sup>9</sup> as follows: (1) Effects on the circulation. An active arterial hyperemia occurs which appears to be more penetrating and longer lasting than the hyperemia following external

### MEDICAL DIATHERMY

-	1		77	77
FORM	ļ	TECHNIC	EFFECT	REMARKS
Local diathermy	ВІ	Part placed between two electrodes—preferably of equal size and equi- distant.	Through and through heating within physiological toleration.	Heating occurs from with- out inward; it is maxi- mum where current densi- ty is greatest.
General diathermy	TERM	Sets of electrodes placed over large surface of body produce even current distribution.	General heating of body; some local heat under electrodes.	
Auto condensation	INAL	One or more electrodes applied directly to skin; another large electrode under back with a dielectric (insulating material) interposed.	General heating; lower- ing of blood pressure.	Effects are due to con- denser action; alternate charging and discharging of body.
Monoterminal (Oud current	in)	Applied from single high voltage (Oudin) termi- nal through condenser or vacuum electrode.	Local counter irritation and some surface heat- ing.	Current completes circuit by oozing from area of application through floor back to machine.

THE SECONDARY, PHYSIOLOGICAL EFFECTS

D'Arsonval,7 the first investigator of the physiological effects of high frequency currents,

reported his observations as follows:

(1) The tissues traversed by high frequency currents became less excitable to ordinary excitants; (2) a manometer placed in the carotid of a dog showed a fall of many centimeters; (3) after the current had been administered for some time the skin became vascularized and covered with sweat; (4) an increase of respiratory changes occurred, and (5) the thermometer did not show any elevation of the ordinary temperature, the extra heat produced being lost by radiation and evaporation. D'Arsonval's original high frequency apparatus obtained intermittent oscillations with a minimal heat effect but is superseded by the modern diathermy machine producing sustained oscillations and, predominantly, heat effects. That the original claims of D'Arsonval as to specific high frequency effects apart from those of heat had some foundation is shown in the sedative effect of diathermy in cases of neuritis and neuralgia when other methods of heat application failed. Turrell8

sources of heat application. There is also an increased flow of lymph and as a result of both hyperemia and hyperlymphia there is an increase in the volume of the part thus affected. When general diathermy is applied a dilatation of the peripheral vessels occurs and there is a subsequent fall in blood pressure.

(2) Effects on the nervous system: There is a marked sedative and analgesic effect on irritative conditions of sensory nerves. We have no generally accepted explanation for this pain relieving action. It may be that heat in some way lessens nerve sensibility, perhaps as a result of inhibition through the temperature nerves of the skin. Tactile sensibility of the skin increases at 98° F.; decreases at 113° and disappears entirely at 130°. On the other hand, the current from D'Arsonval's original apparatus caused marked analgesic effect without the production of appreciable heat, thus leaving open the possibility of a specific high frequency effect. The sedative effect also extends to hypertonic conditions of motor nerves. Heat has always been effective in relieving muscle cramps and this explains the marked effects of diathermic heat on hypertonic conditions of the unstriped muscles of the stomach and intestines. In seeming conrast to this action, heat also causes an increase of peristalsis in normal or hypotonic muscles; consequently, there appears to be a sedative effect in hypertonus and a stimulating effect in hypotonus.

(3) Effects on metabolism. D'Arsonval's original findings as to the increase of general metabolism have been amply corroborated and there also exist competent observations as to the increase of local metabolism, the increase of secretion of inner organs, and the increase of resorption.

(4) Effects on bacteria. Heat sensitive organisms can be attenuated or killed by heat and thus we can appreciate the findings of D'Arsonval as to the attenuation of diphtheria and pyocyaneus bacilli. Laqueur10 injected bacterial cultures into joints, muscles or subcutaneous tissue of animals and followed this by diathermy to the parts; subsequent cultures proved sterile or showed attenuation of the germs. This effect was most marked in heat sensitive organisms like the gonococcus and pneumococcus and much less marked in case of the heat resistant streptococci and staphylococci. Patients suffering from gonorrhea often obtain temporary freedom from discharge during acute fevers and, as at a temperature of 102° to 105° the gonococcus is injured or destroved, development of heat by diathermy has proved effective in treating gonorrheal infections. Deep hyperemia of the tissues adds to the power of resistance by increased leukocytosis and lymph flow.

While the effects of diathermy are thus explained principally by penetrating heat, attention has been called recently by a number of investigators (Kiritschinsky, 1st Russetzki, 1st Sonntag 1st) to the fact that thermal measures may exert reflex action in internal organs by stimulation of the vegetative nervous system through the nerve endings in the skin (Head's zones).

#### CLINICAL USES

The physiological effects here enumerated form an adequate basis for clinical application of diathermy for numerous disease processes in which heat has proved or promises to be beneficial. Diathermy is often indicated alone; often again it will work to best advantage if properly combined with other physical measures, notably with those producing mechanical effects. Out of the maze of reports to be found in the modern literature, conservative investigators are gradually standardizing the indications for its employment. It would seem that in many conditions for which it had been advocated by some physicians, simpler heat measures would work as well or other physical measures would be more advisable.

There is a fairly well established consensus of opinion as to the effectiveness of diathermy in the following conditions:

Joints, bursæ and bones: Deep hyperemia causes an increased arterial flow with more oxygen and improved nutrition while the greater venous flow carries away in larger degree the products of local metabolism. These effects promote disintegration of inflammatory exudates and assist in their resorption, as shown clinically by the decrease of swelling, relief of pain and restoration of function. For these reasons diathermy has proved invaluable in treating subacute and chronic inflammations of joints and bursi following infections or trauma. Mechanical measures, such as massage and the static wave current, if immediately following, will add to the good effect. No amount of physical therapy will, however, remove hypertrophic bony changes, neither will it make diligent removal of etiological factors unnecessary. Few cases of calcified subdeltoid bursitis are being submitted to operation since thoughtful surgeons have noted the favorable result of properly applied diathermy. The caution should, however, be added that acute forms of arthritis are usually aggravated by diathermy, and the same applies to most cases of acute bursitis.

In delayed union of bone, when there is a fair degree of fixation, diathermy helps to promote healing. So-called stimulative diathermy for non-union, on the other hand, has proved cumbersome and useless. In painful and exuberant callus formation, in fibrous ankylosis following joint injuries, diathermy combined with proper mechanical measures forms an approved routine method of modern treatment. In chronic osteomyelitis, combination with ultraviolet radiations seems to work best.

Chest conditions. Competent observers the world over agree that in the pneumonias diathermy offers a powerful adjunct to other standard forms of therapy. Among its symptomatic effects are prompt relief of pain, transitory relief of dyspnea, improved heart action, general soothing of the patient and induction of sleep, this improvement often helping to tide over critical periods in the course of the disease. In addition, it has been observed that in a large series of cases treated by diathermy resolution occurred more often by lysis than by crisis. There is no evidence, however, that diathermy has materially shortened the course of a typical pneumonia. In delayed resolution diathermy has often effected a favorable turning of the tide. Diathermy consequently is now employed in a number of hospitals as a routine measure in pneumonia, especially so since the technic of its application is simple and does not require any disturbing handling of the patient.

In acute, subacute and chronic forms of bronchitis, as well as in pleurisy, the deep hyperemia induced by diathermy helps to relieve pain, loosens cough and speeds recovery. In essential forms of bronchial asthma the relaxation of the muscular spasm following its application readily accounts for the favorable results already reported.

In chronic inflammation Abdominal organs. of the gall bladder and ducts when surgery is not indicated deep hyperemia produces relief of symptoms and often brings on clinical recovery, as may follow likewise in peritoneal adhesions following gastric or intestinal conditions. In socalled postoperative adhesions results by diathermy alone are not uniform, but when it is combined with exercising currents (sinusoidal or surging faradic) the frequently concomitant atony is more easily overcome and a fairly large percentage of cases show definite improvement. It was shown recently by Stewart and Boldyreff<sup>14</sup> that diathermy could increase the secretion of gastric juice and raise the temperature of the stomach from 1.0° to 1.5° and that of the pancreas by 1 to 6 degrees. Spastic conditions of the stomach, gall bladder, intestines and pelvis of the kidney as well as gastric neuroses are among the affections in which the specific antispasmodic effects of diathermy have proved of value in the hands of many clinicians.

Pelvic organs. Subacute and chronic inflammations such as metritis, parametritis, diseased adnexa, respond well because of the efficient localization of deep heating, especially when applied by the aid of proper orificial electrodes. If the exciting organism is the heat sensitive gonococcus the relief offered is almost specific, as reported by Cumberbatch, Corbus and O'Conor.15 Cumberbatch has shown that diathermy applied to the primary focus of gonorrheal infections, usually the cervix uteri and urethra in woman, the prostate or seminal vesicles in men, resulted not only in local improvement but also in marked relief in the remote seats of infections. Favorable results have been produced, also, in congestive or inflammatory types of dysmenorrhea, although added mechanical measures—such as the static wave current—are often indicated.

Male organs. For the same reason as in gonorrheal infections in the female, prostatitis, epididymitis and seminal vesiculitis in the subacute and chronic stages have been successfully treated by diathermy. Acute gonorrhea in the male has not responded so well.

Neuritis and neuralgia. Diathermy is of material value in the treatment of neuritis like sciatica or brachial neuritis and also in certain varieties of neuralgia or myalgia. Acute cases may become aggravated at first or show no response at all; the best results can be awaited in subacute and chronic conditions in which all possible focal sources of irritation will have been eliminated. Longitudinal diathermy along the affected area followed by the monoterminal

(Oudin) current, usually including the spinal origin, seems to work best results. One must carefully gauge the reaction to the treatment and continue it frequently enough to bridge over painful remissions. The gradual relief thus given allows one to dispense with sedatives and narcotics, although at first mild medication and other supportive measures, especially rest, are essential.

High blood pressure. In its early days the high frequency current was hailed as a panacea for high blood pressure. Clinical experience since then has shown that its use is justified only in primary or essential forms in which there is no demonstrable pathological change. In these cases autocondensation or general diathermy causes dilatation of the peripheral blood vessels and an increase of body temperature, with a resultant drop in blood pressure. Whether there is any other reflex stimulation that might in turn affect the circulation of the splanchnic area and other areas is as yet undetermined. The drop after each treatment often amounts to five or ten millimetres of systolic pressure while the cumulative effect of a series of such treatments may bring the blood pressure to nearly normal and keep it so for a varying period of time. Concurrently the symptoms caused by the high pressure often show definite improvement or cessation. Unfortunately, the results are not consistent and hence the diversity of opinion as to the ultimate value of this mode of treatment.

Miscellaneous conditions. The enumeration here given comprises by no means all disease conditions in which diathermy has been advocated; one may mention in addition angina pectoris, endarteritis obliterans, intermittent claudication, Raynaud's disease among circulatory disorders; early stages of poliomyelitis, sclerosis multiplex, paralysis agitans and recently even dementia paralytica among organic nervous disorders and many other conditions of the various special organs. Unquestionable good results have been reported in some of these cases but matured judgment, based on a large number of observations and on sufficient amount of control cases, are essential to establish the value of diathermy in any condition with a seemingly hopeless pathology. Some of the improvements described in print undoubtedly followed temporary functional stimulation. treatment of paresis by general diathermy, reported recently by King and Cocke<sup>5</sup> is based on the theory that the rise in temperature in self limiting pathological conditions may be the cause of the process of cure and the production of artificial fever by diathermy can be more accurately and safely controlled than by the method of malaria or typhoid germ or foreign protein injections hitherto advocated.

### CONTRAINDICATIONS

As with any new method of somewhat spectacular nature, there is at present a tendency to use

diathermy for many conditions to the exclusion of more directly indicated or simpler physical or other therapeutic measures; or, at times, when it is absolutely contraindicated.

Diathermy is relatively contraindicated in disease processes in which the simpler and safer methods of superficial heat give satisfactory results. Ordinary contusions, simple myositis, will readily respond to luminous heat, the same form of heat causing acceptable results in bronchitis of children and in non-purnlent forms of sinusitis or otitis media. So, too, complicated methods recommended by some for applying diathermy to fingers, toes, and sinus tracts seems superfluous in view of the fact that heat effects can be produced much more safely for these areas by luminous or infra-red rays. Superficial neuralgias and neuritis can be frequently relieved by these rays followed by a mild application of the Oudin current.

Then, again, if a condition should require penetrating heat effects it is not necessary that these should be as intense as that by diathermy. As Turrell<sup>8</sup> aptly expresses it, "it does not necessarily follow because a method of raising the heat of a part to its normal or even slightly above its normal temperature is beneficial, that, therefore, it is advisable to raise the temperature to fever heat." It is an experience reported from several sources that in the atrophic forms of chronic arthritis, as well as in arthritis deformans, not only had relief failed but that often an aggravation of symptoms followed diathermy instead of which prolonged galvanism proved beneficial. It seems as though these atrophic joints do not take kindly to an onrush of heat but will respond to mild stimulation by galvanism. Kowarschiko of Vienna likewise points out that in the treatment of neuritis and neuralgias the time proved sedative effects of galvanism are often found superior to those of diathermy.

Diathermy should not be used as a panacea for all sorts of undiagnosed painful conditions. A complete diagnosis, a definite conception of the underlying pathology to be influenced and consideration of the individual equation in each patient are essentials for its successful use.

Diathermy is absolutely contraindicated in only two conditions: (1) Acute inflammatory processes accompanied by fever and suppuration. Acutely inflamed joints in infectious arthritis are made worse by it and it serves almost as a diagnostic evidence that the process has entered the subacute stage when diathermy can be well tolerated. In joints with old osteomyelitic infections, "provocative" diathermy may indicate by the absence or presence of irritative symptoms (fever, pain) following the application as to whether there is any lurking infection. Gynecologists have used provocative diathermy to determine whether it is safe to operate in chronic pelvic

infections as aggravation of local symptoms and a slight rise in temperature are caused by diathermy in cases in which operation is not safe. In acute, non-draining suppuration, such as otitis media, appendicular abscess, acute pelvic infections, unwisely applied diathermy may lead to real danger by spreading the process.

(2) Tendency to hemorrhage as in recent hemoptysis from gastric ulcer, in pregnancy, etc., is another prohibitive indication. For the same reason it is advisable not to apply diathermy to pelvic organs during the menstrual period.

#### ESSENTIALS OF TECHNIC

Correct application of diathermy in the various conditions here enumerated can only be acquired through ample clinical instruction. It is not fair to reputable manufacturers to expect their salesmen to be instructors in technic, for the safe and efficient use of diathermy does not consist simply in applying two electrodes and then snapping on a few switches. Poor results and at times suits for malpractice on account of burns have been the outcome of attempted short cuts from manufacturer to physician, leaving out the intermediary of required instruction in the clinic.

Electrodes. The function of electrodes is to serve as an entry and exit of the current; they should therefore conform in size and shape to the surfaces to be treated and their position should be such that this area to be subjected to heat penetration offers the direct and shortest path for the current.

There are two principal ways in which to arrange the relative position of electrodes:

(1) The transverse or "through and through" method consists of applying two electrodes on opposite surfaces of the body. This insures a fairly even heating of all tissues in the path of the current and is therefore the method of choice for heating joint and ligamentous bony structures as well as for the heating of internal organs.

(2) The longitudinal (cuff or semi-cuff ` method) consists of two suitably bent plate electrodes placed all or partly around an extremity or around some part of the trunk. Travelling from electrode to electrode along the less resistant soft parts, this method will principally heat up the skin, the muscles, the periarticular structures and nerves if not too deeply situated Applying full cuffs around an extremity is acceptable only if the limb can be fully extended so that the current will travel all way around and not concentrate on one surface only; also, if the cuffs are kept a considerable distance apart (twelve to fifteen inches at least) so that the current should not have the tendency to pass along the skin only.

Electrodes must be applied accurately to the surface and held in good contact throughout the treatment, while at the same time avoiding too much pressure over irregular and bony surfaces.

The best and most generally used material for electrodes is a soft sheet composition (tin and zinc) known as Crookes' metal of about twentytwo gauge thickness, for it is cheap, may be cut any size and bent to conform to any surface. Like most other physicians, I never use soap or other interposed material between the skin and the plates; preliminary exposure of both skin and electrodes to luminous heat for a few minutes will warm up and moisten them, thus taking off Sharp edges and wrinkles must be smoothed out before application. The advantage of some of the readymade rigid electrodes is that they are easily applicable by quick mechanical fixation, their surface being smooth, and they can be kept fairly clean, thus saving time and effort in a busy clinic. Undue pressure should, however, be avoided when applying them, a caution at times needed.

Before turning on the current from the main outlet, inform the patient that all sensation that she or he may expect is that of mild heat but ask that any uncomfortable feeling, pricking or burning be at once reported. In advancing the current strength it is advisable to go up on the main control rather than opening the spark gap too widely. Opening the spark gap too far is the most frequent cause of the so-called faradic sensation. Do not push the current up to maximum heat toleration during the first few treatments. Do not encourage the patient to show off how much current can be borne. Never go beyond the dosage calculated according to the size of the active electrode but stay well below it any time the patient complains of excess heat or pain, Be sure, after complete tests, that the tactile and heat sensations of the patient are normal. Special precautions are needed in cases of recent scar tissue, peripheral nerve injuries, hysterical anesthesias, and it is advisable that one should adhere to the rule of staying well below the calculated As stated previously, best results in diathermy are not at all dependent upon using the maximum amount of current the patient can

Duration of treatment. It is evident that it takes a certain amount of time for the temperaure of the part treated to reach the desired height and then, through automatic heat regulation (the blood stream and conduction by the surrounding tissues), a condition of equilibrium will ensue so that a steady temperature is maintained. It is also evident that superficial parts can be heated up much faster than deeply seated structures, shorter treatments being indicated, as a rule, for the former than for deeper conditions. Clinical experience shows twenty minutes to be the average duration for an efficient diathermy treatment while in chronic, deeply placed conditions or the treatment of internal organs about one-half hour or even longer may be required. Excessively long

treatments may cause too intensive a heat effect and thereby exhaust the patient, especially if aged.

After termination of treatment the site of electrodes should be always carefully inspected and any changes noted. In time of inclement weather patients who have warmed up considerably during a treatment should not depart immediately but should rest for ten to fifteen minutes, preferably recumbent, in order to cool off.

Frequency of treatment. Acute and very painful conditions or recent injuries in which the early return of function is essential as a rule require daily treatments. With improvement of such conditions this repetition can be reduced. For the average patient suffering from some chronic ailment treatment on alternate days usually suffices and may be administered even less often, dependent on the underlying diagnosis and the progress noted.

### Conclusions

Medical diathermy produces through and through heating of tissues. Its physiological ef fects are: active hyperemia, relief of pain spasms, increase of local and general metabolattenuation of virulence or killing of bacteria. clinical uses are chiefly in subacute and chron inflammatory conditions. Diathermy will work best advantage in the hands of a physician who received adequate theoretical and practical training along the entire field of physical therapeutics and who will use diathermy on the basis of definite indications and if necessary in proper combination with other indicated measures. Diathermy is not a cure-all for obscure painful conditions and should not be used where simpler methods of superficial heat applications are sufficient.

### BIBLIOGRAPHY

1. Kovacs, Richard: An Instruction Model of High Frequency Apparatus. Physical Therapeutics, xlvii, No. 7, July, 1929.

2. Binger, Carl A., and Christie, Ronald V.: An Experimental Study of Diathermy, I-LV. Jour. of Experimental Medicine, 56:4 and 56:5, October 1, 1927 and November 1, 1927.

November 1, 1927.
3. Pariseau, Leo E.: Diathermy, a Critique and an Experimental Study. Canadian Medical Association Journal, 20, 146-152, 1929.
4. Cumberbatch, E. P., and Robinson, C. A.: Treatment of Gonococcal Infection by Diathermy. St. Louis, C. V. Mosby Co., 1925.
5. King, J. Cash, and Cocke, Edwin W.: Therapeutic Fever Produced by Diathermy, with Special Reference to Its Application in the Treatment of Paresis. South-

to Its Application in the Treatment of Paresis. Southcrn Medical Journal, March, 1930.
6. DeKraft, Frederick: High Frequency Committee

Report. American Electrotherapeutic Association, Sept.

2-4, 1913.

7. D'Arsonval: Action Physiologique des Courants Alternatifs à Grande Frequence. Archives de Physiologie Normale et Pathol., 1893, 5c. Sér v.p. 789.
8. Turrell, W. J.: The Principles of Electrotherapy and Their Practical Application. 2nd Edition, 1929,

p. 113. Oxford Medical Publications.

THE GENERAL PRACTITIONER—JONES

9. Kowarschik, Joseph: Die Behandlung mit Hoch-frequenzströmen. Neure Erfahrungen auf dem Gebiet der Medicinischen Elekricitätslehre. Mann und Kramer. Leipzig. Georg. Thieme, 1928, pp. 344-351.

10. Laqueur, A.: Zeitschrift f. physikal u. diät. Therapie Bd., 13, p. 277, 1910.

11. Kiritschinsky, A.: Uber den Wirkungsmechanismus der physiotherapeutischen Agenzien. Zeitschrift f. die gesamte physikal. Therapie Bd., 36, p. 209, 1929.

12. Russetzki, J. J.: Zur Frage der Reaktionen des vegetativen Nervensystems auf thermische Reize. Zeit-

schrift f. die gesamte physikal. Therapie Bd., 38, p. 166.

13. Sonntag: Discussion on the Vagus and Sympathicus Nerves and Their Relation to Climate and Hydrology. Proceedings Royal Society of Medicine, xvi, No. 10, Aug., 1923.

1343

14. Stewart, Charles E., and Boldyreff, W. N.: The Influence of Diathermy upon Gastric Secretion and Motility. Bulletin of the Battle Creek Sanitarium, Motility. 24:3, 1929.

15. Corbus, Budd C., and O'Conor, Vincent J.: Diathermy in the Treatment of Gonorrheal Endocervicitis. J.A.M.A., 87, pp. 1816-1819, 1926.

### THE RETURN OF THE GENERAL PRACTITIONER

By HYZER W. JONES, M.D., UTICA, N. Y.

Abstract of the President's address at the Annual Meeting of the Oneida County Medical Society, January 14, 1930, at Utica, N. Y.

TUCH has been written and said about the passing of the country doctor. view this as a phase in the adjustment of medical practice: Others see it as a calamity. Empiric practice more and more gives way to scientific investigation, with the result that we are much nearer the time when medicine can be an exact science. Much has been gained, but something has been lost.

The old preceptor was a psychologist as well as a physician. No patient came to him just a case. He was a past-master in the art of personal

medicine.

As science grew, teaching drifted from the bedside to the microscope and laboratory, and bedside instruction to a certain extent lost its place. Many of our teachers today have never been in active practice. They know their science but the art of practice is to them a doubtful or unknown quantity.

With the passing of Christian Science, the osteopath and the chiropractor, it now looks as though medicine might again come into its own. Through efforts of a tactful committee of our own society, we are about to launch a campaign in the interest of periodic health examinations. The intelligent laity knows that it is important to check up occasionally to determine our own state of health. A generous reception has been accorded our committee. To the question, who makes these examinations, the answer is, of course, your own family physician. Some will say: I have no such, and he then needs to form an alliance with a competent medical attendant who will keep him in health or be within call when he or a member of his family is ill. Some physicians wonder if they are equipped to make the examination or if the public will be satisfied with the kind they make. For a great many years the leading life insurance companies have furnished blanks to cover the subject well. The

actuaries know what information is necessary. These examinations carefully made keep the physician alert and he knows he will be paid. He can do as much certainly for a man who wants not a casual "how do you feel today?" but a real systematic search for abnormalities.

I do not consider seriously the suggestion that our health examination program will develop another specialist, the health examiner. It will bring back to the family physician a type of work which he is better fitted than any one else to do. He knows the patient's strength, his resistance and his recuperative power, and the public can

not find a satisfactory substitute.

It will take years of propaganda to interest every one, but we are fortunate in having a group like the Council of Social Agencies of Utica and Oneida County to arouse public interest. The man with physical impairment takes much better care of himself than the man who regards himself a 100 per cent fit. It is not too much to expect that these examinations will postpone for a few years a break in the family circle, and prolong the useful life of a man whom the com-

munity can ill afford to spare.

Years ago the Society for the Prevention of Tuberculosis started its conquest of the great white plague by urging early recognition of the disease by the family doctor. More recently the American Society for the Prevention of Cancer published a pamphlet on "The Key Man in the Control of the Cancer Problem," which unerringly points to the family doctor. Those who have no such contact villify the profession, and say that such can not be found. It is the fault of the public, not of the doctor. It may be difficult for the layman surveying the galaxy of stars in the medical firmament to decide which he must follow; but the one whose beam shines through all weather with never failing light is the star of the general practitioner.

### TREATMENT OF SKIN CANCER\*

By JOSEPH JORDAN ELLER, M.D., and EVERETT C. FOX, M.D., NEW YORK, N. Y.

From the Department of Dermatology, New York Post-Graduate Medical School and Hospital.

Correlation of Physical Agents With the Various Surgical Procedures

HE early recognition by the general practitioner and the judicious treatment of those dermatoses which may lead to cancer would aid in lowering the mortality rate in this disease. In a recent paper we have shown that there are over twenty different skin conditions which are prone to cancerous growths. All workers in the field of malignancy agree that a greater number of cures in this disease depends on the early diagnosis, followed by adequate therapy. Considering this fact it should also be important to recognize the skin conditions which are forerunners of cancer and to eradicate them.

The following skin conditions have been found to be forerunners of cancer and are hereby given in their approximate order of importance:

Syphilis. Leukoplakia.

Radio-dermatitis.

Moles (also malignant lentigo, melanotic whitlow).

Senile keratoses.

Seborrheic keratoses.

Kraurosis vulvæ.

Occupational keratoderma (tar, pitch, arsenic, dust, oil, heat, etc.).

Lupus vulgaris and tuberculosis cutis.

Arsenical keratoses.

Seborrheic keratoses.

Lupus erythematosus.

Chronic ulcers (varicose ulcers, pellagrous ulcers, fistulæ, etc.).

Paget's disease of the nipple.

Cicatrices.

Cutaneous horns.

Bowen's disease.

Extramammary Paget's disease.

Papilloma of tongue.

Xeroderma pigmentosum.

Blastomycosis.

Inflammatory dermatoses (psoriasis, lichen planus, eczema).

Before outlining the therapeutic procedure in the treatment of cutaneous new growths, an effort should be made by microscopic study to determine the probable degree of malignancy and the approximate radiosensitivity or radioresistance. With the exception of melanomas, a careful removal of a small section for microscopic study seldom results in any harm.

Roentgen rays and radium are important agents in the treatment of malignant neoplasms of the skin. They may be used singly or in combination. Either one may be combined with the various surgical procedures; such as curettage, excision with the scalpel, the high frequency knife or with destruction by electrocoagulation. The method of therapy differs for the various types of malignancy and in the same type of tumor according to the location. The best results are obtained by those who follow no routine or who do not become faddists of some one physical agent. One should individualize in each case and be prepared to use the various forms of irradiation with or without the different types of surgical treatments as may be indicated.

The malignant cutaneous new growths which will be included here are as follows:

- 1. Basal Cell Epithelioma.
- 2. Prickle Cell Epithelioma.
- 3. Basal Squamous Cell Epithelioma.
- 4. Transitional Cell Epidermoid Carcinoma.
- 5. Melanocarcinoma.
- 6. Paget's Disease of the Nipple.
- 7. Bowen's Disease (Intra-epidermal Carcinoma).
- 8. Sarcoma.
  - (a) Fibrosarcoma.
  - (b) Spindle Cell Sarcoma.
  - (c) Giant Cell Sarcoma.
  - (d) Neurogenic Sarcoma.
  - (e) Dermatofibrosarcoma.
  - (f) Melanosarcoma.
  - (g) Lymphosarcoma.

### Basal Cell Epithelioma

A large number of chronic lesions of the skin in individuals past forty are found to be basal cell epitheliomas. They frequently develop on seborrheic keratoses. Basal cell epitheliomas may differ greatly in their clinical appearance. They may occur at any site over the body. may be superficial or deep, nodular or ulcerating. It is interesting to note, however, that about eighty per cent of these lesions occur about the head and neck. The method of treatment to be chosen depends upon the character of the lesion and its location. The large majority of basal cell epitheliomas can be cured especially when treated early. However, lesions which have been present for a long time and which have invaded bone and cartilage may prove much more resistant to radiation and require more intensive treatment.

MacKee<sup>2</sup> reported a large number of basal cell epitheliomas treated entirely by roentgen rays. His results were equal to those obtained by other methods of treatment. In over 400 cases he had 87 per cent permanent cures in unselected

<sup>\*</sup>Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N. Y., June 3, 1930.

cases and 91 per cent permanent cures in selected cases. Hazen³ reported his results of 200 cases treated entirely with roentgen rays, with permanent cures of 86 per cent in unselected cases and 93 per cent in selected cases after observation of one to eight years. Most of the failures reported in both MacKee's and Hazen's series were in lesions of long duration with involvment of bone or cartilage.

Equally good results have been obtained by radium especially in the last few years. Quick's reported 800 cases of basal cell epitheliomas of the face, 95 per cent of which have had complete regression. Quigley's treated 140 cases of the face with 15 failures. Morrow and Taussig's treated 322 cases with 113 cures under one year, 186 over one year, 13 still under treatment and

Our results with irradiation have been similar to the above and the results with roentgen rays or radium were practically of equal value. However, radium was successful in a few cases where roentgen rays had failed. At times radium can be more easily utilized than roentgen rays, especially in such areas as the inner canthus of eye and the alæ of the nose. On the other hand roentgen rays are more widely available and dis-

tinctly less expensive.

We have used the unfiltered roentgen rays for the majority of our basal cell epitheliomas. The following were our standard factors: three milliamperes, one hundred kilovolts (6 in. sp.g.), eight inch distance from target to skin, time five or six minutes, i.e., 21/2 or 3 skin units. This exposure may be repeated two weeks after all reaction has subsided (6-8 weeks); or a dose of lesser intensity given according to the progress or size of the lesion. Usually two such treatments were sufficient for a cure. The larger lesions were routinely destroyed by electrocoagulation before roentgen ray therapy. Our experience has been that preliminary destruction by electrothermic methods increased the number of cures and decreased the amount of radiation necessary. One-eighth to one-quarter of an inch of normal skin about the lesion was included. We believe that this is an important factor in preventing recurrences.

Lesions involving the cartilage of the ear or nose are completely destroyed by electrocoagulation or excised with the high frequency knife; followed by two skin units of unfiltered roentgen rays or the equivalent dosage of radium element or radon applied to the site of the lesion. In this manner severe radium or roentgen ray reaction is avoided in the cartilage, and healing is much more rapid. Skin lesions involving the bone require removal of the diseased bony tissue.

Lesions of the cyclids not involving the conjunctiva in selected cases may be treated successfully with roentgen rays or radium. If the eyeball is in the line of the rays the eye must be

protected with a brass eye shield inserted beneath the lids. Supersoft roentgen rays (Grenz Rays 2 AU) have been used by us with success in epitheliomas of upper eyelid but they have failed in lesions of the lower eyelids.

Radium element or radon used in the form of plaques or packs for surface applications accomplish the same results as roentgen rays in the treatment of basal cell epitheliomas. The average lesion of this type may be cured with radium The following treatment is given: a full strength plaque filtered with two millimeters of aluminum and one layer of rubber dam giving a dosage of 40 to 60 milligram hours per sq. cm. for small lesions and 40 to 50 milligram hours per sq. cm. for the larger lesions (larger than two square cm.). For the more deeply infiltrated lesions a filter of 2 m.m. of brass is used giving a dosage of 60 to 80 mgm. hours per sq. cm. Two to four millimeters of normal skin about the lesion is included. The surrounding skin should be protected with lead plates having windows the size of the area to be treated. The plaque with the filters is then applied directly to the lesion and secured in place by adhesive faced adhesive is of value in maintaining good approximation. Often one such treatment is sufficient for a complete regression of a basal cell epithelioma. When the regression is not complete the treatment may be repeated two weeks after all reaction has subsided. Other methods of applying radium may accomplish equally good results in experienced hands.

#### Prickle Cell Epitheliomas

Prickle cell epitheliomas present a more difficult problem than the basal cell type. grow more rapidly, may metastasize early, and usually are more resistant to radiotherapy. complete destruction of every cancer cell is important and must be accomplished early and rapidly. This type of cancer may occur at any site. They often develop on such lesions as senile, arsenical, and tar keratoses, smokers patches, and other types of leukoplakia. They are frequently seen on the lip, tongue, buccal mucosa and floor of mouth. It has been our observation that the majority of epitheliomas of the extremities are of the prickle cell type, especially those on the dorsum of the hands. Recently one of us7 reported a number of prickle cell epitheliomas developing in senile keratoses with the conclusion that epitheliomas resulting from senile keratoses were always of the prickle cell type.

The treatment of prickle cell epitheliomas varies depending on the location and the character of the lesion. A microscopic study is necessary in each case, for proper therapy cannot be given without knowing the type of lesion, degree of malignancy and its probable radiosensitivity. The information often to be gained by histologic

study warrants the danger of making a biopsy of a neoplasm. Ewing<sup>8</sup> warns against indiscriminate biopsies but says, "the removal of a small carefully selected portion of a readily accessible tumor seldom results in any harm." We believe that the dangers of a biopsy are overestimated.

Our discussion of treatment is limited to localized lesions without apparent glandular involvement. The dermatologist is usually not equipped to treat those cases that present involvement of the glands. The latter are better handled by a surgeon in collaboration with a radiotherapist.

Early prickle cell epitheliomas of the trunk or extremities can be treated successfully by radiation alone. Most often, however, it is desirable to first remove the lesion surgically or to destroy it by electrocoagulation. Following this radium or radon should be applied. When radium is used intensive gamma ray radiation should be employed. Even though there be no apparent involvement of the adjacent glands a series of prophylactic exposures of roentgen rays filtered through three millimeters of aluminum should be given, i.e., erythema doses at intervals of two months for three treatments.

In our treatment of prickle cell epitheliomas with radium, the required doses were given over a period of 4 to 8 days, giving equal time each day during this period after the method of Regaud.<sup>9</sup> Continuous treatment with large doses over a period of several days gave us satisfactory results.

When it was found preferable to implant radon seeds into the tumor, gold seeds were used as they could be left in the tissues permanently, each millicurie thereby giving 133 millicurie hours of treatment.

The lesions over cartilagenous areas, particularly the ears, are very resistant to irradiation. These lesions should first be thoroughly destroyed by electrocoagulation and then followed by irradiation. Much better results have been obtained in these cases since adopting this method of destruction, especially when the cartilage was involved.

Lesions in the inner canthus of the eye which are usually of the infiltrating type respond well to radium treatment when the growth is first destroyed by electrocoagulation.

Lip lesions are much more serious than those of the glaborous skin. They grow more rapidly and may metastasize early. They may be papillary, ulcerating or infiltrating. The infiltrating type is the most dangerous for it metastasizes more quickly. The papillary type responds more rapidly to radiotherapy. Early superficial localized lesions of the lip can readily be cured with surface applications of either radium plaques or tubes. However, we believe it best to destroy these lesions first with electrothermic methods and then to apply full strength radium plaques to the involved area; and to give 80 to 100 mgm. hours

per sq. cm. through a filter of 2 m.m. aluminum. When tubes are used with a filter of 0.5 m.m. of silver 80 to 100 mc. or mg. hrs. are given to each sq. cm. The area to be treated should always include about 5 m.m. of tissue beyond the lesion. The tissue outside the area to be treated should be protected by proper screening. Prophylactic exposures of roentgen rays should always be given to the lymphatics which drain the lip area even though there be no evidence of involvement.

Lip lesions which are more deeply infiltrated require more intensive therapy. In addition to the above surface applications, gold radon seeds may be permanently buried in the lesion using one seed for every cubic centimeter of tissue treated. These seeds may be 1 to 1.5 millicuries each, depending upon the reaction desired. We have never seen any deleterious effects as a result of the permanent implants acting as foreign bodies. This combined surface and interstitial method of applying radium will usually produce

complete regression of the lesion.

Our highest percentage of good results have been obtained by first excising the lip epithelioma widely with the high frequency knife, following which the site of the lesion was treated by an erythema dose of gamma rays of radium by surface applications or by the implantation of gold seeds as described above. In a few early cases excision alone with the high frequency knife was sufficient to cure. We believe that the patient should have the additional safety factor to be derived from radiotherapy in all of these cases. When surface applications only are employed. the dose can be considerably increased by cross firing through three portals of entry, i.e., applying an applicator over lesion, on the mucosa, and on the skin externally. As was mentioned before prophylactic doses of roentgen rays were always given to the lymphatics draining the involved

Regaud<sup>9</sup> utilizes wax molds for surface applications. Platinum tubes of 0.5 m.m. wall thickness and containing 5 to 10 mgs. of radium are approximated to the external surface of the mold at one centimeter distance. The radiation is given over a period of 5 to 8 days. His results in lip cases have been good. He reported cures of 98 per cent of operable cases without glands, and 92 per cent of operable cases with glands. In cases of doubtful operability including those with glands he had 72 per cent cures.

Quick<sup>10</sup> uses heavily filtered radium or radon at a distance of one cm., or gold filtered radon seeds interstitially. His results equal those of

Regaud.

Lesions of the tongue, floor of the mouth and buccal mucosa differ widely in regard to malignancy and radiosensitivity. Metastases occur increasingly according to the location as follows: anterior tongue; posterior tongue; infralingual and floor of the mouth. Metastases are greater from the tongue and floor of the mouth than from the lip and the glands involved are deeper. For the mouth lesions, the interstitial method of



FIGURE 1 Prickle cell epithelioma of lower lip. Microscopic diagnosis by J. F. Fraser, M.D. Duration six months; no palpable glands.

irradiation with or without electrothermic methods as indicated have given us the most satisfactory results. Tongue lesions may be treated by interstitial irradiation with gold radon seeds implanted permanently into the tumor area and across the base of the tongue (to block the draining lymphatics). Prophylactic roentgen therapy should be given to the draining lymphatics of the cervical

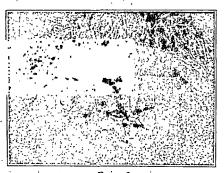


FIGURE 3 Prickle cell epithelioma of lower lip-duration two years -before excision by high-frequency knife.

region. We usually use 1 or 2 mc, seeds and place one seed to each cubic cm, in and around the tumor area and four to six such seeds in the base of the tongue. The reaction may be severe but necrosis as a rule does not occur. uses gold seeds interstitially and the radium pack

(4 gms.) for external irradiation giving as much as 10,000 to 12,000 mc. hrs. to each side of the neck at 6 cm. or 10 cm. distance and in addition high voltage roentgen rays. He believes that the

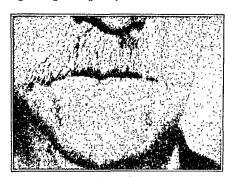


FIGURE 2

Same patient as Fig. 1. Prickle cell epithelioma of lower lip after removal by high-frequency knife and deep roenigen therapy to glands of neck. No recurrence in three years. Almost entire lip was excised. Note good cosmetic result which often follows lower lip excisions.

tissue will tolerate a larger dose of external irradiation when both radium and roentgen rays are used and that radium has the greatest effect on cellular areas and roentgen rays the greatest effect on fibrous areas. By this combined method of interstitial and external irradiation he gives from

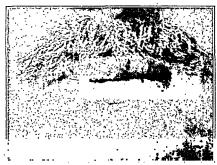


FIGURE 4

Same as Fig. 3-after excision by high-frequency knife followed by high voltage roentgen rays to lymphatics of neck. No recurrence in three and one-half years.

2 to 10 skin erythema doses to the tumor area in 4 to 8 days according to the degree of malignancy and radioresistance of the tumor.

For tongue lesions Regaud's uses platinum needles of varying length with a wall of 0.4 m.m.

thickness. These needles contain radium or radon and are inserted into the tumor area and surrounding tissue. For the base of the tongue and lymphatics external irradiation is given by means of molds and packs of radium at a distance. This treatment extends over a period of 5 to 8 days.

Epithelioma of the penis which is usually of the prickle cell type responds well to roentgen rays and radium in early cases. One to three per cent of all cancer in the male is found on the penis. Two types are seen; the papillary and the flat infiltrating. They usually begin as a small indurated area and soon present a small central If treatment is begun before the deep tissue is invaded an early cure is to be When the growth has spread past Buck's fascia the lesions do not respond as well to radiation and a certain number require amputation of the organ. This is best accomplished by electrothermic methods. For small lesions of recent development we have used full strength plaques of radium with a filter of 2 m.m. aluminum giving 80 to 100 mgs. hrs, per sq. cm. Prophylactic roentgen rays are given to the inguinal glands. Pfahler and Widmann<sup>11</sup> reported ten cases of cancer of the penis treated by radiotherapy and electrocoagulation, with nine cured from five to twelve years. They believe that irradiation of the glands gives superior results to resection. Dean<sup>12</sup> reported 75 cases of epithelioma of the penis. None of his cases occurred in individuals who were circumcised in infancy. believes the tight prepuce to be the most important causative factor. He uses radium for the primary lesions and roentgen rays for the glands in the groin. The primary lesions receive 1,200 mc. hrs. per sq. cm. at one cm. distance with the radium in silver tubes of 0.5 m.m. walls. Dean uses a radium pack (4 gm.) for groin metastases giving 9,000 mc. hrs. at 6 cm. distance with 0.5 m.m. silver and 1 m.m. brass. This is followed in three to four weeks by block desection. reported good results with radium alone in lesions less than two centimeters in size and those larger he found required combined surgical measures and irradiation. In most of his cases radical amputation was not necessary.

Epithelioma of the vulva is not common and usually occurs in those past fifty years of age. When treated early, the prognosis is favorable. When operable these lesions should be removed by wide excision, with the high frequency knife and radon seeds implanted throughout the area. Deep roentgen rays are given to the groins. Rentschler<sup>13</sup> reported 71 cases which were treated by excision of the primary mass and resection of the glands of the groin. Radium and roentgen rays were given to the site of the primary lesion and to the groins. Forty-four died, seventeen are living and thirteen are free of the disease. As a measure of prophylaxis all cases of kraurosis vulvae should be treated by

radical excision. This gives prompt relief from all symptoms and prevents the development of epitheliomas. Roentgen rays and radium fail to influence the course or symptoms of kraurosis vulvae and are contraindicated.

### Basal-Squamous Cell Epithelioma

"Basal squamous cell epithelioma" is a term used to describe the transitional form that occurs between the basal cell and the squamous cell epithelioma. We have been able to study one case that fits into this group. The following conclusions drawn by Montgomery<sup>14</sup> from his studies of fifteen cases which he defined as basal squamous cell epithelioma are as follows:

"In a series of basal cell epitheliomas diagnosed clinically as such, from 15 to 20 per cent on microscopic examination will probably prove to

be transitional in character."

"Basal squamous cell epithelioma, in the majority of cases, is relatively resistant to roentgenray and radium treatments as compared with basal cell epithelioma. Radiotherapy should be used only as a last resort in the treatment in these cases."

"Surgical treatment, with an unusually wide excision because of the insidious infiltration of the tumor cells, is indicated whenever possible."

There is no doubt that all of us have encountered what appeared to be typical basal cell epitheliomas which were most resistant to intensive doses of roentgen rays and radium. Perhaps some of these resistant lesions belonged to the type described by Montgomery, who stated that this transitional form occurs frequently and on account of their tendency to metastasize, their prognosis is serious as compared with basal cell epithelioma.

### Transitional Cell Epidermoid Carcinoma

The predominant clinical features of transitional cell epidermoid carcinoma are: usually a small primary lesion of the base of tongue or tonsil; early metastases with wide dissemination;

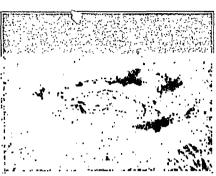
and rapid response to irradiation.

Ewin, <sup>16</sup> Quick, <sup>16</sup> and Cutler <sup>17</sup> who studied a large number of intra-oral epidermoid carcinomas found that a certain percentage responded more rapidly and more completely to irradiation than the others. These tumors were found to possess other characteristics; i.e. usually a small primary lesion, early metastases and pathological characteristics which differed from other epidermoid carcinomas. Quick and Cutler termed these growths "transitional cell epidermoid carcinoma."

The most common site of these lesions are the tonsil, base of tongue and nares. The appearance of the primary lesion is more or less characteristic and differs from that of a primary squamous cell lesion. The transitional cell lesion is flat and presents a finely granular, velvety surface which looks like an erosion of the mucous mem-

brane rather than an ulceration. Squamous carcinoma usually presents an elevated indurated lesion with a depressed ulcerated center and has a coarsely granular appearance. The primary transitional cell lesion is frequently small or indis-

erroneously diagnosed as bronchiogenic cinoma, endothelioma, or lymphosarcoma. transitional cell neoplasm must always be considered before making a diagnosis of primary disease of the cervical lymph nodes.



Prickle cell epithelioma of lower lip before excision by high-frequency knife and high voltage roentgen rays to neck lymphatics.

Same case as Fig. 5 after therapy, No recurrence in three years.

tinguishable and often the first sign of disease is a swelling in the neck. Many cases have been

Transitional cell carcinoma is a highly cellular malignant tumor. The cells are small, uniform in size, with large hyperchromatic nuclei and scanty

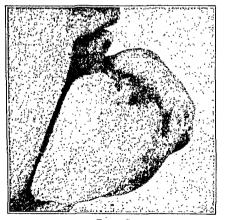
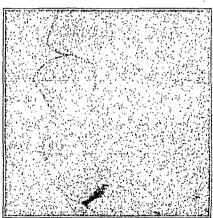


FIGURE 7

Lymphosarcoma of chin in man sixty years of age. The lesion was a lemon size stony hard mass of twelve years' duration. There was a nut size hard gland on left side airation. Inter was a nut size hard giand on left side of neck. Ewing, Salenstein and Fraser made a microscopic diagnosis of lymphosorcoma. The lumor and gland were removed by the high-fraquency knife following which the base was electrocagulated. Following this three treatments of high vallage roentgen rays were given the neck lymphatics, and site of the lumor.



Same case as Fig. 7 after therapy. No recurrence after two and one-half years.

cytoplasm growing diffusely. Adult squamous characteristics such as cornification, spines, and pearl formation are absent.

The marked radiosensitivity which lead to the

rapid. Recurrences are frequent. Often metastases although not apparent have occurred before therapy was instituted. One of our cases of lymphosarcoma treated two and one-half years ago has had no recurrence. This patient was a man sixty years of age who had a lemon sized stony hard mass of twelve years duration on his chin. There was a nut sized firm gland on the left side of his neck near the chin. The above microscopic diagnosis was concurred in by Doctors Ewing, Satenstein and Fraser. The lesion and gland were removed by the high frequency knife, following which the base was electrocoagulated. The next day high voltage roentgen rays in erythema doses were given to the neck lymphatics and site of the lesion. This was repeated twice at intervals of two months.

The preferable therapy for lymphosarcomas is by irradiation alone, but due to the unusual hardness of the mass, we felt that combined surgery and radiotherapy was indicated in this case.

The best results in early sarcomas are obtained by a combination of radiotherapy and surgery. The dose required with either roentgen rays or radium is the same as that given for prickle cell epitheliomas. Following the initial radiotherapy, if there is considerable regression indicating radiosensitivity, they may be treated entirely by this method but the more radioresistant lesions will require surgical excision and postoperative radiotherapy.

### Summary

1. The treatment of the various types of cutaneous malignant neoplasms has been outlined. The plan of therapy which in our opinion offers the best prognosis was given.

2. We noted those conditions which had a high degree of sensitivity to irradiation and which could be satisfactorily treated with irradiation

alone.

- 3. Those lesions which should be treated by some surgical method combined with irradiation have been discussed.
- 4. The information often to be gained by histologic study warrants the danger of making a biopsy of a neoplasm. In this way the degree of malignancy and its probable radiosensitivity may be determined. The removal of a small carefully selected portion of an accessible tumor seldom results in any harm.

### REFERENCES

REFERENCES

1. Eller, J. J., and Anderson, N. P.: Cancer Supervention in Skin Diseases, Brit. Jour. Derm. and Syph., vol. xlii, June, 1930.

2. MacKee, G. M.: X-rays and Radium in the Treatment of Diseases of the Skin, Lea & Febiger, Phil., 1927, p. 662.

3. Hazen, H. H., and Whitmore, E. R.: The End Results in Roentgen Ray Treatment of Cutaneous Cancer, Am. J. Roentg., 13:144, 1925.

4. Quick, Douglas: Radium Report of Memorial Hospital, p. 97, 1923, Hoeber, New York.

5. Quigley, D. T.: The Treatment of Superficial Cancer with Statistics and Technique, Am. J. Roentgenology, 10:161, 1923.

6. Morrow, Howard, and Taussig, Lawrence: Statistics and Technique in the Treatment of Malignant Diseases of the Skin by Radiation, Am. J. Roentgenology, 10:212, 1923.

7. Eller, J. J., and Ryan, V. J.: Senile Keratoses and Seborrheic Keratoses, Presessional Volume of the American Dermatological Association, 1930. To be published in Arch. Derm. and Syph.

8. Ewing, James: The Diagnosis of Cancer, J. A. M. A., 84:1, 1925.

1925

1925.
 9. Regaud, Claude: Radium Therapy of Cancer at the Radium Institute of Paris, Am. J. Roentgenology, 21:1, 1929.
 10: Quick, Douglas: Treatment of Cancer of the Lips and Mouth, Am. J. Roentgenology, 21:322, 1929.
 11. Pfahler, G. E., and Widmann, B. P.: The Treatment of Epithelioma of the Penis by Radiotherapy and Electrocoagulation, Am. J. Roentgenology, 21:25, 1929.
 12. Dean, Archie L.: Epithelioma of Penis—Treatment with Roentgen Rays and Radium, Arch. Surg., 18:1273, 1929.
 13. Rentschier, C. B.: Primary Epithelioma of Vulva, Ann. Surg., 89:709, 1929.

Roentgen Rays and Radium, Arch. Surg., 18:1273, 1929.

13. Rentschler, C. B.: Primary Epithelioma of Vulva, Ann. Surg., 89:709, 1929.

14. Montgomery, Hamilton: Basal Squamous Cell Epithelioma, Arch. Derm. and Syph., 18:50, 1928.

15. Ewing, James: Radiosensitive Epidermoid Carcinomas, Am. J. Roent., 21:313, 1929.

16. Quick, Douglas, and Cutler, Max: Transitional Cell Epidermoid Carcinoma, Surg. Gynec. Obst., 15:320, 1927 (Sept.).

17. Cutler. Max: Radiosensitive Intraoral Tumors, Arch. Surg, 18:2303, 1929.

18. Fraser, J. F.: Bowen's Disease and Paget's Disease of the Nipple, Arch. Dermat. and Syph., 18:809, (Dec.) 1928.

19. Ewing, James: Neoplastic Diseases, p. 165, 1928, W. B. Saunders Co.

20. Quick, Douglas, and Cutler, Max: Neurogenic Sarcoma, Ann. Surgery, 81:810, 1925.

21. Senear, F. E., et al: Progressive and Recurrent Dermatofibrosarcoma, Arch. Dermat. and Syph., 17:821, 1928.

### PROGNOSIS OF BLOOD STREAM INFECTIONS IN CHILDREN\*

By ROGER H. DENNETT, D.Sc., M.D., and ABBOTT WILLIAM ALLEN, M.D., NEW YORK, N. Y. From the Pediatric Department of the New York Post-Graduate Medical School and Hospital.

HIS is a comparative study in children and in adults of 115 consecutive cases of positive blood stream infections of various types, 71 being over twelve years of age and 44 being under twelve years of age. Long observation has led us to believe that the prognosis is better in childhood with these various blood stream infections, particularly the streptococci, than it is in adult life. We have seen many children with positive streptococcus in--fection in the blood stream who have recovered without any apparent damage, evident

\*Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N. Y., June 3, 1930.

at the time of discharge from the Hospital. It occurred to us that it would be instructive to compile the exact figures and report them. Although the series is small, it is felt that the deduction may be of some value.

Blood cultures were taken from patients with a septic type of temperature, either unexplained or with a definite focus, or where there were petechia or metastatic signs or where the cardio vascular system was involved. Cases of typhoid fever and meningococcus meningitis were excluded as not being pertinent to this study, on the assumption that at some time during the course of these

diseases positive blood cultures may be obtained. The cases were about evenly divided between male and female, with a slight preponderance of males. The difference was so slight, however, that it was considered unnecessary to so classify them.

There were a large number of patients with negative cultures which were not pertinent to the subject at hand. Undoubtedly, more sensitive laboratory methods will eventually reveal positive blood stream infections in a large percentage of cases now found to be negative. Until blood culture technique has been further perfected, we may not assume that because a culture is negative there is no blood stream infection. All of the positive cultures were verified by one or more subsequent bacteriological examinations. It is not the purpose of this paper to attempt any detailed discussion of septicemia. It is our desire to call attention to the differences between children and adults in septicemia, with a comparative study of the

end results. Children are arbitrarily classed as those patients who have not reached their twelfth birthday.

In taking cultures the following technique was used: the blood for the culture was taken from some superficial vein, usually the median basilic, after iodine alcohol skin preparation. Approximately 15 cubic centimeters of blood were taken in a Taylor¹ tube containing about 5 cubic centimeters of sterile 10 per cent sodium citrate in 0.9 per cent salt solution. Two and one-half cubic centimeters of the citrated blood were added to 10-15 cubic centimeters of the meat infusion agar which had been melted. Three routine Petri plates were made. The remainder of the citrated blood was added to 10-15 cubic centimeters of dextrose broth.

Table I shows that of the 115 cases, 39 or 33.9 per cent recovered and 76 or 66.1 per cent died. Of the 44 cases under twelve years of age, 23 or 52.2 per cent recovered and 21 or

<sup>1</sup> Taylor, R. M.: Proc. N. Y. Path. Soc., 1914; p. 14, 37.

TABLE I

RECOVERIES AND FATALITIES IN 115 POSITIVE BLOOD CULTURES
COMPARING CHILDREN WITH ADULTS

	Total Number of Cases	Recoveries	Fatalites
Summary. Over 12 Years of Age. Under 12 Years of Age.	71 (61.7%)	39 (\$3.9%) 16 (22.5%) 23 (52.2%)	76 (66.1%) 55 (77.5%) 21 (47 8%)

TABLE II

COMPARISON OF FATALITIES AND RECOVERIES IN CHILDREN AND ADULTS,
CLASSIFIED ACCORDING TO THE ORGANISM FOUND IN THE BLOOD STREAM

		Under	12 YEARS	of Age	Over 12 Years of Age				
	Total All Ages	Total No. Recov. Fatal		Total No. of Cases	Recov.	Fatal			
All Streptococci	86	33	20	13	53	12	41		
Strep. Hemolyticus	53	27	(60.6%)	(39.4%)	26	(22.6%)	(77.4%)		
Non-Hemolytic Strep(Indifferent Strep.)	1		(62,9%)	(37.1%)	1	(19.2%) 1 (100%)	(80.8%)		
Strep. Viridans	32	6	3 (500)		26	6	20		
Other than Streptococci	29	11	(50%)	8	18	(23%)	(77%)		
Pneumococcus	12	5	(27.2%)	(72.5%) 4	7	(22.2%)	(77.7%)		
Influenza Bacillus	1	1	(20%) 1 (100%)	(80%)		(42.8%)	(57.2%)		
Colon Bacillus	4		(100%)		4	1 (0500)	3		
Staphylococcus Aureus	7	3		3.	4	(25%)	(75%)		
Staphylococcus Albus	5	2	1 (50%)	(100%) 1 (50%)	3		(100%) (100%)		
,		44 (38 3%)	(52.2%)	21 (47.8%)	71 (61.7%)	(22.5%)	55 (77.5%)		

47.8 per cent died; that is, more than half of the children recovered. On the other hand, in the 71 patients over twelve years of age, approximately one-quarter recovered and three-quarters died; that is, 16 or 22.5 per cent recovered, 55 or 77.5 per cent died.

In table II the cases are subdivided into bacteriological groups. Taking the streptococci as a group—at the present time the most commonly detected blood stream infection—there were 86 cases, 33 being in children and 53 in Of the children, 20 or 60.6 per cent recovered, while 13 or 39.4 per cent died; that is, practically two-thirds of the children recovered. Of the 53 cases in adults, there were only 12 recoveries or 22.6 per cent, and 41 deaths or 77.4 per cent, nearly three-fourths of the cases therefore being fatal. In the streptococcus hemolyticus group, 80 per cent of the adults died and only 37 per cent of the children, whereas in the streptococcus viridens group, 77 per cent of the adults died and only 50 per cent of the children. The rest of table II shows a better prognosis in children with positive blood stream infection other than the streptococci; more than one-fourth or 27 per cent of the children recovering, while in adults

### TABLE III

THE FOLLOWING IS A TABULATION OF THE APPARENT CAUSES OF THE HEMOLYTIC STREPTOCOCCUS SEPTICEMIAS IN CHILDREN AND ADULTS

	Сніг	DREN	ADULTS			
	Recov.	Fatal	Recov.	Fatal		
Mastoiditis	9	5 1	0	3 2 5		
Meningitis Peritonitis	••	1	0	5 3 2		
Cellulitis	2	••	1	2		
Sinus, etc.)	3	3	1	7		
Total	17	10	5	22		

hemolytic streptococcus type in children and adults are recorded in table III. Of the several diseases initially responsible for the sepsis in children, 50 per cent of the fatalities followed mastoiditis. Among the adults, however, there is no one disease entity preeminently responsible for the fatal outcome. It is particularly interesting to note that chil-

TABLE IV

COMPARISON OF FATALITIES AND RECOVERIES IN POSITIVE BLOOD STREAM INFECTIONS
CLASSIFIED ACCORDING TO AGE GROUPS AND ORGANISM PRESENT

		TH TO Years		2–5 ears		5–12 EARS		2-20 EARS		0-30 ears		0-40 EARS		0-50 EARS		)ver Years
	Ftl.	Recov.	Ftl.	Recov.	Ftl.	Recov.	Ftl.	Recov.	Ftl.	Recov.	Ftl.	Recov.	Ftl.	Recov.	Ftl.	Recov.
Streptococcus Hemolyticus (Non-Hemolytic)	4	4	3	6	3	7	2	0	3	2	5	0	3	1	8	2.
Indifferent Strep									0	1			• • •			
Viridans Pneumococcus.	·		1	1 1	2 2	2	2 1	2 1	6	1	6	1	2 1	2 2	4 2	0
Influenza Bacillus Colon Bacillus Staphylococcus		::		1	••		::.			::	 		i	•• ,	·:	i
Aureus Staphylococcus			1		2		3				1					
Albus		1			1				2		1				• •	
	6	5	5	9	10	9	8	3	11	4	13	1	7	5	16	3

Ftl.—Fatalities.

Recov.-Recoveries.

less than one-fourth or 22.2 per cent recovered. The pneumococcus cases were those in which a blood stream infection was found. Here, the number of cases being small, 80 per cent of the children died and 57 per cent of the adults. All but one with a staphylococcus blood stream infection died.

The apparent causes of the septicemia of the

dren evidence a greater resistance to this virulent organism than do adults.

In table IV the cases are classified, not only according to the various organisms found, but are also divided into the various age groups. It may be seen that the prognosis is much better from two to five years of age than it is at any age, and that the worst prognosis is in adults over fifty.

#### OCULAR BIRTH INJURIES\*

By MAX W. JACOBS, M.D., ST. LOUIS, MO.

A STUDY of obstetrical histories reveals the interesting fact that ocular injuries, unless severe or very apparent, remain all too frequently unmentioned in the summing up or on the face sheet of the record. The sequelae of such injuries may be of great importance both visually and cosmetically, and should therefore have the most critical supervision and attention. Ocular symptoms may be of very definite value in making a diagnosis of intracranial trauma, while prompt repair of a lid injury may be the means of preventing additional damage to the eye-ball. The discovery of a large retinal hemorrhage, especially when located in the macula, may occasionally enable us to prevent impairment of vision in that eye or at least explain an amblyopia later

Reports of ocular injuries in the newborn were gathered from the literature nearly a generation ago by Wolff and Goldwasser, and these publications, together with the work of Thomson and Buchanan, have served as the basis of most of the literature which has appeared in recent years. Ehrenfest, in his volume on Birth Injuries of the Child and in the Cumulative Supplement of Gynecological and Obstetrical Monographs, has brought the literature up to practically the present day. The data of these men must necessarily form the basis of any paper which reports the various types of ocular injury found in the newborn. Seissiger, in a recent investigation, found no ocular injuries other than those in the eyegrounds in five hundred cases. He also quotes Wolff, who found only six cases of eye injury amongst 39,317 deliveries at the Charité.

The ocular symptoms associated with injuries of the newborn may be best described by arranging them according to the particular tissues involved. Injuries of the lids may vary from simple bruises to actual lacerations. Practically all of us have seen the terrific swelling of face and lids following certain types of labor, particularly in face presentation. The rapidity with such phenomena disappear without leaving any permanent injury is also known to most of us. On the other hand, pronounced suffusion of the eve-lids is possible evidence of a deeper injury of the orbit itself. Again, after lid lacerations or fractures of the upper jaw following the use of forceps, the danger of entropion and ectropion must be born in mind.

Rowland recently stressed the relative im-

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N. Y., June 3, 1930.

portance of forceps in those cases showing contusions, facial paralysis, and hematoma. Lagophthalmos from facial paralysis has been noted in 10% of forceps extractions. This symptom is rarely as pronounced as in the adult individual, and the seventh nerve usually approaches the normal in a short time. Wolff and Goldwasser found in the literature twentyeight instances of orbital fracture and thirty of traumatic exophthalmos out of a total of 244 cases of serious eye-injury. Actual luxation of the eye-ball was excluded in making up these lists. A case of exophthalmos reported by Doersler presented symptoms suggestive of intracranial fracture. When actual luxation occurs, the condition may require external canthotomy before replacement of the eye-ball. In one case an eye luxated during labor was replaced by means of slight pressure. Normal pressure against an unusually elastic frontal bone was apparently to blame for the luxation. The vision of this eye, tested after 18 years was found to be normal. Avulsion of the eyeball has been reported. This may be produced by the blade of a forceps, or the eye may be severed from its attachments by a piece of fractured bone from the orbit. All of us will recall the classical example mentioned in the text books, in which a careless examiner has forced an eye from the orbit during vaginal examination. An anomaly of the pelvis, in the form of a sharp ridge, has also caused this disaster.

As the extrinsic eye-muscles are not fully developed at birth, one may not infrequently get a variety of apparently abnormal muscular conditions in the new born infant. Strabismus, seen frequently at birth, may be due to extreme weakness or anatomic defect rather than actual paralysis. According to Ehrenfest, paralysis of the external rectus muscle present at birth is more likely to be of traumatic origin than truly congenital. The abducens is probably compressed in the sphenoidal fissure where it enters the orbit, and especially when forceps are applied obliquely. We must not forget, however, that injuries occur in the course of labor which has apparently been normal. Gifford, in a review of the literature on Congenital Abduction Defect, calls attention to the theory that intrapartum pressure may within a few hours result in maldevelopment of the external rectus. He stresses this fact because many observers have attributed this weakness to failure of development in utero. Nystagmus is occasionally met with in intracephalic hemorrhage, but rhythmic lateral movements are not uncommonly observed in infants seemingly normal at 1:th. This is probably due to lack of synergistic function which is necessary for co-ordinate movements of the eyes. Ehrenfest warns that the interpretation of a unilateral miosis or midriasis for the purpose of localization is very unreliable. He says that extreme contraction of one pupil, together with strabismus or nystagmus, can be seen in many case of cranial hemorrhage in the newborn. Some of the effused blood, especially in hemispheric hemorrhages, is likely to reach and to irritate the cortical center of co-ordinate ocular movements in the gyrus angularis at the end of the temporal sulcus. For this reason, a widely dilated pupil renders the prognosis particularly bad.

Compression of the eye-ball, hemorrhage into the anterior or posterior chamber of the retina have also been noted. Not rarely the cornea shows changes the result of birth. Opacities of parenchyma following injuries of the corneal surface have been recorded as have tears of Descemet's Membrane after forceps, which Thomson and Buchanan have shown, may result in a high degree of astigmatism. A steaminess of the cornea, with or without abrasion, has been noted after the use of nitrate of silver for the prevention of blenorrhoea neonatorum. Recent tears of Descemet's Membrane were first described in 1891 by Haab, and similar reports have been made since by Thomson and Buchanan, Stock, De Schweinitz, and Seissiger. Stock saw a case of keratoconus following tears of Descemet's Membrane, the result of forceps. De Schweinitz reported a case of keratoconus-like bending of the cornea following instrumental delivery and a similar case was seen by Richter. In all of these cases seen at birth, a diffuse cloudiness of the cornea ascribed to edema was noted. Rupture of Descemet's Membrane is best seen in cases of hydrophthalmos. In such eyes, of course, the injury is due to stretching of the entire eyeball. Thomson and Buchanan examined four eves microscopically and found such tears. In recent years, James, Chance, Byers, Bedell, Blaaw and others have examined patients who showed, many years after birth, linear opacities and folds of Descemet's Membrane. In the more recently reported cases, the slit lamp was of distinct value in localizing and describing this condition. In practically all of these patients a history of injury of the eye at birth, with definite clouding of cornea or bruising of the lids, were available. Chance's patient, after an instrumental delivery, still showed in adult life, loop-shaped scars over each temple. This patient's head also had remained misshapen for many days after birth. In Blaaw's case, Marlowe, who had seen the patient shortly after birth, reported a marked opacification of the cornea on the tenth day, and slight haziness six months later. These patients show in later life, fibre-like processes in the cornea. With the slit lamp these appear as glassy ridges, or resemble glass splinters, which frequently protrude into the anterior chamber.

Our present knowledge of the appearance of intraocular injuries in the newborn came with the ophthalmoscope. Jaeger, in 1861, made the first examination of this kind, and a number of publications appearing since that date stress the frequency of retinal hemorrhage. The percentage of frequency varies greatly in the reports of different investigators, and this is due to the fact that the time of examination has varied with different writers. All are agreed that these are fresh hemorrhages and did not develop during intrauterine life. Schleich asserted that the retinal hemorrhages are the result of congestion and therefore stand in relation to the minute and larger cerebral hemorrhages. Sicherer, who recently examined a large series of infants, agrees with him. The ophthalmic vein does not empty in the normal manner when there is compression of the cavernous sinus. The central vein of the retina, as a rule without anastomoses, is still more unfavorably situated. Sicherer found confirmation of Schleich's theory in the fact that hemorrhage is more likely to occur in the right eye when we have the more common left anterior occipital presentation. The opposite findings were found in the right anterior presentation. This would seem to prove that the eye lesion is more frequently found on the side on which the sinus is exposed to greatest pressure. In a paper read before the Ophthalmic Section of the A. M. A. in 1924, I reported the results of the examination of such a series of the newborn. If, as Sicherer suggests, obstruction of circulation takes place in a definite area, with the result that retinal hemorrhages occur on the corresponding side, my finding did not corroborate it. I found retinal hemotrhage in 12% of my series, whereas percentage figures in the literature vary from 3 to 30. Seissiger, in a recent contribution, found 19%. He stresses the importance of contracted pelvis as suggested by Schleich and thinks that length of labor and primiparity are important factors. Eades, in a recent piece of investigation, concludes that operative delivery, especially forceps, is of major importance in producing retinal hemorrhage. As was the case in my series, duration of labor, time of rupture of membranes, contracted pelvis, foetal asphyxia, or syphilis, showed no primary association with retinal hemorrhage. According to Eades, occurrence of retinal hemorrhage in intracranial injury is not constant,

This is probably due ingly normal at Firth. to lack of synergistic function which is necessary for co-ordinate movements of the eyes. Ehrenfest warns that the interpretation of a unilateral miosis or midriasis for the purpose of localization is very unreliable. He says that extreme contraction of one pupil, together with strabismus or nystagmus, can be seen in many case of cranial hemorrhage in the newborn. Some of the effused blood, especially in hemispheric hemorrhages, is likely to reach and to irritate the cortical center of co-ordinate ocular movements in the gyrus angularis at the end of the temporal sulcus. For this reason, a widely dilated pupil renders the prognosis particularly bad.

Compression of the eye-ball, hemorrhage into the anterior or posterior chamber of the retina have also been noted. Not rarely the cornea shows changes the result of birth. Opacities of parenchyma following injuries of the corneal surface have been recorded as have tears of Descemet's Membrane after forceps, which Thomson and Buchanan have shown, may result in a high degree of astigmatism. A steaminess of the cornea, with or without abrasion, has been noted after the use of nitrate of silver for the prevention of blenorrhoea neonatorum. Recent tears of Descemet's Membrane were first described in 1891 by Haab, and similar reports have been made since by Thomson and Buchanan, Stock, De Schweinitz, and Seissiger. Stock saw a case of keratoconus following tears of Descemet's Membrane, the result of forceps. De Schweinitz reported a case of keratoconus-like bending of the cornea following instrumental delivery and a similar case was seen by Richter. In all of these cases seen at birth, a diffuse cloudiness of the cornea ascribed to edema was noted. Rupture of Descemet's Membrane is best seen in cases of hydrophthalmos. In such eyes, of course, the injury is due to stretching of the entire eyeball. Thomson and Buchanan examined four eyes microscopically and found such tears. In recent years, James, Chance, Byers, Bedell, Blaaw and others have examined patients who showed, many years after birth, linear opacities and folds of Descemet's Membrane. In the more recently reported cases, the slit lamp was of distinct value in localizing and describing this condition. In practically all of these patients a history of injury of the eye at birth, with definite clouding of cornea or bruising of the lids, were available. Chance's patient, after an instrumental delivery, still showed in adult life, loop-shaped scars over each temple. This patient's head also had remained misshapen for many days after birth. In Blaaw's case, Marlowe, who had seen the patient shortly after birth, reported a marked opacification of the cornea on the tenth day, and slight haziness six months later. These patients show in later life, fibre-like processes in the cornea. With the slit lamp these appear as glassy ridges, or resemble glass splinters, which frequently protrude into the anterior chamber

chamber. Our present knowledge of the appearance of intraocular injuries in the newborn came with the ophthalmoscope. Jaeger, in 1861, made the first examination of this kind, and a number of publications appearing since that date stress the frequency of retinal hemorrhage. The percentage of frequency varies greatly in the reports of different investigators, and this is due to the fact that the time of examination has varied with different writers. All are agreed that these are fresh hemorrhages and did not develop during intrauterine life. Schleich asserted that the retinal hemorrhages are the result of congestion and therefore stand in relation to the minute and larger cerebral hemorrhages. Sicherer, who recently examined a large series of infants, agrees with him. The ophthalmic vein does not empty in the normal manner when there is compression of the cavernous sinus. The central vein of the retina, as a rule without anastomoses, is still more unfavorably situated. Sicherer found confirmation of Schleich's theory in the fact that hemorrhage is more likely to occur in the right eye when we have the more common left anterior occipital presentation. The opposite findings were found in the right anterior presentation. This would seem to prove that the eye lesion is more frequently found on the side on which the sinus is exposed to greatest pressure. In a paper read before the Ophthalmic Section of the A. M. A. in 1924, I reported the results of the examination of such a series of the newborn. If, as Sicherer suggests, obstruction of circulation takes place in a definite area, with the result that retinal hemorrhages occur on the corresponding side, my finding did not corroborate it. I found retinal hemorrhage in 12% of my series, whereas percentage figures in the literature vary from 3 to 30. Seissiger, in a recent contribution, found 19%. He stresses the importance of contracted pelvis as suggested by Schleich and thinks that length of labor and primiparity are important factors. Eades, in a recent piece of investigation, concludes that operative delivery, especially forceps, is of major importance in producing retinal hemorrhage. As was the case in my series, duration of labor, time of rupture of membranes, contracted pelvis, foetal asphyxia, or syphilis, showed no primary association with retinal hemorrhage. According to Eades, occurrence of retinal hemorrhage in intracranial injury is not constant,

Volume 30 Number 22

### EPILEPSIES: ETIOLOGY AND SYMPTOMATOLOGY\* By WILLIAM T. SHANAHAN, M.D., SONYEA, N. Y.

PILEPSY is not a disease—it is a type of reaction of the human body to different abnormal stimulations; it has various causes, therefore the field of study must be broadened to include the convulsions of childhood, the eclampsia of pregnancy, uremia, asphyxia and other allied conditions. When these are all better understood, there will be more chance of helping the chronic sufferer."<sup>2</sup>

The essential feature of an epileptic seizure is an abrupt impairment or loss of consciousness recurring at varying intervals, often with fairly definite periodicity. In some epileptics, seizures tend to occur in series, and in a few appears status epilepticus, the most serious form and often fatal.

During the convulsive seizure, the individual often turns on the face and may be asphyxiated. Some epileptics, when they arouse after a seizure feel bruised and not themselves in any respect, while others may be perfectly clear and seemingly as well as ever. Some not realizing they have had a seizure, make unjust accusations regarding those about them, alleging they have been assaulted, etc.

As far as injuries during seizures are concerned, any which it is possible for the human individual to experience may occur, fractures and dislocations being particularly common. The epileptic often ventures in places of danger or pursues an occupation which exposes him to injury disregarding warnings as to measures of safety. Sudden and unexpected death often occurs in epilepsy, the expectation of life being considerably less than for the general population.

What constitutes epilepsy? It is generally conceded that there is no single clinical entity to which the name of epilepsy may be applied. While certain theories are plausible, all of For some unknown them lack verification. reason, certain individuals present recurring epileptiform attacks, and others with apparent defects in makeup which should provoke such attacks, are free from them. As epileptiform reactions occur in so many disorders, the diagnosis of epilepsy can be made only after thorough study and observation of the patient. Every reaction in an epileptic is not a phase of that disorder, as he has those common to mankind, few of which are changed as result of epilepsy. It is difficult to draw a sharp line between normal and abnormal reactions. It is apparent to those familiar with epileptics that there is an almost endless variety of seizures. In the great majority, more than one kind of seizures occur.

The cause of a seizure in one epileptic may not be the disturbing element in many—perhaps the majority of others. The CAUSES seem to be what will some day be brought to light. Can we ascertain the cause of the epileptic seizure until we can see the actual metabolic changes of the living cells?

Epileptics considered individually show a variety of dispositions as great as among other people. Fainting and the normal degrees of imperception, absentmindedness, and sleep are gradations of disturbance of consciousness as compared with different types of seizures. In the preseizure period, disturbances of consciousness commence with slight defect in power of attention through dreamy states to complete unconsciousness. The equivalent of a blush may occur within the skull or elsewhere in the body, headache appear suddenly, dry mouth occur in fear, pallor, flushing, altered heart beat and respiration, intestinal disturbances and other symptoms occur in emotional states, so in some individuals a similar disturbance of the autonomic nervous

system may cause seizures. Considering the complicated, intricate nervous system, as well as the circulatory, digestive and other vital systems with their interrelationship, it is remarkable that there are not more reactions epileptiform in nature. The brain itself may be normal but its functional response may be perverted by toxins of various sorts and from numerous sources. Congenital factors, or those acquired at an early age, may prevent normal development of essential organs of the intricate human mechanism, particularly the central nervous Disturbance of body chemistry, either confined to a part, e.g., the brain or elsewhere, and indirectly affecting the brain through the circulation, etc., is a matter of debate. In all probability the symptoms in such conditions are due to an interplay of certain factors acting on the central nervous system.

Factors pertaining to heredity and environment are too often discussed on insecure foundation. If such close physical resemblances in form and feature occur, as they do, between parents and children, we may assume that tissues with similar tendencies in reacting to various influences are likewise transmitted, or are found in members of a particular family. We have as yet, however, no scientific acceptable verification that such is the situation

Read at the meeting of Eighth District Branch, Medical Society of the State of New York, at Perryaburg, N. Y., on October 2nd, 1930.

as refers to convulsive disorders. Contrarily, as our knowledge of the epilepsies increases, hereditary factors tend to become less im-

portant.

Among 8024 patients thus far admitted to Craig Colony, 38 have been one of twins; 85 had relatives also patients, these representing 42 families. In about 10 per cent of our patients is a history of other members of the family having had one or more convulsions.

The well-known condition of convulsibility in infancy may appear at a more advanced age, perhaps consequent upon damage to the central nervous system, following infections of vari-

ous kinds.

Too rapid growth may be a determining factor in certain cases. Exhausted children faint from cardio-vascular failure.

Convulsive attacks first occurring after 30 years are, as a rule, due to cerebral arterio sclerosis, cerebral syphilis, intracranial tumor, abscess, uremia, alcoholism, or in a woman before the menopause, eclampsia.

In the petit mal seizure, there is for a moment a loss or impairment of consciousness, with dilatation of the pupil and perhaps a slight change in color of the face, the seizure is of such brief duration that such an attack will often pass unrecognized as the patient seldom falls. In the comparatively infrequent psychic seizure there is no convulsion.

Some seizures are incomplete or abortive, e. g., the patient feels something is about to happen, knowing that this sensation (aura) usually precedes the attack, but finds that the remainder of the seizure does not appear. This aura may recur several times within a few hours, finally a severe convulsion occurring. It has long been recognized that changes in conduct and appearance foretell a seizure in many epileptics.

As to the time of occurrence of seizures, the terms nocturnal and diurnal should be replaced by terms defining the periods when the individual may be either asleep or awake.

Mental disturbances in the epileptic may be brief or may last for an extended period. The epileptic in a furor or in an automatic state following a seizure, may without warning make an unprovoked assault on those about him or anyone who may in any way interfere with him. He may thus do harm to those who attempt to control him. In some of these periods, the patient is apparently only confused and does not become very active. Others have hallucinations, illusions and delusions with intense physical activity.

Transitory periods of mental disturbance, ill humor, dreamy states, semi-stupor, assaultive tendencies, impulsiveness, motor hyperactivity are seen in some epileptics. Exalta-

tion of religious sentiment, strangely contradictory to the irritability, suspicion, egotism, etc., may be observed.

Automatism is a symptom often unrecognized and in the ordinary descriptions of epilepsy is not mentioned. This condition is a later stage of a seizure, usually the mild or the incomplete severe attack. Ordinarily in a very brief time, the patient returns to his usual mental state with no recollection of what transpired during the seizure, including the automatic state itself. Many of the assaults which epileptics make, occur, no doubt, during these automatic periods. It may be possible during this condition to have some accident occur which may be fatal. Many experiences occur to an epileptic as a result of unrecognized automatic periods.

Over those who have manifested a tendency toward convulsions, showing an unstable nervous system, there should be a careful control exercised, especially at puberty and involution. The diagnosis of epilepsy is obviously of great importance in certain occupations, e. g., railroad and street car workers, automo-

bile operators, barbers, etc.

Claims for a specific physical and mental makeup in epilepsy are not generally accepted. Some do present a picture suggesting disordered metabolism, e.g., coated tongue, peculiar, unpleasant odor of person, hebetude, low blood pressure and subnormal temperature. The so-called plateau speech of epilepsy is rarely heard, but slow speech and movement may be noted in some.

Epileptic seizures, as some psychotic states, may at times be an attempt to retreat from

the immediate environment.

Common experiences, e.g., crying spells with some cyanosis, night terrors, and certain dream states, associated with restless sleep closely resemble an epileptic reaction. Sleep starts—"jerks"—tics—choreiform movements all closely resemble the normal start made upon hearing an unexpected loud noise or witnessing a distressing situation, or even an unexpected pleasant one, e.g., meeting a near or dear friend or relative. Consider the emotional reaction to sudden good or bad news.

May influences so readily causing convulsions during early life reappear in after years? What induces long periods of freedom from seizures in patients receiving no sedative, diet-

ary or other definite treatment?

The symptoms of epilepsy are in certain respects suggestive of some chemical substance, or substances, acting recurrently on the central nervous system. Disturbances of metabolism reported in epileptics are also found in non-epileptics.

Most information recorded regarding epi-

leptics refers particularly to those in institutions, a comparatively small group. Much further study must be made of the extra-institutional majority.

There are many phenomena, epileptic in na-

ture, besides the severe convulsion.

The principal etiological factors still seriously considered in relation to convulsive disorders are heredity, disturbances of prenatal environment, birth injuries, mal-development during infancy, infections in early life, allergy, mal-nutrition, rickets, tetany, spasmophilia, head injuries, partial asphyxias, psychic factors, circulatory derangements, gastro-intestinal disorders, endocrine disturbances during puberty and adolescence, inadequate physical and mental hygiene.

Adolf Meyer<sup>7</sup> says "Heredity is difficult to evaluate; birth injury and trauma do not seem to count for so very much." "Infectious diseases of childhood count, but how avoid

them?"

It is but to be expected that there will always be some of the human race presenting evidence of an abnormally functioning central nervous system and a certain number with imperfect, incomplete and defective development of the nervous system and systems relating thereto, preventing their properly adjusting to life. How many are potentially epileptic? Are more symptomatic epilepsies remediable or preventible?

Eventually, more convulsive reactions may be found due to cardiac disturbances where such is not even now suspected. 'Varying degrees of convulsive disorders and faints, are observed accompanying certain abnormally slow action of the heart. Cerebral arteriosclerosis, especially when associated with high blood pressure, causes convulsive seizures. What degree of faulty circulatory balance is necessary to produce seizures or to prevent Muskens says in epilepsy we occurrence? have to regulate an organism whose normal reflexes have gone astray. Severe throat infections provoke seizures. Brain damage in pertussis predisposes to epilepsy. How prevent formation of seizure habit in such?

If the cerebrospinal fluid contains convulsants at recurring periods, these by diffusion, or otherwise, may enter the cerebral cortex and convulsions follow. The maintenance of the acid-base equilibrium of the blood is a complex process involving excretory mechanisms; respiratory and circulatory tracts, body tissue, as a whole, to the blood itself. Ketosis, instead of being avoided, is now sought in an effort to treat epilepsy.

The blood, urine, spinal fluid, etc. in epileptics, have thus far revealed nothing to consider specific for epilepsy. The claim that allergy

causes some epilepsies has not been fully verified as the two conditions may well co-exist without being related. There may be a close relationship between gastro-intestinal disorders and the occurrence of convulsions. Many epileptics, however, do not show any material disorder of the digestive tract. The same applies to organic cardiac disorder, blood pressure, etc. Seemingly, many institutional epileptics have a low blood pressure, and low basal metabolism. The epileptic may have evidence of an old skull fracture as result. rather than cause of his epilepsy. Munson.3 and others, have shown that at autopsy the alleged changes in the pituitary fossa and gland, as shown by x-ray, were not present. If pituitary disorder has anything to do with the occurrence of convulsions, such cases must be exceedingly limited in number. Endocrine glands are very important but we know little as to their relation to epilepsy. It is of interest to note the rarity of diabetes and exophthalmic goitre in epileptics. It may be that in some epileptics at least, deficiency of functioning of the liver has to do with the recurrence of seizures.

Felsen<sup>4</sup> points out, "A delicate balance is maintained by the antagonistic action of the autonomic (vagotonic) and sympathetic systems at the most quiescent or normal intervals of the interparoxysmal stage. At known intervals preceding and following a seizure, this balance seems to be disturbed and one system or the other predominates its action. It is not unlike a delicately adjusted thermostat that

suddenly gets out of order."

Continued investigations pertaining to ingestion of food, its digestion, absorption and assimilation; the blood and lymph in their various phases; changes in the liver, pancreas, thyroid, pituitary, adrenal and other glands, with secretions therefrom, the activities of the kidneys, bowel, skin and lungs, may ultimately elicit some departure from what is considered normal.

Absence of a lesion in the brain of the socalled essential epileptic has never been proven. Brain pathology as reported is inconstant and insufficiently verified. Many feel that changes reported are the effect and not the cause of epilepsy. Thorough neuropathological examination of large series of various types of convulsive cases, including those of short as well as long duration, should be made. Brain damage may be conceived as ensuing from circulatory disturbances, edema and altered nutrition incident to recurring convulsions, therefore every effort should be made to prevent seizures. Consider the vast number of nerve cells in the brain and that all parts of the cerebral cortex are connected in the most

intricate way. With recurrence of seizures, with a similar order of invasion, may not structural changes occur in these relationships and seizure more easily occur? Convulsions are readily produced experimentally, or otherwise, in animals. These reactions closely resemble those observed in man. No race or age of man is exempt from convulsive manifestations.

Interaction of various predisposing and precipitating etiological factors needs cautious interpretation. Constitutional reaction types are accepted for many conditions, why not for epilepsy? The constitution has been defined as the sum total of the internal factors which make up an organism. Practically all children receive more or less trauma at birth. What is physiological and what pathological, especially in primiparous births? That lesions of the brain occur during birth is generally ac-There may be hemorrhages in the substance of the brain or in the meninges and The new-born child's their blood channels. tendency to bleed, especially if premature, is greatly increased by asphyxia. Children having a stormy postnatal period often show subsequently evidence of brain lesions. One must then consider damaged germ plasm, faulty fetal development, brain injury during birth and subsequently, malnutrition during early life, disturbed tissue water balance, altered formation and elimination of cerebrospinal fluid, dysfunction, psychogenic cerebral circulatory disorders, seizure habit, degrees of convulsibility, unusual fluctuations in consciousness, difficulty in differentiating normal and abnormal reactions, a disorder of the entire individual.

According to S. A. K. Wilson<sup>5</sup>:

"The transient cerebral anemia is not sufficient to initiate convulsions. If this is the cause per se, then why is not every death bed the scene of convulsive seizures? The core of the situation lies in qualities of the neural mechanism exhibiting the discharge. It is impossible to find one single common factor for the totality of epileptic manifestations."

In the brains of chronic epileptics, diffuse atrophy is often found. Speilmeyer<sup>®</sup> points out there are focal perivascular areas of necrosis, with consequent cerebral destruction following each attack. Excessive cerebral spinal fluid in the subarachnoid spaces merely replaces shrunken brain tissue. Frazier<sup>7</sup> questions the propriety of subjecting a known epileptic to the discomforts incident to encephalography. Fay<sup>®</sup> reminds us that the intermittent occurrence of convulsive seizures indicates that the factor responsible for predisposing a patient to a convulsion at one moment is absent during the period when he is free from attacks. He believes the variable fac-

tor has to do with water metabolism. He believes that the disturbance in relation between the cerebral spinal fluid formation and absorption results in epilepsy. Dilated ventricles are commonly found in epilepsy. It is of interest to note in this connection, however, that the majority of hydrocephalics do not have seizures. In brain tumors, attacks are relatively more frequent if the parietal, frontal, or temporal lobes are involved rather than the occipital.

The commonly obtained history of head trauma is difficult to evaluate as to its bearing, if any, on a later epilepsy. It is often not especially severe, nor does it differ in any respect from trauma received by practically all young children. The fall often ascribed as the cause of the first seizure may rather be the onset of that seizure.

Penfield. describes, after damage to the brain, formation of scar tissue densely attached to the overlying meninges, which cicatrix contracts steadily, exerting an influence on the hemisphere and whole brain, resulting in circulatory disturbances and in consequence, convulsions.

Rosett<sup>10</sup> says if there is a general application of data pertaining to birth injury, about one-third of all human beings must sustain some such injury. He and others compare the epileptic seizure with changes in consciousness, occurring in all persons, e.g., sleep, an absorbed person who is largely unconscious, etc. He says "It is impossible to prove an inheritance of a defective nervous system as such, rather a metabolic defect which acts on the nervous system. The sensory and muscular manifestations of the epileptic seizure are not essentially different from the normal thought and action. The convulsive postures and movements of the epileptic when viewed as though the patient were in the upright position are unmistakably integrated into normal patterns of muscular coordination. The more profound the inhibition of the sensory nervous system, the greater the strength of the muscular contractions. He believes the epileptic seizure is a form of the tetanic state.

An individual seizure, or even a series, may apparently be precipitated, or on the other hand held in abeyance, or repressed by emotional reactions. Witnessing attacks in others does not often appear to bring on an attack, in fact familiarity with seizures in others often causes the epileptic to assert his symptoms are less severe. Some look upon their disorder as of great importance, not only to themselves, but to everybody. Even the most intelligent epileptic is so optimistic he too often deliberately disregards advice as to avoid danger. Egotism, faultfinding, selfishness, undue sensitiveness, emotional poverty and the like are marked in some epileptics but in many not evident.

Anxiety, apprehension and fear play a great part in the development of their mental outlook, and also restrictions on their occupation, pleasures and recreations help develop the belief they are abnormal. They become sensitive to criticism and tend toward asocial habits.

In many, there may exist a highly entotional factor, which is associated with physiological and bio-chemical factors. Whatever produces convulsions must act through the central nervous system. It has long been recognized that ordinarily an epileptic is very susceptible to alcohol. Syphilis plays a minor part in producing epilepsy. Syncope is sometimes very difficult to distinguish from epilepsy.

Some observers assert that more seizures occur during damp, sultry weather and during periods interfering with the maximum of outdoor exercise. Others deny such influence. Similar opinions are held as to intercurrent infections, tuberculosis, menstruation, pregnancy, etc., dental ab-

normalities and visual defects.

Quantity and quality of food and liquid may

be closely related to many seizures.

It is exceedingly difficult ofttimes to obtain a satisfactory history of the early phases of an alleged epilepsy. A hastily given positive opinion should be guarded against, although one should not dwell too lightly on the importance of symptoms analogous to those called epileptic. Children manifesting such should be closely observed over an extended period, the general care given being the same as if epilepsy had not been definitely diagnosed. As so many factors must receive consideration, there is much discussion as to the age when it is possible to diagnose epilepsy. Assurance should not be given that "spells" are so light that they amount to nothing. The mildest type of a seizure may be but a precursor of the most severe form. In many, the change in the conscious state is so slight as to escape notice unless the observer is looking directly at the patient at the time of the seizure. A history of repeatedly falling from bed during sleep; having a severe headache on arising, for which no adequate cause can be discovered, these recurring with more or less definite regularity; feeling of heaviness and fatigue, or sensation of having been beaten; finding of blood on the pillow; soreness and perhaps laceration of the inner surface of the cheeks, lips or tongue, suggest the occurrence of convulsions during sleep. Hysterical seizures may occur in an individual who also has true severe convulsions.

The so-called epileptic equivalent may awaken suspicion of epilepsy, but unless a definite seizure is observed, a positive diagnosis cannot be made.

Simulation may be so well carried out as to escape detection by all except the most careful observer. The simulator cannot change his pupils or exhibit rise in temperature, produce

facial cyanosis, ecchymosis, or pronounced stupor of a true seizure. He tends to overdo something usually not pronounced.

Epilepsy is naturally considered a serious disorder, terrifying to patient and onlooker. The patient is constantly fearing recurrence of the seizure, which anxiety must play an important part in leading to the subsequent attack. He should not center thought on seizures, but whenever possible, see himself a useful member of society. Difficulty in obtaining employment or a living results in depression, apprehension and a sense of injus-Repetition of emotional states connected with such situations largely causes the socalled epileptic mental makeup. Such conditions are observable in what we term normal people when there is no opportunity left for interest in the general routine of life. Discouragement must not be mistaken for deterioration.

Congenial occupation and environmental factors lessen seizures. Reposing confidence in and placing responsibility upon the brighter epileptics lessens seizures. Deprivation of normal social contacts and outlets are provocative of attacks. The prevailing prejudice to the point of ostracism toward nervous and mental patients creates antagonistic attitudes in such handicapped persons. It is too often forgotten that in most respects the average epileptic does not differ from those of his social status. With arrest of seizures, self-confidence may be re-established and a return to

a more normal social attitude.

There are many unsolved problems relative to the epilepsies. Time will furnish the an-

swer to at least some.

If a definite structural abnormality of the brain is accepted as the basis of epilepsy, the prognosis is a gloomy one. If on the contrary but a recurring disturbance in function consequent upon a temporary alteration in structure, is present in some of the epilepsies, the outcome is more favorable.

Can present methods of treatment raise the threshold to exclude provoking factors thus reducing or banishing seizure reactions? What predisposing and precipitating factors are, with our present knowledge, controllable? If long continued and organic changes have occurred or there exists defective general development, can recurrence of seizures ever be prevented?

There seems to be present in some persons abnormal "convulsive capacity" varying enormously in different individuals and in the same person from time to time. It has long been appreciated that convulsions are precipitated either by a disturbance in the brain itself or in parts outside the brain that influence that

organ. The exact cause of susceptibility to convulsions is as yet unknown.

As time passes, more and more so-called idiopathic convulsive disorders will be placed

in the symptomatic group.

Because of lack of exact knowledge of the causes of the disorder in the majority of cases, curability depends upon what we understand as "epilepsy." In the absence of definite pathology, it is only a clinical syndrome which may be the manifestation of a variety of conditions some of which are curable. If the percentage of cures is based on epileptics other than those markedly defective and paralytic, the number of controlled cases would be considerable.

Treatment must be individual, with the maximum possible of normal contacts and interests to arouse and sustain mental activities and provide energy outlets; careful administration of drugs, reasonably restricted diet and acceptance of discipline of self as to hygiene of body and mind.

### REFERENCES

1. Harvard Studies in Epilepsy. 1930.

2. Meyer, Adolf. Personal communication.
3. Munson, J. F. The Pituitary Gland in Epilepsy.

Arch. of Int. Med. Apr. 1918. Vol. XXI, pp. 531-450.
4. Felsen. Laboratory Studies in Epilepsy. Arch.

Int. Med. Aug, 1930.

5. Wilson, S. A. K. Arch. Neurol & Psychiat. April, 1930.

6. Speilmeyer, W. Anatomic Substratum of Convulsive State. Arch. Neurol. & Psychiat. 23:869-875.

vulsive State. Arch. Neurol. & Psychiat. 23:869-875.
May, 1930.
7. Frazier. Philadelphia Neur. Soc. Feb. 28, 1930.
8. Fay. Philadelphia Neur. Soc. Feb. 28, 1930.
9. Penfield. The Structural Basis of Traumatic Epilepsy. Brain, July, 1930. p. 99.
10. Rosett, J. The Epileptic Seizure. Arch. Neurol. & Psychiat. Apr. 1929.

### VASO LIGATION IN CASES OF PROSTATIC OBSTRUCTION

Report of five-year series. Read before the Section of Genito-Urinary Surgery, New York Academy of Medicine, Jan. 15th, 1930. By GEORGE A. CASHMAN, M.D., NEW YORK, N. Y.

TUCH has been written concerning epididymitis in cases of chronic prostatic obstruction, and the various methods of preventing this disconcerting, and sometimes serious, complication of prostatic surgery. I will sum up briefly the conclusions as found in the literature, and then attempt to give you a brief resumé of our experience on the Urological Service at Bellevue Hospital

for the past five years.

That epididymitis is a real problem in prostatic surgery has long been recognized. Proust and Albarran in the last century, and Judd of the Mayo Clinic in 1911 described methods of treating the vas to prevent epididymitis. The incidence of epipidymitis following prostate operations, unaccompanied by some form of vaso-ligation or vaso-resection varies in published reports between 20 and 40%. McKay<sup>1</sup> reported 35 consecutive cases with 33 vaso-ligations. His pre-operative (i.e. before prostatectomy) epididymitis cases were 3; post-operative 5, about 15%; while in the same clinic before vaso-ligation the epididymitis cases averaged 30%. He used the closed method suggested by Alyea at Dr. Young's Clinic, and found that of the 33 cases ligated, 5 developed epididymitis shortly after removal of the sutures in two weeks. Goldstein<sup>2</sup> of Baltimore following the experimental work of Rollnick, advised cutting the sheath surrounding the vas, and removing at least 1 c.m. to prevent extension along the lymphatics, and reported not a single case of epididymitis

in 60 cases of prostatectomy where this procedure was followed before any intra-urethral instrumentation. He gives his general average as 20% without ligation, and 4% with ligation. His conclusions are: 1. Prostatectomy without ligation and partial resection of the vas, results in a high percentage of epididymitis in any form of prostatectomy. 2. Bilateral ligation and removal of 1 c.m. of the vas with its sheath and lymphatics lowered his average to 4%. 3. Such treatment of the vas has no material effect on the sexual powers of these individuals as regards the act.

Ashner's review of 277 cases at Mt. Sinai Hospital without vaso-ligation gives: 44 cases of 1 stage prostatectomy with 10% epididymitis, and 233 cases of 2 stage prostatectomy with 20% epididymitis, of which 15% were post-operative. On the other hand, White reported as high as 80% after 1 stage prostatectomy, but less after the 2 stage opera-

tion.

Recently in the discussion of Dr. Keyes' paper on the "Prospects of the Prostatic," one or two of those discussing the epididymitis phase of it seemed to be of the impression that such a complication was not so common, and discounted the necessity of vaso-ligation Alyea (4) however, reor vaso-resection. ported 100 private cases at Johns Hopkins with a 39% incidence of epididymitis, while at the same time they had only 20% on ward patients in the same hospital. He drew what seems to be a very logical conclusion, that the

ward patients had had their obstruction and infection a longer time with resulting increased resistance; while the private patients were only recently infected and came to operation before their resistance was sufficiently increased by active immunization.

Various methods have been described for preventing epididymitis, such as: Seminal vesiculectomy, ligation of the ejaculatory ducts, and the closed, and open methods of vaso-ligation or resection. In 1925 and 1926 on the Urological Service at Bellevue Hospital an occasional case was done by merely isolating the vas high up in the scrotum, and attempting to interrupt its continuity by ligation with silkworm gut passed through the skin, under the vas, and out through the skin again. However, several infections took place, a fair-sized area would sometimes slough out, and subcutaneoous hematomata occasionally occurred. There were 13 of these cases with 4 poor results. Hence this procedure was soon abandoned for the present method. Now, practically every case of probable prostatic obstruction is taken to the operating room, before repeated catheterization, and prior to the use of the indwelling catheter. There, under strict surgical precautions, the vas is identified high up in the scrotum, and as close to the skin as possible by means of the thumb and index finger; a small amount of one half of 1% novocain is injected, a small incision, about one or two c.m. long is made in the skin and tissues over the vas, the vas and its sheath is caught in an Allis clamp, it is further identified and raised through the skin incision, and Two #0 freed from the surrounding tissues. plain catgut ligatures are tied about it, 2 c.m. apart, about 1 c.m. of the vas and its sheath is removed between these ligatures, and the operator makes certain the cut ends are well separated before replacing them in the wound. The skin is then closed with one or two (generally only one) catgut sutures, and a small amount of collodion is applied to cover the area. Then we are ready to place an indwelling catheter, or to do a suprapubic drainage as previously decided upon.

In this series, the first recorded vasectomy procedure was performed June 4th, 1924, by the open method; then there was an occasional case done by the open or closed methods until July

1926, when the open method became routine on most prostatic cases admitted to the Bellevue Urological Service. The total number of chronic prostatic obstruction cases from June 4th, 1924, to June 4th, 1929, subjected to some form of operative relief was 327, of these, 61, or 181/2%, developed epididymitis. 119, or 36% of this total had some form of vasectomy. Of those not having vasectomy, 52, or 25% developed epididymitis. As stated above there were 13 with the closed method which was abandoned. 106 had the open method of vasectomy, and 5, (or 4 plus percent) of these developed some infection about the scrotum-3 having a definite unilateral epididymitis. This might have happened irrespective of our vasectomy, because many of these patients had histories of old infections, or repeated catheterizations by self, or others with questionable technique, before admission. Nevertheless we are admitting a failure whenever the procedure did not wholly accomplish the purpose for which it was intended. These are the results of not any one operator, but of the entire visiting, as well as the house staff.

In conclusion, we feel at Bellevue: that the open method of bilateral vasectomy is a valuable aid in the surgery of chronic prostatic obstructions, since it is a very minor procedure and allows urethral catheter drainage with decreased possibility of epididymitis, thus enabling the patient to be up and about while he is getting ready for the removal of his prostatic obstruction. To those who object to catheter drainage, I might say that it has decreased the morbidity and mortality experienced during our earlier general suprapubic drainage period, and it has lessened the hospital residence of these patients by allowing a one-stage operation, with a more rapid, permanent closure of a relatively clean supra-

pubic wound.

#### REFERENCES

1. McKay, H. W.: Southern Medical Journal, 21, 799-804, Oct., 1928.

Goldstein, A. E.: Journal Urology, 17, 25-35, Jan.
 Rollnick, H. C.: Journal Surg. Gyn. and Ob., 45,

557-560, Oct. 1927. 4. Alyea, E. P.: Journal Urology, 19, 65-80, Jan. 1928.

Alyea, E. F.: Journal Orology, 19, 03-80, Jan. 1926.
 Randall, A., Journal Urology, Jan. 1926.
 Colston, J. A. C.: Journal A.M.A., 90, 526-7, Feb. 1928.

18, 1928.

the profession of medicine must again recognize the tremendous force of public opinion in health matters. Throughout this meeting the importance of the doctor in relationship to all health influences stood out. While there was a large attendance of medical men present, and while New York State was represented by ninety-four people, a majority of them doctors, I cannot help wishing that the profession of New York State could have caught the value of the essential relationship of the profession in present-day social medical trends.

WILLIAM H. Ross.

#### THE HIPPOCRATIC OATH

Condemnatory criticisms of the Hippocratic Oath frequently appear in current periodicals, some of them written by physicians who confess that they cannot recall the words of the oath, or even the subjects included in it.

The oath bears the same relation to the Principles of Professional Conduct of the Medical Society of the State of New York, and the Principles of Medical Ethics of the American Medical Association, that the Ten Commandments bear to modern law. It is ascribed to Hippocrates—that Moses of modern medicine—who was at the height of his activity in the year 400 B.C., a thousand years after the giver of the moral law wrote his code. While the codes of statute law and of medical ethics are constantly being changed, the underlying principles stated by Moses and Hippocrates are as applicable today as during the times of their authors.

The Hippocratic Oath deals with seven topics whose individuality is likely to be missed by the reader on account of the usual lack of paragraphing in the printed copy.

Paragraph one reads as follows:

"I swear by Apollo the physician, and Æsculapius and Hygeia and Panacea, and all the gods and goddesses, that according to my ability and judgment I will keep this Oath and this stipulation—to reckon him who taught me this Art equally dear to me as my parents—to share my substances with him and relieve his necessities if required—to look upon his offspring in the same footing as my own brothers, and to teach them this Art if they shall wish to learn it, without fee or stipulation—and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the Art to my own sons and those of my teachers and to disciples bound by a stipulation and oath, according to the Law of Medicine, but to none others."

This paragraph deals with the most modern and up-to-date principle—that the physician shall give free instruction to all those who are "bound by a stipulation and oath, according to the Law of Medicine, and to none others." The "stipulation and oath" in New York State in these modern days are applied with great strictness to med-

ical students and physicians by the Department of Education.

The second paragraph reads:

"I will follow the system of regimen which according to my ability and judgment I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous."

No one can find fault with this principle of practicing medicine consistently.

The third paragraph is:

"I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion."

Physicians of today condemn the abortionist quite as strongly as did Hippocrates.

Paragraph four defines the gentleman that every physician is supposed to be, as follows:

"With purity and with holiness I will pass my life and practice my art."

Paragraph five deals with the question of surgery done by those who are unskilled and unqualified according to the standards of the times. It reads as follows:

"I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work."

Lithotomy was the type of the most severe major operations done in the time of Hippocrates. The American College of Surgeons would make this paragraph apply to hysterectomy and all other major operations.

The sixth paragraph reads as follows:

"Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further from the seduction of females or males, of freemen and slaves."

This paragraph may appear to be an anachronism, unnecessary in these modern times. But the wise doctor, no matter how upright he be, will always have a witness at every examination that he makes, in order to avoid false accusations. It is to the glory of the medical profession that people today believe that violations of this paragraph are of extreme rarity.

Paragraph seven reads:

"Whatever, in connection with my professional practice of the Art respected by all men, I hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret."

The principle stated in this paragraph is incorporated in the Statute Law of nearly every civ-

ilized country.

Like all other ancient oaths, that of Hippoc-

rates closes with a penalty, to which, however, every modern doctor subscribes with his whole heart.

"While I continue to keep this Oath inviolate, may it be granted to me to enjoy life and the practice of the Art respected by all men in all But should I trespass and violate this Oath, may the reverse be my lot."

The Hippocratic Oath is surprisingly modern

in all its parts.

#### NEWS IN THE STATE JOURNAL

The object of a state medical journal has been a topic for discussion in the Tri-State Conference of the representatives from New York, New Jersey and Pennsylvania, and also of the national conference of the secretaries and editors from all the states conducted annually by the American The repetitions of the Medical Association. discussions might be interpreted as indications of grave differences of opinion. But actually the committees and editors are unanimous in their opinions regarding fundamental principles.

Every state medical journal is the organ of its state medical society and the constituent county societies. Its most evident object is to promote the newer activities of the societies. There are four great movements which are emphasized by

every state society:

1. Graduate education;

Public relations;
 Medical economics;

4. Medical legislation.

Many states also engage in other activities, such as popular health education, woman's auxiliaries, medical history, and social events.

All these subjects constitute the news departments of the state medical journals. They partake of the nature of the items in daily newspapers, and a doctor must follow them in every issue in order to grasp their continuity, yet they also have a permanent value, for the state journals are the principal sources of information regarding the medical societies.

Most physicians judge a state journal by its scientific department. They glance through the index and read only those articles which appeal

to their experience and inclinations.

The New York State Journal of Medicine has adopted a practical method of endowing its news department with the value and appeal of its scientific section.

1. It chooses the items for their value as contributions to medical society records and their universal appeal to physicians throughout the state.

2. It dignifies each item with a double column

heading, and a listing in the index.

The readers of the New York State Journal of Medicine are assured of the practical importance of every news item.

#### LOOKING BACKWARD

#### This Journal Twenty-five Years Ago

Journal and Directory: This Journal of November, 1905, contains a report of the finances of

the Journal and Directory, as follows:

"The cost of publication of the Journal-that is, the expense of printing, postage and wrapping and addressing-amounts to \$2,654.42; to this must be added rent, stationery, commissions on advertisements and salaries of \$821.78, making a total expenditure of \$3,476.20. The receipts from advertisements were \$2,889.69; sales \$4.75, a total of \$2,894.44. Thus the actual cost to the Association was \$581.78, and the cost per member for twelve numbers is 32 1-3 cents.

"The Medical Directory has met with the usual satisfaction of the members; the list of registered physicians is increasing every year, and to keep the volume within reasonable size it has been necessary to limit the data therein. The same plan as adopted in the last volume has been carried out in Volume VII, and has met with universal approval.

"The expenses of the 1905 Directory are: For stationery and sending out cards for data, \$690.66; rent and salaries, \$734.02; for printing, 1904 Directory, about \$2,839.18; for delivering the 1904 Directories and commissions on advertisements, \$350.42; the total expense being \$4,614.68; the receipts for advertising \$667.50; sales of Directories, \$1,216.

"Total receipts, \$1,883.50. Cost to the Association, \$2,730.78, making the cost per volume

about \$1.84."



# MEDICAL PROGRESS



A Method of Treating Chronic Dry Pharingitis.—H. Erdmann, in the Schweizerische medizinische Wochenschrift of August 30, 1930, recommends inhalations of a solution of iodol or iodipin, 0.5-1.0 gm., and menthol, 1.0 gm., in olive oil, 10 gm., for those persons who suffer with chronic dry catarrh of the nasopharynx and who on every least change of the weather find their hearing less acute because of dry chronic irritation of the eustachian tubes. When this preparation is sprayed into the nose by means of an oil atomizer, nasal breathing is promptly improved. A special oil inhalator makes it possible to introduce definitely dosed amounts of oil into the nasopharynx with the pump, which can be regulated for strong or weak action. The nasal passages soon become permeable if the lower part of the nasal muscle is massaged against the septum and then another inhalation made, letting the atomized oil penetrate every portion of the naso-If the patient intones the syllables pharynx. or "klara, klara" alternately "kakuk huk" through his nose during the inhalation, the hearing is usually improved soon thereafter. In cases where the eustachian tubes are more seriously damaged, and catherization is necessary, this procedure is much less disagreeable to the patient if the parts have been previously sprayed with the oil solution, and there is the further advantage that the oil is carried into the tubes. treatment the subjective symptoms are greatly relieved by the liquefying of the secretions in the nasopharynx, and the itching and frequent clearing of the throat disappear with the dryness. The solution causes an agreeable sensation and has no irritating effects. The oil seems also to have a phophylactic value in the first stages of colds in the nasopharynx and tonsils. At all events, apart from a certain disinfecting value, the inhalations bring great relief of symptoms and their wider use is recommended.

The Treatment of Chronic Deafness with High Frequency Sound Rays.—Hamm, writing in the Klinische Wochenschrift of September 13, 1930, reports that he has been using for a year with very encouraging results an apparatus invented by Mülwert and introduced by Voss, in which high-frequency sound waves lying above the limits of human hearing are utilized for therapeutic purposes. The method is especially applicable in the early stages of deafness following infectious diseases, such as grippe and measles, in which the general practitioner is the first to observe the symptoms. Six to fifteen treatments over a period of 1 to 2 months suffice in most instances. In deafness following

middle ear suppurations and radical mastoid operations hearing has been completely restored or so greatly improved as to give no further serious trouble. A remarkable case was that of a man of 50 who had been totally deaf on the left side for 8 years after a radical operation for cholesteatoma, and partially deaf on the right side for 3 years after a conservative operation for the same. This patient was able after 20 treatments to hear a watch on both sides at 36 cm., a whisper at 250 cm. and conversation at 4 meters' distance. The cure has been maintained for 10 months. Cases of beginning old-age deafness and tinnitus aurium have yielded satisfactorily to treat-Particularly good results have been obment. tained in children, who readily cooperate. nerve deafness where the acusticus and its branches are affected, results are good if the case is not too far advanced. The author's results in otosclerosis have not been encouraging, although Voss reported 2 remarkable cures. Occupational deafness showed a tendency to recur after 5-6 months, but again yielded to treatment. It is not easy to say just how the method accomplishes its Mülwert has suggested that a pressure effect may be exerted upon the organ of Corti or upon the endolymph, or that a purely mechanical shaking up of the Corti fibers takes place, while Voss thinks the action may be exerted upon the vessel walls. Whatever the explanation, the author claims that the apparatus represents one of the greatest advances ever made in the nonoperative treatment of deafness.

The Synthetic Activities of the Animal Cell.-H. C. Raper, writing in The Lancet, September 6, 1930, ccxix, 5584, points out that the animal cell, unlike the chemist, has a very limited choice of raw materials from which synthesis must start. After the preliminary process of digestion, the common foodstuffs provide in all some thirty substances—about 20 amino-acids, 2 purine bases, 3 pyramidine bases, 3 hexones, glycerol, and higher fatty acids. Very little is actualy known concerning their synthesis. process, however, by which the protoplasm of the cell is built up is one which must be closely allied to protein synthesis, since protoplasm is constituted for the most part of amino-acids; united so far as we can ascertain by the same sort of linkage that we find in proteins. There are theories in favor of the idea that the protoplasm of the cell is not living in the sense which the nucleus is, and therefore is less likely to be the seat of certain synthetic processes. There is no evidence that irritability as a manifestation of what we call life is more than the possession of

extremely labile structures which are sensitive to minute environmental changes. The nucleus, on the other hand, is essential to the continuous life of the cell and its growth. It synthesizes aminoacids to serve special as well as certain general requirements. This theory does not solve our difficulties; it merely narrows down the possible sites in the cell in which synthesis may occur. Most biologists agree that the cell has arisen by a process of evolution from something simpler and eventually from non-living materials. If we regard the nucleus as the only living part of the cell then we may regard protoplasm as something that has been acquired or developed in the process of evolution but is now necessary to its existence. We do not know definitely of nuclear material that is living and devoid of its protoplasmic envelope, unless such an arrangement exists in bacteria. The investigation of filterable viruses has given an indication that material possessing the prime attribute of life, the power to reproduce itself, exists possibly in simpler forms than we find in the smallest visible organisms. The chemical characters of filterable viruses may resemble those that are found in the nucleus of the cell. The ability to synthesize protein may be a property which living material acquired only at a late stage of its evolution, and that property may be the one which in the process of time has come to be essential for the maintenance of the complex structure of the nucleus as we see it today.

Philosophical Considerations of the Gallbladder.-In reviewing some of the recent advances in our knowledge of the gallbladder, Charles H. Mayo calls attention to one or two lymphnodes on each side of the hepatic ducts; if one knows their normal size, their enlargement indicates infection or overwork. There are also one or two lymphnodes on the common bile duct which become enlarged in the presence of disease of the gallbladder, of ulcer of the duodenum, or of disease of the pancreas. It was formerly believed that the gallbladder caused disease of the liver, and it is probably true that the severity of hepatic disease is often increased in the advanced stages of mechanical obstruction involving the common bile duct. We now believe it is more probable that, through hepatic tension, the liver becomes harder and darker, and the thin sharp edges become rounded. Often there is evidence of excessive infiltration on the surface of the liver about the gallbladder and deposits of connective tissue. Thus, it seems that the liver is the primary sufferer in the beginning of the diseases which are finally evidenced in the gallbladder. Nevertheless, it may be wise to preserve and drain the gallbladder in cases of acute illness. If there is general evidence of chronic hepatitis, the biliary tension can certainly be lowered by removal of the gallbladder together with half of the cystic duct. Through experimental research and clinical observation it has been proved that surgery for disease of the liver, although directed against an extensively diseased gallbladder, is a dangerous procedure. When a hardened granular or cirrhotic liver is present, one of its major functions must be thought of, namely, the handling of sugar. If it is felt that sugar cannot be mobilized, the patient should be given a solution of glucose intravenously several times in the first four days following operation. In experimental cirrhosis in animals, life is maintained very comfortably with a limited amount of hepatic substance, so long as plenty of carbohydrate, in the form of syrup, is given daily. When meat is fed to them, ascites develops and they die quickly from toxemia. The condition of the head of the pancreas should be noted in cases of hepatic disease. If this structure is smooth, hard, and large, interstitial pancreatitis may be present.—Annals of Surgery, October, 1930, xcii, 4.

Osteochondromatosis.—To the 82 cases of osteochondromatosis reported in the literature Emmet Rixford adds a case and states that he has learned of several others by personal com-The condition consists essenmunication. tially in the development of cartilaginous masses on the inner surface of the synovial membrane. These differ in size and form in the same and in different cases. They usually consist of great numbers of cartilaginous beds varying from microscopic size to individual chondromata several centimeters in diameter, commonly with a small pedicle and hence are often broken off, becoming loose bodies in the joint. The muscles, aponeuroses, and fascias about the joint may be traversed by the cartilaginous masses, and yet there is no infiltration as in malignant tumors, the collective masses remaining encapsulated. Rixford's case is typical of the condition. The patient, an old sailor, aged 69, recalled having sprained his knee seven years previously. Shortly thereafter the knee became swollen, the swelling slowly increased in size, and great masses of firm tissue developed which he likened to bags of gravel. He had never been disabled and there was practically no pain. The masses the size of a hen's egg, distended the joint and extended out in various directions, one mass having penetrated the vastus externus muscle and its sheath; other masses filled the popliteal space, obliterating the hamstrings. A mass the size of a fat banana extended subcutaneously down the calf for about 15 c.m. roentgenograms showed the bones to have normal contours and to be otherwise normal

except for some demineralization. There was an infinitude of small specks, evidently shadows of particles of calcium, scattered throughout the leg. At operation the entire synovial membrane was found to be involved in the process and was excised, and also the bananashaped mass in the leg. Some of the intraarticular masses were attached to the synovial membrane by long threads; many were loose in the joint. The patient made a rapid recovery, and nine months later had almost no limp, extension was normal, active flexion 45 degrees. The histological examination showed small pieces of hyaline cartilage, with beginning ossification, embedded in fibrous tis-The cellular character of the cartilage and the fact that the entire synovial membrane was involved spoke strongly for an inflammatory origin of the process.—Annals of Surgery, October, 1930, xcii, 4.

The Treatment of Celiac Disease from the Standpoint of Vitamin Deficiency.—C. V. Rice finds that the literature gives no enlightenment as to the etiology of celiac disease. The celiac child, however, seems unable to digest fat, sugar, and starch. There is reason for the belief that the disease may be classified as one of nutritional disturbance brought about by deficiency of vitamins. This is shown by retardation of growth and development, delayed formation of centers of ossification of the epiphyses of the bones, a tendency to early dental caries, atrophy of the muscles, and nervous manifestations. In order to demonstrate the success of treatment based on this theory, Rice describes a typical case of celiac disease in a child 17 months old. He started the child on the first day with 30 ounces of water, 6 tablespoonfuls of lactic acid milk, 4 tablespoonfuls of protein milk, and 1 grain of saccharin. The following day he increased the protein milk and added 2 ounces of sauer-Three days later he added 6 bananas, and a few days after this 1 tablespoonful of a grain-germ sugar. Seventeen days after starting the treatment a tablespoonful of a preparation of powdered spinach, rich in vitamins B and G and in iron, calcium, and phosphorus, was included in the diet. time went on, as large an amount as 12 tablespoonfuls of the spinach were added to the 24-hour mixture without any ill effect. After the child had been on the above diet for about eight months, evaporated milk was gradually substituted for the protein and lactic acid milks. During this period of time, the child increased in weight from 18 pounds 3 ounces to 26 pounds, and improved more rapidly than any other patient with celiac disease whose case has been reported in the literature. This he attributes to the treatment of celiac disease as a condition due to vitamin deficiency. Under this plan, fat (in the form of evaporated milk) and sugar (in the form of grain-germ sugar) can be given early. Kraut juice is used as an acidifier, and also adds minerals and vitamins. — Archives of Pediatrics, September, 1930, xlvii, 9.

Filterable Viruses and Practical Medicine.— In an address before the British Medical Association, S. P. Bedson regretted that much of the speculation on the nature of filterable viruses heightened the mystery which invariably surrounds the unknown. It would be more reasonable to approach the question from the standpoint that filterable viruses are probably akin to bacteria. Like bacteria, they are living, and though some of them are truly inframicroscopic, there is evidence that others—the viruses of smallpox, fowl plague and psittacosis-could be seen with the microscope. There are visible and cultivable bacteria which at the same time are filterable. Thus there is no good reason for separating filterable viruses from the ordinary bacteria on the score of size. Bedson looks forward to the merging of filterable viruses and bacteria into one large group, with sub-groupings. He says it has become the habit to speak of immunity to filterable viruses as being solid and life-long, in contrast to the immunity incited by bacteria which is often weak and fugitive. Such generalization is only partially true, for there are virus diseases such as foot-and-mouth disease, herpes, and the common cold, one attack of which confers little or no immunity, and bacterial diseases like typhoid fever which give rise to a solid one. With filterable viruses, as with bacteria, it is possible to produce an active immunity which is associated with the development of specific antibodies, and with these antibodies it is possible to secure a passive immunity and to demonstarte those invitro immunity reactions which are of such service in bacterial diseases. Prophylactic immunization has been practised for some time in the case of smallpox and rabies. been shown that foot-and-mouth virus still retains its antigenic properties when rendered inactive by means of low concentrations of formalin. The same thing has been found true of the viruses of distemper, fowl-plague, and yellow fever; in distemper prophylactic vaccination has been practised with success. Passive immunity is being successfully produced by the use of convalescent serum in poliomyelitis and measles. Investigations show that specific flocculation and complement fixation can be demonstrated with filterable viruses, and the flocculation test is a valuable aid in the diagnosis of smallpox.—British Medical Journal, September 27, 1930, ii, 3638.

Isolation of a New Pancreatic Hormone.-That the pancreas produces and secretes a hormone having a regulatory effect upon the functional activity of the pneumogastric centers is announced by Drs. D. Santenoise, H. Verdier, and M. Vidacovitch in the Revue française d'Endocrinologie of June, 1930. This hormone is found not only in the gland itself but also in the arterial blood of the general circulation. The vagotropic properties observed do not attach to insulin but are specific for this other hormone secreted by the pancreas. The authors have succeeded not only in demonstrating that insulin proper does not increase the reflex excitability of the pneumogastric centers, but also in extracting from the pancreas after long and painstaking research this vagotropic hormone which they have separated by means of alcohol and the neutral salts from insulin proper. The name vagotonine has been provisionally bestowed upon this substance. Other articles will later set forth the physiological properties of vagotonine by virtue of which the pancreas is said to play a capital role in the regulation of the activity of various organs innervated by the pneumogastric nerve.

Cardiac Weakness and Angina Pectoris .-Hans Kohn says that scarcely ever do persons with cardiac decompensation from any cause suffer with angina pectoris. Angina attacks may even cease if decompensation appears. Nor does an increased strength of the heart, as in congenital stenosis of the aorta with its consequent great hypertrophy, predispose to this affection. If the angina is simple, as in most instances, the pulse and blood pressure may remain unchanged throughout the attack, showing that the heart is strong enough to combat the peripheral resistance. But in complicated cases cardiac weakness is an essential part of the picture, and the patient, independently of the intensity of the pain, is restless, with rapid respiration, air hunger, and pulmonary edema, small, frequent pulse and the systolic blood pressure usually very low. Here it is not precisely the angina that causes the cardiac weakness, but the pathological conditions underlying the angina. Accepting the theory that angina is due to disease of the coronary arteries, which leads to their stenosis, we have reason to believe that spasm is always present, whether the narrowing is organic or only functional. Since this is generally brief, a clinically demonstrable cardiac weakness is seldom present. In complicated cases, however, a new factor is present, consisting of total closure of a branch of the coronary artery by thrombosis, with pain due to consequent spasm. Such total closure results in anemia of the section the artery supplies. Since then it produces necrosis of a certain part of the heart muscle, the cardiac weakness here must be so great that it may finally dominate the entire picture. Strophanthus and digitalis may make matters worse, by contracting the arteries. In simple cases the nitrites relieve the spasm quickly and surely. In case of habituation to these, papaverine and atropine, have good antispastic In total occlusion caffeine and properties. camphor are called for, with possible recourse to strophanthus intravenously. At the close of an attack there should be rest in bed for several weeks with cautious use of digitalis for the heart weakness.—Deutsche medizinische Wochenschrift, September 26, 1930.

Cog-Wheel Breathing .- In an attempt to clarify the position and to assess the value of cog-wheel breathing as a physical sign, T. Hebert studied 1,000 cases, consisting of 428 adult males, 409 adult females, and 163 children under 16 years of age. The inquiry emphasized the fact that cog-wheel breathing is of two kinds. In one the interruptions are irregular, in the other they are regular, that is, they are synchronized with the beating of the heart, and are best termed air-waves. They are heard during inspiration, but only rarely during expiration. Though synchronized with the beat of the heart, and systolic in time, they are breath sounds not heart sounds, for they cease when the breath is held (or during expiration), and the heart sounds may then be audible in their place. In the 1000 cases investigated, air-waves were found in 30 per cent of adult males, in 53 per cent of adult females, and in 19 per cent of children under 16. In none of the cases could the cog-wheel breathing be ascribed to a pulmonary or pleural lesion. It is not caused by tuberculosis of the underlying tissue, but is a physiological phenomenon. The situation of the air-waves and the demonstration of pressure fluctuations, synchronous with cardiac systole, in the pneumothorax cavity of some patients and in the inspiratory and expiratory currents of air of others, suggest that they are caused by an expansion of the lung compensatory to the contraction of the heart. They are best heard near the angle of the left scapula or in the axilla, and sometimes only over a small area and after careful search. In some cases they may be heard around the border of the heart in front, or over the greater part of the left lung. Certain cases of so-called extracardial murmurs and of pleuro-pericardial friction are probably merely instances of air-waves. The possible explanation of such murmurs on the basis of air-waves should always be borne in mind.—The Lancet, September 20, 1930, ccxix,



# LEGAL



#### A SALUTARY DECISION

By LORENZ J. BROSNAN, ESQ. Counsel, Medical Society of the State of New York

The shocking spectacle of perjury is a familiar sight to every practicing lawyer in our courts. Bench and bar alike have united in calling attention to this cancer that is eating away the foundations upon which the administration of justice rests. But why, you may logically ask, does this evil go unchecked; why, if this evil is so clearly recognized, do not the judges and lawyers join in putting an end to it? The answer to these questions lies in the almost total lack of success

attending prosecution for perjury.

Perjury, in its broadest sense, may be defined as a false oath taken before some court or magistrate having competent authority to administer it, in a matter material to the issue or subject of inquiry, and known by the party sworn to be false. Under the Penal Law of this State, perjury when committed on the trial of an indictment for felony is punishable by a term of imprisonment not exceeding twenty years, and in any other case by imprisonment for a term not exceeding ten years. The severity of the punishment set forth in the Penal Law indicates recognition by the Legislature of the harmful effects of perjury upon the sound administration of justice.

In spite of the fact that perjury is rampant in our courts, prosecuting officials are in accord that it is extremely difficult to secure a conviction for perjury. Time and again in the past the judges of our courts have held a witness for the action of the Grand Jury upon a charge of perjury, but either the Grand Jury has failed to indict or else after indictment it has been found impossible to secure a conviction. It can be readily seen how difficult it is for a prosecuting official to prove, as it is incumbent upon him to do, that not only was the testimony material to the issue but that the witness knowingly swore falsely. The history of prosecutions for perjury in our State discloses that juries are extremely reluctant to convict even where the Grand Jury has indicted the witness for perjury.

With these observations in mind, it is refreshing to turn to a decision handed down very recently by one of our judges which constitutes a courageous attempt to correct the abuses here noted. In order that we may appreciate the situation presented by this decision, it is necessary to explain something of the nature of the proceedings out of which arose the decision in question.

Let us say that a physician has rendered a just

bill for services rendered by him to a patient. The patient refuses to pay the bill. The doctor begins an action to recover for the value of the services so rendered. The physician wins the case, and his lawyer enters a judgment against the patient for the full amount of the bill. Still the patient does not pay. The doctor then places an execution in the hands of a sheriff, which in due course is returned unsatisfied; that is, the sheriff has been unable to find any property of the patient upon which a levy could be made to satisfy the judgment. The doctor then has a right to obtain an order from the court to examine the patient in supplementary proceedings with a view to ascertaining whether the patient is concealing any assets from which the judgment may be satisfied.

Any lawyer of experience in examining judgment-debtors is well fortified against optimism with reference to the result of such examination. It is generally futile; and until the decision which is the subject-matter of this editorial, even if the lawyer knew that the judgment-debtor was not telling the truth, he could not do anything about it. This unfortunate situation resulted in part from a decision of one of our higher courts which arose out of the following state of facts:

A judgment-debtor, while being examined in supplementary proceedings following a judgment against a corporation in which he was president, testified with respect to the corporation that he did not know the president of the company; that none of his brothers were stockholders or officers of the corporation; that he did not know any of the controlling officials of the corporation, and lastly, that no member of his family was in any way interested in the company. A few days later a brother of the judgment-debtor being sworn testified that he was employed by the company and had been employed for over a year, and that he had been employed by his brother, the judgment-debtor; and the bookkeeper of the corporation when called testified that the judgmentdebtor was the president of the company and his wife the secretary, and that the judgment-debtor employed the brother and fixed the compensation With these facts as a basis, the for all parties. judgment-creditor obtained an order calling upon the judgment-debtor to show cause why he should not be punished for contempt of court. court below held the judgment-debtor in contempt of court, but upon appeal this decision was

reversed, the higher court holding that the fact that the judgment-debtor did not truthfully answer some of the questions put to him did

not constitute a contempt of court

The judge in the instant case took cognizance of this ruling, but stated that he did not feel bound by it. In the instant case the judgment-debtor untruthfully answered certain questions put to him, whereupon the judgment-creditor moved to punish him for contempt In granting the motion, the court said:

"It is a well settled law that a refusal to answer a question in an examination in supplementary proceedings can be punished as a contempt of court. The distinction between a refusal to answer and a false answer is a distinction without a difference. To be examined under oath in all common sense carries with it an obligation to answer truthfully. If the English language means anything, it means just that. If the sanctity of an oath, the dignity and integrity of the court and the efficacy of its proceedings are to be given their proper and generally accepted value, then the court must possess the power to punish deliberate and admitted perjury. The climax is reached if a judgment-debtor can appear in open court and brazenly admit deliberate perjury and go unpunished. It is only after careful consideration that I have reached a conclusion that may appear to be novel and lacking in precedent. I have some comfort, however, in the inspiring words of a master of jurisprudence: 'Through one agency or another, either by statute or by decision, rules, however well established, must be revised when they are found after fair trial to be inconsistent in their workings with an attainment of the ends which law is meant to serve. The revision is a delicate task, not to be undertaken by gross or adventurous hands, lest certainty and order be unduly sacrificed, yet a task also not to be shirked through timidity or sloth'"

The court imposed a fine of \$250 upon the

judgment-debtor.

This decision, if upheld by our higher courts, provides a summary and salutary method of punshing those who testify untruthfully. While, of course, it cannot be said that it takes the place of a conviction for perjury, nevertheless by assessing a monetary fine against the untruthful witness it will undoubtedly work an effective deterrent against this insidious practice. The decision certainly represents to the lay mind common sense and common justice, and it is to be hoped that it will be upheld by our higher courts

#### CLAIMED NEGLIGENCE IN DIATHERMIC TREATMENT OF LEG

In this case the defendant, a physician and surgeon, specializing in orthopedics and physiotherapy, was consulted by the plaintiff who complained of pain in her left leg. Upon examination the doctor observed that this leg had been shortened about six inches as a result of ankylosis of the hip. Due to this condition she was compelled to wear an extended shoe. As the leg appeared to be sensitive and painful, the doctor advised electrical treatment to which she consented.

On the occasion of the first treatment the doctor placed her upon his treatment table and proceeded to give her electric therapy, utilizing the Wappler machine. The application was made by means of a lead foil cuff around the shin and a lead foil electrode placed at the sacroiliac region. He followed this treatment with exposure to a Kny-Scheerer 500-watt therapy lamp at a distance of twenty inches, and a one minute exposure to a Hanovia air-cooled quartz vapor lamp at a distance of twenty inches. This identical treatment was repeated on several different occasions uneventfully, until one occasion when the current of the Wappler machine had been turned on for fifteen minutes, the patient suddenly called to the nurse in attendance, who found her to be sitting up; and that she had pulled her leg away and had caused the wire to be disconnected from the lead foil cuff, and that the metal clamp which held the wire to the cuff rested on the patient's leg and sparks were emitting therefrom. The current was immediately turned off and the doctor found that the patient had received a burn on the shin. A boric acid salve was applied to the burn and it was covered with a gauze bandage.

The following day the doctor called at the home of the patient and further treated the burn, and instructed the patient how to care for the burn herself as it seemed in no way dangerous. The doctor heard nothing further until a suit was instituted by the patient, charging that the defendant was negligent in his treatment of the patient; in the use of his electrical apparatus; and in his failure to give the necessary and proper attention after the burn had been sustained.

The action was duly brought on for trial before a judge and jury. The plaintiff's testimony was to the effect that her damages were pain and suffering for upwards of ten months. The evidence on behalf of the defendant showed that the burn was received solely because of her failure to follow instructions and shifting her position on the treatment table during the application of the diathermy treatment. The jury returned a verdict for the defendant, thereby terminating the case in the doctor's favor.

#### CLAIMED NEGLIGENT OPERATION ON EYELID

In this case the defendant, a physician and surgeon, who specializes in plastic eye work, was consulted by the plaintiff who complained of a scar over the right eye.

The doctor made an examination and found a bad scar in the center of the right upper eyelid which caused the eyelashes to turn inward. The doctor recommended an operation which he explained to the patient necessitated three separate stages. To this the patient consented and was admitted to an eye and ear hospital. For the first stage of the corrective operation the doctor made a cautery puncture over the eyelid, using a novocaine anæsthetic. The patient was given post-operative treatment at the doctor's office five or six times, at which times dry dressings were applied to the affected parts.

At the time scheduled for the second stage of the operation the patient was made ready for the operation, and just as the doctor was about to proceed the patient suddenly decided not to have the operation performed, giving no explanation for his actions. It was the doctor's intention to bring the margins of the cautery punctures together at this second operation.

An action was instituted against the doctor

by the plaintiff charging him with negligence in his treatment of the case and alleging permanent disfigurement and impairment of eyesight. The case was duly brought on for trial before a judge and jury. At the trial it was apparent that the patient's personal appearance was very grotesque, as a considerable portion of his eyelid was missing. He testified that during the performance of a cautery puncture operation on his eyelid the defendant had burned off a portion of the eyelid directly over the cornea. The defendant's contention was that the part of the eyelid that was missing was not burned off by him, but that it had sloughed off due to causes over which he had no control, and particularly was due to the patient's refusal to undergo the second operation. The plaintiff explained his sudden departure from the operating table by stating that he had decided not to go through with the treatment as he at that instant had determined that the doctor had committed malpractice in the first operation.

The Jury found a verdict in favor of the defendant. Plaintiff's attorney attempted to persuade the judge to set aside the verdict and grant a new trial, but this motion was denied, thereby terminating the matter in the doctor's favor.

#### ALLEGED NEGLIGENCE IN TONSIL OPERATION

In this case the plaintiff called at the office of the defendant doctor and complained of pains in the back of his head and also in his ankle and knee-joints, giving a history of chronic rheumatism. He stated to the doctor at that time that he had been treated by other physicians who advised the removal of his tonsils, claiming that such an operation probably would improve his rheumatic condition.

The doctor made a careful examination of the plaintiff and found his tonsils to be in a very badly infected condition and advised their removal. With the patient's consent the doctor removed the tonsils, giving the patient post-operative care for six weeks until his throat was completely healed and then discharging him from his care in very good condition. The patient being a man of very limited means, the doctor made only a nominal charge for his services.

Some time later the patient's daughter communicated with the doctor and claimed that he had promised that the operation would result in a cure of the rheumatic condition, and insisted that as the patient still was troubled with rheumatism the fee should be returned. She also claimed that her father had consulted another physician who had stated to him that the tonsil operation was not successful as some parts of the tonsils still remained in his throat. The doctor, of course, had made no representation such as the daughter claimed, and refused to refund the fee.

The next the doctor heard about this matter was when a suit was instituted against him in which the plaintiff claimed that the negligent manner in which the operation had been performed had caused him to sustain severe and painful injuries and demanded a large sum for damages. The case was noticed for trial and appeared upon the calendar from time to time, but before the action was reached it was marked off at the plaintiff's instance and no steps were ever taken on behalf of the plaintiff to restore said case to the calendar.

Subsequently, the defendant moved to dismiss the complaint for lack of prosecution, which motion was granted, thus terminating the case in the doctor's favor without trial.



#### NEWS NOTES



#### FOURTH DISTRICT BRANCH

The twenty-fourth annual meeting of the Fourth District Branch of the Medical Society of the State of New York, was held at Saranac Lake in the Black Memorial Room of the Trudeau Laboratory, the afternoon of October 16th, 1930, Dr. William L. Munson of Granville being the Chairman.

Dr. Frank vander Bogert of Schenectady gave the vice-president's address "An Apprisal of our Present Methods of Raising Children." This was an unusually able effort with caustic comments concerning fads and faddists and those who have wild programs for the bringing up of children,

Dr. Edward S. Godfrey, Jr., of Albany, told of the diphtheria situation in New York State, and stated that while substantial progress had been made toward the eradication of diphtheria, it was essential to continue the administration of toxin-antitoxin to every child under ten years of

"Relief of Abdominal Pain by Section of Sympathetic Rami Communicantes" was the subject of a scientific paper by Dr. Lyman Barton, Jr., of Plattsburg. This paper was illustrated with drawings by the father of the author, and was a report of the first cases that have been done in this section of the country.

Dr. R. E. Plunkett, Director of the Division of Tuberculosis of the State Department of Health, gave a talk on "Public Health as related to the Practice of Medicine." He made an eloquent plea for the doctor to report tuberculosis

cases.

The outstanding item on the whole program was an address by the Honorable William M. Bronk, the Welfare Commissioner of Washington County, on "Welfare Work and the Practice of Medicine." Mr. Bronk evidently understands the practice of medicine. He stated:

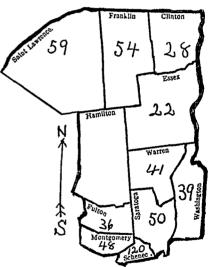
1. That doctors should be paid for their work as are the grocer and coal man.

2. That he willingly approves all emergency calls.

- That after the emergency call he does not pay the doctor unless the authority comes from him.
- 4. That he would consider a public health nurse, or a welfare worker, who called a doctor sufficient authority for the first call; and that the necessity for those following would be investigated.
- That he would not authorize the sending of cases away from the local hospital unless it were absolutely necessary for medical reasons; and that

he believed that the local hospitals were capable of doing the work. This was aptly illustrated by a case of a fractured hip. He stated that he was a layman and conducting the welfare work on a business basis, and that, in things pertaining to the medical side of the cases, he accepts the decisions of the doctors and never questions them from a medical standpoint.

6. That he thinks it is a waste to spend much money on advanced cases of tuberculosis, and that it should be done out of humanitarian motives, and for the purpose of protecting the other



Counties of the Fourth District. The figures indicate the number of members of the County Medical Society.

members of the family. He believes that the money should be spent upon those who are in the early stages of the disease, and who could be taught how to take care of themselves and brought back to useful lives.

- 7. That he believes the patients should select their own doctors; that he does not favor part time "poor doctors"; and that he would not let his deputies make the choice of doctors.
- 8. That his mind was entirely flexible in the matter of administrative details, and he reserved

the right to make any changes at any time when

the facts warranted a change.

The Commissioner's speech was discussed by practically every one present at the meeting; in fact, it was in the nature of an inquiry led by the doctors as to Mr. Bronk's opinions.

At the banquet held at the Saranac Lake Hotel, which was attended by the doctors and their women-folk, Dr. Edward S. Welles presided.

Dr. William L. Munson, President of the Fourth District Branch, gave an address on "The Archives." He read extracts from a book in which he has recorded incidents in his years of practice. He illustrated the good fortune of a doctor to have a well developed and well controlled sense of humor, that is, the good fortune of the doctor whose sense of humor is a saving grace in times of stress and worry.

Dr. William H. Ross, President of the Medical Society of the State of New York, made a very serious and excellent address concerning the "Interrelation Public Health and the Family

Physician."

Dr. John A. Card, Speaker of the House of Delegates, spoke on "Malpractice Group Insurance," demonstrating that the State Society supplies the best and cheapest of all forms of indemnity insurance.

Dr. Augustus J. Hambrook, of Troy, spoke upon the subject of interesting the wives of the doctors in doing public health work. He advised the ladies to join local organizations and take an active part in their work so that they might

be able to give aid to the various committees upon which they served.

Dr. James E. Sadlier gave an address on "Public Relations." He said that he occasionally became tired, but a trip to the Fourth District Branch meeting "revives me immediately."

The Friday morning session was a "Symposium of Tuberculosis." This was most interesting and instructive, being a complete résumé of the surgery of tuberculosis. The introduction was given by Dr. Edward R. Baldwin of Saranac Lake; and was followed by Dr. Lawrason Brown, who spoke on the "Principles of Rest in the Treatment of Tuberculosis." The "Indications and Selection of Cases" was the subject of a talk by Dr. Edward N. Packard. Dr. Frederick H. C. Heise spoke on "The Use of Artificial Pneumo-thorax in the Sanatorium." Dr. John N. Hayes demonstrated the use of pneumothorax with a patient. was very well done and well received by the doc-Dr. Sidney Blanchet spoke of the later results of the operation.

Dr. Edward S. Welles, President of the Franklin County Medical Society, who had arranged the Symposium group, gave "Surgical Procedures" with lantern slides and demonstration

of patients.

Dr. Frank vander Bogert of Schenectady was elected president for the ensuing two years.

The universal opinion was that the meeting was quite unusual and interesting.

WILLIAM L. MUNSON, President.

#### PUBLIC RELATIONS COUNTY SURVEY, NO. 16-BROOME COUNTY

The following address, given at the conference of Chairmen of the Public Relations Committee of the county medical societies on September 18, 1930, in Albany, is an excellent description of what a county public relations committee may accomplish in the way of leadership of public health movements which are often left to the initiative of lay health organizations. While the address does not list the twenty-nine lay bodies engaged in public health work in Broome County, it does tell what the organizations did; and it therefore is worthy to be classed as a public relations survey of Broome county.—(The editors).

Two years ago, through ignorance, I would not have felt that I was competent to enter a discussion of the duties of the Public Relations Committee. Due to the missionary efforts of Dr. Ross and Dr. Sadlier throughout the state, we are coming to understand the ideals and functions of this committee. Broome County is not moving very rapidly along these lines because of a certain amount of conservatism among the members of the society with regard to new movements. We decided that we would continue a movement started a year ago along public health lines and confine our activities to a toxin-antitoxin campaign.

At about the time that the Broome County

Medical Society was ready to begin the campaign, word was brought to us that one of our powerful lay organizations had a representative in the field working with private organizations for a T-A Campaign. We sent word to this representative to come in and have a talk with us. She informed us that she was sent here by The State Charities Aid Association to promote a T-A Campaign in Broome County; but we informed her that the Medical Society was about to start a T-A campaign. Fortunately for us, this was the first attempt of this representative along T-A lines and she was open for any and all suggestions; but being sent here to remain an indefinite time and do a definite work, it was

necessary to find a type of work she could do prior to the starting of the campaign. She was told the matter had not been brought to the physician's attention as yet and she was given a list of the doctors and asked to call upon each personally and explain the campaign. She accomplished this in a satisfactory manner, so that when the County Society met, there was very little discussion and the movement was voted unanimously.

When the request for a survey was received, we looked around and said "What will we survey?" We are a county with a large industrial corporation which employs 26 full time physicians and about the same number of nurses. Four other industrial organizations that employ from one to three physicians on part time in looking after the general health of their employees, the insurance companies, and the Red Cross seemed to constitute the main factors working in the field of public health.

After starting the T-A Campaign, it soon became evident that the work could not be done

satisfactorily without outside help to do the organizing and clerical work. The Local Manager of the Metropolitan Life Insurance Company kindly consented to be the chairman of the organization and publicity committee and the representative of the State Charities Aid took charge of clerical work and spent much time visiting and speaking before various lay organizations. In a short time there were 29 different lay bodies all united under the direction of this committee and working harmoniously for one end.

We centered our activities on the preschool child with the result that we raised our percentage of all children immunized in this group from 23 to 45 per cent. The committee feels that too much cannot be said in appreciation of the efforts of these various organizations; and special thanks are due the Metropolitan Life Insurance Company and The State Charities Aid Association for their assistance.

C. J. Longstreet, Chairman, Public Relations Committee.

#### THE UTICA COUNCIL OF SOCIAL AGENCIES

The welfare agencies of the City of Utica have evolved a practical system of mutual helpfulness and coordination which is described in the following communication from Dr. T. H. Farrell, Chairman of the Public Relations Committee of the Medical Society of the County of Oneida.—(Editor's note).

"Here in Utica we have a Council of Social Agencies comprising all the organizations, lay and professional, that are doing any form of welfare work. There are in all 50 or 60 agencies comprised in the council. In the two or three years of its existence, it has held monthly dinner meetings, after which the representatives listened to one or more speakers on various phases of welfare work.

This year the executive committee decided that it was time to take a step further and to divide the agencies into three "Study Groups," which will meet independently for a more intensive study of their immediate problems. These groups are 1st, Housing; 2nd, Child Welfare, and 3rd, Health. In the health group we have the representatives of the City Board of Health, Camp Healthmore (T.B.), the four general Hospitals, State Hospital, Hospital for Crippled Children, Tuberculosis Council (State Charities Aid), Dental Dispensary, Utica Dispensary, Visiting Nurses Association, County Medical Society, Utica Dental Society, and the Academy of Medicine. I have been assigned to the chairmanship of this

health group, with instructions to make a survey of the health situation of the City of Utica, and recommendations for increased cooperation and supervision. Of course we are free to discuss any problem that is presented to the group.

"Last winter in cooperation with the Y. M. C. A., the County Medical Society and the Utica Dental Society put on a series of health talks in a number of the large mills during the noon hour. These were so well received by the workers in the mills, as well as by their executives, that we were requested to give another series this year. Ten of the large mills have signed up already, and a number of them are so impressed with the value of these talks to their employees that they close down before noon so as to enable all the employees to take advantage of them. The topics planned for this year are as follows: Injuries and Infections, Communicable Diseases, Care of Eyes, Care of Teeth, Periodic Health Examinations, Common Cold. The Medical and Dental Societies provide the speakers, and the Industrial Secretary of the Y. M. C. A. attends to all the details."

#### COMMITTEE ON ECONOMICS

The Committee on Economics of the Medical Society of the State of New York met on Wednesday, October 15, in the rooms of the National Bureau of Casualty and Surety Underwriters at 1 Park Avenue, New York City, and held a conference with representatives of the insurance companies engaged in workmen's compensation insurance and the Economic Committees of the five county medical societies of Greater New York. The conferees reached a unanimous agreement regarding the major points of difference

between the physicians and the insurance companies, and formulated a set of principles to be submitted to the Insurance Companies and the County Medical Societies for the approval of the members of both groups. The unanimity of opinion and cordiality among the conferees is a strong indication that the principles will be approved by the members of both groups.

A communication, constituting Bulletin Number 4, has been sent to every County Medical

Society in New York State.

#### Bulletin No. IV.

To the Secretary of......County Medical Society.

1. Will you kindly, at the November meeting of your Society, or at a special meeting, bring the matter of the enclosed agreement between your Medical Society and the Compensation Carriers up for action through the Economic Committee of your County Society?

2. It is necessary that such agreement be com-

pleted within the month of November.

- 3. It is the earnest desire of the State Committee on Medical Economics that favorable action be taken upon this agreement between each County Medical Society and the Compensation Carriers.
- 4. We expect that this agreement will be very quickly consummated between the five counties comprising the Metropolitan District and the 80 or 90 Insurance Carriers, and this means that about 10,000 physicians in the State are favorably inclined. The State Committee on Economics wishing all of the Counties to have the benefit of this agreement, are forwarding copies to each County Society so that the remaining four or five thousand physicians may be benefited.

5. Practically all of the Insurance Carriers will

be in agreement, and this will mean that any case can be treated by any reputable member of the State Medical Society without authorization by the Insurance Carrier; and that a board of arbitration consisting of two members from the Insurance Carriers and two physicians who are members of the County Society properly designated shall be the last word in adjustment of bills and other matters.

Should this agreement be mutually accepted, it will accomplish what has been in the minds of physicians for many years. It is a gentlemen's agreement, and can be given a trial; and later on, if there are some things to be taken up, such as the matter of proper fees, they can be easily adjusted. It is to be noted that it will not be necessary to have any legislation, and we of the State Economic Committee have been given assurance that it is looked upon with favor by the Industrial Commissioner and the representatives of organized labor.

Again may we request that this be acted upon immediately and that the agreement be signed and forwarded to the Chairman of the Committee on Medical Economics

on Medical Economics.

George F. Chandler, Chairman.

Statement of Principles and Agreements Between the Medical Society of ....... County and the Compensation Carriers, Comprising the Stock Companies, Mutual Companies, State Fund and Self-Assured

#### Statement of Aims

The aims of the County Medical Society are:
To secure for its members the acquiescence of
pensation claimants by those physicians who fall
within the definition as hereinafter more fully
set forth, without formal authorization from employers.

The aims of the Carriers are:

1. To receive the cooperation of the County Medical Society and its members in the interests of a proper administration of the Workmen's Compensation Law from the standpoint of the employee, to wit: That the employee receive skillful medical and surgical care; that the necessary forms be promptly completed so that the carriers will be able to promptly pay compensation, and that the necessary forms be quickly filed, in the desire of securing reasonable and prompt bills for services rendered to employees by the medical profession; and that the bills and forms be forwarded to the companies and not to the Compensation Commission as has been done in the past by some physicians who have been uninformed.

2. To express in words the present practice

of reputable carriers and remove from the minds of the medical profession the existing erroneous opinion that the carriers indiscriminately and captiously lift cases of injured employees from the care of competent and qualified family physicians of those employees.

Thus, in correspondence with the preamble, the

following agreements are entered into:

#### The County Medical Society

1. The County Medical Society will use every reasonable effort to impress upon its members the importance of careful and skillful treatment of industrial injury and occupational disease cases, and bring home to its members the thought that the chief principle in treating these cases is that the injured employee be brought back as quickly and fully as possible to as near an efficient and economic person as is possible.

In line with this the County Medical Society will urge upon its members that if cases reach them in which the physician is not entirely sure that he is, by training and experience, capable of handling, the doctor will immediately communi-

cate with the carrier for advice.

2. The County Medical Society further agrees that it will impress upon its members, and secure from its members, an agreement to complete the necessary paper work, or forms, such as C-4 or C-5 and other forms, within one week in each case, and that these forms will be promptly sent to the carriers; that on these forms will be furnished such information as the physician has at the time of completing the form, and that the physician will furnish such other reasonable supplementary information as requested; and, finally, will submit promptly an itemized, self-explanatory bill for services rendered.

3. The County Medical Society of...... will evolve from time to time fee schedules, and submit them to the carriers for approval, for service rendered to injured employees, and will call upon its members to conform to such fee schedules, it being clearly understood that this fee schedule shall be a guide to the treating physician in the preparation of his bill for services.

 The Medical Society of the County of . . . . ......further agrees that it will participate in the creation of a joint committee of physicians and carriers, to act as an Arbitration Board, for the settlement of disputed bills between physicians and carriers. This Committee shall consist of two members of the County Medical Society and two representatives of the carriers. No arbitrator shall sit in any case in which he or the party he represents is interested. Any physician submitting to arbitration shall abide by the decision of the Board.

The County Medical Society will expect its members to present all cases of disputed bills to the Arbitration Board as above stated for prompt action.

5. The members of the County Medical Society agree to seek the advice and abide by the decision of the carriers as respects consultations, x-rays, physical therapy and other treatments beyond ordinary treatments; and, further, the physicians will cooperate with representatives of the carriers in securing for the carriers examinations of claimants at reasonable times.

Although the members of the County Medical Society shall generally adhere to the above stated principle, still in such emergency cases wherein the opinion of the attending physician, the welfare of the patient demands, and the protection of the physician requires an immediate consultation or x-ray, it is understood that the physician shall proceed properly, and the question of the necessity of such action and the reasonableness of the charges incurred, if disputed, shall be passed upon by the Arbitration Board.

- 6. The County Medical Society agrees to provide meetings at which such physicians as are specialists in industrial medicine and surgery may appear to discuss improved phases of this work; and will further provide meetings at which persons familiar with the operation of the Workmen's Compensation Law may appear and inform the members of the Society in respect to the detail matters necessary to the proper carrying out of the compensation laws.
- 7. The County Medical Society agrees to develop and establish standards both of equipment and training for physical therapy and x-ray. After such standards have been arrived at, the County Medical Society will expect its members to comply therewith.

#### The Carriers

 The carriers agree that when they participate in the Arbitration plan, as set forth above, and present disputed bills for services between the carriers and physicians who are members of the County Medical Society, they will abide by the decisions of the Board.

Carriers agree to participate with the County Medical Society in setting up and adhering to

the fee schedule.

The carriers agree to waive the question of authorization for family physicians who are members of the County Medical Society and who will comply fully with the agreed plan of the County Medical Society and the carriers. Reasonable charges for services of such physicians will be promptly paid.

4. The carriers agree to furnish literature, as may be available and take other measures to aid in instructing the members of the County Medical Society in relation to the industrial medical and surgical fields, and also with regard to the detail and paper work which is so important a feature in the interest of the efficient administration of the Workmen's Compensation laws.

#### ONTARIO COUNTY

The annual meeting of the Ontario County Medical Society was held at Wenna Kenna, East Lake Road, Canandaigua Lake, with the President, Dr. C. W. Webb, of Clifton Springs in the chair. Fifty-seven out of the seventy-six members of the society were present as follows: Drs. Munford, Odell, Wedd, Thomas, Williamson, Wright, Mead, A. D. Allen, Webb, Lichty, Sanders, C. H. Jewett, Cook, Padgham, Nieder, Skinner, DeLancy, Hubbs, Morabito, Selover, Armstrong, Cole, Robinson, Schoonmaker, Johnston, J. S. Allen, Stebbins, Mason, Gregg, Stetson, Clapper, Blakeslee, Howard, McDowell, Rhudy, Barringer, Conley, Maloney, Howe, Quigley, Beahan, Lytle, Stewart, J. H. Jewett, Spengler, Eiseline, Touhey, Haslett, Gardner, Pratt, McClellan, Ward, Burgess, Sargent, Gasper, Grove, and Deuel.

Guests present: Dr. William H. Ross, Brentwood, N. Y.; Dr. Allen Freeman, Baltimore, Md.; Dr. J. S. Lawrence, Albany, N. Y.; Dr. B. R. Wakeman, Hornell, N. Y.; Dr. Lloyd Allen, Pittsford, N. Y.

The following officers were elected for the year 1931:

President, B. T. McDowell, M.D.; Vice-President, T. W. Maloney, M.D.; Secretary and Treasurer, D. A. Eiseline; Board of Censors, H. Schoonmaker, M.D., F. C. McClellan, M.D., J. S. Allen, M.D.; Delegate to State Society, C. C. Lytle, M.D.; Alternate Delegate, C. W. Selover, M.D.; Delegate to Seventh District Branch, J. D. Shipman, M.D.; Alternate Delegate, A. M. Stewart, M.D.; Chairman Public Health Committee, W. B. Clapper, M.D.; Chairman Legislative Committee, H. J. Knickerbocker, M.D.; Committee on Medical Economics, H. J. Knickerbocker, M.D., C. H. Jewett, M.D., A. W. Armstrong, M.D.

Dr. R. Graham Johnston, of Geneva, was elected to membership.

The Society voted to support the State Bond issue of \$50,000,000 for the construction of hospitals and correctional institutions.

A report of the Committee appointed to investigate the status of the County Welfare Work and the fees paid physicians and hospitals, was read by Dr. C. H. Jewett.

Dr. Allen W. Freeman, Prof. of Public Health Administration, Johns Hopkins School of Hygiene, gave an epitome of the report he expects to make of his survey of the Public Health activities in Ontario County.

After a social dinner the meeting took the form of an appreciation of the attainment of fifty years of membership in the Ontario County Society by Dr. Alfred M. Mead of Victor and Dr. Alexander D. Allen of Geneva. When the two doctors were elected members in 1880, the secretary of the society was Dr. J. H. Jewett, whom the society honored on October 8th last year with

a testimonial banquet on the occasion of the completion of his fiftieth year as a member of the county society. (See this Journal, November 15, 1929, page 1412). Dr. Jewett read from the minutes of the meeting of April 13, 1880, when Dr. Mead was elected a member, and from those of July 13, 1880, when Dr. Allen was admitted. Some of the extracts from the minutes of the meeting of April 13, 1880, will be of great interest to the present members of the Medical Society of the State of New York.

The first extract related to a case of supposed rabies, and read as follows:

"Dr. Van Vleet reported what he believed without doubt to be a case of hydrophobia occurring in a young man under his care which resulted in recovery. The man was bitten in the finger by a dog which at the time was supposed to be perfectly well, but on the next day it is said showed plain symptoms of hydrophobia and shortly died of that disease. The first symptoms developed in the man ten days after the accident and consisted in a choking sensation on attempting The first convulsion took place two to drink. weeks from the time that the bite was received and followed with a brief interval the drinking of four glasses of cider. The convulsions occurred repeatedly for a period of six days and then stopped and there has been no return of them since, more than a year having elapsed. The treatment consisted in the hypodermic injection of 11/4 grains of sulphate of morphia combined with a 1/60th of a grain of sulphate of strychnia. This was repeated with benefit several times and then the morphine was increased to  $1\frac{1}{2}$ grains by actual weight. Bromide of potassium was given in the intervals. The convulsions continuing to take place the morphine was discontinued and the hydrate of chloral was given in 45 grain doses with quinine several times a day in from 5 to 8 grain doses. The convulsions finally ceased to occur under this treatment and the only unpleasant symptom remaining was a feeling of fullness in the head upon stooping which yielded to the use of strychnia. This narration was followed by a discussion upon the subject of hydrophobia and several members reported cases that had come under their observation. Particular inquiries were made of Dr. Van Vleet as to the exact amount of morphine injected and the question was raised how much morphine is safe to give hypodermically in ordinary cases."

The second extract was on a subject that still has very modern appeal, and was as follows:

"Dr. Lewis then read a paper upon 'The Relationship of physicians to the outside community."

It would have been interesting if that relationship had been defined, but the members were more interested in a new diagnostic instrument which was discussed as follows:

"Reference being made in the paper to the use of modern instruments of precision in the diagnosis of disease, remarks were made by different members upon the use of the clinical thermome-Doctors Bennett, Hicks and Wilbur expressed themselves greatly in favor of its use Dr Smith regarded the claims of many for its usefulness as exaggerated and regarded it as of only limited use"

Doctors Mead and Allen recounted some of their experiences of their half century of mem

bership in the County Society Each doctor wa presented with a book as a memento of th meeting

Dr W H Ross, President of the Medical So ciety of the State of New York gave an addres upon the same subject as that discussed in the meeting of fifty years ago, and showed how the societies of the State and Counties are developing plans for bringing all forms of medical service to all persons in a community

D A EISELINE, Sicretary

#### TIOGA COUNTY HEALTH DEMONSTRATION

The Tioga County Medical Society was the leading organization in a Health Demonstration at the Tioga County Fair last August Those cooperating were-The Tioga County Medical Society, The Tioga County Public Health Committee, The Tioga County General Hospital, The State Charities Aid Association, and the State Department of Health

The program was published in the form of

a four page folder which said -

"The Board of Supervisors of Tioga County appropriate annually \$3,000, which is raised by direct taxation, and the State of New York ap propriates an equal amount

"This fund is disbursed under the direction of an authorized group named by the Board of Supervisors, and designated The Public Health Committee of Tioga County The members of

the present committee are --

Supervisor, B C Rawley, Chairman Miss Agnes Oldfield, Owego, Secretary Mrs Seward Baldwin, Waverly Miss Anna W Abel, Owego Dr G S Carpenter, Waverly Dr W A Moulton, Candor Dr Eugene Bauer, Owego Supervisor H W Foote, Candor."

One page of the folder read

Health Demonstration Program, Tioga County Fair, August 19, 20, 21, 22

Visit the Big Tents Each Day See the Health Movies! See the Pathologic Specimens!

Tited mothers can leave their children for a while under truned care Safe milk for the kiddies in case they are hungry First Aid Quarters for the emergency cases County Nurses will be in charge Plenty of free health literature

Health Talks Each Day. An instructive

health message at 1 30 P M

Tuesday "Periodic Health Examination," Dr Frederick Terwilliger, Spencer, N Y

"Crucer Value of Parly Diag-Wednesday nosis," Dr Hirry S Fish, Say

**Thursday** "Your Health," Dr Leon S Betowski, Waverly, N Y

"Foxic Anti-Toxin," Dr John A Friday Conway, Hornell, N Y, State District Health

The Greatest Asset of Tiago County is the health of her people"

The two inside pages of the folder were on the subject of a health inventory, especially the regular examination of children

The Secretary of the Tioga County Medical Society, Dr W A Moulton, in a letter dated October 28th, described the exhibit as follows

This project was very well received by the ple of Tioga County There were two tents, people of Tioga County one large and one small The large one was used for the meetings and general rest rooms. Health movies provided and operated by the State Dc partment of Health were shown almost constantly A cot, and equipped emergency table, stood behind a screen near the entrance and was used for ten emergencies A frigidaire loaned by a local merchant was used for pasteurized milk, which was donated by a local dairy company, and one hundred and twenty-five bottles were given to children At the entrance to the tent free literature, published by the State Department of Health, was displayed, and fifty-three cards were signed requesting 163 pieces of literature Total attendance at meetings 190 People were very much interested. At all other times, to see movies, etc., attendance 802

"A wire fence minde a playground for preschool children, and the small tent located in one corner was used by thurty-six nursing mothers, and twenty-five babies were left there in care of nurses This tent was equipped with cots and comfortable chairs

"The two county nurses and a student nurse formed by a nearby hospital were on duty duly

and a night watchin in was on duty at night "

mercial or technical schools. Twenty-one of the girls who had intended to become teachers decided to go into other callings. The others, though they made a mess of their studies at school, still planned to go to college and, in time, to become

lawyers, physicians or engineers.

"Discussing his findings in *High Points*, the official publication of the Board of Education, Mr. Stockton indicates the waste and hopelessness involved in the aspirations of these youngsters. It costs the Board of Education \$125 a year to

keep them at school, but more important is the loss in morale they themselves are bound to sustain. 'Will these students waste time and money trying to attain a height they cannot reach and become too old and too proud to enter the ranks of skilled and unskilled labor?' asks Mr. Stockton. It is a question to be considered by parents who, closing their eyes to the poor scholarship reports their children bring home from school, encourage them to continue a hopeless quest of the unattainable."

#### CAUSE OF DENTAL DECAY

The New York *Herald-Tribune* of October 26, makes the following announcement, quoting Dr. Charles F. Bodecker, Professor of Dentistry of Columbia University:

"A grant of \$101,100 over a period of three years has been made by the commonwealth fund to promote research into the cause of dental decay, the cure of which is declared to be second in importance only to the cure and prevention of cancer. The research will include investigations in the fields of clinical medicine, dietetics, bacteriology and physiological chemistry.

"The belief that 'clean teeth do not decay' contains little truth, Dr. Bodecker contends, for conditions within the teeth, rather than outside hygienic measures, determine the soundness of the tooth structure. In support of this theory, he points out that many persons who pay no attention to the care of their teeth have good

teeth, while others whose prophylactic efforts are unceasing are unable to retard decay. Teeth from which the nerves have been removed appear to disintegrate more rapidly.

"To prevent decay, some means must be found of neutralizing the acid formed on the surface of the teeth by the fermentation of food debris before the acid attacks the enamel. The hope of success lies in achieving that neutralization from the interior of the tooth. Since the toothbrush cannot clean the many inaccessible areas of the teeth, and since alkaline dentifrices are soon washed away by the saliva, the supposed beneficial effects of such measures are minimal, he asserts."

The reporter calls this a new theory, and so it probably was to him. The novelty of the news consists in the report of a large grant of money for the study of the decay of teeth.

#### DINOSAUR MORTALITY

What killed the dinosaurs that roamed North America three score millions of years ago? The New York Sun of October 23 attempts to answer the question editorially when it said:

"One opinion is that the dinosaur succumbed to the superior intelligence of some smaller mammal which eliminated its larger contemporary by consuming its eggs. If that is so any Westerner can identify that smaller mammal—it was undoubtedly a direct ancestor of the coyote, a creature which will eat anything it can get its teeth into

"Against this opinion, however, Charles W. Gilmour, curator of the division of mammals of the Smithsonian Institution, raises an important objection. 'If the destruction of the eggs of these mammals by other mammals caused their extinction,' he asks, 'why are not birds made extinct by the raids of snakes on their eggs?' His own theory is that climatic changes and resul-

tant loss of necessary environmental conditions, extending over millions of years, may be held responsible for the dinosaur's permanent departure from the American scene.

"This theory is based on belief that North America in dinosaur days was a vast swamp; that as the continent was formed and mountain systems were raised to create the Mississippi basin the waters began to drain off. The dinosaur was essentially a swamp dweller; when the swamps shrank he could do no better than to disappear.

"Somehow this theory seems in better keeping with American tradition than the theory of mammalian egg-suckers. Every true American must believe that our own dinosaurs were the biggest, fiercest and most bellicose of their species. If it were necessary to heave the Rocky Mountains at them to drive them off, so much the better for the theory."

#### £00

#### BOOKS RECEIVED



Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits or in the interests of our readers.

- CHRONIC NASAL SINUSITIS AND ITS RELATION TO GENERAL MEDICINE Based on the Author's Semon Lecture, University of London, The 101 of Nasal Focal Sepsis on Body and Mind By Patrick Watson-Williams Octavo of 221 pages, illustrated New York, William Wood and Company, 1930 Cloth, \$500
- THE GOLD-HEADED CANE By William Macmichael, M D A new Edition with an Introduction and Annotations by George C Peachey Octavo of 195 pages New York, The Macmillan Company, 1930 Cloth, \$6.50
- Burns—Types, Pathology and Management By George T Pack, BS, MD and A Hobson Davis, BS, MD Octavo of 364 pages, illustrated Philadelphia and London, J B Lippincott Company, 1930 Cloth, \$600
- Congenital Club-Foot By E P Brockman, M Chir, F R.C S Octavo of 110 pages, illustrated New York, William Wood & Company, 1930 Cloth, \$400
- HANDBOOK OF THERAPEUTICS By David Campbell, MA, MD 12 mo of 411 pages New York and Edmburgh, William Wood & Company, 1930 Cloth, \$450
- THE MORPHINE HABIT. By G Laughton Scott, M.R.C.S., M.A. 12mo of 94 pages New York, William Wood & Company, 1930 Cloth, \$2.25
- INDEX TO VOLS I TO X OF THE INTERNATIONAL JOURNAL OF PSYCHO ANALYSIS (Supplement No. 4 to the 'International Journal of Psycho Analysis' edited by Ernest Jones) by Douglas Bryan Quarto of 118 pages London, Bailhere, Tindall & Cox, 1930 Half Leather, \$3 25, Paper, \$2 10
- The Principles and Practice of Medicine. Originally written by the late Sir William Osler, BT, MD Eleventh Edition revised by Thomas McCrae MD Octavo of 1237 pages New York and London, D Appleton and Company, 1930 Cloth, \$8 50
- THE PRINCIPLES AND PRACTICE OF HIGHER. By Dean F Smiley, AB, MD, Adrian G Gould, Ph B., MD, & Elizabeth Melby, MA, R,N Octavo of 415 pages, illustrated New York, The Macmillan Company, 1930 Cloth, \$2.50
- Physiological Chemistry A Text Book and Manual for Students By Albert P Mathews, Ph D Fifth Edition Octavo of 1233 pages New York, William Wood & Company, 1930 Cloth, \$700
- INTESTINAL TUBERCULOSIS ITS IMPORTANCE, DIAGNOSIS AND TREATMENT A Study of the Secondary Ulcerative Type By Lawrason Brown, M.D. & Homer L. Sampson Second Edition, Thoroughly Revised Octavo of 376 pages, illustrated Philadelphia, Lec. & I ebiger, 1930 Cloth, \$475

- THE PATHOLOGY OF DIABETES MELLITUS By Shields Warren, M D., with a foreword by Elliott P Joslin, M D. Octavo of 212 pages, illustrated Philadelphia, Lea & Febiger, 1930 Cloth, \$3.75
- A TREATISE ON ORTHOPAEDIC SURGERY By Royal Whitman, M.D., M.R.C.S., F.A.C.S., Ninth Edition, Thoroughly Revised Octavo of 1085 pages, illustrated Philadelphia, Lea & Febiger, 1930 Cloth, \$10.00
- AMERICAN POCKET MEDICUL DICTIONARY Edited by W A. Dorland, A M, M D Fourteenth Edition, revised 16mo of 837 pages Philadelphia and London, W B Saunders Company, 1930 Flexible binding, Plain \$200, Thumb Index, \$250
- APHASIA IN CHILDREN By Alex W G Ewing, M A, Ph D, with an introduction by E D Adrian, M D Octavo of 152 pages London, Oxford University Press, 1930 Cloth, \$350 (Oxford Medical Publications)
- Dosage Tables for Rontgen Therapy By Professor Friedrich Voltz Translated from the Second German Edition 12mo of 120 pages, illustrated London, Oxford University Press, 1930 Cloth, \$2.50 (Oxford Medical Publications)
- PRACTICAL MIDWIFFRY FOR NURSES By Bethel Solomons, MD, FRCPI Octavo of 354 pages, illustrated London, Oxford University Press, 1930 Cloth, \$275 (Oxford Medical Publications)
- TROPICAL MEDICINE IN THE UNITED STATES By Alfred C Reed, M D Octavo of 410 pages, illustrated Philadelphia and London, J B Lippincott Company, 1930 Cloth, \$600
- CLINICAL NUTRITION AND FEEDING INFANCY AND CHILD-HOOD By I Newton Kugelmass M D, Ph D, Sc D Octivo of 345 piges, illustrated Philadelphia and London, J B Lippincott Compuny, 1930 Cloth, \$600
- A Text Book of Hydene By J R Curre, MA, MD Octavo of 844 pages, illustrated New York and Edmburgh, William Wood and Company, 1930. Cloth, \$850
- A SYSTEM OF CLINICAL MEDICINE. Dealing with the Diagnosts, Prognosis and Treatment of Disease for Students and Practitioners By Thomas D Savill, M D Eighth Edition Octavo of 1019 pages, illustrated New York William Wood and Company, 1930 Cloth, \$10.00
- STUDIES ON THE DIACNOSIS AND NATURE OF CANCER By Various Authors Beng Reprints of Special Articles from the 'Cancer Review' Octavo of 240 page New York, William Wood and Company, 1930 Cloth

# 2

# OUR NEIGHBORS



#### HEALTH EXHIBIT AT THE NEBRASKA STATE FAIR

The October issue of *The Nebraska State Medical Journal* has the following editorial description of the health exhibit conducted by the Nebraska State Medical Association at the State Fair:

"A large two-story building with two outlying wings and an annex are devoted to the exhibit. The State Fair Board foresaw the importance and possibilities of this work several years ago and set apart these buildings for the purpose of an annual health exhibit to be put on under the direction of the Nebraska State Medical Association.

"The several divisions of the work are carried on under the following heads: Tuberculosis exhibit; illustrated lectures; separate departments for health examinations of adults, children and infants; the passing out of literature, and in addition, the emergency hospital and nursery are under the supervision of this department. The Women's Auxiliary has a desk featuring the magazine Hygeia.

"The tuberculosis exhibit is made by the Nebraska Tuberculosis Association cooperating with the public activities committee of the Nebraska State Medical Association and consists of morbid specimens, charts, illustrative of tuberculous conditions, etc. Persons wishing it are weighed, and if underweight points to possible disease, they are referred to the health examination department.

"Several registration desks line up the several classes of persons to be examined and direct the

order of examination. About two dozen booths are devoted to the examinations, each equipped with a palette covered table and other needed accessories. About a hundred physicians from over the state take part in the examinations, each scheduled for a particular period. A surprising number of unsuspected physical defects are discovered. When defects are discovered the person is referred to his family physician for attention.

"A theatre accommodating several hundred persons is provided. Here lectures and moving pictures pertaining to health are given continuously

during the day.

"Literature is passed out. Two leaflets were particularly featured this year: "Prenatal Care" and "Do We Keep Faith With Our Children?" At the Emergency Hospital, as its name implies, all emergency cases applying are cared for. The Nursery cares for babies, free of charge for 2-hour periods and relieves the mothers for that period. That this is appreciated is attested by the fact that in one day the nursery cared for 46 babies. Twenty cribs are provided, the large room is kept quiet and with subdued light and the babes are under the supervision of trained nurses.

"It has become apparent that if this work is to be continued and further developed some way must be devised to provide means to employ a full-time head. No man can give the best there is in him to the public good to the neglect of his own business without full compensation."

#### WORKMEN'S COMPENSATION IN OREGON AND WASHINGTON

The October issue of Northwest Medicine, the organ of the State Medical Associations of Oregon, Washington and Idaho, has the following editorial dealing with the free choice of a physician, and contract practice which shows that the Pacific States have conditions even worse than those in New York:

"No subject has elicited so much discussion and controversy of late among the profession of Washington and Oregon as has that of contract practices. There is little criticism of the fees paid by these departments, the compensations being considered fair, all conditions considered. The rub is that these fees are not equally obtainable among the profession, nor do those performing the services always receive the full compensation which is provided for this work. The contract

abuse appears chiefly under two forms. Certain groups of physicians, ordinarily designated as clinics, have succeeded in corralling the practice among leading industries and manufacturing concerns to the exclusion of the individual practitioner, often bridging large sections of the State with branches in numerous towns and cities. The most objectionable phase, however, is found in the hospital associations, commonly controlled and operated by laymen, and often emanating from alien states, which have succeeded in capturing many industrial contracts, doling out the actual treatment of patients to certain physicians who receive for their services only a percentage of the fees paid out by the State, the balance going to the promoters of the associations. The problem is further complicated by the statement (Continued on page 1392—Adv. xii)

# Announcing

#### the new potency of

The recent wide-spread clinical use of Viosterol preparations in the prevention of rickets has stimulated investigators to determine whether they are as effective in the prevention and treatment of rachitic tendencies as cod-liver oil. Leading workers in the field of rachitic research, from observation of hundreds of child subjects, have finally come to the conclusion that the present Viosterol preparations, namely, Viosterol-100 D, and Cod-Liver Oil with Viosterol-5 D, are of insufficient potency to guarantee sure results. These authorities in the medical profession, together with the Wisconsin Alumni Research Foundation and the Council on Pharmacy and Chemistry, have, therefore, agreed to increase the strength of all Viosterol preparations that are prepared under license from the Foundation.

These scientific studies indicate that the amount of Viosterol should be increased 2½ to 3 times Therefore, since October 1, 1930, Viosterol in Oil-100 D has become Viosterol in Oil-250 D. Cod-Liver Oil with Viosterol-5 D, has become Cod-Liver Oil with Viosterol-10 D. Viosterol preparations of lesser potency, now on the market, will no longer be available.

# Advantages of Squibb Viosterol in Oil-250 D

- Highly Concentrated—Odorless and tasteless; no danger of digestive disturbances following its use.
- 2. Definite Dosage—Physiologically standardized to the definite unit count of Vitamin D.
- Drop Dosage—Dropper supplied with each vial is calibrated to deliver 75 units of Vitamin D per drop.
- Specific Action—Exerts unquestioned specific action in cases of rickets, rachitic tetany, osteomalacia and other calcium-phosphorus metabolic disorders.

Squibb Viosterol in Oil-250 D, and Squibb Cod-Liver Oil with Viosterol-10 D and Squibb Cod-Liver Oil are accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

# Squibb Viosterol Products



regular Cod-Liver Oil, through an exclusive process.

E.R. SQUIBB & SONS, NEW YORK

# RED CROSS FIRST AID TO MOTORISTS IN FLORIDA

The September issue of the Journal of the Florida Medical Association contains the following article on emergency first aid stations planned by the American Red Cross.

"Because of the wide public interest in the Red Cross plan to develop a system of highway first aid stations throughout the United States, under local Red Cross Chapters, it is timely to give here a brief outline of that phase of the plan which particularly affects hospitals and the medical profession.

"First, and most important of all, the Red Cross emphatically refrains from encroaching on the respective fields of hospitals or medical men in all its work. The First Aid course, sponsored for many years by the Red Cross, seeks to equip laymen, under competent instruction, to render emergency first aid until the injured can be placed under care of a doctor. In case of serious cuts, fractures, etc., such emergency treatment may frequently be the only means of saving the injured one's life until a doctor can be reached.

"Under the plan discussed here volunteer first aid experts will be stationed at highway first aid posts, to render emergency first aid to injured in automobile accidents, which today lead all other causes of accidental death in the United States.

"At these first aid posts there will be kept at all times a list of the nearest available doctors and approved hospitals and ambulance services. While the services of the Red Cross personnel will be strictly voluntary, and no remuneration will be permitted, the Red Cross cannot underwrite any necessary further treatment from doctors or in hospitals, this being left to the individual.

"In other words, the Red Cross is undertaking a very necessary emergency service to the public. designed to save life and to mitigate suffering, but is confining its assistance to these ends.

The most unpleasant manifestations of malaise have been frequently allayed by drinking

# Poland Water

Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature free on request



# POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York

#### EFFICIENCY OF THE M SACHUSETTS HEALT DEPARTMENT

Replying to political atta the New England Journa Medicine of September 18 s

"Newspapers report that Patrick J. Foley, a dentist, a candidate for the nomination the Governor's Council, is ing attacks on the Massa setts State Department of P Health for alleged failure to vide enough cancer and to culosis clinics.

"He is quoted as charging the State was sacrificing its on the altar of gross neglige

"Massachusetts is regarde a pioneer in dealing with the culosis and cancer, and the timony of many competent servers tends to show that Commonwealth is in the guard of the states of this c try in efficient management the resources of medicing dealing with tuberculosis cancer.

"The present structure of lic health administration is a firmer foundation and rea to greater heights than ever

fore in our history.

"That certain defects and portunities for betterment as fully realized by our C missioner and his associate by anybody, is our be greater progress will be n when the public and the me profession may furnish morfective cooperation we also lieve.

"It may be good political terial to allege that the poor being neglected, but may it be an evidence of an unso and emotional appeal?

"We are not presenting to views with any desire to e into a political discussion, feel that a candidate should reasonably conservative in a ing with public health mand officials.

"A study of the staggering penditures of this State in a ing with its dependents is pressive and the results are nificant.



### "INTERPINES"

GOSHEN, N. Y.



PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-OUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt. DR. C. A. POTTER

DR. E. A. SCOTT



#### BARNUM-VAN ORDEN

Supporting Corsets and Belts

Specific support, well balanced to give correct uplift to abdominal walls. No clastic to stretch and destroy balance of support. Made in both laced front and solid front designs but adjusted from the back with the upward backward traction necessary for correct uplifting support.

#### SERVICE

Each patient sent to the Van Orden Shop constitutes an obligation to justify the physician's confidence in sending her and every effort is made to give her the support required with comfort. All supports made to measure to meet individual needs Demonstration on request.

#### BARNUM-VAN ORDEN

379 FIFTH AVENUE

NEW YORK

Bet. 35th and 36th Sts.

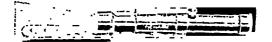
Telephone, Caledonia 9318



HANDY EFFICIENT

#### THE WACOLITE

USEFUL ECONOMICAL



GEORGE TIEMANN & CO., 107 EAST 28th STREET, NEW YORK, N.Y.

# 5,000 PRESCRIPTION BLANKS, \$8.00

Printed on Famous "Hammermill Bond Linen Finish" Padded, 100 to a Pad With a special department equipped with automatic machinery, we can

assure you of first class printing.

Specializing in Prescription Blanks, we print over 80,000 a day.

SEND IN YOUR ORDER BY MAIL

We can also take care of all your other printing and engraving requirements at prices proportionally low.

QUICK SERVICE

Call—ORChard



242 E. BROADWAY NEW YORK CITY

#### 1930

#### PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

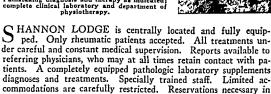
County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	.H. L. Nelms, Albany	.F. E. Vosburgh, Albany
ALLEGANY	.H. K. Hardy, Rushford	.L. C. Lewis, Belmont	G. W. Roos, Wellsville
BRONX	I. H. Gettinger. N. Y. City	I. J. Landsman, N. Y. City	J. A. Keller, N. Y. City
BROOME	I. I. Kane, Binghamton	H. D. Watson, Binghamton	C. L. Pope, Binghamton
CATTARAUGUS	. L. E. Reimann, Franklinville.	R. B. Morris, Olean	R. B. Morris, Olean
CAYUGA	. C. F. McCarthy, Auburn	W. B. Wilson, Auburn	L. B. Sisson, Auburn
CHAUTAUQUA	.F. J. McCulla, Jamestown	E. Bieber, Dunkirk	F. J. Pfisterer, Dunkirk
CHEMUNG	.J. S. Lewis, Elmira	C. S. Dale, Elmira	. J. H. Hunt, Elmira
CHENANGO	.E. A. Hammond, New Berlin	1.J. H. Stewart, Norwich	J. II. Stewart, increment
CLINTON	.A. S. Schneider, PlattsburgD. R. Robert, New Lebanon Ct.	I Van Haesen Hudson	T Van Hoesen. Hudson
COLUMBIA	.D. B. Giezen, Cincinnatus	P. W. Haake. Homer	B. R. Parsons. Cortland
DELAWARE	. C. S. Gould. Walton	W. M. Thomson, Delhi	W. M. Thomson, Delhi
DUTCHESS-PUTNAM	. A. Sobel, P'ghkeepsie	H. P. Carpenter, P'ghkeepsie.	H. P. Carpenter, P'ghkeepie ·
ERIE	, W. T. Getman, Buffalo	L. W. Beamis, Buffalo	A. H. Noehren, Buffalo
ESSEX	. H. J. Harris, Act., Westport.	L. H. Gaus, Ticonderoga	.:L. H. Gaus, Ticonderoga
FRANKLIN	. E. S. Welles, Saranac Lake.	G. F. Zimmerman, Malone	.G. F. Zimmerman, Malone
FULTON	.B. E. Chapman, Broadalbin.	A. R. Wilsey, Gloversville	J. D. Vedder, Johnstown
GENESEE	C. D. Pierce, Batavia	P. J. Di Natale, patavia	P. J. Di Natale, Datavia
GREENE	. D. Sinclair, East Durham V. M. Parkinson, Salisbury C	W. M. Kapp, Caiskii	A T From Herbiner
IEFFERSON	F. G. Metzger, Carthage	W. S. Atkinson, Watertown.	W. F. Smith. Watertown
KINGS	L. F. Warren, Brooklyn	.I. Steele. Brooklyn	.J. L. Bauer, Brooklyn
LEWIS	G. O. Volovic, Lowville	F. E. Jones, Beaver Falls	F. E. Jones, Beaver Falls
LIVINGSTON	R. A. Page, Geneseo	.E. N. Smith, Retsof	.E. N. Smith, Retsof
MADISON	C. S. Goodwin, Bridgeport	D. H. Conterman, Oneida	L. S. Preston, Oneida
MONROE	.W. A. Calihan, Rochester	S. H. Erlenback, Kochester	W. H. Veeder, Rochester
	La V. A. Bouton, Amsterdan L. A. Newman, Pt Washingto		S. L. Homrighouse, Amsterdam
	G. W. Kosmak, N. Y. City		
NIAGARA	G. L. Miller, Niagara Falls	.W. R. Scott. Niagara Falls.	.W. R. Scott. Niagara Falls
ONEIDA	H. F. Hubbard, Rome	W. Hale, Jr., Utica	.D. D. Reals, Utica
ONONDAGA	H. B. Pritchard, Syracuse	L. W. Ehegartner, Syracuse	. F. W. Rosenberger, Syracuse
ONTARIO	C. W. Webb, Clifton Springs	D. A. Eiseline, Shortsville	.D. A. Eiseline, Shortsville
ODI DANC	S. L. Truex, Middletown D. F. MacDonell, Medina	H. J. Shelley, Middletown	H. J. Shelley, Middletown
OSWEGO	A. G. Dunbar, Pulaski	T T Brennan Oswego	I R Ringland Oswego
OTSEGO	G M. Mackenzie, Cooperstown	n.A. H. Brownell, Oneonta	.F. E. Bolt. Worcester
QUEENS	. E. A. Flemming, Rich, Hill.	E. E. Smith, Kew Gardens	.J. M. Dobbins, L. I. City
RENSSELAER	C. H. Sproat, Valley Falls	.J. F. Connor, Troy	.O. F. Kinloch, Troy
RICHMOND	C. R. Kingsley, Jr. W. N. B'g'	t.J. F. Worthen, Tompk'sv'le	.E. D. Wisely, Randall Manor
CT IAWDENCE	J. W. Sansom, Sparkill	W. J. Ryan, Pomona	C. T. Henderson, Gouverneur
SARATOGA	W. H. Ordway, Mt. McGregor	r H. L. Loon, Saratoga Springs	W I Mahy Mechanicville
SCHENECTADY	N. A. Pashayan, Schenectady	v. H. E. Revnolds, Schenectady,	I. M. W. Scott. Schenectady
SCHOHARIE	E. S. Simpkins, Middleburg	.H. L. Odell. Sharon Springs.	.LeR. Becker, Cobleskill
SCHUYLER	John W. Burton, Mecklenburg	g.F. B. Bond, Burdett	
SENECA	A. J. Frantz, Seneca Falls	R. F. D. Gibbs, Seneca Falls.	R. F. D. Gibbs, Seneca Falls
CITECUT K	G. L. Whiting, Canisteo	J. Snater, Corning	.R. J. Snater, Corning
CITI I TVA N	A. E. Payne, Riverhead	E. P. Kolb, Moltsville	G. A. Sillman, Sayvine
TINGA	C. Rayevsky, Liberty	C. Payne, Liverty	M. A. Maritan Conden
TOMPKINS	. D. Robb, Ithaca	W. A. Mounon, Candor	W. A. MOUITOR, Calluor
III.STER	F F Sihley Kingston	F H Vocs Kingston	G. Fish, Ithaca C. B. Van Gaasbeek, Kingston
WARREN	F. Palmer, Glens Falls	W W Rower Glene Falle	W W Raman Clane Palle
WASHINGTON	R. E. La Grange, Fort Ann	S I Ranker Fort Edward	P C Paris Hudson Halls
WAYNE	. R. G. Stuck, Wolcott	D F Johnson Newark	D E Johnson Namark
WESTCHESTER	W. W. Mott. White Plains.	H Betts Vonkers	R. B. Hammond, White Plains
WYOMING	. W. J. French, Pike	H S Martin Warsaw	H S Martin Warsaw
YATES	. G. H. Leader, Penn Yan	W. G. Hallstead. Penn Yan.	W. G. Hallstead. Penn Yan
	•	.,	The second of th

#### Rheumatic Diseases

Arthritis, Sciatica, Lumbago. Neuritis, and Gout Treated Exclusively.

Painstaking diagnosis and therapy as indicated; complete clinical laboratory and department of physiotherapy.

advance. Inspection cordially invited.



120 acres of woodland privacy; 800-ft. elevation with 20-mile view 42 miles from New York. Tastefully furnished and beautifully landscaped. Accommodations to meet the requirements of patients, single rooms or suites.

RUSSELL L. CECIL, M.D. Medical Director

JOHN Dep. CURRENCE, MD. Asst Medical Director



BERNARDSVILLE SANATORIUM FOR RHEUMATOID DISEASES

Complete information, rates, treatments, etc., gladly sent upon request to the Medical Director.

> PAUL G. ISKE, M.D. Resident Physician

# FADON



(Radium Emanation)

Technic of Application

Outlined in

"RADON THERAPY IN UTERINE TUMORS"

(Send for Copy)

Radon Tubes Furnished for These Conditions

RADON COMPANY, Inc.,

1 East 42nd St., New York

Telephones: Vanderbilt 2811-2812

Vol. 30. No. 21

NOVEMBER 1, 1930

Pages 1271-1332

\$3.50 YEARL

# **New York State** Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 103rd St., New York City.



Entered as second-class matter July 5, 1907, at the Post Office, at New York, N 1 , under the act of March 3, 1879 Acceptance for mailing at special rate of postage provided for in Sec. tion 1103. Act of October 3 1917 authorized on July 8, 1918 Copyright, 1930 by the Medical Society of the State of New York

TABLE OF CONTENTS PAGE IV

# NEUS DEW-TONE and PORT

has been standardized by experience gained thru a quarter of a century

Tonics have long since passed the age of empiricism. They are now compounded in formulas which conform to the scientific requirements of the individual as interpreted by the physician,

The deficiencies are analyzed and an attempt is made to replace these substances with ingredients as closely similar to the deficient material as it is scientifically possible to determine. For instance; the administration of iron is generally accepted as the specific factor in the treatment of senile anemia and chlorosis. The properly matured Port besides being acceptable to the most sensitive gastro-intes ....al tracts, supplies abundant natural iron of great availability. Dewey's Port is produced from grapes grown in a soil rich in iron. This mineral has thus been synthesized by nature and is readily convertible into human blood forming elements.

To correct faulty metabolism we have compounded in the product sodium, calcium and phosphorous combined in the form of glycerophosphates. This constitutes the most satisfactory, effective method of their administration, supplying nerve nutrition and combating deficiency disorders.

Send for complimentary sample

Dew-Tone and Port is sold only direct to you or your patients

H. T. DEWEY & SONS COMPANY Cellaret Egg

138 Fulton Street, New York City

Established 1857

TONSILLITIS and particularly Follicular Tonsillitis is often stubborn and unyielding, with a great tendency to developing into the suppurative form.

# Tonsillitis in all its Forms

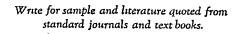
When it becomes apparent that suppuration is inevitable, the application of hot poultices is an old and accepted treatment.

Due to its thermogenetic potency and to its bacteriostatic action

# Antiphlogistine

induces an active hyperaemia in the affected area, which dilates and flushes the superficial capillaries, stimulates leucocytosis, and promotes the destruction of the bacteria.

Antiphlogistine has the advantage of being unfermentable and bacteriostatic, and will cling around the contour of the neck, when other applications are difficult to retain in place.



THE DENVER CHEMICAL MFG. CO.
163 Varick Street New York, N. Y.

#### HARRY F. WANVIG

Authorized Indemnity Representative

αf

The Medical Society of the State of New York

80 MAIDEN LANE

NEW YORK CITY

TELEPHONE: JOHN 0800-0801

#### LIQUID PEPTONOIDS WITH CREOSOTE

Combines the active and known therapeutic qualities of creosote and guaiacol with the nutritive properties of Liquid Peptonoids and is accordingly a thoroughly dependable product of definite quantities and recognized qualities as shown by the formula:

#### Each tablespoonful represents

Alcohol (By Volume)			12%
Pure Beechwood Creosote	٠.		2 min.
GUAIACOL			1 min.
PROTEINS (Peptones and Propeptones)			5.25%
LACTOSE AND DEXTROSE			11.3%
CANE SUGAR		'	2.5%
MINERAL CONSTITUENTS (Ash) .			0.95%

It acts as a bronchial sedative and expectorant, exhibiting a peculiar ability to relieve Bronchitis—acute or chronic. It checks as well a persistent winter cough and without harsh or untoward effect. It is agreeable to the palate and acceptable to the stomach—with merit as an intestinal antiseptic. Supplied in 12 oz. bottles.

Samples on request

THE ARLINGTON CHEMICAL COMPANY

#### TABLE OF CONTENTS-NOVEMBER 1, 1930

ORIGINAL ARTICLES	NEWS NOTES
Problems in Child Guidance—By Eric Kent Clarke, M.D., Rochester, N. Y	Committee on Public Relations
EDITORIALS	Schoharie County
Health Services in Colleges       1289         Presidential Comments on Current Events—No. 9       1290         Medical Ethics       1291	Nassau County
This Journal 25 Years Ago—Annual Meeting	Cartoon       131         Scientific Values       131         Two Views of "Talkies"       131
MEDICAL PROGRESS	Syra, The Isle of the Blessed
Tetany After Exercise1293	Noise Abatement in New York City
Slipshod Surgical Diagnosis	воокѕ
Calmette-Guerin Virus1294	Book Reviews
ntracranial Hemorrhage in Obstetrics	OUR NEIGHBORS
nsulin in Encephalitis	An Advertising Opinion from Minnesota

# Calcium Deficiency in Infants

"A baby fed on pasteurized milk over a long period receives too little calcium for his growth requirements." (A. L. Daniels & G. Stearns, Journal of Biological Chemistry, Aug. 1924).

Kalak Water is rich in available calcium and can be employed as a drinking water for infants or incorporated in feeding formulas.

KALAK WATER CO. 6 Church St. » New York City

SPINACH SALAI	D <sub>(S</sub>	ıx Ser	ungs)	^
Grams	Prot	Fat	Carb.	Cal
13/2 tablespoons Knox Spatkling Gelatine	, -	-		
tablespoons lemon juice 20			-2	
134 cups cooked spanach, chopped 300	~ <sub>6</sub>	-	7	
hard cooked eggs 100	13	10 5		
Total	28	10 5	9	242 3

Soak gelatine in cold water and dissolve in boiling water. Add Irmon jusce, all, atrain and chill. When nearly set, stir in chopped spinach, nod and chill until firm. Serve on lettuce hearts or tender chicory leaves and garanth with hard cooked egg, cut lengthwise in sixtle and prinkled with papirlas. Fore with imagonastic

## RECIPES LIKE THESE HELP DIABETIC PATIENTS KEEP THEIR DIETS AND THEIR APPETITES

EVERY physician knows the difficulty of diet control in diabetes—and will appreciate the value of Knox Sparkling Gelatine in dispelling monotony and arousing appetite without disturbing the purpose or the balance of the diet in the slightest degree.

The two recipes on this page show how perfectly Knox Gelatine fits into the diabetic diet. Where small quantities of vegetables, meat or fish are necessary, satisfying bulk may be supplied with Knox Gelatine, which combines perfectly with these essential foods, making them more attractive to the eye and continuously delightful to the taste.

With Knox Gelatine, a different dish may be served every day from the basic foods of the diabetic diet. We would like to send every physician a booklet on "Diet in the Treatment of Diabetes"

WINTER SALAD		(Six Servings)		
Grame	Prot	Fat	Carb.	Cel
teaspoons knox Sparkling Gelatine 4.5	4			
cup cold water				•
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	-	***		
250	43	<b>3</b> 4		
• • •	ī	19	8	
cup chopped celery 60 cup chopped green pepper 2 cup cream, whipped 75	,	30	i	
Total	51	103	13	11B3
One serving	8 5	17	2	197

Soak gelature in cold water. Bring hot water and salt to boil and dissolve gelature in it. Add vinegar and set aside to chill. When nearly set, beat until frothy, fold in cheese, olives, celery, pepper and whipped cream Turn into molds and chill until firm. I minold on lettuce leaf and serve

by a widely known dietetic authority. This treatise presents many new ideas and recipes in the preparation of beneficial diabetic diets. It is of such character that it may be placed in the hands of any patient with the assurance that it will act as a safe diet control, and at the same time make the patient as happy with his food as though he were not on a diet. This booklet will be sent in any quantity, to supply the diabetic patients of any physician who will mail the coupon.

## KNOX is the real GELATINE

**If** 

i

For Respiratory Diseases

# DISULPHAMIN

Orto-oxibenzoyl-sulphon-nucleino-formol-sodiumtetradimethylamino-antipyrin-bicamphorated 3 IMPORTANT
AIDS TO
PHYSICIANS
AND SURGEONS

A Reliable Oxytocic

THYMOPHYSIN

(Tomesvåry)

A Valuable Hemostatic

STRYPHNON

(Meyer & Albrechl)

Please send literature on items checked:

DISULPHAMIN [

THYMOPHYSIN |

STRYPHNON [

American Bio-Chemical Laboratories, Inc.

235 Fourth Avenue New York

Sele Agents for Canada NATIONAL DRUG & CHEMICAL COMPANY of Canada, Ltd., Montreal

#### INDEX TO ADVERTISERS

RULES—Advertisements published in the Journal must be ethical. The formulas of medical preparations must have been approval by the Committee on Publication before the advertisements can be accepted.

Page	Page	Page
ABDOMINAL SUPPORTERS, ETC.	Charles B. Towns Hospital x	Health Products Corp xxix
S. H. Camp & Co xiv	West Hill Sanitarium xxxiii	Huxley Labs xxxii
Pomeroy Co xxvi	Westport Sanitarium xxxiii	Hynson, Westcott & Dunning xxxi
Katherine L. Storm, M.D xvi		Wm. S. Merrell Coix-xxi
	INSURANCE	Mead Johnson & Co., Inc xiii
COLLEGES, SCHOOLS & HOSPITALS	Harry F. Wanyig iii	Merck & Co., Inc xviii
N. Y. Polyclinic Med. Sch. & Hosp. x		H. A. Metz Labs xxv
N. Y. Post Grad. Med. Sch. & Hosp xxxi	I A BOD A MODIFE	Olajen, Inc xxii Parke, Davis & Co xxxv
Sydenham Hospital xxxiii	LABORATORIES	Petrolagar Labs., Inc xxvii
	Lederle Antitoxin Labs xxviii	Chas. H. Phillips Chem. Co xxviii
7000		Sandoz Chemical Works, Inc xi
FOOD	MISCELLANEOUS	Schering Corp xi
Knox Gelatine Labs v	Medical Directoryviii-xvi	E. R. Squibb & Sons xxiii
Sugar Institute xix	Classifica Mayeruselliellis XXXII	Tailly-Nason Co xx
	Veil Maternity Hospital xxxiii	William R. Warner & Co., Inc xvii
HOSPITALS, HEALTH RESORTS AND		Winthrop Chemical Co., Inc vii
SANITARIUMS	PHARMACEUTICAL PREPARATIONS	21222
Aurora Health Farms xxxi	American Bio-Chemical Labs., Inc vi	RADIUM
Dr. Barnes' Sanitarium xxxiii	- · · · · · · · · · · · · · · · · · · ·	Radon Company, Inc xxxv
Breezehurst Terrace xxxii	Davies, Rose & Co., Ltd xiv	
Brigham Hall xxxiii	(	TONIC
Crest View Sanatorium xxxi		H. T. Dewey & Sons Co i
Halcyon Rest xxxiii	•	, , , , , , , , , , , , , , , , , , ,
Interpines xxxiii Montague Hospital xxxvi	1	WATERS
Dr. Rogers' Hospital xxxiii		Kalak Water Co iv Poland Spring Co
xxxx	Oranger Caretain & rougers, The AXXIII	I roland Opting Co

# greatly increased potency



Manufactured Under License by Wisconsin Alumni Research Foundation

CliNICAL evidence has demonstrated that the 100 D VIOSTEROL is not of sufficient antirachitic potency in many cases. The Wisconsin Alumni Research Foundation therefore has authorized its licensees to market instead an oily solution that is two and one-half times more active.

Consequently, we now supply WINTHROP VIOSTEROL in oil (250 D), which somewhat more closely approximates the product which we first sent to physicians for experimental purposes a number of years before VIOSTEROL was placed on the market in the United States. »

In common with all Winthrop products, the quality of WINTHROP VIOSTEROL is unexcelled. Its manufacture is supervised by highly skilled biologists and chemists. The potency of the finished preparation is assured, for every lot is standardized by rigid biologic tests.

WINTHROP VIOSTEROL 250 D is available in bottles of 5 cc and 50 cc at the same prices as formerly.  $^{\rm w}$ 

Informative booklet sent to physicians on request.



## WINTHROP

CHEMICAL COMPANY, INC.

170 VARICK STREET, NEW YORK, N. Y.

Winthrop Quality Has No Substitute



# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

#### =The list of advertisers in the 1929 edition follows:

#### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

#### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

#### Cornets

Linder, Robert, Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

#### Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carprick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc. United Orthopaedic Appliance Co.,

#### Pharmaceutical

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Servica Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium
White Oak Farm

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Wassermann Test

Bendiner & Schlesinger



#### . General Rheumatic Conditions

t has been found that a more satisfactory response is obtained in rheumatic conditions when the pure, natural salicylate is administered in conjunction with balanced alkali.

This type of medication is now provided in the preparation of Alycin.

Alycin is Merrell's Natural Sodium Salicylate—obtained from the natural oil of birch—associated with a balanced alkaline formula. The analysic effects of sodium salicylate are thus enhanced by the alkalinizing action of the base.

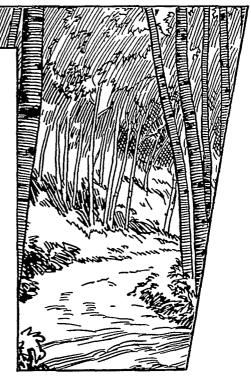
Wherever the salicylates are indicated, Alycin gives the most satisfactory response.

Use Coupon for Trial Package

#### The Wm. S. Merrell Company

Cincinnati

Ohio



# ALYCIN

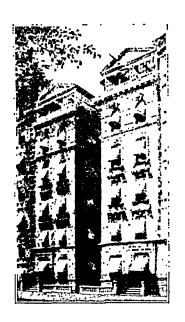
Send me clinical trial package of Alycin.

Dept. NY 11

Dr.

\_Address\_

# For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

# CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770

## THE NEW YORK POLYCLINIC

Medical School and Hospital

(ORGANIZED 1881)

(The Pioneer Post-Graduate Medical Institution in America)

# Gastro-Enterology Proctology and Allied Subjects

For Information Address

MEDICAL EXECUTIVE OFFICER: 345 West 50th Street, N. Y. City

A great
advance in
Calcium
Therapy

# advance in CALCIUM Gluco SANDOZ

Per Os - Palatable
Intramuscular - No Irritation
Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

SANDOZ CHEMICAL WORKS, Inc. 61-63 Van Dam St. NEW YORK, N.Y.



Schering's Female Sex Hormone

# PROGYNON

Standardized according to the Allen-Doisy test

#### ANIMAL EXPERIMENTS

Show the effect of Progynon in influencing the development of the female sexual organs

#### CLINICAL EXPERIENCE

Proves its efficacy in ovarian hypofunction, surgical or physiological menopause or disturbances of the female gonads \* \* \*

Boxes of 6 ampoules of 1 c.c. each, containing 20 Allen-Doisy units, for subcutaneous and intramuscular injection

Schering Corporation



Please mention the JOURNAL when writing to advertisers

Pulvules Sodium
Amytal, Lilly,
for oral use,
serve as
an adjuvant to
anesthesia



In bottles of

40 and 500 Pulvule
(FILLED CAPSULES)

containing Sodium

Iso=Amyl=Ethyl

Barbiturate,

3 grains

SODIUM AMYTAL LILLY

# FOR ORAL USE, ARE NOW AVAILABLE

Every anesthetist should know the characteristics of Pulvules Sodium Amytal, Lilly, as a preliminary to anesthesia induction.

ORAL OR RECTAL ADMINISTRATION
PREOPERATIVE CALM
LESS ANESTHETIC REQUIRED
TRANQUILLITY FOLLOWING OPERATION
LESS NAUSEA

Write for Literature

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 21

NEW YORK, N. Y.

November 1, 1930

## PROBLEMS IN CHILD GUIDANCE\*

By ERIC KENT CLARKE, M.D., ROCHESTER, N. Y.

W ITH the beginning of the Mental Hygiene movement some twenty years ago, a complete change occurred in the field of Psychiatry. From the work that has been carried on within the asylums of the old days, where the nature of the work was largely of a custodial nature, Psychiatry has moved out, into the community, has taken a fresh start and rapid strides have been made in research and preventive work that bid, in the future to change much that today seem to be vague uncertainties.

One of the very important developments that have come from the Mental Hygiene movement, is the Child Guidance Clinic. It has come to fill a very important link in the Community Resources that are available for the conservation of childhood. To you, as pediatricians, it is my desire, to lay before you our Child Guidance Programme, for I feel that we have many problems in common and that by a close co-operation, much that is of benefit to the child can be evolved.

As busy pediatricians, called upon by distressed parents for advice in the management of behavior difficulties that have developed, you are in a strategic position to encounter problems, and yet the pressure of work frequently renders it impossible for you to take the time to go completely into all the factors that have come to gether to produce the situation, or to carry through a complete investigation of all the elements that form the background. It is here that the Child Guidance Clinic equipped to render a specialized service can come to your assistance and undertake the study and treatment of these children in a manner that is not possible without the clinic.

To us, at the clinic, are coming an increasing number of cases, referred by the pediatrician, and also direct with their parents. Most of these present difficulties that are severe and of long duration, while others just developing and the parents, usually the mother, come seeking ad-

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N. Y., June 4, 1930.

vice that will prevent a serious situation from being reached.

Our procedure starts with a complete physical examination by a pediatrician, and if there are any defects that require correction, these are attended to, or taken into consideration in the plan of treatment, to be carried through. Frequently, the pediatrician is working with us throughout the treatment, and there are consultations with him as to the progress of the programme.

The Social History forms a very important part of our study for it is in this way, the general reaction of the child can be obtained and significant data secured that are used in the interpretation of the facts that go to cause the difficulty. We have found that to get our worker, if the child is very young, to go as a casual visitor to the home, and to observe the child's performance in his own surroundings, throws much light that might have otherwise been overlooked in the initial stages of the study. With children of school age, a detailed school record of both academic achievement and social attitudes, is obtained, thus assurring a complete set of information concerning the child, at home and outside.

The psychological study adds more in the way of understanding the child's ability, his intellectual capacity, his special aptitudes and disabilities, and his placement and achievement in school.

The psychiatric study is directed toward his emotional endowment and the interpretation of the facts obtained in the preceding physical, social, and psychological studies, in relation to their bearing on the present situation.

It is only after this data has been assembled and interpreted that we feel we are in a position to undertake a treatment plan.

From this outline of clinic organization, it may be seen that we are well equipped to assume the responsibility of treatment of a limited number of cases that are referred to us, and the pediatrician, who in his daily rounds encounters such cases, acts as our outside community agent, and in return we can save him much wear and tear by undertaking treatment of the case.

During the last few months, we have had many children referred for study where there has been a physical handicap that has played a large part in the production of the behavior difficulties. These have ranged from mastoids with varying degrees of impairment of hearing, through the post-encephalitic, and poliomyelitic cases, diabetics, and feeding problems. the treatment is as a rule much easier and satisfactory, for the causative factors are closer to the surface, and where maternal solicitude is the chief difficulty to be overcome, cooperation is usually easy to obtain, for the protective mechanism has a real basis and when once the mother can be convinced that her ramparts are detrimental to the child, they can be overcome.

Where maternal protection exists without physical basis, the problem becomes more difficult and the focus of treatment shifts from the child to the mother, for the most frequent cause is that the mother is using the child as an emotional safety valve, and that legitimate channels that would otherwise serve to absorb her emotions are blocked.

One of the most difficult and disappointing cases that has passed through our clinic was a small boy of four who came to us a feeding problem. Although four years of age, he would swallow no solid food. He had only recently been removed from the bottle. He did not know how to masticate food or swallow it. If given ordinary things that children of his age thrive on, he would produce a pellet of food which he held against the palate and after a time, would reject it. In our Nursery School where he attended for a month, he held food for as long as two hours before returning it, although some headway was made.

Physically, this child was in fair condition, considering this treatment, and there was no evidence of any organic basis for his habit. The psychological examination was unsatisfactory, and although the test indicated that he was retarded, it was felt that he had ability, but was so dependent on his mother that he would not cooperate, or attempt much of the test. Our final estimate was that he would probably belong in the low average or dull normal group of intelligence, and we were convinced he was not feeble-minded.

He had long curls, over which the mother lavished much care. He had attended Nursery School for about ten days where one of the other small boys made the discovery and remarked "Why she is a boy." Up to this time, on the strength of his curls, and manner, in spite of his name "Billy," the other four-year-olds had accepted him as a girl.

The Social Investigation gave much informa-The mother was middle-aged and very repressed and unhappy. Her husband was over sixty, had been married before and had a grown family. He had his business, a restaurant that kept him busy long hours, and his interests outside of his work were away from home. The parents and child lived in drab unattractive quarters over the restaurant, had meals in the restaurant. The mother had no friends, no outside interests and spent her time idolizing the child. There was little in the house to occupy her. The preparation of the baby's bottle was a real joy and the straining and putting of vegetables through a fine sieve, was something she alone could manage, as restaurant food would not do for the baby.

The psychiatric study had little to contribute for the boy was a silent, fearful youngster, who wept if his mother left his sight. There was much that was of interest in the mother, but her wall of reserve was so strong, and her desire to keep her child an infant so strong, that

little headway was made.

After much persuasion the child was finally brought into the hospital for house observation in the hope that if the mother were removed some headway might be made. The mother could not stand the strain and removed him promising to return him after some family event. The stipulation was made that we would not re-admit him unless he had his hair cut before he returned. This was promised but when he returned at the appointed time his hair was still long and the mother was begging that she wanted to have him photographed with his curls "next month."

Some headway was made in teaching him to swallow and he was getting a fair start. He would drink from a cup holding it himself, and was taking mashed potatoes. Our efforts were mainly directed toward the mother. Efforts were made to try and get her interested in outside activities, but she became more repressed, moody and unhappy, to the point that she could no longer stand the strain and removed the child.

Although this case must be regarded as a failure, there is sufficient evidence to show that our Child Guidance type of approach was producing results, headway was being made, and that intensive training in a group of children his own age, under trained direction, could have succeeded with the proper backing from the home. One other case that may be of interest to you as pediatricians, is a small girl who is now doing splendidly after a long period of indifferent progress. This child who is now eleven has had a long series of misfortunes. The emotional upset, and the family attitude were both serving to interfere with the treatment of diabetes, for which she has been having treatment for three years.

This case was referred for study by the pediatrician, who continued to carry the case throughout our study. The child was at a standstill, and there had been frequent sugar stealing orgies, temper tantrums, irritability, and a change of personality. The mother was greatly concerned over the little girl's thumb-sucking which was causing malformation of teeth; several other minor mannerisms caused the family acute discomfort.

Lucy' was the second child of a very high grade family. Up to the age of seven she was a particularly fine, healthy, happy youngster. She started kindergarten at five and the teacher found her to be the most responsive of the class. At six she was promoted to first grade and got along well for one month and then developed a strong dislike for school. By Christmas she was very difficult to manage, and was in constant trouble. At the end of the year, she failed to pass, but the teacher who was young and inexperienced could not face the prospect of another year of Lucy's bad behavior and passed her into second grade.

The teacher of this grade was more mature and understanding, and determined to win this child, whose reputation had preceded her. At the end of the first month, the teacher sent for the mother and asked if there had ever been an eye examination. The mother said that it had been done by the school nurse the year before and vision had been reported as satisfactory. Beyond this no examination had been made. The teacher felt that the child was not seeing properly and so the eyes were examined by an oculist who found a marked vision defect requiring glasses.

Once these were supplied there was a marked change in behavior and for the balance of the year the child was again the same enthusiastic responsive youngster, but handicapped by her lack of foundation in first grade work.

Early in the next school year, when she was eight, it was discovered that she had diabetes, and so she was removed from school and hospitalized for six weeks. She was in a private hospital, where she was the only child, and consequently was made a great deal of.

Shortly after her return home, and to school, the mother came to the hospital for her third confinement. Lucy's diet and treatments were too difficult to be carried out at home during the mother's absence and she returned to the hospital, remaining an additional four weeks. This added materially to her spoiling.

Six weeks later she developed whooping cough and through an error received an overdose of some cough mixture, containing atropine. For two days, she was actively hallucinated and completely disoriented, not recognizing any of the family and in a state of extreme terror. Her world was one of hopping rabbits and massive whales darting all around her.

Fears have formed an active part of her problem since that time, although in the last few months they are gradually decreasing. Even minnows nibbling at her legs while in bathing are sufficient to precipitate profound fear that is undoubtedly based on her period of hallucination.

Her year of misfortune was not at end, for six weeks later the entire family were nearly asphyxiated by a gas leak, which added considerably to Lucy's list of fears.

The family picture of Lucy gave some extra

clues that were of importance,

There is an older sister who is exceedingly bright, who has been an honor pupil throughout school, and is a most popular, talented giri. Her outstanding achievements have made it difficult for Lucy, who although a bright child, has been dragging along slowly in school on account

of all her physical handicaps.

Further the older sister is named after her grandmother and aunt, who idolize her, and shower all sorts of glory upon her, to the exclusion of Lucy who was named after her mother. It has been noted that Lucy sucks her thumb continuously when in the presence of her grandmother and aunt. Both are very upset by the habit and have made much of it. Lucy has never been known to suck her thumb in school. At home she did so frequently, particularly at meal time where it was especially irritating to her father. He tried to restrain his feelings, at times even leaving the table before the meal was finished, as he could not stand it, or he would blow up and order the child to stop. At other times he would talk vigorously to the sister, or make a big fuss over the baby to appear unaware of the thumb-sucking. Lucy was quite aware of the reaction she was producing and the mechanism was largely a play for attention, as she was extremely jealous of her sister and baby brother. She was anxious to receive the attention being showered on the others by the father. There was constant quarrelling with the older sister, with almost daily raids on her belongings. Lucy developed into a real pest whenever any of the sister's friends came to visit, until the sister refused to invite friends to come to the house.

Lucy's sugar raids were more frequent after a visit to the grandmother's or after some other event where the sister received praise. On a motor trip with her mother, and the grandmother, the aunt, and sister, all named for each other, Lucy was found to have candy and also sucked her thumb so audibly that the mother, in desperation, came home by train with Lucy, rather than face the remarks of the others for a longer period. Lucy certainly received her share of notice on the trip, and

if the comments were not of approbation, there was at least no opportunity of complimenting her sister.

The mother was found to be a most understanding woman, of good judgment. grandmother and aunt proved difficult until practically eliminated from the picture. father cooperated excellently, and although he occasionally exploded when over-tired, helped a great deal. The sister was of great help, and once she understood the cause of the reaction against her, changed her tactics so that she is now Lucy's great hero, rather than a hated rival. A change of school and the addition of many more outside activities that were formerly considered too strenuous, riding particularly, have been useful. Lucy decided she wanted to play the violin and made all the arrangements for lessons herself, before mentioning it at home. She now plays in the school orchestra and is the youngest child of the group. She no longer has temper outbursts and has not sucked her thumb for months. She has become quite popular, has many friends, has made no recent sugar raids, and has shown a corresponding physical gain.

The change has been so marked that arrangements have been completed for her to attend a Girls' Camp for the summer, where they can continue her diabetic treatment and diet.

In this case we feel that although the physical condition seemed to be the important one, the emotional upset was the larger and no headway could be made with the physical until the emotional turmoil was reduced.

The history is a complicated series of misfortune, causing the original picture with the demand for attention, the jealousy of her sister, her feeling of failure in school, the realization of her inferiority, her fear of rejection by the family, and the paucity of constructive outlets all combined to produce the picture as we found it. There may be other outbursts to follow but at present all is serene, and we hope, with the aid of tutoring, for a double promotion this year.

We feel that there is a very definite place for our Child Guidance Clinic in the community programme of Child Welfare, and yet so often we find that the pediatrician and the general public avoid us, feeling that the Clinic is for abnormal and feeble-minded children. Psychiatry has so long been connected with the grossly abnormal, that the thought of the preventive work that may be done is slow in acceptance.

In our clinic we have recently established two school classes for research purposes. Our first group is for pre-school children who pre-

sent behavior problems, and who require a period of training. We do not accept children who are obviously feeble-minded. Several of the cases that have been accepted have been retarded, but at the time of our original study, it was felt by our group that there were potentialities and that the case was hopeful. Two doubtful cases were decided after observation of two weeks to be defective and were excluded. Two were discovered to be deaf and in need of special teaching that we were not equipped to give. Several who were retarded on admission have done exceedingly well, one a boy, a post-encephalitic case, making a gain of one year in mental development according to tests, in four months. The change of personality of this child from an incapable, dependent semi-invalid to one who has taken his place in an ordinary kindergarten primary, has been most gratifying.

In this group the range of problems has been from straight feeding problems with personality difficulties, as was the case with Billy, the spoiled, only child with temper tantrums. to two pairs of twins. Of one pair of identical twins, the stronger child was rejected by the mother who favored the weakly brother. Our study revealed mother's "Angel child" the more difficult of the pair. The second pair of twins, a boy and girl, had had repeated mastoid operations with subsequent fear reactions to all outside the home. Both sets of twins have now graduated fairly well adjusted.

The second group is for children between eight and twelve. Here we have gathered a group of the most difficult children in town. It is too soon to report the findings in these children, as the class has been in operation but a short time. We hope from our studies to work out a system of education that will enable the public schools to adjust these children who now serve to disrupt both the school program and the home. At the same time, the studies of the less severe problems appear to be of value in overcoming difficulties that cause considerable anxiety to both parents and teachers.

In Rochester we are particularly fortunate in the community organization as there is the fullest cooperation from all sources, the pediatricians, the school authorities, the Courts, the Welfare and Protective agencies and the health authorities. Furthermore the city is of a suitable size, so that one gets a fair sample of every grade of society with their typical environmental problems, a social organization that is well integrated and yet there is not the great mass of humanity that one finds in the larger cities where the efforts of one group are lost in the very magnitude of the population.

#### SPINAL ANESTHESIA\*

#### By LEO F. SIMPSON, MD, FACS, ROCHESTER, NY

EMBERS of the Niagara County Medical Society

When your worthy President asked me to read this paper he stated the subject should be "Spinal Anesthesia," and I intend to limit myself to that I am not here as an anesthetist, but as a general surgeon I am, moreover, not here to defend spinal anesthesia, or to urge you to use it

You will even be spared the recitation of the statistics of others who have had greater experience than I What I hope to tell you is what Spinal Anesthesia has done for me personally,

and what I have done with it

My experience is limited to 750 cases in my private practice, and in my ward service at St Mary's and Monroe County Hospitals. I have had no deaths in this series, but you can see that is no great feat in such a comparatively small number of anesthetics. I am enthusiastic about it, but I have never forgotten that there are many other good anesthetics.

All anesthetics are potentially dangerous Years ago I lost a patient, apparently from novocain shock, following a simple infiltration for a hermotomy Have seen them die on the table following ether, choloroform, and nitrous oxide gas. They die under spinal anesthesia also I know that thirteen have died in greater Boston, one in Hornell, one in the Pitkin Clinic, one in Syracuse, one at the Strong Memorial Hospital in Roches ter, and, of course, there must be many others

The high percentage of pulmonary complications, with the prolonged hospital stay, post operative hermas, and even deaths after inhalation anesthetics, makes one believe that the small number of deaths occuring on the table is no criterion

ot their real danger

Spinal Anesthesia should be placed in the class of comparatively dangerous anesthetics so far as its immediate effects are concerned, but if we count the time from that in which the patient goes on the table until he leaves the hospital, Spinal Anesthesia must be considered a comparatively safe anesthetic

Most general surgeons of my acquaintance are still individualists — individualists in their office examinations of the patient, in the hospital making the final decision for their private patients, and even to the operating room where a constantly changing staff of internes and nurses make him carry a load that he cannot shift

He can never become a statistical bureau, takes added of value whenever he can get them, uses them and gradually evolves a technique on which he stands or falls

In the last analysis he is on trial by the people

He has to evaluate the heart

Read at the meeting of the Niagara County Medical Society January 14, 1930

strength, the kidney function, the presence or absence of pulmonary complications to interpret laboratory findings, to know the dangers of obscity, hypertension and controlled diabetes, to estimate the psychic capacity of the patient to withstand surgical trauma, to do all of this to the best of his ability, and in addition, to decide the method of anesthesia when he operates

I do not mean to imply that he should not obtain the assistance of the internist in every way possible. To me they have been invaluable many times, and if they tell me definitely not to go ahead I usually stop. What I mean is that he cannot surrender his judgment easily, or try to evade responsibility for the outcome. He cannot pass all responsibility to the anesthetist in case of a fatality, because he, himself, has chosen the anesthetic

So whether he likes it or not, and no matter what assistance he can gather around himself, a general surgeon has to be an internist—who

operates

It has been said that a patient can stand a great deal of poor mechanical surgery but will quickly succumb to poor surgical judgment, and I assume that the choice of the proper anesthetic for the individual under consideration is surely a part of surgical judgment

One of my old friends now gone, in my judgment, a great internist, once, in a droll moment, when speaking of surgeons, said that the general public has always had to sacrifice a certain percentage of their number in order to make good surgeons it was the price they had to pay for having them. I wonder if that applies to anesthetists too!

It is the motto of all honest physicians that the safety of the patient should come ahead of all

other considerations

It is his business to see that his patients not only leave the operating table alive, but that they leave the hospital alive. A patient is just as dead who succumbs to a pulmonary complication three days after operation under ether anesthesia, as he would have been had he died on the table following spinal. The aim, of course should be, not to have either event happen.

It is my experience with frequent post operative pulmonary complications that made me con-

sider spinal anesthesia

We were, at that time, using other and gasether mixtures, occasionally local infiltration with novocan in addition, but in order to get good relaxation ether was nearly always required in greater or less amount. Ethelyin was used in but one hospital and the Board of Manigers hive now discontinued that. The latter appealed to

me very much and we had no pulmonary complications.

In the past year or two the theory of the causation of pulmonary complications has changed, as you know, and the addition of hyperventilation of the lungs with CO<sub>2</sub> and O at the close of anesthesia has markedly reduced the incidence of them, but that was not enough to make spinal anesthesia unnecessary. It had opened a new field, and deserves a place among our methods of anesthesia.

I then became interested in the work of Pitkin, visited his clinic, studied his methods, used his technique and immediately the post operative picture of my patients changed. I have used his preparation of "spinocain" exclusively in my spinal anesthesias.

Pitkin, as you all know, had elaborated a solution which he called spinocain. It consists essentially of a solution of novocain in normal saline to which he has added gliadine, the mucliganeous content of wheat starch, alcohol and strychnine in

carefully worked out proportion.

The purpose of the starch mucilage is to have a solution that would prevent dissemination of the novocain in the spinal fluid, that would remain en masse until the anesthetic drug had become fixed or absorbed, that would not inhibit anesthesia, but regulate its durability and intensify its action. It also reduced the toxicity of novocain permitting three or four times the amount of this drug to be used without harm.

The alcohol was added to make a solution of lighter specific gravity than the spinal fluid and

which made it controllable by gravity.

Strychnine was added, because, of all drugs tested, it was the only one capable of acting as a stimulant to the vaso motor constrictors in the presence of novocain.

In addition to its increased safety over other solutions used in spinal anesthesia, the factor of its contrallability was stressed. That is, by modification of technique the upper level of anesthesia could be predetermined.

Many men use neocain, procain or novocain alone, and are skeptical regarding the alleged advantages of spinocain. I have no quarrel with them. The only one I can talk about is spinocain.

Pitkin also utilized the specific blood pressure raising properties of ephedrine in his preoperative medication and so anticipated, or made much less sure, any possible fall due to novocain. During the past year or so I have also used Sodium Barbital preoperatively, as it is claimed to be specific in preventing novocain or cocain poisoning with, I believe, definitely improved results.

Besides the already enumerated advantages it should be remembered that this form of anesthesia, can be administered and induced very rapidly, and by its use the surgeon is freed from the vagaries of different anesthetists. If you should

be fortunate enough to have with you a highgrade anesthetist this statement, of course, does not apply. All other factors remaining constant, the fewer the links in the operating team, the fewer the chances of trouble arising.

If one uses spinal anesthesia considerably one is apt to succumb to its seductive influence, and fall into the error of fitting the patient to the anesthetic instead of fitting an equally good, or

possibly better, anesthetic to the patient.

I try to use it just as I would ether or gas. If spinal is best for me, but bad for the patient, the patient gets something else. If the patient objects to spinal, or insists on being asleep, or if they are very nervous and panicky, and, therefore, hard to handle, I order general anesthesia. Spinal Anesthesia should be but one of our tools and it should be in the armamentarium of all surgeons and anesthetists.

It is not advisable to use it in children, in the very anaemic, in severe shock, in the very septic, nor in other very poor risks. I have broken all of these rules, but only for sufficient reason. As, for instance, recently I amputated both feet that were severely crushed in a railroad accident—the patient being in severe shock. Rather than put him to bed and wait for him to recover from shock, which they usually do not do, by the way, I blocked the shocking impulses going up the cord and removed their cause. He recovered. general, however, it is usually wise to avoid the I have not used it in any operations above the diaphragm, in spite of the fact that there are many men who insist that it is safe and teasible to do radical breasts, goitres or mastoids by this method. They may do it—I do not care to.

It has been stated that it should not be used in cases of hypertension or cardiac disease. I have used it in both many times, but only where I could not use local. There has been much less strain under spinal than under general anesthesia.

It has been stated that the pulmonary complications are as frequent under spinal as under general anesthesia, but that is certainly not my experience. I have had practically none. We have added hyperventilation of the lungs in the shallow breathers just as we have added it to all

cases of general anesthesia.

Because of its well marked tendency to increase peristalsis, it has been considered inadvisable to use it in cases of intestinal perforation, and, especially, in intestinal obstruction. This is not borne out in my experience. One of its greatest fields, in my experience, is operating strangulated hernias, especially the large strangled ventral hernias occasionally encountered in obese women. You can not only operate on them with ease, but what is most important, closure without tension is easier. That is a marked advantage in any incision, especially in the upper abdomen.

As for perforations and peritonitis, we all

know the depth to which general anesthesia has to be pushed to get relaxation and when you have operated a few times for perforative appendicitis, or sutured a perforated duodenum, you working easily, and the patient, who a short time before was in agony, now smiling and chatting with the nurses, you are in danger of being converted.

As for intestinal obstruction within the abdomen, who would go back to the old days of struggling patient, intestines out faster than you can put them back, while you are trying to relieve the obstruction, shock going on a pace; when, today, the surgeon can open a quiet abdomen—lift up the relaxed walls, relieve the obstruction, if possible—do an enterostomy or whatever seems indicated with great ease and with no shock to the patient.

Other objections to it are that the anesthesia is not as controllable as we are led to believe, that alarming falls of blood pressure occur, that nausea and vomiting on the table are frequent, that post operatively severe headache, signs of meningeal irritation, diplopia, transcient blindness, leg pains and palsies are common.

I can only speak of these objections in the light of my own experience. That the height of anesthesia cannot always be definitely controlled, I will admit. It can in about 90 per cent of the In a few I got no anesthesia at all, or perhaps only to the knees, possibly due to error in technique. We are advised in these cases that if anesthesia is not established in fifteen minutes to roll the patient over and repeat the dose. I have done this but once when it seemed to me that spinal anesthesia was imperative-in all other cases I proceded under general anesthesia. In another small percentage, anesthesia extends too high for my comfort at least-in fact once or twice I have seen it to the top of the scalp—how much farther it went I do not know-and let me tell you when I had this experience first it took the operator as long to recover as it did the pat-Many operators nowadays deliberately induce this with neocain and claim it to be perfectly safe. I would not like to have it induced on myself. It is interesting to note that in the cases where I have seen this high ancethesia it has been limited to the sensory segments. They could move their arms, could swallow, and seemed to have no embarrassment of pulse or respiration. At the same time they had no use of their lower

As for the fall in blood pressure, my experience would indicate that often there is no influence on it at all, in the majority there is small fall which is in large measure regained within a half hour. These recover with little or no treatment. A few cases show a severe, or what might be called, an alarming drop. These cases are handled by the technique described later on, and in my experience have all recovered.

Nausea and vomiting occur rather infrequently, but when it does it is usually due to high ascent of the anesthetic and associated with fall of blood pressure, due possibly to keeping the patient horizontal too long after the introduction of the spinocain, before tilting to the Trendelenberg position. The other common cause is traction on, or manipulation of the organs in a portion of the abdomen not completely anesthetized—as for instance, examining for gall stones through a low incision made for a hysterectomy. Carbon dioxide and oxygen, plus the Trendelenberg, usually controls this symptom quickly.

As for the post operative sequellae — severe headaches I have seen but twice and they recovered in a few days by placing them in a slight Trendelenberg position in bed and administering four ounces of a twenty-five per cent solution of Mag Sulph per rectum once or twice at five hour

intervals.

As for signs of meningeal irritation I have not seen them. Pitkin has shown repeatedly that there is no increase in the cell count in the spinal fluid following spinocain injections. Neither have I seen diplopia or transcient blindness.

Of post operative pains in the legs, I have seen it in eight or ten cases—at times rather severe, but in no case did it last longer than three weeks.

I have seen no palsies.

I have used it in all of the commoner operations in the abdomen. I have used it in open competition with ether or nitrous oxide, used it in the main on good surgical risks, favoring it if anything, but not going out of my way to urge it, unless I thought it definitely superior to any other form of anesthesia. I would estimate that in the past three years about fifty per cent of my operative procedures below the diaphragm have been performed under spinal.

It is definitely superior, other things being equal, when operation is needed in a patient suffering from stomatitis, acute or chronic pulmonary disease, asthma, nephritis, diabetes or dis-

turbed liver function.

In any case where technical difficulties are anticipated, or whether the operation is apt to be prolonged as inflammatory disease in the pelvis malignancies of the intestines or pelvis, difficult gall bladder or stomach work, in ventral hernias, intestinal obstruction or perforation of any kind, at least, if seen early, and in peritonitis, spinal anesthesia should head the list when considering the choice of anesthesia.

In the various operations performed by the gynecologist (in our hospital they are all performed by the general surgeon) it is ideal. It should not be used for trivial operations.

In nephrectomies and prostatectomies I have had great comfort with it, and in these cases it is particularly indicated.

One of my orthopedic friends tells me that it is invaluable in the reduction of difficult fracture

of the lower extremities, and, also, in open bone work.

I have used it in six cases to relieve post operative distension due to paralytic ileus folowing abdominal operation under other anesthesics. The results were brilliant in three and negative in the other three. I do not think it is of value in the distention due to peritonitis, and undoubtedly very dangerous to use it as the sole remedy if obstruction is present. Here, however, it may be a diagnostic agent (W. Mayo).

Under spinal anesthesia, by the way, post operative abdominal distention is rare and the pa-

tients rarely have to be catherized.

In the ordinary run of abdominal surgery it can be used if thought advisable as well as ether or gas, but it has to be surrounded with more precaution than either of the latter, notwithstanding the statements to the contrary from enthusiasts.

At present we are in a wave of enthusiasm all over the country over spinal anesthesia. There is great danger of adopting procedures as fads in medical practice. This is, of course, to be condemned. A method of anesthesia must have a more solid basis than faddishness to recommend One using it should surround himself with every safeguard to prevent fatality which can come to any one who uses this, as well as any other form of anesthesia. People, as you know, have certain orthodox methods of dying, even under anesthesia, and view with distrust and alarm any one who would start anything new. I believe, therefore, it should be used whenever it can be with benefit to the patient, and be used by many men so that if a fatality should happen the doctor would have the defense and sympathy of competent men.

Assuming that spinal anesthesia has a place in surgery that is unique, and realizing also that there are definite potential dangers in its use, if one is alive to those dangers, they can, for the most part, be avoided. If definite trouble is encountered, treatment is extremely effective. The anesthetist or surgeon should not venture on the use of spinal anesthesia with hazy ideas or indecisive action. If he is to safeguard the anesthesia he should have a very definite clean cut plan concerning every aspect which bears on the question of vascular depression.

My own technique stresses two points: Prophylaxis and adequate preparation for extreme emergency. Under preventative measures, FIRST—should come the proper selection of cases and this is a matter of judgment. In general, as I have said, it should not be used for very poor risks. There might be certain factors about a poor risk today that would induce me to use spinal that were not present in a similar case yesterday. Of cleven fatal cases in Boston, six were poor risks and one was very poor.

The SECOND prophylactic measure is to see that the patient has had an adequate amount of fluids before operation. They do better. Patients whose vascular system is full of fluids stand a

drop in pressure better.

The THIRD measure is the use of Sodium Barbital. I give at least ten grains three hours before operation. It seems to have a definite value. The nose and throat men of my acquaintance tell me that since they have used it the transitory shock so often noted in making cocain applications to the nose, or after novocain injections are absent. I have never used soluble Barbital hypodermically.

We use as a clinic hypo one hour before operation, morphine 1/8 to 1/4 with hyocaine 1/150. The latter is in ampules, and is never made from

the tablets. Atropine is never used.

The FOURTH—the use of ephedrine. I use it in 3/4 gr. doses hypodermically, two hours before operation in all patients whose blood pressure is below 110. It is used in practically every case in the solution of novocain that is used to anesthetize the site of the spinal puncture. An exception is usually made in cases where blood pressure is over 200. It is then omitted, but one must be watchful because a pressure of 120 coming on suddenly on such a patient may be very serious.

The FIFTH measure is that we charge the patient the fee of an ether anesthesia and I demand the complete and undivided attention of an

expert anesthetist.

It is her duty to have ready, in advance, one sterile syringe containing 3/4 gr. of ephedrine, in solution, plus 5 minims of adrenaline, and in another 5 minims of adrenaline. We have gone for many weeks, and never used either, but they are always prepared fresh each day I use spinal.

It is also her duty to take and record the blood pressure before anything is done because we have to have a standard to start from. She also has the tiltometer in place on the table, and when we are ready she places the patient in position for the spinal puncture. We will refer to her duties again. The next important prophylactic measure is the placing of the anesthetic. In our hospital the surgeon does this. In hospitals where there is a physician, who is the anesthetist, this duty is his

Spinocain is always given with the patient in the horizontal position with no pillow under the head and the arms extended over the head, and lying on the side of the body opposite to that upon which the operative work is to be done. If a midline incision is to be used it makes no difference. The head is brought down to the chest and knees to the abdomen, the shoulders and hips should be on the same level. The patient should never be sitting up when spinocain is being administered. Pitkin estimates that with spinocain given in the upright position, the fluid injected

will rise from the lumbar to the cervical region in from nine to eleven seconds—you cannot lay them down fast enough. In five cases that I know of death was due to this, and this alone. It is about the same as pouring an ounce of chloroform on a closed ether cone and clamping it down

on a patient's face.

Under aseptic precaution a wheal is made on the site of the proposed lumbar puncture, usually between the 2nd and 3rd lumbar vertebra, occasionally between the 3rd and 4th, with half an ampule of Pitkin's novocain ephedrine solution, the other half being carried in between the spinous processes. If the patient's skin is soft and white I proceed with the puncture. If it is tough, as it often is, I make a minute incision with a small bard parker knife, which makes it very

casy to start the needle.

I use Pitkin's needless of rustless steel, first bending them in a half circle after removing the These needles are stylet to detect any flaws. very fine and have a point beveled at an angle of 45 degrees, and will cut a minute trap door in the dura and so prevent leakage of spinal fluid, possibly the great cause of post operative headaches. The needle with its stylet is carried straight in and as it goes through the dura a snap will be felt and sometimes heard. If spinal fluid does not drop out at once, I rotate the needle, push it in or draw it out. If I am sure I am in the canal I am patient. If not, I reinsert the stylet, withdraw to the skin and try again. You all know how easy it can be and also how exasperating. Once I failed to get in at all and several times got incomplete anesthesia, probably due to error of technique.

If the spinal fluid drops easily I lock on the 4 cc syringe, containing the amount of spinocain I intend to use, and draw out on the plunger to

again make sure that I am in the canal.

Often times the spinal fluid does not flow freely and must be teased out while the needle is being rotated, and in certain cases it is necessary to remove the syringe from the needle entirely and catch the drops one by one as the piston is being gradually drawn back until the desired amount is obtained. This little trick has helped me often.

if I am going to do an operation on the vagina, rectum, or on the lower extremities, I merely slowly (and I think slowly should be emphasized) inject 2 cc. of spinocain and withdraw the needle.

If I am going to remove the gall bladder or do a gastroenterostomy, I have to expand the area of anesthesia in the spine and I do this by expanding the amount of solution to be injected. This is done by withdrawal spinal fluid into the syringe, say to 4 cc. injecting slowly to 2 cc., then withdrawing to 4 cc. and slowly injecting the whole amount. The amount of expansion necessary can be determined only by experience. Remember that the intensity and duration of the

anesthesia is dependent upon the amount of novocain in the area and that expanding dilutes it. So in a large individual with a longer area in the cord, and if a long operation is anticipated, it might be advisable to start with 4 cc. of spinocain and expand that.

So we have the spinocain in the spinal canal. The patient is now rolled on his back, the anesthetist holding the head of the patient to the table all the while. Then I take an Allis forcep and test for the height of the anesthesia. I usually find it at the desired level almost at once. If it is not there I continue to test until it is three inches below the level desired and then order the table to be placed in five degree Trendelenberg position, as shown by the tiltometer. It will

usually rise three inches after this.

The patient is kept in this position throughout the operation in uncomplicated cases, and it is the position of safety. The shoulder pieces for a lower position are now adjusted. Now the anesthetist steps into the picture, for early treatment of vascular depression is one of the best of prophylactics against further depression, and possible collapse. Before a certain point is reached in the progress of the depression the blood pressure may be easily controlled by subcutaneous medication and posture, but after this point is passed the patient is out of control by this method and intravenous medication is needed.

The point at which treatment should be started varies. In general it should be earlier with a sudden drop than with a slow sag. Two-thirds of the normal preoperative level of blood pressure is the point, at or above, which we would like to keep the blood pressure, in the five degree position. With a greater degree of Trendelenberg

this point may be somewhat lower.

In spite of the statements of many men of experience that it is useless to take the blood pressure, that it always falls, and always comes back, we take it every five to ten minutes. The pulse, respiration, and color are also watched, because to the sensitive anesthetist they tell things.

The absence of fatalities in these cases is the reward of being wide awake and acting early. Being wide awake and watchful enables one to get data to form judgment when the judgment is of value, and acting early is on the same principle of stepping on the burning match before the house is afire.

If it should be necessary, as it occassionally is, to induce general anesthesia, in addition, great care should be used and the induction should be

extremely slow.

Well, say we have got the patient anesthetized, and we are blissfully on our way, when the anesthetist tells us that all is not well. What is to be done?

The anesthetist, after giving the alarm, immediately tips the patient into a high Trendelenberg position. This, I believe, is a most valuable

measure. Another nurse immediately gives the hypodermic of ephedrine-adrenaline mixture—and withdraws the patient's arm to expose the elbow for a possible intravenous injection.

The anesthetist swings into play the carbon dioxide and oxygen mixture and either myself, or my assistant, drops out to give adrenaline in the vein. Any other route is a waste of time and five minims in the vein will almost wake the dead.

This is our routine, and I may say that I do not intend to have them die if I can prevent it. In this plan of action one might stop at the lowering of the table or after the administration of the ephedrine-adrenaline solution, or have to go through with the whole plan in order to bring the patient back to normal. We seldom have to use it, but we are prepared to move into action in a minute at any time.

Careful attention to the details of the technique, where this anesthesia is justified, will usually be rewarded by maximum safety to the patient, total freedom from pain, unparallelled relaxation,

a relative anaemia giving a more bloodless operative field, quiet intestines, needing little or no artitificial restraint, interruption of shocking impulses en route to the central nervous system, simplification of the technical aspects of surgery, and freedom from post operative complications—all contributing to the ideal.

I cannot guarantee that you will always attain the ideal. In medicine and surgery, where there are so many variable factors at work, it is rarely attained.

Just as when, considering happiness, all that our forefathers guaranteed was the "pursuit of it"—so with the ideal anesthesia.

#### REFERENCES

1. Geo. P. Pitkin, M.D. Controllable Spinal Anesthesia. American J. Surgery. Vol. 5, No. 6.
2. H. Koster, M.D., Spinal Anesthesia. American J. Surgery. Vol. 5, No. 6.
3. L. F. Size, M.D. Spinal Anesthesia Fatalities and

3. L. F. Size, M.D. Spinal Anesthesia Fatalities and Their Prevention. New England Ir. of Medicine, May 23, 1929.

# THE MANAGEMENT OF CHRONIC SINUS DISEASE\*

By W. V. MULLIN, M.D.; CLEVELAND, OHIO

SINCE the general principles governing the diagnosis and treatment of diseases of the nasal accessory sinuses have been thoroughly detailed in the many textbooks on the subject, it would seem that there would be little more to add. The individual application of these principles, however, seems to vary so much with the rhinologist that success must come through his personal interpretation of their meaning in each case under his care. It is in the hope, therefore, of bringing forth the views of others that my own beliefs are presented.

# Preliminaries to Treatment of Sinusitis

Emphasis upon the taking of a careful, detailed history may seem trite, but the importance of such a history in arriving at a correct diagnosis and its influence on the proper treatment to be instituted cannot be overestimated. Unfortunately, this necessary preliminary to treatment is only too often neglected, one reason perhaps being the small size of the average history card, which allows space only for a few diagrams and a list of symptoms followed by blanks for check marks, but makes no provision for a history of the general symptoms and course of the case. Whatever the reason for neglect to take a proper history—inertia, lack of time, space, or otherwise—the consequences will be identical, for

the symptoms found necessarily will determine the type of treatment.

As an example, consider the symptom of discharge, and the difference in treatment when pain or odor accompanies this symptom; or consider polypi, which sometimes produce only local nasal obstruction and at other times are the cause of bronchial asthma, when they require more radical treatment; or again, consider the contrast between the methods used in bronchial asthma, bronchitis, or bronchiectasis when sinus symptoms are present and those employed when they are absent.

After completion of the history, it is advisable to question the patient as to what he expects from treatment and the results for which he hopes. Then the physician must determine the results which he believes can be achieved. Can he remedy a slight postnasal discharge by local treatment, or will operation be required? Can an arthritis be relieved by a sinus operation? He must weigh the conditions present with the methods available, and give the patient a clear understanding of the chances of success or failure.

In sinus disease it is well to think first in terms of pansinusitis, since the mucous membrane is continuous with that of the nose and has practically the same blood and nerve supply, and then to determine the comparative responsibility of the individual sinuses in the production of symptoms.

<sup>\*</sup>Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N. Y., June 3, 1930.

I have been impressed with the influence of a deviated septum upon the failure of sinuses to recover after acute infections, and by the same token a well-performed correction of this deformity often is the first form of operative treatment to be undertaken when sinus disease is present.

Needless to say, every procedure that will aid diagnosis should be carried out. After the history and inspection, a well-taken and skilfully interpreted roentgenogram is of inestimable value. In this connection there has been much discussion of the merits of lipiodol. While it frequently is of great value and I should not wish to belittle its usefulness, often it is employed unnecessarily and the results obtained are merely spectacular. If the time spent in preparing the patient and instilling lipiodol were occupied in studying a well-taken film with a roentgenologist skilled in this field of work, an equal amount of information would be obtained in the majority of cases.

#### Symptomatic Treatment of Sinusitis

A postnasal discharge is a most annoying symptom, but one that perhaps is not always associated with sinus infection. Certainly, removal of part of the middle turbinate or opening of a few of the ethmoid cells offers nothing in the way of treatment for this symptom. Recently I heard a lengthy paper presented, discussing in detail a method of operating conservatively upon the ethmoid labyrinth when but a few of the cells contained pus. It was my feeling that in every case described equal benefit could have been secured by the use of nasal packs and suction, leaving the mucosa intact.

A discharge with odor, on the other hand, is indicative of sinus infection with retained secretion, usually of saprophytic origin, and most often this type of infection is found in the antrum. The response to treatment, of course, depends upon the ability of the lining mucosa to recover function after aeration and drainage.

In 1915 I began antral irrigation through the natural ostium, and have now given up inferior meatal puncture entirely. The use of the natural ostium has many advantages. Irrigation is much less painful, and therefore is done earlier and more frequently. By this method, I believe, as much can be accomplished as by making an inferior meatal window. I have therefore abandoned intranasal surgery upon the maxillary sinus, and treat it conservatively through the middle meatus until it is evident that improvement cannot be expected, and then perform a Caldwell-Luc operation under local anesthesia, removing all the mucosa.

Pain is a symptom that demands prompt relief. It indicates either pressure or bone involvement, but it is not indicative of the amount of infection within the sinus, nor is it a localizing symptom. Often it is the source of confusion on the part of general practitioners as well as patients, who are apt to believe that the pain should be over the affected sinus.

Polyps are the nemesis of every sinuologist. In their treatment I make a distinction between those producing only nasal obstruction with local symptoms and those associated with asthma and secondary conditions in the chest. In the first instance I make no attempt at radical surgery. I remove all the polyps in sight, warning the patient that they will probably return and that observation and further removal will be necessary at frequent intervals over a long period of time. When polyps are associated with bronchial asthma, however, thorough eradication of all infected and polypoid membrane is necessary—this, of course only after the patient has been thoroughly studied for any allergic manifestations.

Of all the sinus conditions the hyperplastic polypoid ethmoid seems to give the poorest and slowest response to any type of treatment. When surgery upon the ethmoid labyrinth is required, it should be thorough enough to relieve the symptoms without any effort to make any one type of operation fit every case. This is the only feasible plan when the irregular anatomical and morphological structure of the ethmoid bone is considered. The expression, "complete exenteration" of the ethmoid cells, therefore, is a misnomer.

There has been much discussion of the sphenoid sinus as an independent entity, but this description is not satisfactory according to my experience. I have seldom seen a diseased sphenoid sinus except in connection with the entire ethmoid labyrinth,

In treating the frontal sinus I follow the same general plan as in treating the maxillary sinus, practicing conservatism as long as possible. If removal of the anterior tip of the middle turbinate or the ethmoid cells around the nasofrontal duct will not relieve the symptoms, I prefer to approach it through the external route. I have long since abandoned all intranasal frontal operations.

In the majority of cases in which an external frontal-sinus operation is required, a unilateral pansinusitis usually is present. In this event, I prefer a two-stage operation, cleaning out the maxillary sinus and doing all that is necessary in the ethmoid and sphenoid areas, but not rasping or enlarging the nasofrontal duct. When the reaction from this procedure has subsided, I then perform the external frontal operation, preserving the anterior wall and its periosteum.

It has seemed to me possible to make fairly definite statements up to this point, but there is much confusion in my mind on several questions. it as a kind of specialization. I have found it very difficult, over a period of fifteen years in this work, to find young doctors who are willing to take it as seriously as it deserves. They come and go into the positions of Assistant College correct all remediable defects in students whether acutely ill or not before graduation."

Group IV—Over 3,000:

1. "Since we are not permitted to give more

Table III. Number of colleges adopting specified activities or methods

	Group I Less than 500		11 500-1,000		III 1,000-3,000		IV Over 3,000	
	Yes	No	Yes	No	Yes	No	Yes	No
Health or Hygiene Committee	2	5	4	4	3	3	2	3
Health Service	7	0	8	0	б	0	5	0
Students pay separate Health or Infirmary fee	5	2	5	3	2	4	1	4
Student Infirmary or hospitalization provided	7	0	6	2	5	1	3	2
Provision for ambulatory patients (Dispensary)	6	1	8	0	5	1	3	2
Elementary Hygiene course required	4 (a)	3	4	4	5	1	5	0
Medical supervision of athletes	5 (b)	2	8	0	6	0	4	1
Physical examination of all new students (under-graduates)	7	0	8	0	6	0	5	0
Vaccination against smallpox compulsory	2	5	2	6	5	1	3	2
Student Health Service a separate Department	6	1	4	4	1	5	1	4
Institution affiliated with American Student Health Association	2	5	3	5	4	2	5	0
Supervision of student's living quarters (by Health Service)	4	3	5	3	4	2	2	3
Student Health Service closely affiliated with Phys. Ed'n Dept	5	2	8	0	6	0	5	0
Student Health Service extends its services to grad. students	3 (c)	0	0	4 (	1) 5 (e)	1	4	1
Student Health Service extends its services to Faculty	6	1	3	5	6 (e,f)	0	1	4

<sup>(</sup>a) One gives only 3 or 4 hours.(b) One, to some extent only.

Physician for the most part using them as "potboilers" on the way to something else. This, of course, is legitimate, but it is at times a bit hard on the college work. We are much encouraged by your interest in us and hope we have answered the questions satisfactorily."

3. Need "A detention ward or infirmary for students not ill enough to be sent to hospital. Also further emphasis on hygiene. Medical examination before entrance to college and correction of remediable defects. Provisions that will (d) Four have no graduate students.

(e) (Partially at Rochester University.)

(f) (If desired at New York Teacher's College.)

than first-aid treatment and not allowed to do experimentation, we must depend on honest and capable cooperation of family physicians."

- 2. "Need better facilities for medical diagnosis. None neglected, but all could be improved."
- 3. "More time needed for personal conference between student and physician."
  - 4. "Need consultant service."
- 5. "New building and better infirmary. activities could be done better."



<sup>(</sup>c) Four have no graduate students.

Volune 30 Number 21 1287

#### A CASE OF BLACKWATER FEVER AND ITS UROLOGICAL ASPECT\* By CARLOS M DEL VALLE, M.D. NEW YORK, N. Y.

History Blackwater Fever was first studied by English physicians about twenty-five years ago in Africa, India, Jamuica and other tropical dependencies of England giving it the descriptive name because of the color of the urine passed by those suffering from the malady group of English scientists, among them Man son, formed a commission under the auspices of R C.PS for the study of this condition which they described as follows Concerning the etiology, English, French and German physicians have worked assiduously to find if the condition is in itself a disease or a variety of malaria, also if the syndrome is due to the use of guinine. This point has given rise to innumerable discussions Some are of the opinion that in certain proportion of cases, and assuming that Blackwater Tever is a variety of malaria, quinine treatment has given a mortality of over 25%, while in cases not treated with guinine the mortality was about

Symptoms It has been observed that this con dition affects mostly those affected with malaria, although the plasmodium malariae may not be found in the blood. In benign cases the onset is ushered in by chills, fever, general debility, anor exin and bloody urine, in severe types, with intense chills, high fever (about 40 C), delirium and bloody urine which at first looks like wine (red) but as the disease progresses, becomes almost black (like black coffee), continuing thus until the end either in death or convalescence When the fever is high, at first the pulse is of good quality and strong, but as the condition goes on, the heart becomes weaker and also the pulse and respiration in the same proportion

Differential Diagnosis An acute case is easy to diagnose, particularly if one has had some practical experience, it is difficult to recognize a case outside the natural or endemic zones, particularly after several years have elapsed of mularia and other tropical diseases

Prognosis The English estimate about 25% mortality but in the Canal Zone and in the Panama Republic, the mortality is estimated as high as 50% in true Blackwater Fever

Examination of Urine (after the attack) Color Clear amber Reaction Acid Specific Gravity 1010 Albumen Present Sugar None Blood Occult present

Cystoscopic Examination (given several days after the attack) Slight inflammation of the en-

\*Ren't before the Spanish American Medical Society March 1928

tire bladder mucosa with edema of the sphinc-There is marked trigonitis and the ureteral openings are congested but easy to find. An obstruction about two inches up from the right orifice was noted which was overcome without difficulty being due to small fragments of mucus and disintegrated blood. The left ureter allowed the catheter to pass more readily although cer tain resistance was noted, probably due to stric ture (Catheters passed were No 4)

Catheterized specimen from each side as fol

Right T.eft Acid Reaction AcidNone None Sugar Present Albumen Present Present Occult Blood Present A few cells A few cells P115

Culture, 24 hours

Right Left

Staphylococcus aureus Staphylococcus aureus No T B found

Pyelograms showed no pathology

Functional and Quantitative Test (PSP)

1 cc of the drug was injected intravenously appearing as follows Left

Right . First appeared in 8½ First appeared in 8 minutes minutes First hour amount ex-First hour amount ex creted, 40% creted, 35% Second hour amount Second hour amount excreted, 15% excreted, 15%

Urea Volume less than 2% on both sides Total Nitrogen

Right Left 500 mgm per 100 cc 580 mgm per 100 c c

Treatment There is no specific therapeutic The treatment at present course to be followed is rather symptomatic. The main dangers are anuria and heart failure. The anuria is combated by means of diuretics and urinary anti-In my experience the best results are obtained by the use of theobromine and urotropin in 5 gr doses alternating with each other The drugs are administered tild or q 4 h, according to the individual case etc, in spite of the fact urotropin has been known to provoke in certain instances hemoglobinuria the effect of this drug was noticed very promptly in my cases by the almost prodigious manner by which the urine became clear and free of blood as well as the ease and increase of micturition

History of the case Name L W A , age 42 born in Porto R. o, occupation, salesman

Complaints: Chills, fever, debility and bloody urine.

Family history: Negative.

Past illness: Has had malaria, about twelve attacks, but no other illness.

Present illness: Onset about four years ago and after having resided in New York one year. Had the first attack one very cold day in the winter while on the street and when least expected. When he arrived indoors, he had severe chills, and on passing urine it was almost black in color. The temperature was 40 C. that night, and remained high for three days. This patient came from the tropics following professional advice. He has had several attacks, always after or during exposure to cold. One day while in my office I had him immerse a hand in very cold water with the result that an attack was ushered.

Physical Examination: Pathological findings are as follows: Enlargement of the spleen about three finger breadths, pallor and emaciation. The heart is normal except for a heamic murmur which is not propagated.

Blood Pressure: Systolic, 100; Diastolic, 60. Blood Examination: Negative for malaria (several tests were made, particularly during the chills and fever periods).

# 

Treatment: A urotropin solution, as follows, was injected into each renal pelvis: Five grs. were dissolved in 20 c.c. of distilled water that had been sterilized by boiling and very slowly introduced until the patient complained of begin-

ning discomfort, then the catheters were removed and the patient ordered to rest in the recumbent posture for about an hour and allowed to go home. The catheters used were at first No. 4 because of slight stricture on both sides. So far eight treatments have been administered. I alternate injections of neo-silvo, 16 gr. in 10 c.c. of water, as above indicated, in both instances administered at a temperature of about 40 C. (respecting Nature's indication of 40 degrees in the fever). This amount of heat gives the patient considerable comfort. At present the urine is clear of infection as demonstrated by sterile culture specimen from both sides and No. 6 catheters are admitted readily.

The problem that presents so far as the anuria is concerned is its etiology. Is it caused by the (a) acute nephritis due to the malaria, (b) to the use of quinine, (c) obstruction of the ureters, (d) inflammatory process, or a combination of these? Whatever the etiology, it seems proper to establish a cystoscopic examination as a matter of routine and thus a field of research might be opened for the study from a different angle and the better understanding of these conditions.

Summary: My observations in several cases are that there is always an infection of the kidney tissue as well as impaired function. The renal infection is not primarily malaria, it is a secondary process that gains access to the kidneys (usually a strain of streptococcus or staphylococcus) due to lowered resistance of the renal tissue as well as the asthenic condition of the entire system. Such a condition favors infection since the kidneys are unable to resist the invading micro-organisms. The urine is bloody due to the infection, the destruction of cells, and the inflammation. Thus the "Blackwater" or bloody urine. An attack may be provoked by cold or any agent that may lower the resistance of the already weakened organs. My studies have led me to believe that "Blackwater Fever" is an infection of the kidneys as above described in a malarial patient.



Volume 30 Number 21

1289

## NEW YORK STATE IOURNAL OF MEDICINE

Published semi monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication CHARLES II GOODRICH, M D , Chairman Brooklyn CHARLES GORDON HEYD M D New York DANIEL S DOUGHERTY, M D

Executive Editor-TRANK OVERTON M D 4 iz cetssina Manager-Toseph B Turis

Patchomie

Business and Editorial Office-2 East 103rd Street, New York, N Y Telephone, Atwater 5056

New York

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions published in the Journal. Views expressed in the various defartments of the Journal represent the views of the writers

#### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City Telephone, Atwater 7524

OFFICERS

I resident-William I irst Vice President-1 Secretary-Daniel S Treasurer-Charles G Speaker-John A Cas

Editor in-Chief-Orrin Sage Wichtman M D

TRUSTEES

NATHAN B VAN ETTEN GRANT C. MADILL, M D

New York Ogdensburg

CHAIRMEN, STANDING COMMITTEES

Arran icments—Frederick II Legislati e—IIARRY ARANOW, Pub Health and Med Educa Scientific Work—Artilla J Medical Economics—George Public Relations—James E S Medical Rescarch—Joshua L

First District—George B Stanwix M D Second District—Charles H Goodrich M D Tista District—Edgar A Vander Veer M D I outh District—William L Munsoy M D

CHAIRMEN SPECIAL COMMITTEES

Group Insurance-John A CARD

PRESIDENTS, DISTRICT BRANCHES

Yonkers Brooklyn Lifth Sixth Albany Sc en Eigltl = Granville

SECTION OFFICERS

w York DAVID A HALLER W Thiton Springs Arthur W W Jr., M D Chairman Brooklyn 1 New York, Douglas P Arno

Utica

LEGAL Office at 15 Park Place, New York Telephone, Barclay 5550

Counsel-I ORFUZ J BROSMAN ESQ

Consulting Counsel-LLOYD P STRYKER TSQ Attorney-Thomas II CLEARWATER Esq.

Executi e Officer-Joseph S LAWRENCE M D 100 State St. Albany Telephone Main 4-4214

For list of officers of County Medical Societies, see this issue, advertising page xxxiv Next Annual Meeting Hotel Syracuse, Syracuse, N Y, June 1, 2, 3, 1931

#### HEALTH SERVICES IN COLLEGES

Every member of the Medical Society of the State of New York will find practical value in the report on page 1283 on "Health Services in Colleges and Universities of New York State," prepared by Dr. Mitchell for the Committee on Public Relations The thousands of students who go out from our colleges every year will be leaders who will exemplify their college training along physical as well as mental lines These graduates constitute a group which is the most influential one that the medical profession can reach

# PRESIDENTIAL COMMENTS ON CURRENT EVENTS-NO. 9

The many evidences of changing times, new social trends, and the broadening of medical practice are having the effect of arousing general medical interest all over the State. In nearly every county of the State there is aroused interest in the modernizing of relationships. It has a definite appeal to the profession in general. It seems to be the answer to the shifting of professional obligations from curative practice only, to the inclusion of preventive measures in a doctor's regular work.

I have completed a comprehensive inventory of the health activities in each county of the State, by whom initiated, and the relation of the local profession to them; the extent, beyond the theoretical support, that the profession has undertaken to correlate and cooperate with other health influences. All health agencies recognize that the medical man is trained in the technical character of medical service and that he is the only one qualified to render it. All that the non-professional agencies want is the medical man to lead They just want leadership, and if the profession of medicine is not willing to give this, then how can we justly continue to find fault with somebody who offers to help us to meet problems of public medical service that have been waiting for us just about as long as they will wait? The evidence is plain that the profession has begun to think on these questions. It has begun to look upon medicine as a public service in addition to an individual occupation.

Times are changing and, with our will or without our will, we must change with it. There are unsolved health and medical-care problems. The public naturally looks to the medical profession to answer them, but if the profession does not offer a plan and guidance, someone else will do so,—someone must answer insistent public demand.

There seems to be no great problem in scientific medicine. It steadily advances. Graduate education is expanding all over the State.

Many men in practice today can remember the authority that once surrounded the doctor in his community. His knowledge was essential to the individuals in the community. His relationships were personal, not surpassed by any other relationships in community estimation. The doctor was not only a leader in medicine but often in civic affairs. Every doctor who has been in practice thirty or forty years can see a great change in public opinion as to what is expected of the practice of medicine. The doctor was a leader in the conditions that prevailed a generation ago. I believe that he will become a leader in the new conception of what is expected of the practice of medicine.

The doctor today must recognize that there are new conditions and that there must be a new relationship to meet them. In no sense whatsoever is he to be any less of a scientific man, but he must broaden his viewpoint. He will not have to sacrifice any of his intimate relationships to individuals but he must meet certain new social conditions. It will avail him little to fight these conditions, and if he does, he will be defeated in the end.

The leaders of medicine see this change coming. Some of them say, "Fight it and retreat as slowly as we can." Others say, "Adjust our relationships, guide health proposals by organizations representing public interest, make use of all organizations and of all wealth, continue to fulfill the social function that the medical profession has always filled toward human happiness and human betterment. We sacrifice not one bit of our scientific attainments by doing this. only meet the broader conception of the practice of medicine; and after all, it is nothing more than to render to one's families and friends the greatest service that one human being can render to another,—to keep him from sickness and to keep him well. No other group in the world can give this service. Our responsibility for this to the public may be defined in words by saying, "The obligation of a profession to society is 'Of him who knows most, most is expected."

The public realizes, beyond question, that the doctor is better fitted than anyone else to render health service, and the public looks to him primarily for this service. Let us not be sensitive and let us not get our thoughts twisted because the public is struggling today to meet certain conditions that the medical profession up to the present time has not fully met. It will little avail us to fail to cooperate with the inevitable demands that are growing out of present-day social trends; and after all, why should we not face the issue squarely? We are a profession. We are not primarily directed by commercialism. There is just as much of a place today for the ideals of medicine as there ever was. Medicine today is more of a community problem than it ever was. The fact that there are various health organizations interested in human welfare, simply means that there are unsolved problems,-and that it is the only reason that they have gained a foothold. They are simply making a civic effort to bring to our attention certain problems that have not been medically solved. They are making the same kind of civic effort that prevails today throughout the world in all human relationships. Government understands this principle. Nations understand it. Industry understands it. medical profession is beginning to understand it to a greater extent than it is generally thought

The day is not far distant when the profession will understand just what is going on. The

trouble with the medical profession in public relations is essentially only this,—that it keeps about five years behind the trend of public opinion. As a profession, we have long advocated the betterment of public health and the public has long given us that responsibility. We have gotten so busy, however, with our economic problems that we have neglected to keep in close enough touch with public opinion and close enough to preventive medical trends that would, if adopted by us, ef-

face economic problems The speck of dust on an eyelash lins come to seem like a mountain when we look into the distance. We have become piqued for some reason that one can hardly comprehend. Is it because some other group began to do civic medical work and then to bring to our attention unsolved health and medical care problems, that we have not undertaken to improve?

WILLIAM H Ross

#### MEDICAL ETHICS

The metropolitan newspapers of the last few weeks have frequently reported interviews to the effect that the "Code of Medical Ethics" is antiquated, and that the doctors who uphold it are short sighted

How many doctors know exactly what the code of cthics is? So far as the written code applying to New York State is concerned, there are two codes,—that of the American Medical Association, called the "Principles of Medical Ethics", and that of the Medical Society of the State of New York, called the "Principles of Professional Conduct" These two codes are in no wise antagonistic, but since nearly all the leaders of the medical profession in New York State belong to the American Medical Association, they subscribe to both codes. In fact, a New York physician must belong to the Medical Society of the State of New York and subscribe to its code before he can belong to the American Medical Association.

The essential basis of each code is stated in Section 1 of that of New York, as follows ---

'Everyone on entering the medical profession and thereby becoming entitled to full professional fellowship, incurs an obligation to advance the science and art of medicine, to guard and uphold its high standard of honor, to conform to the principles of professional conduct and to comport himself as a gentleman"

The Principles define the basic relations of a doctor to his patients, his duties toward his fellow practitioners, and his obligations to the public. The Principles of the national organization generally go into details more deeply than those of New York State.

The newspaper articles were principally on the subject of medical advertising. Let us see what the two codes require. Section 31 of the New York code rends.—

"Physicians should not make use of special circles or any other form of advertisement for the purpose of inviting attention to themselves, they should not boast of cases, operations, cures or remedies, nor aid or permit the publication of any of the foregoing in the public prints. They should not invite lay visitors to be present at operations, in the case of a patient's family an exception may be made."

The Principles of the American Medical Association, Chapter II, Article I, Section 4, reads —

"Solicitation of patients by physicians as indi viduals, or collectively in groups by whatsoever name these be called, or by institutions or organi zations, whether by circulars or advertisements, or by personal communications, is unprofessional This does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class-if any-of patients It is equally unprofessional to accommodated procure patients by indirection through solicitors or agents of any kind, or by indirect advertise ment, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned All other like self laudations defy the traditions and lower the tone of any profession and so are intolerable The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well merited reputation for professional abili ty and fidelity This cannot be forced, but must be the outcome of character and conduct publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience is not per se improper. As implied, it is unprofes sional to disregard local customs and offend rec ognized ideals in publishing or circulating such cards

"It is unprofessional to promise radical cures to boast of cures and secret methods of treatment or remedies to exhibit cirtificates of skill or of success in the treatment of diseases, or to employ any methods to gain the attention of the public for the purpose of obtaining patients

Ten years ago, or even five years the term

"Antiquated" might have been applied to the interpretation of these two sections as forbidding a doctor to sign his name to an article on public health; but now county medical societies throughout the land are urged to adopt programs of health education; and the lecturers, writers and promoters receive the widest publicity in the newspapers. But physicians everywhere condemn a doctor when he seeks publicity for the sake of himself or a business concern.

The question of secret remedies was possibly involved in the newspaper comments on the ethi-

cal codes.

Section 33 of the New York Code reads:-"Physicians should not hold, nor receive remuneration from patients for any drug, apparatus, instrument or appliance used in medicine or surgery. They should not receive rebates or commissions from the prescribing of any agent used therapeutically, or from the recommending of patients or the sending of specimens to any laboratory for diagnostic purposes. Physicians should not dispense or promote the use of secret remedies nor assist unqualified persons to evade legal restrictions governing the practice of medicine.'

The code of the American Medical Association. Chapter II, Article 1, Section 6, reads:-

"It is unethical to prescribe or dispense secret medicines or other secret remedial agents, or manufacture or promote their use in any way."

Finally the newspaper articles imply a difference of opinion between physicians. If such a difference arises, Section 24 of the New York Code provides:-

"Diversity of opinion or opposition of interests may sometimes occasion controversy and even contention. Whenever such instances occur and cannot be adjusted, they should be referred for arbitration, preferably to the Board of Censors of the County Medical Society of which such physicians are members."

The Code of the American Medical Association. Chapter II, Article. V, Section 1, reads:-

"Whenever there arises between physicians a grave difference of opinion which cannot be promptly adjusted, the dispute should be referred for arbitration to a committee of impartial physicians, preferably the Board of Censors of a component county society of the American Medical Association."

The observance of these two sections would have prevented the notoriety and ill feeling which always follow newspaper publicity of the differences among medical men. Serious disputes are constantly being settled amicably by friendly conferences within the county societies.

A careful reading of the two codes of ethics will show that their principles are as simple and basic as those of the Ten Commandments, or the Golden Rule. (See page 1314.)

## LOOKING BACKWARD

# This Journal Twenty-five Years Ago

Annual Meeting: The first article in this Journal of November, 1905, was an editorial on the annual meeting, as follows:

"The twenty-second annual meeting of The New York State Medical Association, held October 16-19, 1905, was most successful from every standpoint. No better scientific program was ever presented, as men recognized as authorities in different lines of work were present not only from New York, but from other States, to take part in symposia on hygiene and preventive medicine, on the toxaemia of pregnancy, and on cancer. The attendance was large and the discussion most interesting.

"The meeting of Tuesday, October 17th, was devoted to the question of the amalgamation of the State Association with the State Society. The resolutions approving the agreement made by the

Joint Committee of Conference and heretofore approved by the Medical Society of the State of New York at its annual meeting, January 31. 1905, were carried by the decisive vote of 1,517 ayes, 2 noes, 295 not voting. The reappointment of the old Committee of Conference of the Association was carried by the same vote.

"The large majority in favor of amalgamation clearly shows the desire on the part of the members of the Association to carry out the agreement and foreshadows a united profession.

"Differences of opinion over small and unimportant matters will always arise among large bodies of men, but where all are working for such common causes as the advancement of the science of medicine and the relief of human suffering and the upholding of the honor of the Medical Society of the State of New York, such differences can never be of great importance."



Volume 30 Number 21 1293



# MEDICAL PROGRESS



Tetany After Exercise - R D Livrence and R A McCance report the case of a girl, agea 16 years and 9 months, who during two and a half years had shown definite signs of tetany about The attacks besix times at irregular intervals gan, as a rule, about ten minutes after games, such as tennis or lacrosse, and lasted half an hour The girl's general health had always been satis-Chemical blood and urine examinations were made before vigorous exercise and during tetany, which was well established fifteen minutes after the exercise was discontinued. The respiration rate remained between 40 and 50 per minute for thirty-two minutes, when the girl became apneic for about two minutes and the spasms rapidly relaxed. At the end of sixty-five minutes she seemed perfectly normal and none the worse It was obvious from the high for the attack normal level of the serum calcium, 117 mg before exercise and 118 mg after, that calcium deficiency was not a causal factor. There was a 'fall in the morganic phosphorus from 36 mg be fore to 2.54 after exercise. A rise was noted in the hydrogen ion concentration of the blood from 7 37 before exercise to 7 42 after These findings conform with those of others, but there was no fall in the alkali reserve, in fact a small rise was observed, from 51 to 55 volumes Usually a fall is obtained, which is explained as part of the buffering adjustment made by the body to maintain the normal hydrogen ion concentration of the The authors ofter no explanation as to why their results should differ in this respect from those of other workers The urmary findings were diagnostic. Ammonia disappeared from the urine, traces of acetone were excreted, and the hydrogen ion concentration changed to the maximum possible alkalimity. The authors conclude that the tetrny was not due to the exercise per se, but to an alkalemia caused by prolonged (presumably functional) over-breathing after the exercise was completed -British Medical Journal, August 16, 1930, n, 3632

Slipshod Surgical Diagnosis—Horace G Wetherill deplores the fact that slipshod surgical diagnosis has been fostered and justified, in recent years, through the ready excuses and easy expedients offered by what is called "an exploratory operation" or worse still, by the employment of that comprehensive "shotgun" diagnosis "a surgical condition". The truth, the painful truth, is that carelessness and negligence are most often responsible for fulure to make proper diagnoses the author's observation and experience lead him to believe that mistakes are made least often by

the surgeon who takes a deep personal interest in his patient and sees him through all the stages of his progress from history taking to recovery Many recent graduates of some of our greatest universities and those who have had training in fine hospitals and big clinics, and who have become accustomed to rely upon the laboratory and the specialty work of others, have been deprived of that broader and better vision which a more intimate contact with the patient and a greater personal responsibility for his welfare bring about The surgeon is responsible for all that has been done before by others and he is responsible for the results One finds in the practice of sur gery today a few, relatively, whose judgment is comparable to, or surpasses, their dexterity, and many whose dexterity surpasses their judgment The first are surgeons, the second are operators Inevitably, therefore, mistaken surgical diagnoses, aside from the inherent difficulties incident to making correct ones, must continue to have a personal factor that cannot be disregarded. When the negligent, and indifferent, the lazy, the incompetent, and the dishonest are also taken into account there is added an important personal element which can be made to explain many failures -New England Journal of Medicine, August 21, 1930, ccm, 8

Internal Derangements of the Knee-Joint -Mi Harry Platt of Manchester, England, says there are still many obscurities attached to the subject of injuries of the semilunar cartilages of the knee Exact knowledge is still lacking regarding the mechanism of production of these injuries, their diagnosis, and the nature of the les on as seen at operation The typical internal semilunar cartilige lesion, he says, is a fracture through the meniscus itself with the line of frac ture occurring in about 93 per cent in the longi tudin il axis, more than half of them being of the "bucket buidle" type In this form the cartilage is split longitudinally but remains attached before and behind. Internal cartilages in which no fracture is demonstrable are frequently encountered in cases in which a positive diagnosis of cartilage mjury has been made. In a few cases hypermotility is present, but as a rule non-fracture lesions do not offer a satisfactory explanation of the mechanics of internal derangement yet excision of the cartilage in such cases is almost invariably followed by a removal of the disability Hypermotility of the external cartilage is a true anatomical entity and is the usual cause of 'trigger knee "-Patrik Haglund Festschrift of the leta Chirurgica Scandinavica Ivii 16, June 18 1930

Spurious Tuberculosis Provoked by the Calmette-Guérin Virus.-Dr. Alexandre Comis has made a number of experiments with this virus, injecting laboratory animals (mostly young ones) with enormous doses. When examined at the expiration of a month, these animals showed lesions of a distinctly tuberculous nature. The lesions were most marked in the lungs, though they were found also less pronounced in the liver and other organs. In the lungs the finds were those of islets of acute tuberculous pneumonia surrounded by a zone of intense, but non-specific inflammation. This first phase was followed, at the end of the fourth month after the inoculation, by a chronic inflammation localized around the blood vessels, surrounding especially the capillaries of the finer bronchioles. There was an hypertrophy of the interstitial pulmonary tissue with an infiltration of lymphocytes and some large mononuclears. The lesions of this stage were confined almost entirely to the region of the bronchi and were of the nature of a chronic tuberculous bronchitis or chronic interstitial pneumonia. The third phase, after the lapse of several months, was marked by complete recovery and a disappearance of all the lesions without any traces whatever pointing to their previous existence. The injection of the B.C.G., therefore, causes at first an acute mild tuberculosis, followed by a benign chronic tuberculosis, and terminating in a complete restitutio ad integrum.—Schweizerische medizinische Wochenschrift, August 16, 1930.

The Obstetrical Aspect of Intracranial Hemorrhage.-Writing in the New England Journal of Medicine, September 11, 1930, cciii, 11, Frederick C. Irving states that during the ten years from 1920 to 1929, inclusive, 13,849 babies were born at the Boston Lying-In Hospital. Of these 99 died of intracranial hemorrhage, an incidence of one in 140 births. During the period from 1909 to 1929, inclusive, there were 182 autopsies in which the heads were examined. Of these 73, or 40 per cent, revealed intracranial hemorrhage as the cause of death. The relative frequency of intracranial hemorrhage following the various types of delivery were as follows: Cesarean section 0.3 per cent, normal delivery 0.4 per cent, low forceps operation 0.5 per cent, high forceps 3.0 per cent, breech extraction 2.6 per cent, and version 1.7 per cent. Numerous intracranial hemorrhages have occurred when labor has progressed normally and no operative interference has been carried out. Failure to establish spontaneous respiration within a reasonable time is strongly suggestive of intracranial hemorrhage. Later evidences of this condition are apathy, refusal to nurse, pallor, and a tense annot be present. Spasm or paralysis may or may Should they exist the diagnosis is practically certain. The prevention of this

condition is by far the most important aspect of the question. The rôle of intrauterine asphyxia as a cause or predetermining factor has never received the attention it deserves. The clinical signs of intrauterine asphyxia are marked and lasting variations in the fetal heart rate and the passage of meconium. Faced with the situation in which the fetus shows evidences of asphyxia before birth, what should the obstetrician do? If after careful and constant observation all evidences of fetal distress disappear, it is the best policy to leave the case to nature with every expectation of a successful outcome. Low forceps on the author's service shows a gratifyingly low incidence of fatalities from intracranial hemorrhage, being only one-tenth of one per cent greater than in normal delivery. The rule is to apply low forceps if the head has been on the perineum for two hours, preceding the operation by a liberal episiotomy. Axis traction rods are always used no matter how low the head is to avoid premature extension, which might cause pressure of the head against the pubic arch with the possibility of tears of the falx or tentorium.

A Preliminary Note on the Detection of an Insular Hormone in the Duodenum.—N. B. Laughton and A. Bruce Macallum, writing in the Canadian Medical Association Journal, September, 1930, xxiii, 3, claim to have produced extracts of duodenal mucosa which when injected into normal rabbits and dogs prior to an injection of 0.5 mg. of glucose per kilogram of body-weight prevented a marked hyperglycemia such as occurred in rabbits not so treated, and also caused the blood sugar to return more rapidly to normal or subnormal levels, thus confirming the work of Heller. In departreatized dogs with marked hyperglycemia these extracts had no influence on the blood sugar, thus the possibility of insulin being present could be discounted. It would appear from these experiments that a substance exists in normal duodenal mucosa which has a specific stimulating influence on the islets of Langerhans, in other words, an insular hormone. This, coupled with Workman's observation that there is marked hypertrophy of the duodenal musoca in cases of diabetes mellitus which come to autopsy, introduces a new factor into the etiology of diabetes. Insular failure may result from excessive stimulation of the islets by the duodenal hormone produced as a result of excessive sugar intake over long periods. Secondly, inflammatory conditions in the duodenum may lead to a deficiency in the hormone, followed by a diminished activity in the islets themselves resulting in a hyperglycemia.

Insulin in the Treatment of Epidemic Encephalitis and Its Parkinsonian or Psychic Sequelæ.—Drs. J. Froment and M. Chambon.

writing in the Journal de Medecine de Lyon of September 5, 1930, state that a physiochinical and biochemical study of Parkinsonism leads to the conclusion that it is directly related to a disturbance of the mechanism which, automatically in man, stabilizes the attitudes and effects the adaptation to varying static conditions. The organism has lost the secret of the economic maintenance of its various attitudes This leads mevitably to a condition of over-fatigue which in its turn gives rise to the Parkinsonian cachexia-an expression of This has led the authors to fatigue acidosis administer insulin and alkalies with, as they claim, remarkable results in the way of a symptomatic Apart from paralysis agitans, the authors have found insulin useful in the relief of certain psychic sequelæ of epidemic encephalitis, namely, light confusional or anxiety states of pseudoneuropathic type, true dream states, having no tendency to spontaneous recession The insulin effect is chiefly on the muscle, assuming that complex reaction in which the oxidation of glucose and the synthesis of glycogen are united one with the other Its happy effects in the treatment of the Parkinsonian and psychic seguelæ of epidemic encephalitis may be ascribed to the re establishment of normal muscular metabolism. the disappearance of lactic acid, the preservation of the proteins, and the recovery of the normal physiological action of the muscular tissue

Sclerosis and Occlusion of the Coronary Arteries -After reviewing the literature and pathology of coronary sclerosis and occlusion Oskar Klotz and Wray Lloyd present a study of 44 cases of coronary disease which have been met in an autopsy service during the past four years Of these cases 26 comprised a group pre senting advanced lesions of coronary sclerosis of a degree sufficiently marked to be classified as In the remaining 18 cases a coronary stenosis thrombus had been found lodged in the coronary artery A comparative study was made of these groups which the authors summarize as follows Coronary disease of the heart usually affects males between the ages of 55 and 60 years, rarely before 30, and is the outcome of an endarteritis associated with atheroma and calcification arteriosclerotic process brings about a stenosis ot the vessel, but the complete occlusion results from thrombosis In no case did thrombosis develop in the absence of sclerotic arteries sclerotic patches are multiple, various branches of the right and left coronary being involved at the same time Stenosing endarteritis in both right and left coronary arteries enhances the myo cardial damage, if only one coronary artery is involved the process may progress to a consider able degree without causing myocardial damage or cardiac manifestations If the stenosis develops slowly, the anastomotic circulation between the right and left coronaries compensates for the vascular derangement, when one coronary alone is seriously affected. Rapidly occluding processes, as in thrombosis, induce more serious myocardial disturbances than the slowly progressive and compensating stenosis associated with chronic endarteritis The stenosing arteriosclerosis appears to have its beginning either in a primary endarteritis or in an intimal degeneration followed by endarteritis The authors were unable to demonstrate a direct relation between rheumatic lesions and coronary sclerosis or be tween syphilis and coronary sclerosis stenoses arising at the aortic entrance to the coronary arteries, resulting from syphilitic aortitis, are not included in this discussion The manner of distribution of the scleroses does not support the contention that the arterial lesions are the result of mechanical stresses due to unique branching of the coronary system The causative factors of endarteritis and atheroma of the coronary arteries are still undetermined - Canadian Medical Association Journal, September, 1930, xxiii, 3

Bacillus Coli Infections -- Writing in the British Medical Journal, September 13, 1930, 11, 3636, K Douglas Wilkinson expresses the opinion that many times the diagnosis of Bacillus coli infection of the urinary tract in children is missed by those who have not pyelitis in mind and fail to make a careful microscopic diagnosis of the urine Recent etiological and pathological studies have raised important questions which will probably modify the prognosis and treatment of these infections Chown and Wilson and Schloss have made observations by which they reach the same conclusions, namely, that pyelitis is a misnomer, that pyuria is due to an interstitial suppurative nephritis, and that careful examination of the kidney pelvis generally fails to show any pyelitis In the types of cases studied there were obviously general blood infections of the most severe nature, and it is doubtful if the B cols appearing in the urine was the original invading organism Wilkinson feels that, while he is not in a position to prove that B. coli infection of the urmary tract is always a pyelitis, he can prove that it is not always a part of a septicemia or evidence of nephritis He thinks the pathologist has experience only of a selected group of patients out of the many who have B coli infections of the urmary tract, namely, the more severe cases which are septicemias Among 117 consecutive unse'ccted cases of pyelitis at the Children's Hos pital in Birmingham there were 9 deaths, a rate of 77 per cent, or 3 per cent in children over two years of age. It is hardly likely that a severe septic condition in children with renal infection, and possibly abscess formation, could have a mortality as low as 3 per cent after the age of two

years, and it is significant that the collection of 78 post-mortem records took no less than twelve years, whereas clinically *B. coli* infections are common. In the treatment the three important requisites are: (1) Rest in bed until the urine is normal, as otherwise relapse generally occurs; (2) plentiful doses of sodium bicarbonate or potassium citrate until the urine is alkaline, then a mixture containing hexamine and acid sodium phosphate, until the urine becomes acid, when the alkaline treatment is resumed; (3) flushing the kidneys by a large fluid intake. Effort should be made to discover any abnormality of the genito-urinary tract and to correct it, if possible.

Appendicitis and Right-Sided Diseases of the Kidney.-H. Walthard estimates that about one-fifth of all right-sided kidney conditions are wrongly diagnosed as appendicitis and subjected to a useless appendectomy, while the real cause of the trouble remains undiscovered and untreated. Such general symptoms as pain, fever, chills, rapid pulse, vomiting, distention, as well as local symptoms-muscular tension, localization and radiation of the pains, and bladder disturbances—are signs more or less common to all the affections that come up for consideration, and may have many different meanings. diagnostic value of pain on pressure over Mc-Burney's point has been overestimated. In the immediate vicinity of this point lies the characteristic point of pressure pain of the ureter where it crosses the linea innominata pelvis. Hence both these points, and Lanz's as well, fall practically together, with the result that renal colic is diagnosed as ileus or appendicitis and operated on as such even by experienced surgeons, or conversely, pain at this point radiating into the thigh and genitals, as it may do in an appendix retrocecally placed, has been mistaken for renal colic and an indicated appendectomy not done. Sometimes an inflamed appendix is itself the cause of nephritis by way of the celiac ganglion, and the renal symptoms have disappeared after its removal. Frequently diagnosis is impossible upon the first examination. Pains in the right side of the abdomen may even come from the left kidney, so complicated is the apparatus of the sympathetic and parasympathetic nervous systems. How now can these affections be clinically differentiated from one another? Examination of the urine is not infallible, since pathologic changes may be present in the urine in appendicitis, while in a tuberculosis kidney the urine may be normal. Unilateral hematuria may occur in appendicitis. Roentgen examination is useful but not absolutely dependable. However, despite the difficulties that admittedly attend the diagnosis of right-sided abdominal conditions, the danger of

confusing appendicitis with renal disease is largely reduced if two principles are rigidly observed: first, that the surgeon who is consulted for pains resembling appendicitis shall always bear in mind the frequency of disease of the urinary organs, and second, that trouble shall be taken to examine the urine with scrupulous care in every such case. With a close inquiry into the history, a thorough examination and a careful weighing of all symptoms, the observance of these two rules will in most cases lead to the right diagnosis and permit recourse to the best form of treatment without too great loss of time.

—Schweizerische medizinische Wochenschrift, September 6, 1930.

The Physiological Basis of the Surgery of the Sympathetic Nervous System.—J. F. Fulton reviews the literature which shows that in the general physiology of the organism the sympathetic system serves primarily to maintain constancy of composition of the fluids of the body. This it achieves through control of the heart, blood-vessels, sweat glands and other vegetative functions. Recent work has failed to confirm the early suspicion that the sympathetic also governed certain phases of muscular contraction. There is no doubt but that ramisection causes transient modification in postural contraction, but no reflex involving the skeletal musculature is ever destroyed as a result of interference with the sympathetic. Consequently, since the alterations in postural reflexes are short-lived, there is no obvious justification physiologically for ramisection in cases of spastic paralysis. Cutting the splanchnic nerve in order to assist in failing kidney, or removal of the abdominal sympathetic chain to alleviate the distressing symptoms of Hirschsprung's disease are amply justified by the results achieved. In addition to its use in these conditions, any pathological process in which healing would be greatly accelerated by an increased blood supply offers an indication for ramisection, especially if the morbid process threatens the existence of an extremity. Thus in Raynaud's disease the advantages of the operation are obvious since the chief symptoms are due to local impairment of the circulation. Also the improvement in certain types of arthritis brought about by ramisection is almost certainly attributable to the resulting hyperemia. It is probable that following thrombosis in an extremity, collateral circulation is established more readily after the vasoconstrictors have been removed than when they are intact. Further studies are desirable on the effects of ramisection or ganglionectomy on various forms of chronic ulceration, as for instance, diabetic gangrene, and in a host of dermatological conditions.—New England Journal of Medicine, September 18, 1930. cciii, 12.

Volume 30 Number 21



# LEGAL



1297

#### EXPERT TESTIMONY THE USE OF MEDICAL TEXTBOOKS

By Lorenz J. Brosnan, Esq. Counsel, Medical Society of the State of New York

The theory of expert testimony in the trial of a lawsuit is based upon the principle that the person offering himself as an expert possesses superior knowledge on a subject as to which the ordinary juror is unversed, and hence in theory the testimony of the so-called expert will be beneficial in assisting the jurors to arrive at a verdict. From a practical point of view, the term "expert" is an exceedingly misleading one. Very often physicians have asked your counsel the very logical question as to why the law should permit a physician, who would not be considered by the medical profession to be an expert on a particular branch of medicine, to express an expert opinion.

For example, in a case which your counsel tried a few months ago involving the question as to whether an x-ray should have been taken in an injury to a patient's eye, the plaintiff called as his expert a physician who on direct-examination testified that his work was principally "referred work" by other physicians, and he then proceeded to give an opinion adverse to the defendant physician. On cross-examination your counsel was able to elicit from this physician that his practice did not relate to the eye, and further that his practice was confined almost entirely to physiotherapy in the out-patient department of one of our hospitals. This, the physician admitted under cross-examination with considerable reluctance, was what he meant when he testified that his work was "referred work." This physician would certainly not be considered by the medical profession to be an expert on the subject-matter upon which he was testifying. Yet he was permitted to give an opinion which carried the case to the jury. Fortunately, the issues were resolved in favor of the defendant physician.

In the trial of a case involving the operation of ethmoidectomy, the plaintiff called as an expert witness a physician who at the time of trial had been in practice about three and one-half years. The qualifications of this physician to express an opinion were challenged by counsel for the defendant, and a preliminary cross-examination was permitted by the court. Upon that cross-examination, this physician who had offered himself as an expert testified:

"Q. Until September, 1923, that is three years, you have operated under your license to practice medicine? A. Yes.

O. And a year and a half of that time you spent as interne in these two hospitals mentioned? A. Yes.

Q. And the last year and a half you have been associated with Dr. . . . . in doing general compensation work? A. Compensation and treatment of injury, in addition to my general practice.

Q. You are not a specialist in eye, ear, nose and throat? A. With the exception-

Q. Yes or not. We will take the exceptions up later. A. No real specialty.

Q. That is a distinct, recognized specialty, isn't it, apart from the medical practitioner? A. Yes.

Q. As a rule the general practitioner does not undertake operations and treatment of the eye, ear, nose and throat? A. He does not.

Q. In this year and a half, Doctor, of your practice most of your practice has been dealing

with injuries suffered by workmen? A. No, sir. Q. In the compensation work? A. That is just part of it.

Q. I beg pardon? A. That is just part of the practice; I should say it is about a sixth.

Q. In addition to that, do you take care of the families of those employees? A. We take care of the employees and treat them gratuitous.

Q. What is the name of this? A. ...... Q. Is that a charitable institution? A. No, sir.

Q. Is that an institution people join and receive general medical treatment? A. No, sir.

Q. What is it? A. There are two large buildings, which are worked on a co-operative.plan, and the employees of those buildings have contracted with Dr. ..... to render all necessary medical and surgical treatment to all the em-

ployees; there are twenty thousand employees in this building, and that is done gratuitous. Q. That is done under the General Compensation Act? A. No. sir, it is done under private contract with the employees.

Q. You have not operated any of these ethmoidal operations yourself? A. I have assisted.

Q. Have you operated them? A. Not myself. Q. Never have operated one yourself. A. No, sir."

After such cross-examination, the defendant's counsel again challenged the qualifications of this physician to express an opinion, but the court ruled that this doctor could express an opinion regarding the operation of ethmoidectomy but that the weight of his opinion was for the jury. After the physician had expressed an adverse

N. Y. State J. M. November 1, 1930 LEGAL

opinion, he was further cross-examined. Among

other things he testified:

"Q. Now, Doctor, I just want to go back. \* \*\*\* There are a few questions I would like to ask you about this experience you have had. As I understand it, you have had about thirty thousand cases in the last twenty months, is that what you say? A. Yes.

Q. You mean you personally had charge of and treated thirty thousand cases in the last twenty months? A. I personally instructed and

treated in the thirty thousand cases.

Q. Did you personally see the thirty thousand cases? A. Yes sir.

Q. In the last twenty months? A. Yes sir. O. And that is about six hundred days, isn't it, thirty to the month and twenty months, would be about six hundred days? A. Yes sir.

Q. Thirty thousand cases would give you about five hundred cases a day? A. I think there is

a mistake in figuring, counsellor?

- Q. Fifty cases a day? A. I have had one hundred cases a day, but they are variable, you
- Q. Do you work all day? A. I work from eight o'clock in the morning until one o'clock, at noon.
  - Q. That is five hours? A. Yes. Q. Ten cases an hour? A. Yes.

Q. Ten cases an hour would be a case every six minutes, would it? A. Yes.

Q: So you see and consider and treat a case

every six minutes? A. Yes.

Q. And you have done that twenty months?

Yes, that is by applied figures.

- Q. And you see and consider all these cases, you say, now? A. May I exemplify your question?
- Q. No, can you answer it? A. No, I can't answer it, it is too indefinite.
- Q. These cases you handle, those thirty thousand cases, do they cover all fields of medicine? A. All fields of medicine and surgery, the medical effects of surgery.

Q. Do they include major operations? A. Just

the medical effect of major operations.

- Q. Well then, they don't include the performance of major operations? A. No.
- Q. Do they include ethmoidectomy? A. No,
- Q. Do they include diagnosis? A. Only medical treatment.
- Q. That is the giving of medical cases? A. Yes.
- Q. Not the removal of bones, curetting of ethmoidal cells? A. No, sir.
- Q. Nor the removal of turbinates? A. No, sir."

The physician further testified:

Q. Have you testified often in suits that have followed operations? A. I have.

Q. Compensation suits? A. In regular suits.

Q. Suits for compensation. To give expert testimony? A. Yes.

O. In the last six months, how frequently have you been going to court as such expert? A. I haven't been there for the last four or five months, say.

Q. Do you regard that as a part of your busi-

Q. In accident cases and cases of that kind? A. Yes.

Q. Before you go in, as you do here as an expert, you first try to find out what plaintiff is trying to prove, don't you? A. Yes.

Q. And then you see how much help you can

give him, don't you? A. Yes.

Q. And how much you can support what his contention is? A. Yes, sir.

Q. And that is part of the business in the deal, isn't it? A. Part of my work is expert testimony.

Q. Well, you are a professional testifier, aren't you, Doctor? A. No, sir.

Q. Well, you did it for pay right along? A. Yes.

A. And it is according to how frequently people will hire you? A. Yes.

Q. The more people hire you, the better you like it? A. Yes, sir.

Q. And the more they pay you, the better it

pleases you? A. Absolutely.

Q. Well, don't you call that a professional testifier? A. No, sir, it is all in connection with my general practice.

Q. Well, you are a professional testifier as a

side line then, aren't you? A. Yes, sir.

Q. You never operated a major operation on the abdomen, have you? A. Not myself.

- Q. But you would assume to undertake, wouldn't you, tomorrow morning, to go into court before a jury and testify as an expert as to how an abdominal operation should be performed? A. If the case were just, I would.
- Q. Let us assume the case was just, in your opinion; you would do that? A. Yes, sir.

Q. You have never performed an operation on

the brain, have you? A. No, sir.

Q. You would go into court and before a jury and testify on operation of the brain, wouldn't you, if you were hired? A. If the case were just.

Q. And if you were hired? A. If the case

were just and I were hired, I would.

Q. It is not a question of your honesty, Doctor, it is a question of your attitude concerning testifying on matters in regard to which you state you have not had personal experience. Have you ever taken out, enucleated an eye? A. No, sir."

Instances could be multiplied from your counsel's personal experience in malpractice actions covering more than a decade, but it is sufficient to point out that an expert, as the medical profession properly views that term, is entirely different from the point of view taken by the law.

In connection with the subject of expert testimony, there arises the question regarding the use of medical textbooks. Logically, it would seem that jurors might be assisted to considerable extent if they were permitted to examine the works of standard authors on the subject-matter of the case in which they are sitting, but this the law does not permit. In a malpractice action, neither the plaintiff's case nor the defendant's case may be supported by the introduction of medical textbooks claimed by either side to support their contention. In the cross-examination of any physician called by either side, however, the attention of such witness may be called to certain standard medical works and, if admitted by the witness to be a standard authoritative work, he may then be examined with reference to statements or opinions expressed in the textbook which contradict or are at variance with the opinion expressed by the witness. The principle has been judicially stated as follows:

"\* \* \* if the witness admitted that text writers of acknowledged authority had expressed opinions contrary to that one which he gave in regard to the matter under examination, that might go to detract from the weight to be given to such testimony. Therefore, it has been the custom, in this State at least, to call the attention of an expert witness, upon cross-examination, to books upon the subject, and ask whether or not authors whom he admitted to be good authority had not expressed opinions different from that which was given by him upon the stand. The reference to books in such cases is not made for the purpose of making the statements in the books evidence before a jury, but solely for the purpose of ascertaining the weight to be given to the testimony of the witness. The extent to which such examinations may go is very largely in the discretion of the court. It has been usual to permit questions of that kind to be asked in this State, and we are not aware of any well-founded objection

#### CLAIMED NEGLIGENCE CAUSING NEEDLE BREAK

In this case the patient complained of pain in her left lower chest, and for about two weeks she suffered from fever and considerable pain in her left side radiating from the shoulder to the flank.

The doctor who had been treating her made a diagnosis of pleurisy with effusion and wishing to confirm this diagnosis by a tap, he called upon the defendant-doctor to aspirate the patient's The defendant was not a specialist but was a general practitioner who had a long experience in surgical work. A specialist was not called by reason of the limited means of the patient.

The defendant doctor selected and tested two aspirating syringes with three sized needles for each and also a 2 cc. hypo syringe with two needles and proceeded to the patient's home. All precautions were taken to render the instruments sterile directly before the treatment. The defendant upon examination of the patient found convincing evidences of pleurisy with effusion and found the skin around the entire left chest tender from counterirritants that had been applied,

The area was prepared and the point for hypoinjection was sprayed with ethyl chloride. After the area was desensitized with cocain the defendant selected a needle, tested it, and then inserted the needle with the point turned slightly upward, but the result was a dry tap. He then withdrew the needle and re-inserted it with the point turned downward and on withdrawing the barrel a yellow fluid was drained into the aspirating apparatus.

When the barrel was about half full the patient jerked her body away sharply and the needle snapped at the hilt. The defendant attempted to find the needle but was unsuccessful. The patient was removed to a nearby hospital and put to bed. The following day an x-ray picture was taken which showed the presence of the needle in the patient's chest,

One of the surgeons connected with said hospital applied a local anæsthetic and incised over the spot where the needle was imbedded, and after a little work succeeded in getting it outin toto. The surgeon observed from the position that it was in that it had broken off at the hub and that the break was due to an upward movement of the ribs, an indication that the needle had broken due to the patient's moving her position rather than any unskillfulness on the part of the defendant.

After the removal of the needle, the patient was left in charge of the defendant and her recovery was from that point uneventful.

Suit was instituted against the defendant alleging large damages due to the needle break and charging the defendant with gross negligence in his treatment of the case. The action was duly brought on for trial before a judge and jury and after the plaintiff's witnesses had testified. defendant's attorney moved to dismiss the complaint for failure to make out a cause of action for negligence or any other cause of action. Said motion was granted by the judge thereby terminating the case in favor of the defendant.



# NEWS NOTES



# COMMITTEES ON PUBLIC RELATIONS

A meeting of the Committee on Public Relations of the Medical Society of the State of New York was held on October 9, 1930, in the New York Academy of Medicine. Its special business was the consideration of the rules and standing orders for the conduct of County Hospitals receiving aid from the State. The managers of the hospitals of Wyoming and Lewis Counties,—the only two now entitled to State aid,—had sent a tentative set of regulations which will be submitted to the State Commissioner of Health, Dr. Thomas Parran, Jr., for approval as the condition for the grant of State aid to the hospitals. Dr. Parran had asked the advice and counsel of the Committee on Public Relations; and in response the committee gave serious consideration to all points of the hospital management, for whatever rules are adopted will be precedents for all future ones.

The first principle on which the Committee insisted was that such hospitals should be open to all physicians of its county. There was also adopted the principles of complete medical histories and regular monthly conferences of the doctors composing the staff.

The complete set of rules would fill ten pages of the Journal; the standing orders are therefore omitted from this report.

#### GENERAL RULES

1. All duly registered physicians of the County may be members of the staff. From their number they shall nominate for election by the Board of Managers a medical board of five members. The medical board shall make recommendations to the Board of Managers for appointments for the necessary, efficient and adequate surgical, medical and special services of the hospital; shall amplify the rules and regulations for the conduct of the professional work of the hospital; and shall formulate whatever By-Laws seem necessary for the efficient conduct of its (medical board's) business. Before such rules, regulations and By-Laws shall become operative, they must be approved by the Board of Managers.

2. All surgical and special services rendered in a general hospital receiving State and County funds, shall be performed by physicians, resident or non-resident, who are qualified to undertake such activities, and who have the approval of the medical board.

3. All surgeons operating on their own private patients shall be responsible for the after-treatment. This also calls for a personal, daily visit used patients for the first week following operation. The above rule is made for the purpose of protecting patients.

4. Every physician entering a case in the hospital shall send a written tentative diagnosis, or a written history

of the case.
5. Chronic cases shall not remain in the hospital longer diagnosis is made, unless special than two weeks after a diagnosis is made, unless special provision is made by the physician-in-charge.

6. There shall be no operations scheduled for Saturday afternoon or Sunday.

7. All major operations shall be performed in the morning, except in emergencies.

8. All requests for operation must be made to the superintendent at least 24 hours before the hour of operation, except in emergencies.

9. All operations must be started on schedule time, or the following operations shall take precedence.

10. The staff will not be permitted to take instruments or apparatus from the hospital.

11. All discharges are to be signed by the physicians in attendance.

12. All orders for patients must be signed by their physicians in the order book. Nurses will not be held responsible for violation of this rule.

13. Medical rounds shall be made every day at 10 A.M.

with the nurse in charge of the ward.

14. Visitors to patients shall first obtain permission to enter the ward or room from the office, and shall not visit or come in contact with any other patient than the one for which permission is given.

15. Patients and their friends are reminded that this is a hospital where many sick people are congregated, and are expected to refrain from loud talking, laughing, or making noise which will disturb others.

16. The medical board shall recommend to the Board of Managers that a committee of one be appointed monthly by the president of the County Medical Society to serve for one month in making weekly inspections of the hospital; also the general conduct of the nurses while on duty during this inspection. The committee is to make a written report of findings and recommendations to the Board of Managers.

#### RULES FOR THE HOUSE STAFF

1. They shall see that the histories of all patients are complete on the day of discharge, and notify the Medical Board of any violation of Rule 4 of the Staff Rules

and Regulations.
2. They shall maintain professional secrecy at all times concerning any cases that come under their ob-

servation in the hospital.

3. They shall not discharge any patient without the approval of the attending physician or surgeon.

4. They shall not make any pelvic examination of any

female patient except in the presence of a nurse.

5. Morning rounds shall be made at 9 A.M. and evening rounds at 7.30 P.M.; and visits to patients at other hours of the day or night as may be necessary. And they shall at all times promptly visit any patient when

informed that his presence is needed.
6. The Chief of Staff or Associates shall report promptly to the Medical Board any serious breach of discipline, any accident occurring on the premises, or anything coming under their notice that would be likely to involve the hospital in legal action or otherwise reflect on the

good name of the hospital.

It shall be plainly understood that the government and discipline of the hospital are in no degree intrusted to the attending physician. Except in an emergency he shall give no orders, medical or otherwise, to private patients without the knowledge and consent of the pa-

tient's physician.
7. These rules and regulations may be amended or added to at any regular meeting of the staff, subject to approval by the Board of Managers.

# STAFF RULES AND REGULATIONS

In order to establish and maintain a high standard of

scientific work and to conform to the requirements of the Committee of Hospital Standardization and Classification, the physicians and surgeons practicing in the hospital shall organize as a staff and recommend for ratification by the Board of Managers the following

1 The hospital shall keep in a systematic manner case records of all patients treated in the hospital, together with a convenient summary of each case, and these rec ords shall be utilized in analyses to ascertain the effi

ciency of medical and surgical work done in the hospital The case records of the hospital shall contain the following data for each patient treated Identification of the patient by name or number, name of physician or surgeon responsible for the case, personal history of patient relevant to complaint, diagnosis on which treatment was based, laboratory a ray and physical findings important points of operation or of treatment, postoperative diagnosis, complications of convalescence, followup or progress notes, and, in case of death, autopsy findings when available

3 It shall be the duty of the historian to record the

necessary data on forms prescribed by the Medical Board 4 The data may be recorded by the attending physician or surgeon, or by an interne, or by the historian, but refusal or neglect on the part of the attending man to furnish the record and to give the necessary aid to the historian in the recording of the data shall terminate his privilege of treating cases in the hospital

5 It shall be the duty of the historian to make out a summary card for each patient, together with the followup record It shall be her duty to make statistical com-pilations of the results obtained for analysis and review

by the staff of the hospital

6 Medical histories must be taken and physical exam mations made not later than the first twenty-four (24) hours after the patient is admitted to the hospital

7 In all surgical cases the surgeon shall, previous to operation, record the diagnosis on which his treatment is based. This diagnosis shall be posted on the board

where operations are listed

8 In surgical cases the essential history pertaining to the condition for which the patient is to be operated upon together with the record of the physical examination, must be furnished to the hospital before the patient is operated upon except that in emergency cases this history may be dictated by the surgeon before or during the operation In non-emergency operative cases the history and record of the physical examination shall be delivered to the hospital by the surgeon, or ample time shall be allowed for taking the history of surgical pa tients after the patient reaches the hospital

9 During or at the close of each operation a descrip tion of the pathological findings and of the operation shall be recorded, together with a diagnosis based on the gross pathology. This shall be dictated by the surgeon

himself

10 The staff shall hold a conference at least once a month for the purpose of scientific discussion revision of summary cirds and for the consideration of matters concerning the welfare of the hospital. Any member who shall absent himself from three consecutive, or a sum total of five meetings in any one year, shall

thereby be eliminated automatically from the staff 11 A roll of attendance and a record of the transactions of every staff conference shall be kept by the

secretary and referred to the superintendent to be submitted by him as a part of his monthly report to the Board of Managers

12 All members, whether attached to the Consulting, Regular or Associate Staff, are required to register their time of entering and leaving the building, in a book provided for that purpose in the staff room, which signatures must be written in ink.

13 We, the physicians, whose names are herewith subscribed, agree to abide by the rules and regulations herein

set forth

Members of the staff agree to the following declara tion

I hereby declare that during such time as I consider myself eligible to the privileges of the hospital I shall conform to the principle not to engage in the practice of the division of fees under any guise whatever this principle I understand that I am not to collect fees for others referring patients to me, not to permit others to collect fees for me, not to make joint fees with phy sicians or surgeons referring patients to me for opera tions or consultations, nor knowingly to permit any agent or associate of mine to do so

M D Dated Signed

#### By-LAWS

1 Fhe staff shall, at its annual meeting, elect a President, Vice President, Secretary and Treasurer 2 It shall be the duty of the President of the staff to

preside at all meetings of the staff and in his absence

the Vice-President shall preside

3 Any member of the staff of the hospital by resolu tion duly proposed at a regular or special meeting thereof and adopted at the next following meeting by a majority of those present, may be asked to resign from the staff within a time set forth in the resolution, or by resolu tion similarly proposed and adopted a member of the staff may be expelled forthwith from such membership In the event of such expulsion or of such request to resign whether or not the said request shall have been complied with within the time mentioned in said request the said member so expelled or requested to resign shall cease to be a member of the said staff and to have any of the privileges of membership

Three members of the staff can request the calling of a special meeting by requesting the same in writing to the President of the staff who, upon receipt of such request, shall require the Secretary to issue the call for such special meeting to each member of the staff

5 All staff rules and regulations must be carefully studied and complied with by all members of the staff of the hospital and all members of the staff are required to signify their acceptance by signing an agreement to abide by the rules and regulations of the hospital

6 Any registered dentist in New York State who is n member of the State Society in good standing shall be a member of the Consulting Staff and allowed to practice his profession, except to perform major oral surgery

#### FIRST DISTRICT BRANCH

The twenty-fourth annual meeting of the First District Branch of the Medical Society of the State of New York was held on Tuesday, October 7, 1930, in the building of the New York Academy of Medicine at 2 East 103rd Street, New York City The meeting was begun with a buffet luncheon. The scientific session was opened at two o'clock and the following scientific program was carried out

1 "Symptomatology and Treatment of Drabetes," Elliott P Josin M D, Roston Discussion opened by Henry R Geyelin, M D, New York

2. "Toxic Goitre," Frank H. Lahey, M.D., Boston. Discussion opened by Charles G. Heyd,

M.D., New York.

3. "Essentials in Treatment of Fractures," John J. Moorhead, M.D., New York, N. Y. Discussion opened by James E. Sadlier, M.D., Poughkeepsie, and George A. Leitner, M.D., Piermont.

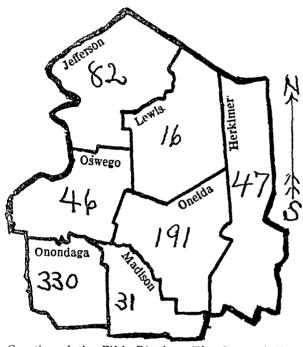
Dr. William H. Ross, President of the Medical Society of the State of New York, gave a half hour address in which he outlined the changing order of medical practice as the result of newer social trends. He emphasized the necessity that practising physicians should not leave the leadership in the newer medical work to doctors employed by the State, social organizations, and industrial corporations, but should make provision for practising preventive medicine as a part of their private practice.

The meeting was probably the best attended of any District Branch ever held, over five hundred physicians being present and filling the large as-

sembly hall to overflowing.

# FIFTH DISTRICT BRANCH

The twenty-fourth annual meeting of the Fifth District Branch of the Medical Society of the



Counties of the Fifth District. The figures indicate the number of members of the County Medical Society.

State of New York was held on Tuesday, September 30, 1930, in the Masonic Temple, in Little Falls, Herkimer County, with 109 physicians registered.

Luncheon was served at 1 P. M. at the Hotel Snyder, by invitation of the Medical Society of the County of Herkimer.

The following printed program was carried

Meeting called to Order by the President, Augustus B. Santry, M.D., Little Falls.

Address of Welcome by the Mayor, John M.

Tanzer, D.D.S., Little Falls.

"Some of the Newer Anasthetics," George S. Eveleth, M.D., Little Falls. Discussion by Drs. Victers, Gardner, Sears, Wetherell and Lahey. "Goitre," Frank H. Lahey, M.D., Boston,

Mass.: Discussion by Drs. Tinker and Groat.

"Medical Shock," Danna W. Atchley, M.D.,

New York, Discussion by Dr. Johnson.

"Treatment of Varicose Veins," John Sutton, Jr., M.D., New York. Discussion by Drs. Barnes and Diss.

"The New Public Welfare Law," Hon. Richard W. Wallace, N. Y. State. Department of Social Welfare, Albany.

In addition, Dr. William H. Ross, President of the Medical Society of the State of New York, addressed the Branch on the objects and aims of the State Society, and commented on the civic activities conducted by each county society in the District.

# THE EIGHTH DISTRICT BRANCH

The Eighth District Branch of the Medical Society of the State of New York celebrated its Twenty-fifth Annual Meeting, on October 2, at the J. N. Adam Memorial Hospital, in Perrysburg, with an excellent program and a large delegation from Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Allegany, and Wyoming Counties. Dr. W. Ross Thomson, of Warsaw, presided.

The host for the meeting was Dr. Horace LoGrasso, superintendent of the J. N. Adam Hospital, who showed the visitors through this magnificent tuberculosis sanatorium, arranged for a bountiful luncheon, and read a paper at the morning session on "Value of Light in the Treatment of Tuberculosis."

The delegates saw in the Perrysburg institution, the American counterpart of the Rollier project in Switzerland for the treatment of tuberculosis with light, although Perrysburg is many strides ahead because of its research work in this field.

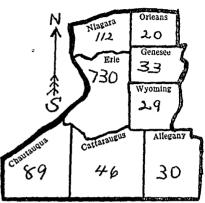
The hospital owes its origin to the late Dr John H Pryor, whose vision tenacity and courage resulted also in the establishment of the State Hospital for Incipient Tuberculosis at Ray Brook It is significant of the man that when the authorities sought to name the Buffalo Hospital after him, he said 'The selection of a name is a trifling matter. The imperative, press ing demand is for the rapid construction of a proper hospital for the neglected victims of a preventable disease who are compelled to suffer and endure hardship without adequate care or relief in the home, while others are infected, and the ghastly, disgraceful carmyal of unnecessary deaths flourish unabated There must be condemnation of apathy and stupidity in dealing with an unfortunte class and a strenuous appeal to hasten the day when injustice to the sick poor, and blind disregard to public health requirements shall cease to be a blot of shame upon the repu tation of this city"

The hospital was named after the Hon J N Adam, then Mayor of Buffalo, who donated 293 acres for the original site in the Perrysburg hills, 37 miles from the city It is a municipal institution for favorable cases of tuberculosis and all types of the extra pulmonary form of the dis-The project was started in 1909 and opened in 1912 The capacity is now 500 patients-394 adults and 106 children. The propcrty today consists of 680 acres, with sufficient farm lands to supply local needs and to support a herd of 60 Holstein cows Every attention is given to the needs of patients, not only for medical treatment, but in various entertainments to break the monotony of sanatorium life is a school for children employing five teachers for grade and commercial subjects

It was a happy thought to give the members of the Lighth District Branch the chance to see this institution at first hand

Following Dr LoGrasso's paper, there was discussion by Dr Brian O'Brien, former physicist at the hospital whose research into light

therapy was financed in part by the Buffalo Tuberculosis Association Dr W H Ross, President of the State Society, addressed the afternoon session on medical leadership in public health work Dr Johnson, President elect, spoke



Counties of the Eighth District The figures indicate the number of members of the County Medical Society

briefly Dr Card, Speaker of the House of Delegates, told members of the State Society's meapensive plan of liability insurance. Papers were read and discussed as follows

"Epilepsies—Etiology and Diagnosis, William T Shanahan, MD, Sonyea, discussion, Edward A Sharp, MD, Buffalo

"The Salient Features of Surgical Diagnosis in Conditions of the Abdomen," illustrated with lantern slides, Gordon Heyd, M D, New York City Discussion, George W Cottis, M D, Jamestown, and Marshall Clinton, M D, Buffalo (It is expected that these papers will be published in the Journal.—The Editor)

W WARREN BRITT, Secretary

#### ONEIDA COUNTY, CIRCULAR LETTERS OF INFORMATION

The Medical Society of prepare the physicians to vo on October fourteenth. Tou

Com 1 ittee -- Pritor s Note

sen ling out a series of circular letters in order to department which was to come before the Society Farrell of Rome, Chairman of the Public Relations

Letter No 1 gather

Utica, N Y, Sept 22, 1930

Dear Doctor

We have been instructed by the Comitia Minora, to send out a series of letters to the members of the County Society, dealing with matters which are under consideration by the Public Health Committee

At every Medical Meeting, or wherever doctors

gather together, the discussion sooner or later gets around to Economic Problems. A great many complaints are registered but few solutions of the doctor's dilemma is offered. Do we get to the underlying social trends and needs? Economics is a Community problem. So is Public Health. Therefore we must not be surprised if lay organizations show an interest in the solution of conditions which the Medical Profession has heretofore thought of is peculiarly its own.

There are two hundred Foundations in the United States, each with an endowment of Ten Million Dollars studying Health and Medical questions. They are well advertised in the Press and the public is becoming restless at the delay in the production of results. In addition, there are a great many lay organizations in every community, doing various forms of Social Service work, each of which has some relation to the Public Health Problem.

Moreover, the Daily Press, the Weekly and Monthly Periodicals, are crowded with medical topics, many of which are advocating some form or other of Socialistic or Communistic soluton of

medical problems.

The officers and leaders of the State Society, are alive to all this seething unrest. They are trying to find a solution which will enable the Medical Profession to regain and retain its leadership in all matters pertaining to the health of the Community. They would welcome any constructive suggestions that any of the constituent County Societies might offer. What we ask of you at this time is that you should devote some of your time to the thoughtful reading of articles in your Medical and Lay Journals, which are discussing Public Health Problem.

## Letter No. 2

September 29, 1930.

Dear Doctor:

The question of a County Health Department will come up for discussion at the October meeting of our County Society. In order that all may be prepared to intelligently discuss and vote on this proposition, we are going to summarize what has come to us in various leaflets and bulletins.

#### I. What It Is.

A COUNTY HEALTH DEPARTMENT is an official branch of the county government charged with the duty and responsibility of protecting public health and preventing disease. It is expected to bring to a county more complete utilization of present day knowledge about public health, thereby lessening the amount of disease and sickness and adding more healthful years to the average life.

Its establishment is recommended by the United States Public Health Service, State Department of Health, State Sanitary Officers' Association, State Medical Society and the Charities' Aid

Association.

The County Health Department proceeds on much the same basis as any well organized City Health Department. It is expected to promote Diagnostic Medical Service in Maternity, Infancy and Child Hygiene, Tuberculosis, Social and Mental Hygiene, Communicable Disease Control, Public Health Nursing Service, Laboratory Work, Health Information, Sanitation and Statistics.

# II. Why It is Needed.

To provide all of these services in all towns, villages and cities would be impossible for the State itself. On the other hand, the individual towns, villages and small cities are said to be too small to provide all of these services in their own areas.

The County is therefore selected as a unit best fitted by population, taxable resources and by actual experience over a period of years, to provide the things needed for an up-to-date health program.

gram.

# III. Where It Is Used.

The County Health Department plan is a development of the last decade. In 1914 there were only three such organizations in the entire United States. Now, there are approximately 350 County Health Departments operating in 32 States. Cattaraugus County is the first county in New York State to adopt the plan. Suffolk County, Westchester County and Cortland County have since established County Health Departments.

## Letter No. 3

October 6 1930.

Dear Doctor:

Among the objectives and responsibilities of the County Health Officer would be the following:

#### IV. What It Will Do.

1. To stimulate the control and prevention of tuberculosis by means of clinics for examination of children and adults, x-ray service, nursing information and sanatorium treatment.

2. To offer laboratory facilities to physicians in the diagnosis and study of disease and to test

water and milk supplies.

3. To control epidemics and contagious diseases.

4. To employ public health nurses and provide local health stations in the County.

5. To cooperate with the physicians of the County and to provide for the protection of

maternity, infancy and early childhood.

- 6. To cooperate with local Boards of Education in the promotion of school hygiene, including physical examinations of pupils and to cooperate with the family physician and dentist in correcting the defects discovered.
- 7. To examine milk and water supplies and supervise methods of disposing of sewage and garbage.

8. To undertake campaigns for accident pre-

vention.

9. To encourage efforts for the reduction of venereal diseases.

10. To encourage periodic health examinations for everyone.

11. To keep accurate and adequate records of births, deaths, sickness and other activities of the County Health Department.

#### V. Duties of a County Health Officer.

The County Health Officer is the executive director of the Health Department. He and his assistants are the connecting links in the promotion of a unified and efficient program throughout the County. The Health Officer consults and cooperates with the medical profession; he stimulates and encourages the valuable assistance of groups of laymen; and he studies the health problems of the County and suggests plans for their solution.

#### His Is a Full-Time Job.

He must be a physician of approved training, experience and qualifications. Certain duties covering the entire County such as inspection of dairies and milk, of camps, of institutions and of water are to be performed by the County Health Officer or his assistants. The development and direction of a public health nursing program would be his responsibility.

The local Health Officer would be expected to assist the County Health Officer so far as practical in his own district.

#### Letter No. 4

October 11, 1930.

Dear Doctor:

VI. How a Department May Be Created.

A County Department of Health is responsible to the people through a County Board of Health, appointed by the Board of Supervisors, consisting of seven members, one of whom shall be a supervisor, and two physicians who may be named from a list suggested by the County Medical Society. The full-time County Health Officer is appointed by the Board of Health.

He may be assisted by such deputies as are needed, by a sanitary inspector, and by two or more public health nurses. Local Health Officers are eligible for appointment as deputies.

The procedure is essentially as follows:

1. The adoption, by the County Board of Supervisors, of a resolution to establish a general health district and describing its bounds.

A meeting of the Oneida County Medical Society was held in Rome, N. Y., on October 14, 1930, with fifty members present. The principal topic of discussion was the proposed County Health Department.

The argument in favor of the department was presented by Dr. Arthur T. Davis, Health Commissioner of the Suffolk County Health Department, which was established two years ago as the result of the spontaneous action of the Suffolk County Medical Society, and which has func-

2. If it is desired to include within the district a city of third class, or a part thereof, it should be covered in the resolution subject to the consent of the proper city officials, after which the proposition to have it so included, should be submitted to the Mayor and Common Council of the city. Its inclusion will be legal only when the Common Council has adopted a resolution consenting to such inclusion and the Mayor has approved it.

3. A copy of the resolution should be submitted to the State Commissioner of Health with a request for the approval of the establishment of a health district, and as a basis for later request for

State Aid.

4. On receiving such approval, the Board of Supervisors should appoint a County Board of Health.

5. The Board of Health should meet for organization and elect one of its own members as president. Unless a budget for the first year was prepared and an appropriation voted by the Board of Supervisors, the Board of Health should prepare a budget covering salaries and expenses.

6. When provision has been made for salaries and expenses, the Board of Health should proceed to the appointment of a Health Officer, who shall act as Secretary to the Board of Health. The appointment must be made from a civil service eligible list, if available.

7. The Board of Health and the Health Officer should prepare a program to include a tentative understanding as to the relations between the local Boards of Health and the County Board and as to the duties and functions to be performed by the District Health Officer and the local Health Officers, who are continued as deputies.

#### VII. What It Will Cost.

Since State Aid is available to reimburse any County to the extent of one-half of its expenditure for approved public health work, a County Health Department may be established at one-half the estimated cost. A budget of \$24,000 annually is considered reasonably adequate in the average County.

tioned to the great satisfaction of the physicians and the officials of the County.

The argument against the County Health Department was presented by Dr. R. B. Morris, of Olean, Secretary of the Cattaraugus County Medical Society. Dr. Morris said that the health department of Cattaraugus County had been "given" by the Managers of the Milbank Fund, and that the physicians of the County had little or no part in its establishment or maintenance.

The society voted against the proposed county

health department.

#### PRELIMINARY REPORT OF CLINTON COUNTY MATERNITY SURVEY FOR 1929 Questionnaires sent out, 1059; Answered, 800 (76%).Total ......1059 (25%)Primipara ......202 (74%) Multipara .....588 Detail of Abnormalities Noted in Prenatal Not stated ...... 10 (1%)Examinations (130 cases) Delivery: Constipation ..... At home ......518 (65%) (34%) Heartburn ..... At hospital ......269 (2%)Vomiting ..... Prenatal engagement of Physician: Variçose veins ...... 10 Engaged ......600 75 Insomnia ..... Not engaged ......185 Neurasthenia ..... Palpitation ..... 1 Answered "yes" ..... 8 Obesity ..... 1 Engaged less than one month ...... 77 9.5Cystitis ..... Engaged one to three months ......232 "Exhaustion" ..... 22.5 Engaged four to six months .........179 Vaginal discharge ..... Engaged over six months ...........105 Nephritis ..... 13 No period stated ..... Prenatal visits by nurse: Toxemia ..... (3.5%)Glycosuria ..... (83 %) "no" ......663 Edema of legs ..... (10%)not answered ....... 81 Retroversion uteri ..... Abnormalities were noted during prenatal Uterine bleeding ..... period in 130 (16%) cases, and some correction Kidney insufficiency ..... secured in all but 10 of these. Tuberculosis ..... Reason for lack of correction in 10 cases: Syphilis ..... Poor cooperation .....4 Cessation of motion ..... Hydramnios ..... Anemia ...... Nursing care during labor: Pyelitis ..... (30%)Dietary errors ...... (15%)Sexual errors ...... Trained ..... 87 (11%)Asthma ...... "Cardiac" ..... (24%) (20%)Complications and abnormalities of labor in 115 (14.5%) cases. Cough ...... Abnormalities of baby in 45 (5.5%). Contracted pelvis ..... Suggestions for improvement: Not answered ......245 Answered "none" ......413 Suggestions made ......142 Detail of Complications and Abnormalities of Labor Summary of suggestions for improvement: Earlier engagement of physician ...........18 Inadequate pelvis, Cesarean operation... Improved home conditions ..................20 Mid forceps ..... Low forceps ...... 21 Better nursing ......10 Improvement of physicians' technique ...... 5 Twins ..... Hospitalization .......26 Prematurity ..... Official statistics from State Department of Breech, instrumental delivery ..... Health show as follows: Breech, manual extraction ..... Hospital deliveries ...... 320 Dystocia, not qualified ..... Home deliveries ...... 739 "Very severe" ..... Total ......1059 Precipitate labor .....

Γace presentation	i	Induced labor	3
Shoulder presentation	1	Version	1
Large head	1	Separation of placenta	3
Hydramnios	1	Placenta praevia	1
Monster	1	Retention of placenta	1
Hemorrhage .	5	Episeotomy	1
Inertia P P hemorrhage	2	Episeotomy and forceps	3
Eclampsia	1		
Dry labor	1	Total	115

#### BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on October 15, 1930, was called to order at 9 P M, the retiring President. Dr Aranow, in the Chair

Dr Aranow thanked the members for their co operation during his administration. He appealed to the membership for its cooperation and support of the incoming officers In turning over the gavel to Dr Gettinger, he expressed his best wishes for a very successful Administration

Dr Gettinger thereupon took the Chair and ad

dressed the Society as follows

"I hope to reach out for much constructive work, for at no time was the medical profession in such a dilenima, at no time did the medical profession face the problems that it faces today These conomic problems do not only involve the integrity, the initiative, the self determination and medical independence, but they touch the vitals of the profession namely, the stability of its exist-And while I feel that we cannot launch a solution to these problems, I believe that by education, by propaganda, by having an under standing with the public and the commonwealth, we can reach some agreement

'In conclusion, I wish to thank, in the name of the Bronx County Medical Society, the last Administration, particularly its President, Dr Aranow, who, unbeknown to you, has worked very hard has constantly watched medical legislation and he has deserved the gratitude not only of the profession in the Bronx, but of the entire profession of the State for his active, sincere and ardent work, and I hope that the men in the profession will appreciate this as much as he deserves

Drs Edward Feder, Reuben Gilbert and Louis M Palermo were elected to membership

Dr Magid reported on the plans of the Committee on Medical Economics for the coming year

The recommendation of the Comitia Minora, that four members of the Society be appointed to act as representatives to the Allied Professional Council of the Bronx, was approved

The following Resolutions were introduced and

carried by a rising vote

'Whereas The Bronx County Medical Society having sustained a severe loss in the death of its honored associate Henry S Beers, MD

Resolved That the Bronx County Medical Society record the sense of its loss in the death of Dr Beers and that a minute thereof be placed on the records of the Society and be it

Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member

The Secretary read the following Resolution adopted at the Conference of County Secretarics and endorsed by the Executive Committee of the Council of the Medical Society of the State of New York

The County Secretaries having learned through the press that the Commissioner of Health of New York City in addresses and interviews has advised the Midi cal Profession to abandon what he calls the Code of Ethics, to publicly advertise and to open one price chinics take exception to and condemn this attitude of the Commissioner as subversive of the welfare of the practicing physician and detrimental to the public health 'They fully realize that men adopting this method

would do so not from motives of altruism or philan thropy, but solely with an idea of personal aggrandize ment, and that the commercial the unscrupulous and the incompetent would foist themselves upon the public at large as being endorsed by the Department of Health and the city authorities

'Turthermore those registered physicians of the pres ent advertising type against whom even the Department of Health has been endeavoring to protect the public would take advantage of this seeming endorsement and

entrench themselves more firmly

The Conference of Secretaries believes that the Prin ciples of Professional Conduct are necessary, beneficial just and equitable and calls upon the Executive Com mittee of the State Society rigidly to enforce its provisions and to confer with the State Grievance Committee regarding the possibility of any violation of the Medical Practice Act'

Following discussion it was moved and carried that the Bronx County Medical Society endorse this Resolution

The Program of the evening then proceeded as follows

#### Addresses

1 "Mass Production and Wholesale Distribution in Medicine" Inaugural Address, Joseph H Gettinger, President, Bronx County Medical Society

"Thoughts on Medical Economics," George Chandler, Chairman, State Committee on Medical Economics

I J LANDSWIN, Secretary

## GREENE COUNTY

The annual meeting of the Greene County Medical Society was held on October 7th at Cairo, N. Y., with eight members present out of the twenty-two members of the Society. The guests of the Society were Dr. Thomas Parran, Jr., State Commissioner of Health, and Dr. Huntington Williams. District Health Officer.

Dinner was served at 1 P. M. and the meeting was called to order immediately afterward by the President, Dr. D. Sinclair of East Durham.

Dr. Waller, Chairman of the Legislative Com-

mittee made his annual report.

The Treasurer's report showed a satisfactory

Letters from Dr. Ross, President of the State Society, and Dr. Edgar Vander Veer, President of the Third District Branch, were read expressing their regret at not being able to attend.

The President appointed Drs. Honeyford and

Van Hoesen a committee to draft resolutions on the death of Dr. Charles P. McCabe, ex-president

of the Third District Branch.

The principal speaker was Dr. Parran, State Commissioner of Health, who took for his subject "The County Health Unit and the need of Hospital Facilities for the County." Dr. Parran was given a rising vote of thanks for his delightful talk. A general discussion followed clearing up many points not before understood.

A committee of five was appointed to confer with the existing Hospital Committee, the Board

of Supervisors and the Public Health Nurse Management Committee, and to have the power to associate with them representative citizens of the county. The purpose of this committee to be to gather data regarding, (1) the establishment of a hospital, (2) the plan of operation of the Committee on Public Health Nursing, (3) to look over the needs of the county-in the way of Public Health, (4) to obtain information as to what is being done in other counties relative to the operation of County Health Units, and (5) to determine, if possible, if such a plan is desirable and feasible in Greene County.

The President appointed on this committee, Drs. Rapp, Honeyford, A. O. Persons, Van Hoe-

sen and Daley.

The following officers were elected for the year 1931:

President......Dr. M. H. Atkinson, Catskill Vice-President., Dr. I. E. Van Hoesen, Coxsackie Secretary..........Dr. W. M. Rapp, Catskill Treasurer......Dr. C. E. Willard, Catskill Chairman, Legislative Committee,

Dr. P. G. Waller, New Baltimore

Chairman, Committee on Public Health

and Public Relations..Dr. A. B. Daley, Athens Delegate to State Society,

Dr. F. W. Goodrich, Catskill The minutes were then read and adopted as read, and the meeting adjourned.

W. M. RAPP, Secretary.

#### RADIOGRAMS OF THE ERIE COUNTY MEDICAL SOCIETY

The Erie County Medical Society is continuing the radiograms broadcast on Saturday evenings from 7:45 to 8 o'clock, through station WGR. The Spring program was printed in this Journal of February 15, 1930, page 236. The program of this Fall is as follows:

Aug. 2—Early Diagnosis of Tuberculosis, Dr. Julius Ullman.

Aug. 9-City's Part in Preventing Tuberculosis, Dr. Nelson W. Strohm.

Aug. 16-Light and Tuberculosis, Dr. Horace LoGrasso.

Aug. 23-Dangers of Exercise in Tuberculosis, Dr. J. Herbert Donelly.

Aug. 30—Advice to the Tubercular and Hints for the Well, Dr. Nelson W. Strohm. Sept. 6—Medical Treatment for the Tubercu-

lar, Dr. Donald R. McKay.

Sept. 13—Surgical Treatment for Tuberculosis, Dr. Henry N. Kenwell.

Sept. 20—Heart Disease as a Public Health Factor, Dr. Louis H. Chely.

Sept. 27—Diabetes, Dr. Richard N. DeNiord.

Oct. 4—Bright's Disease, Dr. Richard N. De-Niord.

Oct. 11-Rheumatism, Dr. Julius Ullman. Oct. 18-Pneumonia, Dr. Julius Ullman.

Oct. 25—Cause of Asthma, Dr. Salvatore J. Parlato.

Nov. 1—Treatment of Asthma, Dr. Salvatore I. Parlato.

Nov. 18-Indigestion, Dr. Paul H. Sandresky. Nov. 15-The Public Health Nurse, Bertha H. Gibbons, R.N.

Nov. 22-The Fear of Dental Treatment, Hector G. Marlatt, D.D.

Nov. 29-Preventing Diseases of the Teeth and Gums, Leslie R. Murray, D.D.S.

Dec. 6—Halitosis, Speaker to be announced.

Dec. 13—Cancer Control as a Public Health Problem, Dr. Augustus W. Hengerer.

Dec. 20-Some General Dietary Hints for the Holidays, Dr. Francis E. Fronczak.

Dec. 27-Improving Your Looks by Plastic Surgery, Dr. Charles B. Handel.

Jan. 3-Headaches, Dr. Frank J. Montrose.

#### CLINTON COUNTY

The Annual Meeting of the Clinton County Medical Society was held at Plattsburg, N. Y., on Tuesday, Oct. 14, 1930, at 6:30 P. M.

The meeting was preceded by a dinner at which there was an attendance of twenty-three, and during which part of the business of the session was

transacted.

The following officers for 1931 were elected: President, Dr. L. G. Barton, Jr.; Vice-president, Dr. I. H. Haynes; Treasurer, Dr. F. K. Ryan; Secretary, Dr. L. F. Schiff; Censors, Drs. Macdonald, Dare, and Rowlson; Delegate, Dr. A. S. Schneider; Alternate, Dr. L. G. Barton, Jr.; Dr. E. Wessell of Plattsburg was elected a member of the Society.

The Maternity Survey Committee presented a statistical report and asked for a little more time in which to make a final analysis of the figures

presented. (See page 1306.)

The following topics were discussed and disposed of as indicated:

Hourly Nursing—referred to a special com-

Committee on Medical Economics—Presi-

dent authorized to appoint one. Physicians in Relation to Public Welfare Law-committee requested to prepare report at the earliest possible date and present to Comitia

An amendment raising the annual dues to \$5.00

was adopted.

The scientific program consisted of an address by Dr. Arthur H. Krida of New York, "Surgery of the Knee Joint" illustrated by lantern slides; and the President's address by Dr. A. S. Schneider, "Phlyctenular Disease in General Practice."

Dr. Krida was elected an honorary member of

the Society.

#### ROCKLAND COUNTY

The fall meeting of the Rockland County Medical Society was held at Letchworth Village on September 24th. The members of the Society were guests of Dr. C. S. Little, Superintendent of the Înstitution.

A most inspiring address was given on Mental Hygiene by Clifford W. Beers who gave a brief review of his remarkable book "A Mind That Found Itself." Mr. Beers was a New Haven boy who graduated from Yale in 1897, and in 1900 broke down mentally and became a patient. After three years of mental illness he re-entered the world of men. With recovered sanity, he abandoned his business career to devote his life to the Mental Hygiene movement and in 1901 the National Committee for Mental Hygiene was organized.

What the National Committee has accomplished in its nineteen years of life under Mr. Beers is well known. Through the general propaganda that it has sponsored and the specific surveys that it has conducted with the financial aid of the Rockerfeller Foundation, institutional facilities of a proper type have been vastly expanded and placed under competent psychiatric direction.

In closing, Mr. Beers urged the members of the Medical Society present to consider the psychopathology of the patient and to correct it as far

as is possible.

The meeting was well attended, and the members thoroughly enjoyed the hospitality of the genial Superintendent. Two new members were elected to the Society.

W. J. RYAN, Secretary.

#### WASHINGTON COUNTY

The annual meeting of the Medical Society of the County of Washington was held at Hudson Falls, October 7, 1930, at 4:30 p. m.

Members present: Drs. Banker, Paris, Samuel Pashley, Samuel Pashley, Jr., Orton, Borrowman, Park, Prescott, Munson, Bailey, MacArthur, Cuthbert, Leonard, Oatman and Casey.

Visitors: Drs. J. W. Dean, Annette Barber, George M. Mackenzie and Mrs. Thompson, nurse. The Treasurer's report was read and approved

showing a balance of \$124.86.

The report of Comitia Minor was read.

The following officers were nominated and elected: President, B. C. Tillotson; Vice-President, D. M. Vickers; Secretary, S. J. Banker; Treasurer, C. A. Prescott. Censors: A. E. Falkenbury, Samuel J. Pashley, Jr., J. H. Ring. Committee on Legislation: W. A. Leonard, E. D. Mac-Arthur, W. L. Munson.

Dr. Orton read a paper on "The Injection Treatment of Varicose Veins," and as a preliminary suggested caution in the routine use of digitalis in pneumonia.

Dr. Cuthbert read a paper on "Mediastinal Aneurism" and reported some very interesting cases, showing the X-ray findings.

Adjourned for dinner.

Evening Session: Dr. George M. MacKenzie read a paper on "Visceral and Referred Pain." Very interesting and instructive.

S. I. BANKER, Secretary.

### SCHOHARIE COUNTY

The seventy-third annual meeting of the Schoharie County Medical Society was held in Cobleskill High School Tuesday, October 14, 1930. The meeting was called to order at eleven o'clock A. M. by Edgar S. Simpkins, President of the

Society.

The following who had been placed in nomination for 1931 at the semi-annual meeting were duly elected: President, Joseph F. Duell, Jefferson; Vice-President, Ward L. Oliver, Cobleskill; Secretary, Herbert L. Odell, Sharon Springs; Treasurer, Le Roy Becker, Cobleskill; Censor, Willard T. Rivenburgh, Middleburgh; Delegate to State Society (with power of substitution) David W. Beard, Cobleskill. Committees appointed: Legislative, H. R. Bentley, L. R. Becker, C. L. Olendorf; Public Health, H. L. Odell, W. S. Pomeroy, L. Driesbach; Publicity, J. J. Beard, L. Driesbach, R. G. S. Dougall; Public Relations, L. R. Becker, W. S. Pomeroy, D. W. Beard; Physical Therapy, M. Bruce, R. G. S. Dougall, D. W. Beard. A committee consisting of Drs.

Odell, Becker and J. J. Beard was on motion appointed to frame resolutions on the death of Dr. Adam Y. Myers. The Chairman of the Legislative Committee gave a short verbal report.

The Treasurer reported a present balance of \$85.08, with some bills still unpaid. The bill for the Eastman films was on motion ordered paid. An adjournment was taken for luncheon at Hotel Augustan after which the Society reconvened in the lecture room of the High School for the scientific session.

Drs. Edgar A. Vander Veer and Homer I. Nelms of Albany gave a most excellent paper on "Nervous Indigestion" well illustrated by x-ray films. A rising vote of thanks was given Drs. Vander Veer and Nelms for their meritorious paper.

Dr. David W. Beard presented a series of three Eastman films on "Injuries of the Hand." The series was very complete and helpful, and was

thoroughly appreciated by those present.

H. L. ODELL, Secretary.

### NASSAU COUNTY

The October issue of Nassau Medical News, the monthly publication of the Medical Society of the County of Nassau, contains an argument for the support of the following proposition:

"Shall the appropriation of the sum of One Million Seven Hundred and Fifty Thousand Dollars (\$1,750,000) made by the resolution entitled 'A Resolution to establish a public general hospital for the care and treatment of the sick in the County of Nassau and to appropriate the sum of One Million Seven Hundred and Fifty Thousand Dollars (\$1,750,000) for said purpose and to provide for the submission of a proposition to approve said appropriation at the next General County Election, adopted by the Board of Supervisors of the County of Nassau on the 6th day of October, 1930, for the acquisition of lands and the erection of buildings for the purpose of erecting and establishing a public general hospital for the care and treatment of the sick in the County of Nassau in the manner provided in said resolution, be approved?"

The News says:

"To lose the election this year would mean a delay of several years before we could hope for another opportunity as favorable as this. Remember that this is the third attempt that the Medical Society has made to secure these facilities. In 1922 there was presented to the Board of Supervisors a petition asking for the erection of a contagious disease hospital. In 1923 the Medical Society made a very elaborate survey of the hospital situation of the county and again urged the erection of a hospital for the care of these neglected cases. This time we have invested two years of real hard work. This time we have gotten support from the most influential people in the county. This time we actually have an opportunity to let the people decide.

"Let us not miss this opportunity. Get out the vote. Tell people what this hospital means. More than that, tell the people what it would mean to

lose it."

The county medical society is also sending out a four-page handbill describing the proposed hospital and the cases for which it is designed. It calls attention to the great success of the County Tuberculosis Hospital at Farmingdale, and proposes that the new hospital shall be managed in a similar way. The last page of the hand bill contains letters from prominent people and officials of Nassau County favoring the hospital.

Volume 30 Number 21 1311



### THE DAILY PRESS





JIMMIE!



Unfair Competition



By Gene Byrnes



From N Y Herald Tribune, August 1, 1930

#### SCIENTIFIC VALUES

James J. Montague, in his verse in the New York *Herald Tribune* of April 24, sets forth a mental attitude which physicians have to consider. Astronomy enables world commerce to

> Astronomers are men who ply The trade of studying the sky;

They're happy, if into their ken A comet rambles now and then,

Or if, some lucky night, they view A planet which is fresh and new.

With souls alight with eager hope They sit behind a telescope

And seek, in some sidereal zone, A sphere which is as yet unknown.

Yet these strange bodies that they see Are of no use to you or me. traverse the seas; and now research workers, searching the infinitely small, are charting the way of health and life for every human being to follow.

We cannot on them file a claim And add them to our broad domain,

Or vote their people yea or nay Upon our next election day.

Or make them vote their acceptation Of sumptuary legislation

What they discover in the skies May make us possibly more wise,

But I can't understand how it Can be of any benefit.

For any good it does the nation Theirs seem a useless occupation.

#### TWO VIEWS OF "TALKIES"

The New York *Times* of October 9 comments editorially on the nerve-breaking work of running talking movies and says:

"Varied are the protests against that lusty infant industry, the talking pictures. They are threatening the very existence of the legitimate theatre; they have ruined the cinema palace as a place for a quiet nap; they have thrown numbers of worthy musicians out of work; they have sidetracked the art of the silent screen, and even keep people from patronizing midget golf courses.

"The latest complaint comes from the operators in Liverpool. They threaten a general strike because their work has been 'rendered much more onerous' since the introduction of talking pictures. The ordeal of listening hour after hour to the noise of loud-speakers in the operating boxes is 'ruining the physical and nervous system' of many operators. They ask for shorter hours and noise relief."

On the other hand, the authorities of the Pennsylvania Railroad are installing "Talkies" in the New York Station, according to the following note in the New York Times of October 15:

1312

"Radio music will be diffused through the main rotunda of the Pennsylvania Station through an elaborate loud-speaker system which is now being installed by engineers of the Radio Corporation of America, it was learned yesterday.

"Six powerful reproducers will be hidden at the ends of the station near the ceiling. The idea is to entertain travelers waiting for trains and to 'calm the commuters,' officials declared. music will be regulated so that there will be no 'bedlam,' it was said, but merely 'music quietly floating through the air.' Tests are made between 3 and 4 o'clock in the morning. The apparatus will be arranged to pick up radio broadcasts and also to play recorded music."

(We hope the report is exaggerated for we are a Long Island commuter.—Editor's note.)

### SYRA, THE ISLE OF THE BLESSED

the following editorial allusion which may send some classical physicians to their Greek textbooks:

"A dispatch in yesterday's Times from Athens tells of an event on the isle of Syra that crowns one of America's most beneficent philanthropies. It was this isle that Eumaeus described to Ulysses in the Odyssey:

"There is an island called Syra, above Ortygia, · where are the turning places of the sun. It is not very thickly settled, but is a good land, rich in herds, rich in flocks, full of wine, abounding in wheat. Famine never comes to the land, nor does any hateful sickness besides fall on wretched mortals; but when the tribes of men grow old throughout the city, Apollo of the silver bow comes, with Artemis, and assails them with his gentle shafts and slays them.'

"On this isle, now a commercial centre among the Cyclades, a short voyage from the Piraeus, the Near East Relief built an orphanage which at times held as many as 3,000 refugee children. There it fed and clothed them, gave them some

The New York Times of October 16 makes such training as boys and girls in America have, and taught them the beginnings of simple trades. They learned to make their own clothes, cultivated their gardens and fields, and even helped to build the walls of their temporary home. Now they are nearly all living among their people and earning a livelihood. The Syra institution is more delightfully situate than some of the other orphanages, but it has typified in its program the work of all throughout the Near East. All together, 132,000 children have passed through them, while other hundreds of thousands have been helped in their distress.

> "The buildings and equipment at Syra have now with high ceremony, in which the American Minister and Prime Minister Venizelos participated, been transferred for a period of five years to a Greek Foundation, to be used as a vocational trade school, specializing in textile trades.

"Ancient Greece gave the world the word 'philanthropy.' America has given her gratitude and mercy back in substance and sacrifice which have made an ampler definition for that word than the Near East has ever before known."

### NOISE ABATEMENT IN NEW YORK CITY

An editorial writer in the New York Sun of September 29 turns to classics for illustrations of sensitiveness to noise, although he takes the allusions secondhand, as the following quotation shows:

"The inhabitants of Sybaris dwelt in peace and luxury on the shores of the Gulf of Tarentum a thousand years or two before the malarial mosquito settled down there. The Romans thought them effeminate, and their civilization effete. They scoffed at the city's zoning regulations, and particularly at the ordinance prohibiting industrial noises in residential areas. Possibly having in mind this unusual sensitiveness to unseemly din, they invented the tale about a Sybarite who was unable to sleep because a petal was crumpled in his bed of rose leaves. The Sybarites may have been the first, but were certainly not the last, city-dwellers to yearn for peace and quiet. Carlyle dreaded the sound of a cock-crow. Schopenhauer was tortured by the crack of a carter's whip. Herbert Spencer used to plug his ears with wool and think great thoughts.

"For all these and a wealth of other equally entrancing historical allusions the public is indebted to the Noise Abatement Commission, whose report was published yesterday. It is a handsome volume, illustrated with contemporary cartoons, and popularly edited—for no commission will ever be able to deaden the din without popular support.

"The commission recommends, besides a noise squad, an 'energetic educational campaign to arouse public consciousness to the evils of noise and the advantages of a quieter city.' City dwellers can never look forward to a day-or even a night-when their streets will be as silent as the Antarctic wastes and a man can hear his own heart-beat. But they can, if they insist upon it, come to enjoy a far more peaceful lot than is theirs today."



### BOOK REVIEWS



SLEEP AND THE TREATMENT OF ITS DISORDERS. By R. D. GILLESPIE, M.D. 12mo of 267 pages. New York, William Wood & Company, 1930. Cloth, \$3.25. William Wood & Compar (Minor Monograph Series.)

Dr. Gillespie presents an exhaustive and authoritative treatise on the subject of sleep. He expounds the physiological changes accompanying sleep, including a discussion of the experimental effects of sleeplessness in animals as well as in man. Following this theoretical introduction he next considers the various disturbances of sleep such as night-terrors, narcolepsy, and somnam-The management of these disturbances are carefully analyzed, and the pharmacologic actions of the various sedatives are by no means overlooked.

EMANUEL KRIMSKY.

Ker's Infectious Diseases: A Practical Handbook, Revised by CLAUDE RUNDLE, O.B.E., M.D. Third Edition. Octavo of 614 pages, illustrated. London and New York, Oxford University Press, 1929. (Oxford Medical Publications.)

This is the third edition of Ker's textbook of infectious diseases. The first edition was published in 1907, and the second in 1920.

The original edition was based upon the lectures delivered by the late Dr. Claude Buchanan Ker to the students of the Edinburgh University and has maintained a high standard of descriptions in that the author recorded his own observations and experiences in a field

in which he was an authority. Following the augmentation in our knowledge concern-

ing the infectious diseases which occurred during the Great War, the volume was revised by Dr. Ker. The present edition has been contributed by Dr. Rundle and is published with the purpose of bringing the work up to date by incorporating the results of recent advances in the study of the etiology, prevention and treatment of scarlet fever, measles and diphtheria, and at the same time maintaining fairly intact the careful, admirable and masterly clinical descriptions of the original text.

The book can be recommended, indeed, as a valuable textbook in this important field. It has been carefully printed and the paper and binding are excellent.

JOSEPH C. REGAN.

TREATMENT IN GENERAL PRACTICE. By HARRY BECK-MAN, M.D. Octavo of 899 pages. Philadelphia and London, W. B. Saunders Company, 1930. Cloth,

\$10.00. "The neglect of thorough and painstaking teaching of therapeutics in this country is not so often the subject of serious consideration in our medical councils as it might well be. With only a few notable exceptions, the medical schools seem content if there is presented within their halls, usually to junior students who have had as yet practically no contact with the sick, a ridiculously inadequate course of lectures, the rest being left to the teachers in the departments of medicine, pediatrics, etc. And these later seem to shift the responsibility largely onto the gods, not through any culpability on their part, but simply because of their immersion in the task of of acquainting the student with the prodigious method ology of modern diagnosis, no time is left for an exhaustive consideration with him of the treatment of disease." Thus, Dr. Beckman begins his excellent book and then proceeds to correct as best he can the shortcomings of the medical curriculi. And he has made a very good job of it; for he has presented modern treatment in a manner that is scientifically accurate and amply comprehensive. Furthermore, his style is entertaining and extraneous matter has been judiciously eliminated. In eight hundred pages he has presented a large subject in a very complete form.

This is one of the best books on modern therapy that has come to the attention of this reviewer.

M. F. DeL

PRACTICAL PSYCHOLOGY AND PSYCHIATRY. For Use in Training-Schools for Attendants and Nurses and in Medical Classes, and As a Ready Reference for the Practitioner. By C. B. Burr, M.D. Sixth Edition. Octavo of 378 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$2.75.

This is a manual of 378 pages. About one-third of the subject matter is related to a discussion of normal and abnormal psychology which leads readily to the study of mental disease types, the latter being instructively and interestingly presented.

Considerable space is given to the matter of treat-ment and many helpful suggestions are available for

both nurse and physician.

The very important subject of mental hygiene is deservedly stressed, the different phases being discussed from practical standpoints, beginning with child guidance and healthy habit formation, and continuing on with instructions adapted to youth and early adult life. The book contains a wealth of information of value to anyone interested in the care of mental cases, or in disseminating information calculated to give the great mass of the people a more normal outlook upon life, mass of the people a horizontal disease in the volumer generation.

A. E. SOPER.

SURGICAL DIAGNOSIS. By American Authors. Edited by Evarts A. Graham, A.B., M.D. Three Octavo Volumes and Index, totalling 2989 pages and 1281 illustrations. Philadelphia and London, W. B. Saunders Company, 1930. Cloth, \$35.00 a set.

Publications, the primary purpose of which is to shed light on the always baffling problems of diagnosis, are welcome. Alexander Johnson, for so many years an associate of Charles McBurney, two decades ago contributed to surgical archives his masterly monograph (in three volumes), on surgical diagnosis. An individual effort, the product of a keen mind and rich experience, it stands to this day as a monument to sagacious clinical observation.

It is trite to say that the last twenty years have been marked by the greatest strides forward in all history. In this time medicine has kept pace with scientific progress and so it is that these volumes, depicting as they do what medicine of today offers diagnostically, are op-

portune.

"Wisdom is the vital union of art and science." Dr. Graham, with his more than forty co-writers, has evolved a work thoroughly in consonance with that statement. In the three volumes (with desk index) conveniently arranged by regions are set forth, briefly and in orderly fashion, surgical diseases, pitfalls relating thereto and diagnostic aids therefor. Each section has been written diagnostic aids therefor. Each section has been written by men, singly or in groups, who have special knowledge, training, experience in the special field with which they deal. Under the competent editorship of Dr. Graham, these articles have been blended into a work of admirable excellence. The student and practitioner of surgery will alike find this publication modern, well balanced and F. D. J.



### OUR NEIGHBORS



### AN ADVERTISING OPINION FROM MINNESOTA

The October issue of Minnesota Medicine has the following editorial on medical adver-

"Advertising is contrary to the code of medical ethics. The same rule applies to all professions and this is one of the outstanding differences between a profession and a business. While the physician is, perforce, dependent upon his fees for his livelihood, monetary return is not and should not be the prime consideration. Advertising smacks too much of a

purely business proposition.

"In a recent editorial, the Minneapolis Journal takes the profession to task for not changing its code of ethics regarding advertising. The editor thinks we should use this same tool which quackery has so misused and that the public suffers because we fail to inform them as to what we have to offer for the alleviation of physical ills. We cannot agree that the public would be better served if physicians began to advertise.

'What would we advertise? Our specialties? Then how about the general practitioners? The diseases we can cure? This presupposes a diagnostic ability on the part of the patient. Or perhaps we should publish our faces? Not so good.

"Obviously the newspapers would all favor the adoption of advertising by physicians. How about increasing the cost of medical service? The prohibition of advertising places no physician at a disadvantage.

"Most publicity amounts to advertising. This is the reason that the physician to be

consistent is inclined to sidestep publicity. This does not mean that the public is deprived of medical information. What with health journals such as Hygeia and the Public Health Journal, radio broadcasting by national and state medical associations and health articles in newspapers and magazines, the intelligent reader can easily keep posted.

"The newspapers themselves are to a certain extent to blame for the usual reticence on medical matters encountered by them. Information, when given, is likely to appear in a distorted, sensational write-up featuring the individual rather than the subject matter. The public is interested in individuals rather than

abstract facts, we are told.

"Medical groups — so-called clinics — are bound by the same rules of ethics as individual physicians. Articles sometimes appear without the sanction of the individual physician or the group, but not infrequently a group utilizes publicity methods or even solicits patronage in a manner that would be severely criticised in an individual. A hospital sometimes advertises and incidentally the medical group which owns or patronizes the hospital receives publicity. A hospital, in our opinion, should not be operated as a money-making proposition and therefore should not resort to advertising in lay magazines or newspapers.

"No, we can see no reasons for changing the status quo of medical advertising; and there are many reasons why we should continue to play the game according to the present rules." (See page 1291).

### COMMONWEALTH FUND IN RURAL HEALTH IN MASSACHUSETTS

The New England Journal of Medicine of September contains a plan for aiding the rural health service of Massachusetts by means of financial grants and supervision of the Com-

monwealth Fund. The article says:

"Two years ago, Governor Allen recommended legislation allowing towns to combine in health districts for the employment of a full-time executive health officer and staff. Such a bill was introduced by Professor C. M. Hilliard of Simmons College and was passed by the Legislature. Although Lee, Lenox and Stockbridge have combined to give an admirable adequate milk inspection service, no towns have as yet combined for the all-round health service thus contemplated. Now along comes the Commonwealth Fund of New York with the aid and incentive necessary to promise real success.

"Massachusetts and Tennessee are the two states selected for aid in developing rural health service. Nearly \$100,000 will be put into this program here each year for three to five years. The following features of the Commonwealth Fund program show constructive thinking:

(Continued on page 1316-adv. xiv)

**MEAD'S** Viosterol in Oil, Prevents 250 D\* and Cures EFFECTIVE Rickets OCTOBER 1st, 1930 \*Mead's Viosterol in Oil is now designated 250 D, bein proper cause in deference to Dr. Harry Steenbock-and in the interest of uniform nomenclature-we are now assaying our product by his method. Before October dosage 1, 1930, this same product was assayed by the McCollum-Shipley method and was designated 100 D. Mead's Viosterol in Oil, 250 D (Steenbock method) - in normal dosage-is clinically demonstrated to be potent enough to prevent and cure rickets in almost every case. Like other specifics for other diseases, larger dosage

MEAD JOHNSON & CO., EVANSVILLE, IND., U.S.A

may be required for extreme cases. It is safe to say—based upon extensive clinical research by authoritative investigators (reprints on request)—that when used in the indicated dosage, Mead's Viosterol in Oil, 250 D is a specific in almost all cases of human rickets, regardless of degree and duration, as demonstrated serologically, roentgenologically and clinically. The change in Mead's Product is in designation only—not in actual potency. Mead's Viosterol in Oil, 250 D—in proper dosage—continues to prevent

and cure rickets.



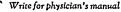
### Performing a Difficult Job

in a most satisfactory way

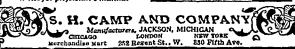
Designed for relief of scrotal hernia—this garment performs its work better than any belt or truss on the market.

It hugs the body closely, following the groin line. Beneath—a fitted, resilient pad protects the ruptured part. Perineal straps fitting part. Perineal straps fitting close to the side of the leg hold the pad firmly. No slipping from place. No irritation. The CAMP PATENTED ADJUST-MENT, lacing at back, pulling from lower front, governs tightness and governs tightness and pressure.

support affording decided comfort to the patient. In different body heights, all sizes. Sold at the better drug and surgical houses.







### Causative factors



(Davies, Rose)

are-starting with a biologically tested leaf, exercising particular care in its conversion into pill form, determining the bio-activity of that pill, and the checking up from time to time of its physiological strength by a

highly competent biologist.

MYIES ROSER CO. LIN

Sample and literature upon request. .

DAVIES, ROSE & Co., Ltd. Pharmaceutical Manufacturers, Boston, Mass. (Continued from page 1314)

Funds for developing the 1. Education. teaching of preventive medicine in medical schools and postgraduate training for general practitioners engaged in rural practice will be available. Also, assistance will be given to some teacher training school in developing courses in health education,

(a) Medical students. About five scholarships will be offered in some Massachusetts medical school to students who will agree to practice following their hospital internship for at least the first two years in a small community. If the recipient changes his mind he is asked to repay the loan; otherwise not.

Some fifteen physicians, (b) Physicians. largely selected from the health districts, will be given, each year, their tuition, travel and \$1,000 for four months' study. The Fund must approve the course and the school. Fund is not interested in making specialists out of general practitioners, but it is deeply interested in encouraging study in various fields of general medicine, surgery, pediatrics and obstetrics. In this way men graduated some years since may become familiar with the more recent advances. Thus is recognized by a great foundation that in an informal medical profession is the basis of sound public health work.

(c) Certain scholarships will be offered public health nurses for postgraduate study in their many fields.

(d) Certain scholarships for teachers interested in health education will be available.

2. Coordinating Unit. Funds will be made available for organizing a unit in the State Department of Public Health which will develop, advise and coordinate the activities of the health districts organized under this plan. This unit will be composed of a medical health officer, public health nurse and sanitary inspector.

3. Aid to Districts. A limited number of health districts (two the first year) that develop programs and staff that seem to the Fund adequate will receive financial aid.

In addition to the above, the State Department of Public Health can contribute in suitable instances toward the salary of the local health officer by appointing him a part-time epidemiologist of the Department. It will be of great help not only to the local communities but to the entire state to have more trained health officers available for emergency service, in their respective localities.

Here then is given to us a plan adapted to our needs which will give our rural people this much needed skilled full-time service. Will they accept it?

(Continued on page 1318-adv. xvi)

### FELLOWS SYRUP

Clinically tested and proved all over the world

REMINERALIZATION

VITALITY

**ENERGY** 

**DEMINERALIZATION** 

CONVALESCENCE

**NEURASTHENIA** 



CALCIUM

POTASSIUM

MANGANESE AND IRON

STRYCHNINE AND QUININE

FELLOWS MEDICAL MANUFACTURING COMPANY, Inc.

26 Christopher Street, New York City.

Please mention the JOURNAL when writing to advertisers

### "STORM"



# The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliae Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.
47 West 47th Street New York City

A general solicitation for Directory advertisements in the next issue of the

### Medical Directory of New York, New Jersey and Connecticut

is now under way.

We request our members to send to the Advertising Department of the Directory names of firms making bids for their business, so they may be approached for advertising contracts.

Committee on Publication

(Continued from page 1316-xiv)

The forces working against it are community jealousies, inertia, and suspicion.

Those working for it are the disinterested professional and lay people who realize the shocking neglect in the application of precise knowledge available today for the reduction of sickness and death among the people. May we not be found wanting in making amends for past neglects now that the means have been given us"

### FREE MEDICAL SERVICE IN MILWAUKEE

The October issue of *The Wisconsin Medical Journal* contains the following report of a survey of medical charity given in Milwaukee during the year 1929:

"A recent survey made by The Medical Society of Milwaukee County revealed some interesting facts relative to charity work done by the doctors in Milwaukee during 1929, in and out of private practice.

"A questionnaire was sent to each of the 640 members of the Society, 220 returning their questionnaires completed. Of this number 120 stated that they kept no record of charity work; 60 stated that they kept records.

"Approximately 11,532 patients were cared for by 125 doctors or on the average of 93 patients a year each; 133 doctors stated that they valued the charity work done by them at \$136,268 or on the average of \$1,024.72 each.

"The loss in bad accounts as reported by 63 doctors was 12.6%. The loss in dollars and cents as given by 86 doctors was \$78,658 or on the average of \$942.62 each.

"Of the 220 reporting, 89 doctors stated that they held full or part time clinic appointments. They stated that during the year 1929 they had given 467 hours of free service in clinics or on the average of 34 days each annually.

"The total value of charity service, in institutions of those reporting was \$206,076 or on the average of \$2,676.13. It was felt, by 46 of the doctors reporting that 27% of those accepting charity could pay.

"On the basis of the returns it appears that some 57,000 charity patients were cared for by doctors in private practice in Milwaukee during 1929. The total cost of caring for patients in private practice on the basis of regular medical fees would have been \$680,000. The value of service rendered in free dispensaries and clinics was approximately \$620,000. The total free medical service rendered by members of The Medical Society of Milwaukee County was approximately \$1,300,000 during 1929."

Finding one's way about



ARE you ever confronted with the need of finding your way amidst the therapeutic maze in the selection of the right remedy for constipation?

There is a simple, sure path you can safely follow when you select Agarol the original mineral oil and agar-agar emulsion with phenolphthalein. There are no contraindications to its use; no "ifs" no "buts."

Just the right amount of thoroughly emulsified mineral oil to supply unabsorbable moisture to the intestinal contents and make their passage easy and painless. Just the right degree of peristaltic stimulation to make the result certain and facilitate regular habit formation.

One tablespoonful at bedtime

is the dose

Final decision on the true worth of Agarol rests with the physician. We will gladly send a twin package, withliterature, for trial.

AGAROL for Constipation

### ANNUAL MEETING OF WISCONSIN

Editorial comments on the annual meeting of the State Medical Society of Wisconsin are contained in the October issue of *The Wisconsin* 

Medical Journal, which says:

"With an attendance of one-third of all the members of the State Society, the 89th Anniversary Meeting held in Milwaukee during the week of September 9th exceeded all previous records and is believed to have set a national record for societies of comparable size.

"The 1930 meeting, placing emphasis on a program for the general practitioner, had four outstanding features which seemed to meet with the

approval of the membership.

"All sessions on Wednesday and Thursday were contained in the Schroeder Hotel, headquarters of the meeting. The afternoon sessions were divided into three separate parts in separate rooms from two until four to permit of greater opportunity for choice of subject matter. At four the members convened in the Grand Ball Room for the orations.

"The alumni luncheons were held on Wednes-

day noon. Thursday noon was devoted to nine round table luncheon conferences, attendance limited to twenty each, for the general discussion of previously announced subjects under the direction of selected discussion leaders. Despite the fact that each reservation had to be accompanied by check in advance covering the cost of the luncheon, each conference was filled and not all applicants could be accommodated. One hundred and eighty members were accommodated in these luncheon conferences on Thursday noon and their distinct success promises their further development for the 1931 session.

"Instead of a full third day program on Friday the plans were so changed as to permit the members to choose any one of ten hospital clinics arranged by staff members at Milwaukee hospitals from nine to twelve. Over seventy staff members participated in these programs and the total

attendance was over three hundred.
"Friday afternoon was then devoted to the annual golf tournament instead of a sixth half day

of scientific program."



### TRADE PYRIDIUM MARK

Phenylazo-alpha-alpha-diamino-pyridine hydrochloride
(Manufactured by The Pyridium Corb.)

### For the treatment of urinary infections

May be administered orally or applied locally.

Non-toxic and non-irritative in therapeutic doses.

Marked tissue penetrative power.

Rapidly eliminated through the urinary tract.

Send for literature

MERCK & CO. INC.

Rahway, N. J.



-so rich in vitamins \_are more appetizing when Seasoned

with

IF you could watch and study the great canning companies at work you would make these amazing discoveries. First, the vegetables chosen are as fine as any fresh vegetables that ever came into your kitchen. Second, the scientific methods of cooking and packing conserve more of the vitamins and minerals than you can on your home range.

To get the utmost from these pure, wholesome canned vegetables, heat them rather than boil them. They don't need to be recooked. Then season to taste and serve.

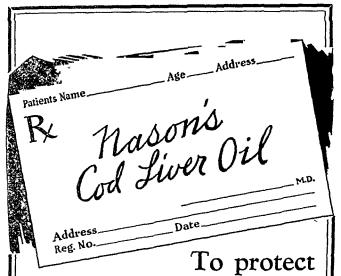
A dash of sugar to a pinch of salt is an ideal seasoning for all vegetables - canned or fresh. The sugar in this mixture heightens

THIS is one of the advertisements of The Sugar Institute, appearing in newspapers throughout the country. In order to keep the statements in accord with modern medical practice, they have been submitted to and approved by some of the leading authorities in the field of human nutrition in the United States.

their flavor and makes them more enjoyable. And food that pleases the taste promotes the flow of gastric juices.

Doctors and dietitians approve the use of sugar as a flavor in the preparation of food for children and adults. For sugar makes most foods, which are carriers of roughage, vitamins and minerals, more enjoyable. Good food promotes good health. The Sugar Institute, 129 Front Street, New York.

**S** "Most foods are more delicious and nourishing with Sugar"



your patient against the possibility of receiving inferior or untested commercial oils . . . . .

### prescribe Nason's

### High Vitamin Potency Plus + Palatability

The vitamin potency of Nason's Palatable Norwegian Cod Liver Oil is warranted to be not less than 1,000 vitamin A units per gram and not less than 150 vitamin D units per gram. Each lot is biologically tested.

Accepted by Council on Pharmacy and Chemistry, A.M.A.

### Nason's Palatable -Norwegian

### Cod Liver Oil

The Better Tasting Kind



### TAILBY-NASON COMPANY

Kendall Square Station, Boston, Mass.

Pharmaceutical Manufacturers to the Professions of Medicine and Pharmacy since 1905

Gentlemen: You may send me (without charge) sample bottle of Nason's Palatable Cod Liver Oil.

Name .....

My Druggist's Name.....(N.Y.J. 11-30)

### THE MINNESOTA STATE JOURNAL

The report of the Editing and Publishing Committee of the Minnesota State Medical Association is contained in the October issue of Minnesota Medicine as follows:

"In presenting this, the twelfth annual report on the publication of the Association's journal, Minnesota Medicine, for the calendar year 1929, this committee is pleased to announce that the journal continues to operate at a profit, the cash receipts for the year being \$1,081.52 in excess of expenses. This amount has been remitted to the treasurer of the Association. The net cash receipts for 1929 showed a gain over the preceding year.

"Advertising has been carefully censored, and with rare exceptions nothing has appeared in the columns of our state journal not conforming to A.M.A. standards. The American Medical Association tells us that the journal is highly regarded among the better class advertisers. Undoubtedly our advertising volume could be materially increased were we willing to accept border line advertisements.

"The circulation of Minnesota Medicine for the year 1929 is reported as follows:

Members (paid)	2.058
Members (delinquent)	
Outside subscriptions	
Miscellaneous copies distributed (ex-	
changes, complimentary copies, adver-	
tising copies, etc.)	289
Surplus on file	120
-	
	2,725

The following report of receipts and disbursements was submitted to the secretary of the Association in January, 1930:

### Cash Receipts

### Disbursements

Journal expense .....\$11,953.89

Discounts allowed:

Advertising .\$1,172.29

Subscrip-

tions ..... 14.40 1,186.69 13,140.58

Surplus cash in bank ..\$ 1,081.52

\$14,222,10

### ANNOUNCING SORICIN CAPSULES

WHEN Larson first suggested the use of Soricin (purified sodium ricinoleate) as a detoxifying agent, he opened up an entirely new method of combating infection.

Detoxification with Soricin was first applied in dentistry, where it has afforded brilliant results in the treatment and prevention of oral infection in the mouth. The use of a detoxifying agent in medicine and dentistry is based upon its ability to render pathogenic organisms non-pathogenic, and to detoxify their toxins. This prevents the absorption of toxins from the focus of infection and the consequent development of secondary infections.

Detoxification has been confirmed by Cesari, Cotoni and others at the Pasteur Institute in Paris, who have reported that their experiments confirm Larson's work. More recent investigation has revealed the

fact that detoxification is as applicable in the treatment of infections of the intestinal tract as it is in the control of mouth infections.

For the past two years, Morris, Dorst and others have studied the action of Soricin in the bowel and have now reported their results fully in current medical literature. Their clinical studies show that Soricin Capsules when given by mouth afford prompt relief in colitis and other diseases of the intestinal tract. The experimental work so far completed justifies the further clinical study of this important drug by the medical profession.

If you are interested in the work of these investigators, we would be glad to send you, free of charge, a supply of Soricin Capsules, together with complete clinical information. THE WM. S. MERRELL COMPANY, CINCINNATI, OHIO.

### In the Nose Throat and Bronchial Season



### As Part of Your Basic Treatment

Olajen is neither expectorant, sedative nor symptomatic palliative.

Its effect is systemic, restorative, raising resistance.

Quite decidedly in Bronchitis, Laryngeal and Tonsillar affections and "Grippe" cases, it shortens the period of recovery, makes the patient feel "more comfortable," appears often to lessen the severity of the acute period,

and is useful

as a prophylactic, tending to prevent severer sequelae.

PROOF?

TWOFOLD -

Clinical evidence from the profession, the test of your own practice.

Write for both



### Olajen contains per 8 oz.:

-	
Calcium lactate	. 12 gr.
iron phosphate	12 gr.
Sodium phosphate	. 12 gr.
Potassium bi-tartrate	. 12 gr.
Lecithin	4 1% er.
in a colloidal, nutritive	base.

### **IMPORTANT**

IN FORM AND PALATIBILITY OLAJEN IS A DEFINITE STEP FORWARD, SMALL DOSAGE BECAUSE OF RAPID ABSORPTION (COLLOIDAL) AND ACTION.
TAKEN OFF A SPOON OR ON A CRACKER, WITH A PLEASANT MINT FUDGE FLAVOR—STRICTLY ETHICAL.

### Olajen, Inc.

451 West 30th Street New York City

### RADIO PROGRAMS IN MINNESOTA

The October issue of Minnesota Medicine gives a report of the Radio Committee as follows:

"One hundred seventeen radio programs were broadcast under the direction of the Radio Committee from April 3, 1928, to June 1, 1930. With the exception of two programs from KSTP, all have been sent from Station WCCO.

"The regular health service feature has been given every Wednesday morning at 10:15 with the exception of holidays, by Dr. Wm. A. O'Brien, Associate Professor of Pathology,

University of Minnesota.

"Censorship.—Station WCCO volunteered to turn over the problem of passing on all medical advertising to the Committee. Since then, nothing has appeared on the air from WCCO of objectionable nature, because of this arrangement. There was one program which was approved and later proved to be objectionable. This was because of misrepresentation on the part of the advertiser, and the station regrets it just as much as we do.

"Publicity.—Good publicity has been received from all the papers and the station. Announcements of the programs appear in the press and are given over the air at frequent intervals. In addition, since January 1, 1930, all programs have been made in advance and are now published in Minnesota Medicine. More recently they have been carried by the Journal Lancet and some of the newspapers. Everybody's Health now carries 'Health from the Air' extracts from the programs since May 1, 1930.

"Audience.—We are still reaching the State of Minnesota, parts of North and South Dakota, Iowa, Wisconsin, and northern Michigan. We have been informed that our audience has grown to a remarkable size and that the health service feature is now one of the main attractions of WCCO. Letters from interested listeners vary from four to three hundred per talk. When the audience is promised a copy of the talk, a large number write in; otherwise, few letters are received except those asking for advice and offering suggestions for future programs. As the program is part of the Women's Hour feature of the station, naturally, a large percentage of our audience is We believe this is very desirable as it is through the women that we reach the home and family. The number of convalescents, invalids, and shut-ins remains about the same. They have been very much interested in the talks and write frequently.

"Our letters also indicate that a large number of men are now listening. This is very

(Continued on page 1326-adv. xxiv)

# eeding the INNER FLAME SQUIBBB CARBOHYDRATE FOODS MEET EVERY NEED

#### SQUIBB VITAVOSE

A palatable maltose-dextrin preparation, containing approximately 78 per cent carbohydrates... exceedingly rich in Vitamin B and assimilable iron salts... stimulates the appetite... for modification of milk in infant feeding and as a diet supplement.





### SQUIBB DEXTRO-VITAVOSE

Vitavose modified to contain a larger proportion (96 per cent) of carbohydrates, chiefly dextrose . . . specially adapted to the modification of milk for very young infants, particularly those predisposed to digestive disturbances.

### SQUIBB DEXTROSE

An immediately absorbable carbohydrate of U. S. P. X purity. For the nutrition of infants and invalids . . . May be administered orally, in nutrient enemas, or used intravenously, subcutaneously and intraperitoneally after proper preparation and sterilization of solution.



(For Literature write to Professional Service Dept.)

E-R-SQUIB

SONS, NEW YORK

# The Fitting of a Truss



Each truss must hold comfortably and securely, and you and your patient shall be the judges. Each frame is carefully selected and accurately shaped to the body. Pads and covers are chosen to meet the varying conditions, and the hernia is retained by gentle support with no suggestion of pressure or strain.

You are safe in recommending a Pomeroy, for with us the welfare of your patient comes first—and this promise is backed by over sixty years of Pomeroy Service.

Insist upon Pomeroy Quality
—It costs no more

### Pomeroy Company

SURGICAL APPLIANCES

16 East 42nd Street, New York

400 E. Fordham Rd., Bronx

Brooklyn Newark Boston Springfield Detroit Wilkes Barre

### CONSULTATION BUREAU IN MINNESOTA

The Minnesota State Medical Association established a Consultation Bureau early in the year 1929, and conducts a consultation page in the Minnesota Journal. A report of the activities of the bureau is contained in the October Journal as follows:

March 21, 1929 to Sept. 20, 1929.

Organized March 21, 1929.

First inquiry received within 24 hours after announcement; 55 inquiries have been received to September 20, 1929.

Types of inquiries received are as follows:

Case reports, 29; requesting general information, 5; requesting prognosis, 1; requesting diagnosis, 4; requesting treatment, 10; requesting diagnosis and treatment, 7; reading of dental films, 1; question of industrial disease, 1.

Publications—books to buy, 3; where to publish articles. 1.

Apparatus and Appliances, 3.

Medical-Legal, 4.

Locum Tenens Appointment, 2.

General—treatment of diseases, 3; courses of study, 2; reliability of radium corporation, 1; State aid for charity patient, 1; patent medicine, 2 drugs, 1; therapy, 1; blood test to prove paternity, 1; use of Schick Test, 1.

Four cases were followed up by further inquiry. Thirty-nine doctors have used the service.

Eleven doctors have sent in from two to four inquiries.

Number of inquiries received, according to month; March, 1929, 6; April, 1929, 15; May, 1929, 10; June, 1929, 6; July, 1929, 6; August, 1929, 6; September, 1929, 5.

Sept. 20, 1929, to May 20, 1930.

Types of inquiries received as follows:

Case Reports, 66; requesting general information, 11; requesting diagnosis, 12; requesting prognosis, 4; requesting treatment, 26; requesting reading of dental films, 1; requesting reading of x-ray pictures, 1.

General—information regarding schools, 1; information regarding books, 4; blood test to prove paternity, 2; patent medicine, 1; drugs, 1.

Medical-Legal, 1.

Forty doctors have used the service.

Eleven doctors have sent in from two to six inquiries.

Number of inquiries received according to month. October, 1929, 7; November, 1929, 4; December, 1929, 5; January, 1930, 7; February, 1930, 5; March, 1930, 3; April, 1930, 20; May, 1930, 15.

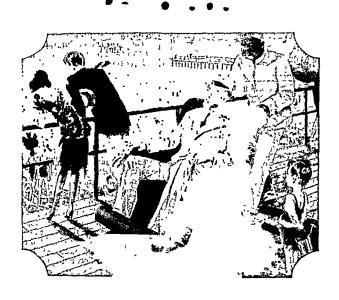
Patient Types . .

### The Rheumatic

Regular and adequate bowel elimination constitutes an essential part of treatment in the majority of patients suffering from the arthritic or gouty diathesis.

The comfortable action of Petrolagar is to be preferred to drastic physic. Petrolagar is pleasing to take and mechanically restores peristalsis without causing irritation and does not upset digestion.

Petrolagar, a palatable emulsion of 65% (by volume) pure mineral oil emulsified with agar-agar, has many advantages over plain mineral oil. It mixes easily with bowel content, supplying unabsorbable moisture with less tendency to leakage. It does not interfere with digestion.



Petrolagar Laboratories, Inc., 536 Lake Shore Drive, Dept. N Y. 11 Chicago, III. Gentlemen.—Send me copy of "HABIT TIME" (of bowel movement) and specimens of Petrolagas.

## PHILLIPS Milk of Magnesia

THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz., 12 oz., and 3 pt. Bottles.

THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London

# LIVER EXTRACT LEDERLE

A VERY palatable, highly concentrated fraction of liver for the treatment of Pernicious Anemia. Efficiency established by more than two years of clinical trial.

Physician's sample and literature on request.

LEDERLE LABORATORIES
NEW YORK

### MEDICAL SOCIETY ACTIVITIES IN OHIO

The first article in the Ohio State Medical Journal for October is the following editorial comment on Fall activities:

"Reports from many of the academies and county societies evidence the fact that the forth-coming months are to be of unusual educational value to Ohio physicians.

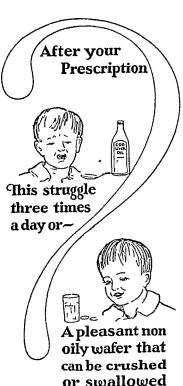
"Several societies have arranged joint meetings with neighboring county societies. Many have tentative plans for joint meetings and social gatherings with organizations composed of members of other professions, such as lawyers, druggists, dentists and ministers. Numerous interesting symposiums and clinics have been scheduled. In fact, an analysis of all the reports indicates that unprecedented emphasis is being placed this year by local medical organizations on the educational and scientific benefits that may be derived by all physicians in associating themselves with their colleagues in organized activities.

"Special emphasis also is being directed toward the business and economic questions of medicine and medical practice. Many local societies have scheduled symposiums for the discussion of economic and social problems as they affect the practice of medicine.

"Previous to the November election opportunity should be afforded every member of every county society to learn of the qualifications of all candidates for local and state offices, and especially of their attitude on medical, health and welfare questions. The legislative committeemen in each county society, in close touch with the Policy Committee and headquarters of the State Association, are prepared to make suggestions and lead discussions on matter of public policy both now and during the session of the Eighty-Ninth General Assembly.

"The Policy Committee has met frequently during the past three or four months and has already assembled information on scores of prospective legislative measures affecting public health and medical practice that must be met when the Legislature assembles. The Medical Economics Committee has been exceptionally busy on a study of the several important problems referred to it for investigation by the House of Delegates and the council. The Publication Committee has had its consecutive and many duties. The other state committees are and have been functioning on their multiple activities.

"Unity, concerted activity and keen interest are apparent in the ranks of the medical profession in Ohio as this high pressure period of the year arrives. These vital elements in organization must be maintained if the important questions and problems are to be successfully met."



### ESPECIALLY FOR CHILDREN

Write palatability into your prescription, if it is to be followed regularly. There is no Cod Liver Oil struggle against White's Cod Liver Oil Concentrate—and the Vitamin A and D potency exceeds N. N. R. requirements.

### The Pre-school Child

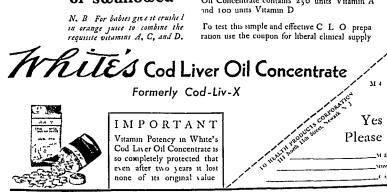
that is undernourished, underdeveloped or rachitte will take White's Cod Liver Oil Concentrate over long periods of time without usual repugnance.

### And During School

these same children, the T. B. contacts, the pretubercular, the malnutrition cases, may be given the pleasant little wafers easily, at meals, during recess, or in connection with their routine examinations.

### Vitamin A is most essential

for such cases, together with Vitamin D—and as a prophylacuc against respiratory and other infections. Each wafer of White's Cod Liver Oil Concentrate contains 250 units Vitamin A and 100 units Vitamin D



### CLASSIFIED ADVERTISEMENTS

Classified ads. are payable in advance. To avoid delay in publishing, remit with order. Price for 40 words or less 1 insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening. No charge to employers. Established 1896. AZNOE SERVICE is National, Superior. AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

### SANITARIUMS-FOR SALE

We have a number fully equipped, some partially so, and properties that can be made suitable; New York, New Jersey, Connecticut. Send for list and give number of rooms wanted for patients (approximately), also location derised. Address Swift Realty Co., 196 Market Street, Newark, N. J.

#### LITERARY ASSISTANCE

Busy physicians assisted in preparation of special articles and addresses on medical or other topics. Prompt service rendered at reasonable rates. Also revision and elaboration of manuscripts for publication. Please mention requirements. Authors Research Bureau, 516 Fifth Avenue, New York City.

Attractive Doctor's apartment available in exclusive Brooklyn residential section. Corner location. 8 rooms, 2 baths. Frivate entrance to office and waiting room. Office fully equipped if desired. Present occupant leaving for research work. Reasonable rental. See Agent, 1312 West 6th Street, or phone Windsor 0893

Sublease desirable additional space in Grand Central zone district to M. D., General Practitioner or specialist at low rental of two dollars and fifty cents (\$2.50) per square foot with telephone and secretarial service. Dr. S. N. Glasserow, 8 East 41st St., New York City

So. Orange, N. J.; corner property; 10-room house; 2-car garage; doctor's zone; good location for doctor or dentist; could be bought on easy terms. Address A. W. Preston, 236 So. Orange Ave.

DOCTOR'S APARTMENT FOR RENT. Six rooms, corner apartment, best section of 15th Ave. Bklyn. Large apartment house. Unusual opportunity for medical doctor. Reasonable rental. Immediate occupancy. Apply 5501—15th Ave., Bklyn., Cor. 55th, or Telephone Supt., Berkshire 9594.

### EFFECTIVE OCTOBER 1ST, 1930

Mead's Viosterol in Oil is now designated 250 D because in deference to Dr. Henry Steenbock—and in the interest of uniform nomenclature—this product is now assayed by his method. Before October 1, 1930, this same product was assayed by the McCollum-Shipley method and was designated 100 D.

Mead's Viosterol in Oil, 250 D (Steenbock method)—in normal dosage-is clinically demonstrated to be potent enough to prevent and cure rickets in almost every case. Like other specifics for other diseases, larger dosage may be required for extreme cases. It is safe to say-based upon extensive clinical research by authoritative investigators (reprints on request)—that when used in the indicated dosage, Mead's Viosterol in Oil, 250 D is a specific in almost all cases of human rickets, regardless of degree and duration, as demonstrated serologically, roentgenologically and clinically.

The change in Mead's Product is in designation only—not in actual potency. Mead's Viosterol in Oil, 250 D—in proper dosage—continues to prevent and cure rickets. See page xiii—Adv.

### BREEZEHURST TERRACE DR. HARRISON'S SANITARIUM

For Nervous and Mental Diseases and Alcoholic Addiction

Beautiful surroundings. Thirty minutes from Pennsylvania Station, New York

For particulars apply to Dr. S. Edward Fretz, Physician in Charge

Whitestone, L. I., N. Y. Phone: Flushing 0213

### PRODUCTS OF RESEARCH

From the research laboratories of Eli Lilly and Company comes report of two new products of such character as to interest a large number of clinicians.

Pulvules Sodium Amytal-filled capsules sodium iso-amyl-ethyl-barbiturate-are intended for oral use in the preoperative preparations of surgical cases and other purposes. Long clinical trial has shown that their use in conjunction with local and regional anesthesia has allayed the patient's preoperative apprehension and afforded protection against the undesirable psychic effects of operating room activities. They are also said to lessen the likelihood of toxicity due to the local anesthetic itself and to diminish nausea following the operation. Pulvules Sodium Amytal are supplied through the drug trade in bottles of 40 and 500 three-grain Pulvules.

Liver Extract No. 55 with Iron is the second item. It is not to be confused with Liver Extract No. 343, used so widely in the treatment of pernicious anemia. In fact, it represents that entirely different liver fraction which is effective in the production of hemoglobin and related pigments. In combination with ferrous ammonium citrate it has proved of distinct value in cases of secondary anemia.

This new Lilly Product is standardized on dogs made anemic by long-continued bleeding. The extract derived from 300 grams of fresh liver must produce an amount of hemoglobin equal to at least 65 percent of that produced by 300 grams of fresh liver. Liver Extract No. 55 with Iron is supplied in bottles containing the extract derived from 6½ pounds of fresh liver. To this has been added 231 grains of ferrous ammonium citrate.

Literature will be supplied by Eli Lilly and Company, Indianapolis, Indiana, upon application. See page xii -4dv.

### BET-U-LOL

(A chloro-menthol-methyl-salicylate liniment)

### Quickly Relieves Pain

Samples and literature on request

### THE HUXLEY LABORATORIES, Inc.

175 Varick Street

New York, N. Y.



### "INTERPINES"

GOSHEN, N. Y.



PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-OUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt.

DR. C. A. POTTER

DR. E. A. SCOTT

### WEST HILL

HENRY W. LLOYD, M.D.

West 252nd St. and Fieldston Road Riverdale, New York City

B. Ross Nainn, Res. Physician in Charge

Located within the city limits it has all the advantages of a country sanitarium for those who are nervous or mentally ill. In addition to the main building, there are several structive cottages location on a ten acre plot. Separate buildings for drug and alcoholic cases. Doctors may visit their patients and direct the treatment. Under State Licenses.

Telephone: KINGSBRIDGE 3040

### HALCYON REST

JOSEPHINE M. LLOYD 105 Boston Post Road, Rye, N. Y.

Henry W. Lloyd, M.D. Hulda Thompson, R.N.
Attending Physician Supervisor

TELEPHONE RYE 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted. Special attention to Diets.

Hydro-therapy, Ultra-Violet and Alpine Sun rays, Diathermy, Massage, Colonic irrigation. Inspection invited. Send for illustrated booklet.

### Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases. Also Cases of General Invalidism. Cases of Alcoholism Accented.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country. Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City. Frequent train service.

For terms and booklet address
F. H. BARNES, M.D., Med. Supt.
Telephone Connection

### The Westport Sanitarium

WESTPORT CONN.

A Private Institution for the Care and Treatment of Nervous and Mental Diseases

Large private grounds. Home like surroundings, Modern appointments. Separate buildings for Patients designs special attention. Single room or suits. Hydroherspeutic apparatus. Terms reasonable. New York Office, 121 Last 60th St. 1st and 3rd Wednesdays only, from 1 to 3 P. M. Tel, Regent 1613.

Dr. F. D. Ruland, Medical Superintendent Westport, Conn. Phone Westport 4

#### BRIGHAM HALL HOSPITAL

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiene Founded in 1855

Beautifully located in the historic lake region of Central New York. Classification, special attention and individual care.

Physician in Charge Henry C. Burgess, M.D.

HENRY W. ROGERS, M.D., Physician in Charge HELEN J. ROGERS, M.D.

### DR. ROGERS' HOSPITAL

Under State License

345 Edgecombe Ave. at 150 St., N. Y. C. Mental and Neurological cases received on voluntary application and commitment. Treatment also given for Alcoholsam and Drug adduction. Conveniently located. Physicians may visit and cooperate in the care of their patients.

Telephone, Edgecombe 4801

### CAL - SAL

Compound Calcium Tablets and Wafers. With Vitamin D and traces of iron and iodine. Palatable and assimilable. For all cases when calcium deficiency is present or probable. Our "Digest of Calcium Therapy," a full box of CAL-SAL, and vial of 100 acidity test papers free to registered physicians who write us. GRANGER CALCIUM PRODUCTS, INC., 41 York St., Broekbry

X-Ray Courses for Physicians

nurses—techniclans—X-Ray physics—technique—interpretation. Classes now forming. Applicants may enter first of any month.

For information write DR. A. S. UNGER, Director of Radiology

Sydenham Hospital, 565 Manhattan Avenue, New York City

### The VEIL MATERNITY HOSPITAL

WEST CHESTER, PENNA. Former address, Langhorns, Pa.

Strictly Private. Absolutely Ethical. Patients accepted at any time during gestation. Open to Regular Practitioners. Early entrance advisable.



For Care and Protection of the BETTER CLASS UNFORTUNATE YOUNG WOMEN

Rates and venty

THE VEIL
WEST CHESTER, PENNA.

### 1930

### PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

Camida	President	Secretary	Treasurer
County		•	
ALBANY	E. Corning, Albany	.H. L. Neims, Albany	C. W. Door Wellswille
ALLEGANY	.H. K. Hardy, Rushford .J. H. Gettinger, N. Y. City	L. C. Lewis, Beimont	I A Keller N V City
BRUNA	.J. J. Kane, Binghamton	H D Watton Binghamton	C I Pone Ringhamton
BROOME	.J. J. Rane, Binghamton L. E. Reimann, Franklinville.	P R Morrie Olean	R R Morris Olean
CATTARAUGUS	. C. F. McCarthy, Auburn	W B Wilson Auburn	I R Sisson Auburn
CTATIONALIONA	.F. J. McCulla, Jamestown	F Richar Dunbirk	E I Pfisterer Dunkirk
CHEMING	.J. S. Lewis, Elmira	C S Dale Fimira	I. H. Hunt. Elmira
CHEMIONG	.E. A. Hammond, New Berlin	I H Stewart Norwich	J. H. Stewart, Norwich
CILINTON	A. S. Schneider, Plattsburg	L. F. Schiff, Plattsburg	.F. K. Ryan, Plattsburg
COLUMBIA	.D. R. Robert, New Lebanon Ct.	.L. Van Hoesen, Hudson	.L. Van Hoesen, Hudson
CORTLAND	. D. B. Giezen, Cincinnatus	.P. W. Haake, Homer	.B. R. Parsons, Cortland
DELAWARE	. C. S. Gould, Walton	.W. M. Thomson, Delhi	W. M. Thomson, Delhi
DUTCHESS-PUTNAM	. A. Sobel, P'ghkeepsie	.H. P. Carpenter, P'ghkeepsie.	H. P. Carpenter, P'ghkeepie
ERIE	. W. T. Getman, Buffalo	.L. W. Beamis, Buffalo	A. H. Noehren, Buffalo
ESSEX	. H. J. Harris, Act., Westport	.L. H. Gaus, Ticonderoga	L. H. Gaus, Ticonderoga
FRANKLIN	. E. S. Welles, Saranac Lake.	G. F. Zimmerman, Malone	G. F. Zimmerman, Malone
FULTON	.B. E. Chapman, Broadalbin.	A. R. Wilsey, Gloversville	J. D. Vedder, Johnstown
GENESEE	C. D. Pierce, Batavia	P. J. Di Natale, Batavia	P. J. Di Natale, Batavia
GREENE	. D. Sinclair, East Durham	M. Rapp, Catskill	C. E. Willard, Catskill
HERKIMER	. V. M. Parkinson, Salisbury C	t.W. B. Brooks, Monawk	A. L. Fagan, Herkimer
JEFFERSUN	.F. G. Metzger, Carthage	T Charle Drackler	w. r. Smith, watertown
MINGS	.L. F. Warren, Brooklyn .G. O. Volovic, Lowville	F F Iones Beaver Falls	F F Jones Bosver Falls
I IVINGSTON	R. A. Page, Geneseo	F N Smith Retenf	F N Smith Detect
MADISON	C. S. Goodwin, Bridgeport	.D. H. Conterman Oneida	J. S. Preston, Oneida
	. W. A. Calihan, Rochester		
MONTGOMERY	La V. A. Bouton, Amsterdan	.W. R. Pierce, Amsterdam	.S.L. Homrighouse, Amsterdam
	L. A. Newman, Pt Washingto		
	G. W. Kosmak, N. Y. City		
NIAGARA	G. L. Miller, Niagara Falls	W. R. Scott, Niagara Falls.	W. R. Scott, Niagara Falls
	H. F. Hubbard, Rome		
	.H. B. Pritchard, Syracuse		
	C. W. Webb, Clifton Springs		
ORI DANG	S. L. Truex, Middletown	H. J. Shelley, Middletown	H. J. Shelley, Middletown
	D. F. MacDonell, Medina		
	. A. G. Dunbar, Pulaski G. M. Mackenzie, Cooperstown		
OUEENS	E. A. Flemming, Rich. Hill.	E. E. Smith Kew Gardens	I M Dobbine I. I City
RENSSELAER	C. H. Sproat, Valley Falls	J. F. Connor. Trov	O. F. Kinloch, Troy
RICHMOND	C. R. Kingsley, Jr. W. N. B'g'	t.J. F. Worthen, Tompk'sv'le.	.E. D. Wisely, Randall Manor
ROCKLAND	J. W. Sansom, Sparkill	.W. J. Ryan, Pomona	D. Miltimore, Nyack
ST. LAWRENCE	S. J. Cattley, Ogdensburg	S. W. Close. Gouverneur	C. T. Henderson, Gouverneur
SARATOGA	W. H. Ordway, Mt. McGrego:	r.H. L. Loop, Saratoga Springs	W. J. Maby, Mechanicville
SCHENECTADY	N. A. Pashayan, Schenectady	.H. E. Reynolds, Schenectady	J. M. W. Scott, Schenectady
SCHUMARIE	E. S. Simpkins, Middleburg.	.H. L. Odell, Sharon Springs.	LeR. Becker, Cobleskill
SUMULLER	John W. Burton, Mecklenburg	J.F. B. Bond, Burdett	D. D. D. Chia. Compa. D. H.
STFIREN	.A. J. Frantz, Seneca Falls G. L. Whiting, Canisteo	R. F. D. Gibbs, Seleca Falls.	R. F. D. Gibbs, Seneca Pails
SIEEOI K	A. E. Payne, Riverhead	F D Kolh Holtswille	C A Ciliman Camilla
	C. Rayevsky, Liberty		
	F. Terwilliger, Spencer		
	D. Robb, Ithaca		
			C. B. Van Gaasbeek, Kingston
	F. Palmer, Glens Falls		
	R. E. La Grange, Fort Ann		
	. R. G. Stuck, Wolcott		•
			R. B. Hammond, White Plains
	. W. J. French, Pike		
	. G. H. Leader, Penn Yan	W. G. Hallstead, Penn Yan.	.W. G. Hallstead, Penn Yan
. 918			

PARKE DAVIS & CO DETROIT MICHIGAN

MEDICAL SERVICE BULLETIN ON

### THIO-BISMOL

Bismuth, in suitable chemical form, ranks next to arsphenamines as an antisyphilitic agent In the form of Thio-Bismol (sodium bismuth thioglycollate) it is taken up promptly and completely from the site of injection (the muscle tissues), reaching every part of the body within a short time with rapid therapeutic effect

The injections cause a minimum of tissue damage, for Thio-Bismol is not only water-soluble but tissue-fluid-soluble differing in this respect from other bismuth preparations The intramuscular preparations injection of Thio-Bismol causes,

as a rule, little or no pain

Not the least important factor in Thio-Bismol therapy is the co-coperation of the patient the injections are so well borne and their effects so manifest that the patient is more than willing to continue the treatment for the necessary length of time

Thio-Bismol alone or in conjunction with arsphenamine, produces rapid therapeutic improvement demonstrable by serologic tests and regression of lesions

Accepted for N N R by The Council on Pharmacy and Chemistry of the A

Boxes of 12 and 100 ampoules (No 156) each ampoule containing one average adult dose (0 2 Cm -3 grs ) of Thio-Bismol to be dissolved as needed in sterile distilled water a sufficient amount of which is supplied with each package

FOR FURTHER INFORMATION PLEASE ADDRESS MEDICAL SERVICE DEPARTMENT PARKE, DAVIS & CO DETROIT OR ANY BRANCH OFFICE MINNEAPOLIS

NEW YORK

KANSAS CITY

CHICAGO BALTIMORE IN CANADA WALKERVILLE

NEW ORLEANS

MONTREAL WINNIPEG

### ADON



Technic of Application Outlined in

"RADON THERAPY IN MALIGNANT TUMORS of FACE, LIP. TONGUE AND TONSIL"

(Send for copy)

GOLD RADON IMPLANTS

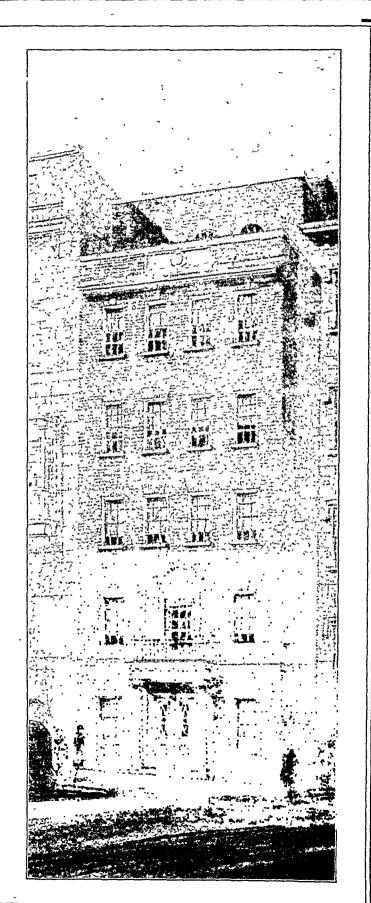
RADON COMPANY. Inc., 1 East 42nd St., New York

Telephones Vanderbilt 2811-2812

# Montague • Mospital • Mospital for Intestinal Ailments

Offering
Special Facilities
for the
Diagnosis and Treatment
of
Rectal and Colonic
Diseases

36th Street
East of
Lexington Avenue
New York City



# New York State Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 103rd St., New York City.



Fittered as second class matter July 5, 1907, at the Post Office, at New York, N Y, under the ret of March 3, 1879. Acceptance for maling at special rate of postage provided for in Section 1103, Act of October 3, 1917 authorized on July 8, 1918 Copyright, 1930, by the Medical Society of the State of New York

TABLE OF CONTENTS PAGE IV

### Starch-Free Food Variety IN DIABETIC DIET



These and many other appetizing, starch-free foods are easily made in the patient's home from

### LISTERS DIETETIC FLOUR

Strictly Starch Free

Self-rising

Carton Listers Flour (one month's supply, enough for 30 bakings) \$4.85

Ask us for the name of the Lister Depot near you 'Advertised only to the physicians.

Lister Bros., Inc., 41 E. 42nd St., New York

### MEDICAL DIRECTORY

· ICAL DIRECTORY OF NEW YORK, NEW JERSEY NNECTICUT contains 910 pages of text relating to the indioctors. It also has 48 pages of advertisements containing the annents of 58 dealers and institutions on whom physicians depend vice and supplies, from abdominal supporters to X-ray apparatus. them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

### The list of advertisers in the 1929 edition follows:=

### Supports and Binders

Camp, Sherman P. Donovan, Cornelius Low Surgical Co., Inc Pomeroy Company Storm, Katherine L., M D United Orthopaedic Appliance Co

### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

### Artificial Limbs

Low Surgical Co, Inc Marks, A. A. Inc Pomeroy Co

### Belts, Supporters

Camp, Sherman P Camp, Sherman r
Donovan, Cornelius
Linder, Robert, Inc
Low Surgical Co., Inc.
Fomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.
Inc.

### Braces

Linder, Robert, inc.
Low Surgical Co., Inc.
Pomeroy Company
Otto F., Inc.
Appliance Co.

### Inc.

Appliance Co.

Druggiats and Pharmacists Fellows Medical Mfg. Co., inc. Pharmscal Co.

#### Elastic Stockings

Camp, Sherman P. Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co, Inc. Pomeroy Company United Orthopsedic Appliance Co.,

### Flour (Prepared Casein)

Lister Brothers, Inc

#### Laboratories.

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs

#### Leg Pads

Camp, Sherman P.

### Mineral Water

Kalak Company

### Orthopaedic and Surgical Supplies

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc. United Orthopaedic Appliance Co.,

### **Pharmaceutical**

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M. New York Medical Exchange Norris Registry for Nurses Nurses' Service Bureau Official Registry Paychiatric Bureau Riverside Registry

### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace Central Park West Hospital Crest View Sanatorium Halcyon Rest Hough, Frank L. Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Bass Sunny Rest West Hill Westport Sanitarium White Oak Farm

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,

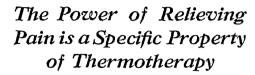
### Wassermann Test

Bendiner & Schlesinger

Sedare dolorem

opus divinum est.

—HIPPOCRATES



Due to its ability to maintain moist heat for a long time

### Antiphlogistine

relieves local congestion, and breaks down a vascular stasis. It causes an inhibition of the sensory nerves, thus relieving pain by acting through the thermal nerves of the skin.

Antiphlogistine is an analgesic, depletant and supportant measure for inflammatory conditions associated with pain and discomfort.

> Antiphlogistine retains its heat for from twelve to twenty-four hours, thus obviating the necessity for frequent changes occasioned by other forms of poultices.

Write for sample and literature

XIII DELITE	And Deliver Chemical Into. Co.		
163 Varick Street	New York, N. Y.		
You may send me literate for	ire and sample of Antiphlogistine clinical trial		
51* ***********************************	M D		
Address	The security of the second sections and the second sections and the second sections and the second sections are second sections as the second section		
galah anar berkere beig pan belancer gene ange-	many many many many many		

THE DENIVER CHEMICAL MEC.



### THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

### ---The list of advertisers in the 1929 edition follows:=

### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M D
United Orthopaedic Appliance Co..

### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc Pomeroy Co

### Belts, Supporters

Camp, Sherman P
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

#### Corsets

Linder, Robert, Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

### Chamists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

### Orthopaedic and Surgical Supplies

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

### Pharmaceutical

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

### Physic-Therapy

Central Park West Hospital Hough, Frank L. Haleyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Service Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

### Sanitaria, Hospitals, Schools, Etc.

Breezchurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium
White Oak Farm

### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc, Pomeroy Company United Orthopaedic Appliance Co., Inc.

### Wassermann Test

Bendiner & Schlesinger



### Babies and Growing Children



### Čan Take This Food Iron

OST babies are anomic because their mothers are anomic Bottle fed infants, in particular, are almost certain to be anomic, because cows' milk contains only one third as much iron as does human milk

Growing children are usually deficient in hemoglobin, because the regular diet of white bread, milk, potatoes, cane sugar and sim lar foods, is lacking in iron

Physiologists have long known that the best from for blood building is to be found in the green leaf of certain vegetables associated with chlorophyll, but the difficulty is to get children and adults to eat the necessary large bulk of vegetables and greens to supply the body needs of hemoglobin

These difficulties have been overcome by concentrating the soluble substance of a mixture of greens into a food iron known

### Food Ferrin

Both children and adults can take this food concentrate readily, because it is devoid of objectionable taste, does not disturb but aids digestion, does not injure the teeth, and does not cause constipation

So that you can make a clinical test of Food Ferrin, we would like to send you a physicians' sample with our compliments. The coupon is for your convenience.

Mail Us This Coupon Today

### The BATTLE CREEK FOOD COMPANY Dept. NYM-10, Battle Creek, Michigan

# Cheplin's B. ACIDOPHILUS MILK

Approved by the A. M. A. Council on Pharmacy and Chemistry

There is only one way of convincing you just how reliable Cheplin's really is—and that is a trial in your next case of:

### Chronic Constipation or Mucous Colitis

Cheplin's B. Acidophilus is cultivated in milk, its best Medium (owing to the presence of 5% lactose), and this, combined with the careful selection of each strain of seed, produces a maximum concentration of viable B. Acidophilus. Hence, maximum results!

For additional information send your name and address for a reprint from the Boston Medical and Surgical Journal on the Acidophulus therapy together with SAMPLE and name of DISTRIBUTING DAIRY in your city.

CHEPLIN BIOLOGICAL LABORATORIES, Inc. Syracuse, N. Y.

### INDEX TO ADVERTISERS

RULES—Advertisements published in the JOURNAL must be ethical. The formulas of medical preparations must have been approval by the Committee on Publication before the advertisements can be accepted.

Page	P	PAGE PAGE
ABDOMINAL SUPPORTERS, ETC	HEALTH RESORTS AND SANITARIUMS	PHARMACEUTICAL PREPARATIONS
S. H. Camp & Co. xiii K L Storm, M D. xvi	Barnes' Sanitarium x Brigham Hall Hospital x Charles B. Towns Hospital	xxiii Bilhuber-Knoll Corp. vii G. W. Carnick Co. viiii xxiii Crookes Laboratories, Inc. xx Denyer Chemical Mfg. Co. iii
ARTIFICIAL EYES  Mager & Gougelman, Inc xvii	Halcyon Rest x Interpines x River Crest Sanitarium x Riverlawn Dr. Rogers' Hospital x	XXIII Davies, Rose & Co. xviii XXIII Granger Calcium Products, Inc. xxii XXIII Mutual Pharmacal Co., Inc. xviii XXIII Nonspi Co. x XXI Olajen, Inc. xiii XXIII E. R. Squibb & Sons
CORSETS Barnum-Van Orden xxi	Shannon Lodge x West Hill Sanitarium x	xxiii Upsher Smith Co. xii xxiv Schering Corp. xiv xxiii William R. Warner & Co., Inc. xv
COLLEGES AND SCHOOLS	LABORATORIES	RADIUM
Sydenham Hospital xxt University of Buffalo xxii	Cheplin Biological Labs., Inc	vi xiii Radon Co., Inc xxv
DIETETIC FLOUR	MISCELLANEOUS	SURGICAL APPLIANCES, INSTRU- MENTS, SYRINGES, THERMOM- ETERS, ETC.
Lister Bros., Inc.	Dill Mfg. Co.	xxii Robert Linder, Inc xvii xx George Tiemann & Co xxi
FOODS  Battle Creek Food Co		XX XI II XVI XVI XXI Kalak Water Co iv
Mellin's Food Co vi	Veil Maternity Hospital	xxii   Ralak Water Co iv xxii   Poland Spring Co xix

### For the Scalp and Skin-

### **EURESOL**

Council Acceptea

EURESOL, resorcinolmonoacetate, used in lotions and salves, in acne and dermatitis, but particularly in diseases of the scalp, dandruff, itching, and falling hair.

DOSAGE AND APPLICATION: Applied as a scalp tonic in 2 to 5% alcoholic solution. In other skin diseases it is used as a paint, pure or diluted with acetone, or as a 5 to 50% ointment.

Literature, formulae and samples from

BILHUBER-KNOLL CORP., 154 Ogden Ave., Jersey City, N.J.

### Mellin's Food

in

### Difficult Feeding Cases



In difficult feeding cases commonly known as Marasmus or Malnutrition, the first thought of the attending physician is an immediate gain in weight, and then to so arrange the diet that this initial gain will be sustained and progressive gain be established.

Every few ounces gained means progress not only in the upward swing of the weight curve, but in digestive capacity in thus clearing the way for an increasing intake of food material.

As a starting point to carry out this entirely rational idea, the following formula is suggested:

Mellin's Food . . . 8 level tablespoonfuls Skimmed Milk . . . 9 fluidounces Water . . . . . . . . . 15 fluidounces

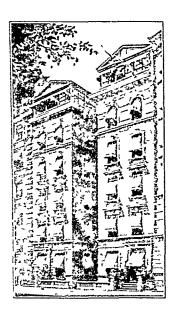
This mixture furnishes 56.6 grams of carbohydrates in a form readily assimilated and thus quickly available for creating and sustaining heat and energy. The mixture supplies 15.5 grams of proteins for depleted tissues and new growth, together with 4.3 grams of mineral salts which are necessary in all metabolic processes. These food elements are to be increased in quantity and in amount of intake as rapidly as continued improvement is shown and ability to take additional nourishment is indicated.

A pamphlet devoted exclusively to this subject and a liberal supply of samples of Mellin's Food will be sent to physicians upon their request.

Mellin's Food Company

Boston, Mass.

### For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

> Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

### CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770

### ORGANOTHERAPY

EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized.

Epinephrine, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Pituitary, U. S. P.

Solution of Pituitary, U. S. P.

Thyroid, U. S. P.

Pancreatin, U. S. P.

### G. W. CARNRICK CO.

Dependable Gland Products

20 MT. PLEASANT AVENUE

NEWARK, N. J.

### NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 20

NEW YORK, N Y

October 15, 1930

### MENTAL SYMPTOMS AMONG BRAIN TUMOR PATIENTS, AND BRAIN TUMORS AMONG THE INSANE+

By LEO M DAVIDOFF, MD, NEW YORK, N Y

RACTICALLY all patients with brain tumors show a certain degree of mental impairment in the form of apathy, defective attention and concentration, dullness of intellect, and slowness of response later stages, dementia, drowsiness, stupor, and coma supervene Baruk<sup>1</sup> in a study of 55 cases concludes that the most important factor in mental disturbances of patients with brain tumor is the accompanying increased intracranial pressure. He must have reference to the general changes in the state of consciousness and attention just mentioned, for in cerebellar tumors in which the increase in pressure is greatest, psychotic manifestations other than apathy, drowsmess, and the like are least apt to occur Contrariwise, tumors of the frontal or temporal lobes and the corpus callosum are often accompanied by affective changes, memory disturbances, hallucinations, speech defects, even moral perversions, and may still be producing relatively little increased intracranial pressure

The cerebral location of neoplasms most frequently causing psychotic symptoms is undoubtedly the frontal lobes The character of these changes is often too subtle to be recognized by the family of the patient and by the physician who fails to evaluate the condition from a psychiatric angle. It may consist of an alteration in temperament and disposition Vincent13 and Puusepp11 emphasize a lack of interest, a want of judgment and sense of proportion, a loss of the sense of responsibility, and a defective memory. Some impairment of emotional control, and notably an mappropriate hilarity, is a peculiar feature which characterizes certain cases, the patient's speech may be foolish and silly A general lowering of the moral standard is not infrequent Not uncommonly, also, there is a blunting of the mental faculties amounting, in

some cases, to a dementia, while in others well-defined psychoses may develop Schwab<sup>12</sup> is particularly impressed by the changes in personality a concept which obviously is in itself difficult to define

Courville<sup>2</sup> demonstrated that auditory hallucinations, although infrequent in cases with brain tumors, when they do occur are associated with either frontal or temporal neoplasms. Those associated with temporal lobe tumors are usually accompanied by hallucinations of sight, smell, and taste, as well as other mental changes, while in the cases of frontal growths the various features of the mental picture are not hallucinatory.

Ikutaro<sup>†</sup> as well as Kubitcheki<sup>o</sup> feel that mental symptoms are neither frequent nor specific in patients with frontal lobe tumors Conversely, in the presence of other symptoms, a history of early development of mental changes is very suggestive of a frontal location of the growth

With neoplasms of the temporal lobes, mental symptoms are quite common and usually differ from those found with frontal lobe lesions Kolodny thinks that memory defects, while occurring later are more common than with frontal tumors These defects in temporal tumor cases involve the memory for both recent and past events, unlike the frontal lobe cases in which memory for recent events only is lost. The memory defect is more frequently associated with left than with rightsided temporal tumors,-possibly because memory is in part dependent upon the intactness of auditory and visual impressions, which sufter in a disruption of the sensory component of the speech mechanism. Other disturbances of psychic function are uninfluenced by a right or left-sided localization of temporal tumors These changes, as in the case of frontal tumors, are in temperament and personality The patients may be euphoric or melancholic, eventually silly and childish

Among the other mental symptoms in con-

From the Dejartment of Neurosurgery New York Neurological Institute, and the Department of Neurojathology New York State Psychiatric Institute

nection with temporal lobe tumors is that of visual hallucinations which, if prominent, may mislead the psychiatrically-minded neurologist. Horrax found this present in seventeen. out of seventy-two temporal lobe tumor cases. In twelve they were of a formed character, while in five, of a more simple nature. Cushing3 is of the opinion that these hallucinations are due to irritation by the tumor of the optic radiations, since the hallucinatory visions appear on the blind side of the field if a hemianopia is present. The hallucinations may, neverthelss, be present without demonstrable visual field defects and may, indeed, precede such defects by a considerable period. Contrary to the complex images of temporal lobe hallucinations, those accompanying occipital tumors are usually simple flashes of light or The formed visions, although quite complicated in certain cases, characteristically repeat themselves in every detail. Thus I recall a lady who saw very vividly pass before her eyes a gentleman dressed in mid-nineteenth century costume, carrying a cane and This vision was treleading a white dog. quently repeated. At other times, she saw very beautiful flowers, red roses opening from buds into full bloom. Another woman, less classically minded, perhaps, saw a series of horses' heads and on other occasions, big yellow flies arranged in checker-board fashion. The important point about these patients is, however, that they usually have perfect insight, and are fully aware that these visions, natural and vivid as they may be to them, are, nevertheless, creations of the mind, or perhaps more correctly of disturbed cerebral function.

Another symptom of temporal lobe tumors which may lead the patient to be suspected of suffering from a disease of the mind, is the strange intellectual "dreamy state,"-or "voluminous state" as Hughlings Jackson called it. A patient of Dr. Foster Kennedy<sup>8</sup> graphically described a typical dreamy state as follows: "An overpowering sensation as if I am going into a sound slumber . . . a kind of dreaminess . . . I feel prostrate . . . I know where I am but my feelings seem unreal: a far away unearthly feeling . . . I know that I am myself all the time, neither I myself nor the things around me are changed, but the relationship between them and me is altered. I do not think I can speak in these attacks. I was in one when Sister came round a little while ago: I knew she was near but I could not take the medicine; I could not explain to her why I could not take it. I do not think I can move in these attacks.

"Sometimes there is a kind of buzzing, whirring sound, which seems unreal though not

far off. I do not take any interest in things, though I am aware of them. I always try to find out what the attack is like; I am sufficiently conscious to try to remember what I am experiencing in order to tell the doctors about it. Nearly always there is a terrible sensation of fear; I am aware that there is nothing to be afraid of; but the feeling of pure fear is as bad and horrible as it was at first. (A reference to previous attacks.)

"This fear is not associated with any object or person whatever,—I know everything is all right but nevertheless this dread (of nothing) persists during practically the whole attack."

These phenomena, however, seldom appear alone; they usually accompany another manifestation, the so-called uncinate spell which consists of hallucinations of taste or smell. Characteristically, the odor is disagreeable, the taste, metallic, although sour, sweet, bitter tastes have often been described. The spell may be an aura preceding a generalized convulsion or may be followed simply by the dreamy state. In any case, the signs are those of organic brain disease localized in the temporal lobes.

In cases of tumor of the corpus callosum, the psychic changes may not be characteristic of the location of the disease, but apraxia, if typical, and recognized, may be very valuable in diagnosis. Thus, one case recently described was that of a patient who was treated as insane because he frequently urinated in his dishes after eating, and tried to put his legs into the sleeves of his dressing gown as if it were a pair of trousers. But at autopsy, he proved to have a glioma of the corpus callosum.

Viewing the situation from the opposite point of view, namely the occurrence of brain tumors among mental hospital patients, one finds in the statistical reports from the New York State hospitals for the insane, for the past five years, an average of less than 0.5 of one per cent of patients clinically diagnosed as brain tumor cases. Of the brain specimens at the New York State Psychiatric Institute about six per cent are those of brain tumors. Other estimates of the frequency of brain tumors among insane patients by Blackburn, Knapp, Fischer, and Leubensher vary from 0.21 to 1.7 per cent.

This small percentage of patients with brain tumors is nevertheless an important one since it represents a group which is increasingly more successfully treated if surgical means are applied. The great difficulty lies in the recognitions of the presence of tumor in such patients because so frequently the mental picture overshadows any other irdications of

the disease, and often, owing to the lack of cooperation on the part of the patient, these

other signs are difficult to disclose.

Of course, the very fact that so few brain tumors occur among psychotics is in itself evidence that tumors are not among the important causative agents of recognized types of psychoses. It would seem more likely that such psychoses in individuals with brain tumors are often not directly associated with the growths except in so far as they act as physical strains instrumental in precipitating psychoses in psychopathic persons.

Howsoever the mental symptoms may be related to the neoplasm, it is nevertheless true that the small number of patients suffering from tumor of the brain mentioned above become patients in hospitals for the insane. In going over the histories of such patients in the records of the New York State hospitals, I found that they practically all belonged to either one of two types: namely, those who slowly develop mental deterioration unaccompanied by any outstanding organic neurological abnormalities, and those who quite suddenly pass from apparent good health into a state of stupor or even coma, mental irresponsibility, and incontinence, and who show evidence of widespread cerebral and meningeal disease or irritation. The former eventually prove to have slow-growing, usually meningeal, tumors, and the latter, rapidlygrowing gliomas, most commonly, gliablastoma (spongioblastoma) multiforme.

A slowly growing meningioma of the frontal lobe may increase so gradually that the brain will adjust itself to the limited space within the cranial cavity and in spite of the very considerable dimensions reached by the tumor, no obvious evidence of intracranial expansion will result. Meanwhile, the constant pressure upon, with the consequent atrophy of, the frontal lobe or lobes, gradually produces deterioration of memory, judgment, attention, and the personality in general, leading the patient to a psychiatrist. Frequently, such a patient is hospitalized for years, classified as suffering from an incurable mental degeneration based, perhaps, upon some unknown organic cerebral disease, and not until autopsy is the tumor discovered,-a tumor often attaining a weight of one, two, or even three hundred grams.

There are twenty meningiomas, removed at autopsy from psychotic patients, in the collection of the New York State Psychiatric Institute. About one-third of them are the large growths arising probably from the olfactory groove that were associated with symptoms principally psychic. The neurological symptoms were usually absent, or so far in the

background that they were almost regularly missed, especially when the patient resisted examination, and the examiner's slant was chiefly psychiatric rather than neurological.

An excellent example of such an instance

is the following:

P. Z. a white Lithuanian woman, Brooklyn State Hospital No. 28745, vol. 577. New York State Psychiatric Institute autopsy No. 1098. Admitted: September 29, 1921.

F.H.: Unknown.

P.H.: Nothing known of early life except that she was born in Lithuania and came to the U. S. fifteen years ago; married fourteen years ago; had three children, two of whom are now living. Patient was described as a good housewife.

Makeup: Poorly defined. No unusual traits

admitted.

Previous attacks: None

Psychosis: Duration, one year and six months. beginning three months prior to the birth of last child. During the latter months of pregnancy she complained of headache and some failure of eyesight as well stomach as trouble. Physicians in attendance spoke of kidney trouble associated with the pregnanacy which secondarily affected the eyes. She received at that time injections of some drug, one daily, on twelve successive days. Gradually she became indifferent, lost interest in the care of her household and children and in her own personal appearance. She slept a great deal and complained of feeling weak.

P.E.: A well-nourished, even obese, woman, but showing no other definite endocrine changes. There were "no cranial nerve disturbances" other than the subjective complaint of poor vision. The pupils were equal and reacted well to light. The deep reflexes were somewhat sluggish but equal. There was no

Babinski,

Mentally: She was extremely dull and indifferent, presenting a picture of advanced mental deterioration. No hallucinations or trends were evident. She was discharged after three weeks, against advice,

Readmission: April 22, 1922.

Interval History: At home she showed no change in her condition, but complained of headaches and some dizziness. At times, she was somewhat depressed but mainly her mental condition was characterized by extreme dullness. The readmission became imperative after she wandered out into the street scantily clad, carrying her naked baby in her arms.

Reexamination: Her physical and mental states were essentially the same as at her previous

hospitalization.

Course: Her condition remained unchanged for about six weeks. Then she suddenly had a fainting spell after which she was kept in bed. She became extremely apathetic, but could be aroused sufficiently to give halfhearted replies to questions. She did not cooperate in any systemic examination, however.

The only notable evidence of organic neuropathology was the development of an involuntary oscillatory movement of the head, accompanied by tremors of the arms. "Examination of the eyegrounds could not be satisfactorily done on account of her resistiveness."

Gradually she passed into a stupor from which she could not be aroused, and died June 13, 1922.

Autopsy: Nothing of any note in any organ except the brain. This showed a moderate-sized meningeal tumor (about 100 gms) arising from the cribriform plate, spreading apart the two frontal lobes, but indenting especially the left one—which was atrophied to a shell only two to three cm. in thickness. (Fig. 1), (Fig. 2).



FIGURE 1

The tumor in situ, showing the large size of the tumor, its encapsulated character, and the displacement of the brain by it.

Several points about this case combined to mislead the physicians in charge. In the first place, the history of headaches associated with dimness of vision occurring for the first time during pregnancy naturally led them to assume

that these were manifestations of threatened eclampsia, the dangers of which were past

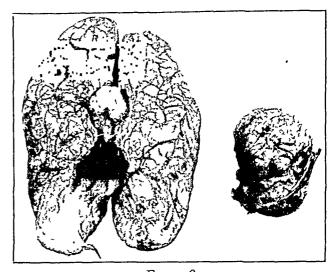


Figure 2

The tumor shelled out of its cerebral bed, showing the marked atrophy of the left frontal lobe.

with the birth of the child. The language difficulty, as well as the lack of cooperation on the part of the patient precluded an olfactory examination,—even had it been considered,—which would have been of undoubted value. Even a satisfactory examination of the fundi oculi, which would certainly have shown at least some atrophy, was too difficult to carry out. X-ray examination would unquestionably have been of aid. Finally, the possibility of this being a case of brain tumor was not sufficiently stressed so that failing ordinary measures some more drastic diangostic procedures such as ventriculograms were not considered.

State hospital experience with cases of tumor of the glioma group is more precipitous and dramatic. This is especially true of cases of gliablastoma (spongioblastoma) multiforme. These tumors sometimes grow so rapidly that they provoke acute mental symptoms resembling delirium and other toxic encephalitic manifestations. This frequently amounts to a complete dementia. The patient shouts, hallucinates actively, is resistive, pugnacious, incontient of both urine and feces. In a recent paper4 mention is made of three patients of this sort previously apparently well who were picked up in the streets wandering aimlessly, improperly clad, confused, disoriented, and unruly, presenting acute social problems. These tumors, moreover, tend to occur most frequently in the left temporal lobe and the resulting speech disturbances simply add to the apparent disintegration of the individual. Such uncontrollable states may alternate with periods of stupor, even coma.

Unlike the cases of the first variety, these patients present a confusion of abnormal organic neurological signs in addition to the mental changes which make the diagnosis difficult to distinguish from acute encephalitis. Such patients seldom present histories of longer than four months. Elsberg and Globus<sup>5</sup> refer to this type as "acute brain tumor." They call attention to the suddenness of the onset which is often, according to them, . . . "apoplectiform, with sudden dizziness followed by loss of power in one or more of the extremities. If the symptoms began without headache, severe pain in the head soon appeared and persisted until the patients became stuporous or comatose,

"Most of the patients looked acutely ill, and many of them appeared 'toxic' as though severly poisoned by the disease. At first this frequently led to the suspicion that one was dealing with an inflammatory lesion, and the first examination revealed many signs which are often found in encephalitis.

"When the patients were first seen, rigidity of the neck and a Kernig sign, a more or less well-marked papilledema, inequality of the pupils and a state of drowsiness or a state of stupor were often present. Not rarely, ptosis, unilateral facial paresis and paralysis of one limb or the limbs on one side were found.

"With these signs, alterations of the tendon reflexes in the affected limbs with a Babinski sign and other evidence of motor involvement were almost regularly present, and in the patients who were able to cooperate, sensory disturbances were noted.

"Tenderness on percussion of the skull on the side of the tumor was observed decidedly more often than is usual in tumors of the brain."

This picture, together with the mental confusion, disorientation, stupor and complete disintegration of personality, is so suggestive of a generalized disease of the central nervous system that localizing signs are often discounted, and in their absence, no effort by ventriculography or ventricular estimation is The error in these circumstances is based on the exact antithesis of the state of things in the first group of cases. There, the slow expansion of the growth permits its accommodation in the skull with so few disturbances that even a large neoplasm can be clinically overlooked; here, the tumor expands so rapidly that even distant parts of the brain show secondary effects as a consequence of pressure which results in a malady so generalized that an examiner may feel that it cannot be explained on the basis of a localized lesion.

#### COMMENT

Most recognized brain tumor cases exhibit some psychopathology which, if analyzed by the neurologist and neurosurgeon, might give some suggestion as to the localization of the growth.

On the other hand, a certain small percentage of psychotic patients are suffering, undiagnosed, from cerebral tumors which could probably be recognized if the psychiatrist would keep in mind the possibility of such a lesion.

These patients may be divided into two groups, (1) Those with slowly developing symptoms chiefly of mental deterioration and few neurological signs, and (2) Those with a profusion of neurological signs in addition to a rapidly disintegrating mentality. The first group usually have slowly-growing tumors, meningiomas, for the most part. The second group prove to have rapidly-growing gliomas, -chiefly gliablastoma (spongioblastoma) multoforme. The diagnosis of tumor in the first group is often missed for lack of investigation of inconspicuous signs; in the second, for failure properly to evaluate the many obvious signs that present themselves.

#### BIBLIOGRAPHY

1. Baruk, H.: Les Troubles Mentaux dans les Tu-

1. Baruk, H.: Les Troubles Mentaux dans les Iumeurs Cerebrales. Etude Clinique, Pathogeme, Traitement. Paris, 1926. G. Doin et Cie, 8, p. 396
2. Courville, C. B.. Auditory Hallucinations Provoked by Intra-cranial Tumors. Arch. Neurol. and Psychiat. 1928, xix, p. 558.
3. Cushing, H: Distortions of the Visual Fields in Cases of Brain Tumor. VI: The Field Defects Produced by Temporal Lobe Lesions. Trans., Amer. Neurol. 4ct. 1921. pp. 374, 123. .1ss., 1921, pp. 374-423.

4. Davidoff, L. M., and Ferraro, Armando: Intra-cranial Tumors Among Mental Hospital Patients. Amer. Journ. Psychiat., 1929, viii, p. 599.

5. Elsberg, Charles, and Globus, Joseph: Tumors of the Brain with Acute Onset and Rapidly Progressive Course: "Acute Brain Tumor." Arch. Neurol. and Psychiat., 1929, xxi, p. 1044.
6. Horrax, Gilbert: Visual Hallucinations as a Cereb-

ral Localizing Phenomenon, with Especial Reference to Their Occurrence in Tumors of Temporal Lobes. Arch.

Neurol, and Psychiat., 1923, x, p. 532.
7. Ikutaro, Takagi: Frontalpoltumoren. Arb. a.d. Neurol. Inst. a.d. IVien. Univ., 1927, xxix, p 280

8. Kennedy, Foster: The Symptomatology of Temporo-sphenoidal Tumours. Arch. Int. Med., 1911, viii, p. 317.

9. Kolodhy, Anatole: The Symptomatology of Tu-mors of the Temporal Lobe. *Brain*, 1928, li, p. 385.

10. Kubitschek, P. E.: The Symptomatology of Tu-mors of the Frontal Lobe. Arch Neural, and Psychiat., 1928, xx, p. 559.

11. Punsepp, L.: Die Tumoren des Gehirns. Tartu-Dorpat, 1927, p. 248.
12. Schwab, I.: Changes in Personality in Tumors

of the Frontal Lobe Bram, 1927, I, p. 480.

13. Vincent, Clovis: Diagnostic des Tumeurs Compriment le Lobe Frontal, Rev., Neurol., 1928, xxxv, T.1, p. 801.

N. Y. State J. M. October 15, 1930

## THE DIAGNOSIS AND TREATMENT OF CARCINOMA OF THE BREAST\*

By WILLIAM CRAWFORD WHITE, M.D., NEW YORK, N. Y..

EARLY WARNINGS OF GROWTH

**TUMORS** of the breast, unfortunately, are rarely accompanied by pain. If only we had the same warning as occurs with a tooth abscess, how much more often we would see the cases early. Occasionally, the patient complains of a vague distress or "drawing" pain, but after careful investigation, I believe that it is almost entirely a matter of second thought; -after the tumor has been discovered through some other cause. Usually, the patient accidentally feels a lump in the breast while bathing. So often does the patient volunteer this information, that one looks for this story. In accordance with the degree of education of the patient depends the speed with which the woman goes to her physician for advice.

Another warning is the bloody discharge from the nipple. We see nipples that have a very slight serous discharge, enough to make an occasional stain on the underwear. We also see an occasional breast that exudes a drop of milk in non-lactating breast. These latter two are not significant of tumor. I have never seen any tumor develop with such symptoms. On the contrary, a bloody discharge is very significant in the non-lactating breast. It indicates a papillary growth in the ducts, and this is a tumor growth which is often not palpable.

Brawny Localized Edema of the skin is an indication of growth in the breast. It is due to obstruction to the lymph channels, which run out vertically to the skin from the neoplasm. This area may be one inch or several inches in diameter. In an obese breast with the tumor well away from the nipple, nothing else abnormal may be noted except this localized brawny edema.

Persistent Ulcer of the Nipple of the chronic type in a non-lactating breast, is very suggestive of tumor growth in the ducts, with secondary extension to the nipple and necrosis. Syphilis should always be eliminated. This is commonly called Paget's disease of the nipple. But this rightfully is a disease of the ducts with early extension to the nipple.

Length of Time: that the mass has been noticed is of very little help. The history is not dependable. Also one must remember that a nodule may be malignant and of very slow growth. A story of a tumor that began to increase in size after a long period of quiescense is very suggestive. Tumors in the breast appear after adolescense. The benign adenomas are often seen in the late "teens," or early "twenties;" the cystic changes usually in the late twenties and

later most commonly in the general period of the menopause. The papillary growths, the carcinomas, and the sarcomas rarely appear before 25. However, with our increasing knowledge of malignancy it can not be used as an absolute rule that no malignancy appears before 25 years of age. Too many cases of carcinoma have been seen in younger people, to make such a hard and fast rule.

In the factor of *Trauma*, one must remember that it is a common mental process, to imagine a cause after a tumor appears. One is told of some bump against a bed post or door, or of some accidental blow a month or a week before. When the trauma is sudden, and severe enough to cause hemorrhage with hematoma, then, we can well relate the effect and cause. Such patients have sufficient evidence otherwise. But I am talking of the usual case. I have never been able to convince myself that there is any relationship between acute trauma and new growth of the breast.

There is no indication that one breast is more involved than the other. I have not convinced myself that marriage, pregnancy or lactation are definite factors in the etiology of tumor. Frank Adair, of the Memorial Hospital, New York, has studied the incidence of carcinoma of the breast to nursing after pregnancy. He feels that there is a tendency for the women who lactate and nurse over some months, to have less carcinoma. His work is interesting and suggestive, but until well confirmed, it should be taken with a "grain of salt."

Infection in the form of a history of old caked breast or abscess with incision has not been a factor. It is surprising to see how uniformly one sees malignant breasts without any such history, and on the other side, one sees so many abscessess of the breast which never have developed malignancy. Infected breasts at lactation are frequent enough to cause a large total of cases, and if they had been a factor, the relationship would long since have been discovered.

## LATE SIGNS OF CARCINOMA

- 1. Large masses that may cause one breast to be larger than the other, with distortion as it hangs down. In this condition, the mass is usually attached to the skin and to the muscles so that it becomes fixed.
- 2. The skin over the mass takes on a pigskin or orange peel induration. The skin loses its natural laxity and feels thick and hard at this site. It can not be moved independently of the tumor mass.
  - 3. The nipple loses its erectile properties, and

<sup>\*</sup> Read before the Queensboro Surgical Society, November 19, 1928.

becomes inverted to some degree. Care must be taken to compare this nipple with its neighbor and also to satisfy oneself that the condition is not an old deformity.

4. Palpable axillary lymph nodes in the adjacent axilla. These are discreet, hard and movable. They are not tender, and there is no indication of soft tissue involvement about them. The most frequent site in which they are palpated is along the lower border of the pectoralis major. Feel up toward the apex of the axilla with the palm anterior and the fingers at the apex. Such hard lymph nodes are very suggestive, but do not jump to a conclusion. One must differentiate from hyperplasia as a result of chronic irritation, subacute pyogenic infection, and tuberculosis. Hyperplasia is characterized by soft nodes which are usually discreet. Pyogenic lymph nodes involve the adjacent tissue and do not move freely. They also are tender. Tuberculous lymph nodes when small feel like malignant nodes; when large they feel like pyogenic glands. They differ from the latter, in that they are free from tenderness and pain. The above description will hold for many cases. In many other cases, there is no definite diagnosis until the lymph nodes are removed and examined. I have many times seen large hyperplastic or tuberculous glands associated with carcinoma of the breast. And before operation we have usually made an erroneous diagnosis of metastases to the axillary lymph nodes.

#### HISTORY AND EXAMINATION

It is our custom to follow a definite routine in the examination of the breast case. We have a history and physical which have been dictated and typewritten. In addition we have a check sheet to be attached to the history. This is of such a size that it may be included with the rest of the hospital record, or it may be folded and filled with other breast records. I find that either alone is incomplete. The check sheet is invaluable.

It is so easy in the history to forget some important points that would be sadly missed in collected statistics later.

The breasts should be inspected and palpated with patient erect, and reclining. As a routine, one must examine and compare both breasts, both axilla and both superaclavicular spaces. The lower edge of the liver should be palpated.

Inspection: With normal breasts the anatomy is bilateral. With tumors, often one breast is larger than the other. If the mass is of any size, irregularity in the contour of the breast may be noted. The irregularity takes the form of a depression of the skin over the mass. The nipples must be observed to see if there is any inversion But one must not be led to a hurried conclusion. A careful history must eliminate the possibility

of old deformity. And at that, there is also to be remembered that some women have never noted their deformity of the nipples. Until I began to appreciate this fact, I had been led into false preoperative diagnosis.

The inspection of the supraclavicular spaces is very important. Often the early metastatic involvement of the supraclavicular space can be detected by increased fullness. Note if there is any edema, pigskin appearance, or redness of the breast. Note if these are localized or diffuse.

With a powerful light in a dark room, transilluminate the breast. Dr. Max Cutler<sup>8</sup> has developed this technic in conjunction with the Cameron Company. If the mass is solid, one has a dense opaque shadow. If the tumor is a cyst or there is a cystic mass, there will be much better transillumination. This diagnostic aid is recent but should be of value.

Palpation of the breasts should be made with the palm of the hand held flatly against the breast. If the fold of the breast is held between the thumb and fingers or between the two hands, phantom tumors will be felt. I can not too strongly stress the value of the flat hand palpation. This should be made with the patient erect and also reclining. In the latter position, palpate with the arm at the side and then in 90 degrees abduction. When the arm is abducted one can more readily determine if there is any attachment to the pectoralis major. Also, in abduction some of the lymph nodes under the lower border of the pectoralis major may be more readily palpated, if enlarged,

By palpation one determines if there is one or more nodules. Also determine if the lump is soft or hard; smooth or irregular; fixed or movable; tender or not; attached to the superficial or deep tissue; attached to the nipple. Also when the axilla and the supraclavicular space is examined for enlarged lymph nodes, feel when the part is in relaxation. The nodes may then be more readily found. The hyperplastic lymph nodes feels soft and discreet. The tuberculous node is soft and discreet when small, but becomes adherent to adjacent nodes when it becomes large. It is still soft. nodes that have only partly been invaded the feeling is the same as with the hyperplastic. When carcinoma has extensively involved the lymph node, it feels hard.

#### PATHOLOGY

Tumors of the breast may be divided, pathologically into the benign and the malignant.

The benign tumors are the fibroadenomathe galactocele, the blue domed cyst, the multiple cystic mass (so cystic mastitis) the papillary

Fibroadenomas vary in the relative proportion of fibrous tissue and glandular cells. variations have been given different names, but as they are all essentially the same, a simple name to cover the group is sufficient. In the breast, one has a lump that is freely movable beneath the skin and is not attached to the deep tissue. In most cases it has a definite capsule from which the tumor may be shelled out. Less frequently it may not be shelled out. At the same time it is definitely localized and has a capsule. At times, especially when large, it is edematous and attached to the superficial tissue. A biopsy and quick section will demonstrate, however, that this is a benign condition and not sarcoma. It is well to remember that when the mass does not shell out, one is approaching the border line case.

The Galactocele is a cyst filled with milk. It has a smooth wall and is well circumscribed. It is related to a breast that had lactated.

Chronic cystic mastitis is a cystic condition of the breast that may manifest itself through one large cyst and a few small ones, localized about it in one portion of the breast. From this stage we have many gradations up to a diffuse involvement of the breast with many sized cysts. These cysts contain clear yellow serum, a dark brown fluid with cellular detritis in it; a comedo like exudate; or combinations of all three. In this type the walls are thin with a glistening surface.

Papillary cysts are characterized by a growth from the lining of the cysts. This varies from a sessile growth to a tree-like arrangement with branches. Usually this is associated with an old bloody exudate in the cyst. The papillary formations are not necessarily confined to the cysts. Careful section usually will demonstrate papillæ in the neighboring acini and alve-With the microscopic sections of the entire breast as developed and perfected by Sir Lenthal Cheatle, one may see all stages of papillary formation in the same breast. It is obvious that the bloody exudate from a nipple can not come from a cyst. Such an exudate comes from papillary growth in dilated ducts or acini. This type has not penetrated the elastic membrane of the acini or alveoli to enter the surrounding tissue.

Lipoma is a fat tumor that is similar to that found in any other part of the body. When present it is usually found on the periphery of the breast. It is infrequent.

Tuberculosis of the breast is rare, but occurs often enough to warrant preparedness to diagnose the condition. The cases that I have seen have been in the central portion of the breast. The mass has had an irregular contour with pigskin area of skin over the mass to which it

Sometimes there is slight retracwas fixed. tion of the nipple, and again there may be a story of discharge from the nipple of a milklike substance. It is painless, slow in growth and not necessarily associated with pulmonary tuberculosis. Lee and Adair have described an odd condition that they have observed in obese women. They call the mass "Traumatic Fat Necrosis," and it looks enough like carcinoma to require a careful differentiation. This mass occurs in obese breasts in older women who have had a severe trauma to the breast, such as hypodermocylsis, enough usually to When seen, months or cause ecchymosis. years after the injury, the patient presents herself with a painless lump. It is well defined and often adherent to the skin. One case had marked adherence to the skin so that it could easily be observed when the breast was raised. At operation a small cystic mass is This has a hard wall with a shaggy chocolate rough lining. The contents are semifluid with a yellowish granular material. Microscopic examination shows necrotic fatty material with many giant cells. There is a chronic inflammatory tissue about this. Lee and Adair have reported five cases and quote Bloodgood The diagnosis was only as having seen two. made once before operation, and so one must depend on a quick section by the pathologist at operation.

### SURGERY

"The efficiency of an operation is measured truer in the terms of local recurrence than of ultimate cure."

In the history of surgery of cancer of the breast, one sees steady progress. In the time of H. B. Sands, the surgeon operated with little or no idea of cure. Sands never had a three year cure. His operation was a simple Under the influence of Volkmastectomy. mann, the routine excision of the axillary lymph nodes as well, became the practice. This reduced the growth of axillary glands. Then in 1882 Halsted<sup>3</sup> commenced the routine operation of removing the breast, thoracic portion of the pectoralis major, and the axillary glands. He left a raw wound which he usually skin grafted at the same operation. Under this treatment he had a marked reduction of local recurrence. His results were excellent, especially when one remembers that in the first ten years of this surgery, he rarely operated upon a case that did not have axillary metastases. Halsted carried his incision directly down through the skin to the muscle. The next advance in technic is due to Sampson Handley, who showed that early carcinoma of the breast spread in the subcutaneous fascia. So he propounded the theory that if one should take out the same or even less skin than Halsted removed,

and in addition dissected out the subcutaneous area an additional radius of 2 to 3 inches, he would have less local recurrence. And his proposal has been justified in better results than those obtained by Halsted.

It is my practice to cut the skin so that a radius two and one half inches from the tumor Then I make a subcutaneous dissection out an additional two and one half inches beneath the skin. The incision is then carried down through the thoracic portion of the pectoralis major, including the upper part of the sheath of the corresponding rectus abdominus muscle The P minor is also re-This is advisable for metastasis are moved sometimes found between the two pectoral muscles, lying on the pectoralis minor. Also it gives one better exposure for a thorough dissection of the avillary contents It has been said that "the man who closes the wound should not be the man who makes it" After all we are dealing with a terribly serious disease and we should not be prevented from doing a worthwhile job. Fortunately in most of the cases the skin may be approximated The tension at operation often is more appar ent than real. In some, especially the thin cliested with small breasts, one must necessarily do an immediate Thiersch graft The grafted area is unsightly, but skin grafts in such cases have the advantage that they allow more use of the arm It is our practice to remove the mass in one piece, and we usually proceed from without inward. Yet we do not feel that the direction is of much moment, as we have often removed them from within outward Halsted was enthusiastic for supraclavicular dissection and at one time went so far as to divide the clavicle in his zeal to remove all the lymph nodes Halstead found supraclavicular metastases frequently in cases with only midaxillary glandular involvement. While I do not condemn the supraclavicular operation, I have not practised it, chiefly, because I have felt that a case with supraclavicular glandular involvement was beyond a surgical cure

I am accustomed to use a one-fourth inch tube drainage through the scar in three or four places and a stab wound availary drain with a three eights inch tube. The scar drains are removed the next day and the availlary drain about the third dry. Dry dressings are applied to the wound. The upper extremity is left free

There are many varieties of skin incision One must vary the incision with the site of growth. The important point is to go sufficiently wide of the tumor. In the old Halsted incision, the wound was carried out on to the arm, but later on he carried his incision only up to a point two or three centimeters below the clavicle. He had felt that the longer in-

cision did not allow a better exposure and possibly was a large factor in causing post operative edema of the arm

#### RADIATION

Enough information has been gathered to draw the conclusion that radiation after operation has given an increased average of length of life after operation Greenough has found that his cases had an increase of about nine X-ray therapy is still to a certain de gree in an experimental stage At first low voltage was employed and then under German influence, the massive high voltage, up to 200 -000 volts, came into popularity The results were not as good as the first reports might indicate, but the massive dosage has not been applied long enough to draw any final conclusions Another school is still persisting in the use of repeated treatments with small doses. They too have not had a long enough experience or wide enough experience to prove their case. I have seen local recurrences with both types of treatment. I do feel that either treatment is of value, and that, for the present, the machine at hand must be thoroughly tried out. In the local recurrences or the metastases to the pelvis or spine, 1-ray therapy is indicated. Often a combination of radium packs and Roentgen radiation in alternation has proved effective, temporarily checking the progress of the disease. Many cases of severe pain associated with metastases to the spine or pelvis have had temporary relief from pain and comparatievly good health for months

I feel that Roentgen radiation before opera tion is not indicated. Its advantages are theoretical. In practice it is well nigh impossible to persuade the patient to wait the necessary four to six weeks for the operative stage. Most of my patients insist on an operation as soon as possible, but one has no difficulty in persuading post operative therapy. This can be given in visits to the office of the therapist, or at most, a few days stay in the hospital With expert care, one does not now see disasters with radiation that formerly were not uncommon I admit, however, that one still sees oc casional cases of nausea and vomiting after high voltage therapy, but rarely is this more than a temporary upset. In 1927, I' investi gated the results of moderately radical surgery of the breast at the Roosevelt Hospital You will note that in 157 cases of all operative types, 36 per cent were alive and well at the end of five years. In a group of 61 cases followed for ten years, 24 per cent were alive and well at the end of that period. If one examines the cases that came to us so early that no axillary metastases were found, you will note that 70 per cent were alive at the end of five years.

and that 57 per cent were alive at the end of ten years.

## Conclusions

1. All tumors of the breast deserve immediate operation. In all questionable cases, excise and do frozen sections at the time of operation. Then proceed if necessary.

2. Make the radical operation thorough.

3. Give Roentgen radiation after operation and repeat at stated intervals. The results at present are not ideal. But compared to the early days of Ilalsted and Gross, great strides are being made. Some of these are early diagnosis, more radical surgery and post-operative radiation.

# THE TREATMENT OF ARTHRITIS "RHEUMATISM" WITH SPECIAL REFERENCE TO NON-SPECIFIC PROTEIN THERAPY

By HENRY 1. SHAHON, M.D., NEW YORK, N. Y.

From the Arthritic Clinic of the Post Graduate Hospital.

ARTHRITIS, "Rheumatism," is one of the oldest diseases of which there is record. Doctor Goldthwait classifies Arthritis under two headings: (1) Chronic Infectious Arthritis, and (2) Chronic Hypertrophic Arthritis. The classification which the writer thinks is best is the following:

- (1) Infectious Arthritis.
- (2) Toxic Arthritis.
  - (a) Chronic Atrophic Arthritis.
  - (b) Chronic Hypertrophic Arthritis.

Infectious Arthritis: In this type the bacteria or the result of bacterial action are present in the joint. This condition may attack any type of individual, the slim, visceroptotic or the obese habitus. Usually but not always the onset is sudden. The condition is usually polyarticular. There is swelling, pain, limitation of motion, loss of function, and spasm followed by deformity. Often there is glandular and splenic enlargement. Secondary Anemia, slight temperature, high pulse, loss of flesh and loss of sleep are noted.

In 119 cases analyzed by Backoven, one focus of infection was found in sixty; two foci in forty; more than two foci in twenty-one, and no foci in eighteen. Pyorrhea was present in fifty-five cases, dental abscess in forty-six, gingivitis in thirty-five, tonsilitis in twenty-six, prostatitis in twelve, constipation in eight, appendicitis in six, and cholecystitis in five. Sinusitis, infected adenoid tissue, colitis and extensive dermatitis were each found in four cases.

In infectious arthritis we are dealing then with one or more foci of infection somewhere in the system. It stands to reason then that a careful history of the patient must be taken in every case.

In the family history one must search constitutional defects as are manifested by Gout, Obesity, Diabetes, Bright's Disease, Arthritis, Tuberculosis, and Syphilis.

In the personal history find whether or not there have been any past infections which might initiate a joint change or might still persist as an infective form.

In the physical examination determine if the patient is of the normal, obese, or undernourished habitus. A local examination of the affected parts will make possible a differentiation among myositis, bursitis, periarticular inflammation and inflammation within the joint itself.

In the search for focal infection we must search particularly the mucous membrane tracts, both gastro-intestinal and genito-urinary. This examination should include the para-nasal sinuses, the teeth, the tonsils, the middle ear, the gall bladder, the appendix, the coecum and colon, the kidneys, the prostate, the seminal vesicles, the uterus and the oviducts.

The most common sites of focal infection are the tonsils, teeth, sinuses and the colon. One should not forget also that the secondary foci in the neighborhood lymph glands or in the joints themselves may maintain the infection even after the original foci have been removed.

Chronic Atrophic Arthritis: The etiology of this type of arthritis is not known. This condition is polyarthritic affecting first the small joints, fingers, wrist, elbows, knees, tarsus, shoulder, jaw and spine; the hips are rarely involved. This form of arthritis occurs in young adult womenmore frequently than in men. Grief, nervous shock, physical and mental strain, are important factors.

In this type of arthritis the pain is not very severe. There is not that "Soreness" as in infectious arthritis. At first there is a boggy swelling about the joint, later atrophy. Here all the joint structures are involved—cartilage, bone, synovia, and the synovial fluid. The synovial membrane is affected early and thickens. There is erosion of the cartilage, and bony changes come late.

Hypertrophic Arthritis This type of arthritis usually occurs in clderly people It is found in firemen, teamsters, refrigerator plant workers, longshoremen, and heavy load workers, pain is usually the result of slight or severe traumit or of motion out of proportion to the ringe of the joint, as the pain disappeurs a bony enlargement is noted, also deformity and Immeness. There is limited motion, due to the proliferation of bone about the joint, later deformity occurs in all the affected joints. The hip and the knee cause more disability than do other parts. The Illberden's nodes seen in the plalangeal joints are typical

## TREATMENT OF INDICTIOUS ARTHRITIS CHRONIC ATROPHIC AND HYPERTROPHIC ARTHRITIS

The treatment of arthritis may be best considered under two headings, first the general management of the patient for the elimination of infective foci and the correction of the systemic effects of infection, and second the correction of the mechanical defects. The accomplishment of both these objectives demands a combined, vigorous attack by the interinst and the orthopedist

The attack of the internist should be directed to the arrest of the disease processes which are involved and to general restoration, that of the orthopedist, to the prevention and correction of deformities and the restoration of the injured joints to as nearly normal function as is possible

The constitutional treatment is directed to the promotion of the physiological functions which have been retarded by the toxic processes and the stimulation of the organs of the body to get iter activity. Constitutional treatment therefor, in cludes every therapeutic measure at our command whereby these objectives may be attained as diet, exercise, actinotherapy, medication non specific protein therapy, chemotherapy, and fixation of the affected joints, supplemented by massage, diath ermy, and later by passive and active exercises is they are indicated by the progress of the joints toward restored function.

Dut There is no specific diet for arthritis. If the patient's stools show marked putrefactive changes, then the protein intike is diminished and the deficit replaced by europhydrates. It on the other hand the stools show to be of the fermentative type then the curbohydrates are diminished and the protein intake increased. Alcohol is permissible. If there are any gastric disturbances they should be corrected.

From Suitable exercises are instituted to overcome the defects in bodily mechanics. The patient is fitted with a support to be worn until the abdominal muscles have regained their strength and tone and the posture is improved.

Actinotherapy Just as the Alpine lamp is beneficial in joint tul creulosis it is also of similar value in chronic arthritis Medication Medicinal therapy is mostly paliative Cinchophen, Salicylates, Arsenic, Iodides, and Alkalies are greatly used Cinchophen, Atophan, Tolysin, and Aspirin telieve a great deal the pain, but their continued use for a long period of time will act as depressants. Alkalies are of course indicated in cases with gastric irritation.

Non Specific Therapy The treatment of arthritis by the non specific proteins is still in the experimental stage, and the clinical reports are relatively few. There exist in the body non specific splitting enzymes, protein in character, that attack invading protein toxins, whether they are bacterial, animal, or vegetable. These non specific enzymes may be activated by the injection subcutaneously, intravenously or inframuscularly of various foreign proteins in proper dosage.

Betz in 1921 treated arthritis with typhoid vaccines, and obtained appreciable results, when other methods had failed

Schmidt used milk by intramuscular injection In 1910, and during 1916 many articles were written in German and Austrian publications on the use of milk for parenteral injection in the treatment of various affections, especially arthritis. The writer has used milk exclusively as the injection substance and has obtained gratifying results in most cases and good results in gonorrheal arthritis.

Cow's milk is used It is sterilized by boiling for ten minutes and subsequently cooled to a comfortable temper ture the intra muscular route is the best. The writer would not recommend the intravenous route at all

The sites of injection are the muscles of the arm, and the glute il region. All the precautions as to asepsis and avoidance of entry into the vein are taken. The initial dose for an average adult is 1/2 cc The injection is generally repeated every other day, and the dose is increased by 1/2 cc at every injection. The total number of injections required varies with the individual case and may be anywhere from ten to twenty five. Some have used 4 cc as the initial dose and increase 1 cc it each injection. The reason the writer uses 1/2 cc as the initial dosc is because he believes the chances for a severe reaction is overcome and the patient will return to the clane or the office for the subsequent injections. It is well to remem ber that the second meetion should never be given unless it can be given after an interval of less than ten days, on account of the danger of i severe constitutional reaction. When the patient has a severe constitutional reaction, the dose injected tollowing such a reaction should not be increased it all over the previous one it rarely has to be reduced. The local disturbance at the site of injection is never severe enough to in erpicitate the princit

The reaction following in interminscular mill

injection rarely comes right away. The patient is instructed to wait for a period of ten minutes hefore leaving the office or clinic. He is then told to go home and stay in bed for four to five hours. This treatment is applicable to all forms of arthritis but particularly to infectious arthritis and gonorrheal cases.

The milk injection method should not be used in patients with Asthma, Organic heart disease, Hypertension and Pregnancy. It is well to remember of course that none of these are absolutely contra-indicated, if they are used with caution by beginning with smaller doses and keep-

ing the patient in bed.

Within one to four hours following an injection of milk the patient may have a chill or chillness of varying degree of severity and varying duration. The temperature may rise to 102° or higher, and a profuse sweat may follow it. In most cases the patient experiences mild headaches. The local process in the joints is temporarily aggravated, as noted especially by increase in local pain, and less noticeably by increased red-Following the disappearance of the chill the blood picture is that of leucocytosis. has been found as high as 50,000, but usually is a good deal lower. The increase is largely in polynuclear neutrophiles. There is no eosinophilia. At the end of 24 hours the leucocytes are back to normal. The kidneys show no constant disturbance.

In conclusion there is an attempt, first, to evaluate a therapeutic procedure which some have sneered at and in others neglected, in both instances without good reasons; secondly to call attention especially to the simplicity and value of intra-muscular milk injections in all forms of arthritis, with particular emphasis on gonorrheal arthritis.

Physiotherapy: The study of capillary blood flow affords evidence that in arthritis the rate of blood flow may be more irregular and may reach lower values than the normal person seems to show. For this reason external heat is one of the most practical means of treatment. Exposing the body to an electric bake for 15 minutes at a temperature of 120° is very beneficial. The other agents that stimulate the local or systemic blood flow are: exercise, massage and .r-ray.

Chemotherapy: Jeffery, Burns, and Keith give the following report of the results which they obtained in 24 cases of arthritis treated with intravenous injections of amiodoxyl benzoate an ammonium salt of orthoidoxy benzoic acid. The usual dose is 1 gram dissolved in 100 cc. of warm normal saline. This is injected into the vein by

gravity. Not less than 10 minutes should be consumed in an injection.

The patient usually has considerable reaction during and after the injection. After about 25 cc. are used, the patient complains of tingling of the tongue. This is followed by smarting and itching in the nose and throat, bronchial irritation, conjunctivitis, pain and smarting in the joints themselves. Transitory headache is common. These symptoms usually disappear within an hour. Generally speaking, the reactions are severe enough to cause the patient real discomfort and some discontinue the treatment on account of it. In this form of treatment the most hopeful cases are those of the acute type of no long standing. Gonorrheal arthritis as a class seems to give the best results.

Occupational thereapy is a great asset and should be encouraged. Not only does it help to limber up the stiff joints, but by keeping the patient's mind off his unfortunate condition during the long days of waiting for improvement, it promotes optimism and a better moral.

## Conclusions

- (1) In the infectious arthritis the etiology is apparantly known, while in hypertrophic and atrophic arthritis the true etiology is not as yet known.
- (2) In the infectious forms of arthritis before beginning any sort of treatment it is best to remove all known foci of infection.
- (3) There is no specific treatment for arthritis as yet, but several modes of treatment have been adopted by several workers in this field with marked appreciable results. The skilled use of physiotherapeutic measures, massage, hydrotherapy, postural exercise, external heat, diathermy, chemotherapy and non-specific protein therapy, like typhoid vaccines and milk have benefitted many patients. The milk injection method is the most economical, simplest and insures in many cases marked improvement.

### REFERENCES

Schulman, M.; Parenteral Protein Treatment of Arthritis, with special reference to milk injections; its relation to Anaphylaxis. Med. Rec., N. Y., 1920, XCVIII,

47.
Betz, I.: Treatment of Arthritis by non-specific therapy. Med. Rec., 1921, XCIV, 920.
Pemberton, Ralph; Chronic Arthritis, Annals of Clinical Medicine, Vol. III, No. 3, p. 225, September, 1924.
Tucker, John and Jackson, J. A. Ohio State Medical Journal, 21, 157-61, March, 1925.
Jeffery, R. L. and Burns, Keith S., Northwest Medicine, 26; 586-588 (December), 1927.
Tice's Practice of Medicine, vol. V1, 506-507

Vrlume 30 Vunder 20 1217

# ARE THERE INDICATIONS FOR OPERATIONS ON THE ADRENAL GLANDS?\* By GEORGE W CRILE, MD, CLEVELAND CLINIC, CLEVELAND, O

→ HAT the adrenal glands are concerned in all the major activities of the organism is well known Years ago in our laboratory we found that in excitation and exhaustion from any cause the cells of the adrenal, uniformly with the cells of the liver and brain, showed respectively hyperchromatism and chromatolysis, thus indicating that with the liver and the brain they are essential to the operation of the organism Reciprocally, we know that removal of the adrenals rapidly and impairment of the adrenal function more slowly produces physical changes typical of exhaustion In adrenal insufficiency from any cause, the entire organism is profoundly affec-Riesman has called attention to the occurrence of acute adrenal insufficiency in soldiers, especially in those who, prior to the war, had led a sedentary life. The appearance of this syndrome in these exhausted soldiers is well explained by our histological findings

We have further evidence of the validity of the conclusion that the adrenal glands play an essential role in the physical and chemical activity of the cells of the organism in other experimental findings in cases in which adrenal insufficiency is produced by the removal of the adrenal glands or by the division of their nerve supply. In animals, after the removal of both adrenal glands, the electric potential, which is a measure of vitality or the power to do work, falls, and the electric conductivity, which measures the facility with which work can be done, decreases Thus, temperature, oxygen consumption, electric conductivity, electric potential-all of which can be measured accurately in the laboratory-are affected by adrenal insufficiency.

This fact assigns to the adrenal glands a fundamental and basic function in the organ ism. How the loss of this basic function affects the work of certain other organs is well shown in Addison's Disease That the brain is profoundly affected is shown by the loss of emotional and mental activity, lethargy, and by the depression of normal response and re-The voluntary muscular system is weak and depressed, the victim in advanced stages being unable to walk, the involuntary muscular system and its innervation is also profoundly depressed since the heart and blood vessels are unable to maint un-i normal blood pressure. The activity of the entire sympathetic, involuntary muscle, and glandular elements of the digestive system is depressed, for appetite is lost and digestion is sluggish. That the liver is pro-

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N Y, June 1930

foundly affected is shown by the cytologic changes in its cells. The skin becomes mactive, the special senses lose their acuity

Thus, when the function of the adrenal glands is depressed, the activity of the entire organism is correspondingly decreased, and no therapeutic measure, other than the use of the recently isolated cortical hormone not even the administration of thy roid extract is of avail. By means of the hormone which they isolated from the adrenal cortex Stewart and Rogoff and Hartman and his coworkers have been able to prolong the lives of adrenalectomized animals.

Let us now turn to the opposite side of the picture and consider the effects of hyperac

tivity of the nerve-adrenal system

In a state of pathologic emotional or nervous excitation such as leads to recurring fatigue, exhaustion, and gastric hyperacidity, among the common phenomena noted are rapid heart, sweating, dilated pupils, indigestion, fine tremors, sweating hands, sometimes slightly cyanosed nails—a syndrome which is easily confused with mild hyperthyroidism, con ecaled tuberculosis and other chronic infections. This sequel to excessive nervous strain and excitation is often seen, and in many cases there is increased sensitization to adrenalm. This adrenal nervous syndrome occasionally constitutes the residue of hyperthyroidism even after operation.

From these premises, we might reason that in the case of a disease which is characterized by an excessive activity of body-wide extent, lessening of adrenal activity would be expected to lessen the abnormal activity of the cells of the organism, and thus to improve the condition to which the excessive activity is due.

Some years ago, in the hope of thus controlling such conditions of excessive uncontrolled activity, or kinetic drive, I performed a series of partial adrenalectomies, with the following results

Eleven cases of epilepsy were operated upon Unilateral adrenalectomy alone was done in one case, unilateral adrenalectomy with partial thyroidectomy and division of the cervical sympathetics was done in seven cases, unilateral adrenalectomy with hyation of the thyroid arteries in one case unilateral adrenalectomy with ligation of the thyroid arteries and section of the cervical sympathetics in two cases. In two cases the operation was followed by improvement which has persisted for ten years, in another case the condition was improved for eight years, when the parameters of the par

tient died, and there was slight improvement in four cases followed by the return of the disease.

During the past few years, German surgeons have shown a marked interest in adrenalectomy in the treatment of epilepsy, this interest having been initiated by Fischer and Brüning. The basis for Fischer's belief in the efficacy of the operation was that excessive response of the muscle fibers to stimulation which is manifested in convulsions is due to a peripheral as well as to a central mechanism, and since in Addison's disease, for example, muscular asthenia is the outstanding symptom, he believes that the muscular activity is governed in the main by the adrenals. It is stated by Brüning that Fischer's experimental studies to establish the point that the chromaphil substance is mainly responsible for muscular activity were undertaken in 1913 and 1914 but have not been published. In those researches he demonstrated that the cortex is the part of the adrenal concerned in muscular activity.

Brüning tested this conception in 14 cases of severe epilepsy and reported no mortalitics, three cases under treatment, five cured, less intensive and less prolonged but more frequent attacks in one case, and no beneficial results in five cases of long standing. Brüning's results, however, have not been confirmed by other reporters. Specht in particular repudiates the work of Fischer and Brüning, and on the basis of an experimental study states that in part at least the failure of the operation is due to the fact that according to his experiments there is an early hypertrophy of the remaining adrenal, and of the remainder of an adrenal after partial resection.

On the basis of these collected experiences, the value of the operation for epilepsy, therefore, would seem still to be *sub judice*.

In three cases of cardiovascular disease, unilateral adrenalectomy alone was performed in one, as the result of which the symptoms were slightly relieved for nine years. In the other two cases, unilateral adrenalectomy with partial thyroidectomy was done in one, and in the other unilateral adrenalectomy with partial thyroidectomy and resection of the cervical sympathetics. These last two patients were unimproved, both dying of apoplexy, one five months and one a year after operation. Three years ago I performed a unilateral adrenalectomy and partial thyroidectomy in another case of hypertension with the result that the blood pressure has fallen progressively from 210/110 to 160/92 and the patient feels and appears well.

In three cases of Raynaud's disease, no improvement followed unilateral adrenalectomy.

In two of these cases section of the cervical sympathetics was done also.

Four operations for apparently hopeless cases of neurasthenia were performed. In one, unilateral adrenalectomy alone was followed by no improvement. In one, unilateral adrenalectomy with partial thyroidectomy was followed by immediate improvement, but there has been no further record of this patient after her discharge from the hospital. In two cases, the operative procedure comprised unilateral adrenalectomy with partial thyroidectomy and division of the cervical sympathetics. One of these two patients was unimproved but the other recovered completely, and during the eight years since operation has shown no return of the symptoms.

My experience in this group of cases has included 22 unilateral adrenalectomies for the conditions cited above, with doubtful results in cases of epilepsy, neurasthenia and cariovascular disease, and negative results in Raynaud's disease.

It occurred to me later that there are two other kinetic diseases the character of which indicates that they are due, in part, to hyperfunction of the adrenal glands, and should therefore be controlled, in part at least, by the removal of one adrenal or by the division of the nerve supply to both adrenals. I refer to hyperthyroidism and peptic ulcer.

The symptoms of hyperthyroidism and adrenalism are the same. That is, both adrenalism and hyperthyroidism cause increased heart action and increased pulse pressure, dilatation of the vessels of the skin, sweating, dilation of the pupils, increased metabolism, hyperglycemia, gastrointestinal disturbances and nerve activation. Clinically, it has long been known that the injection of adrenalin in a patient with hyperthyroidism produces a temporary exacerbation of the symptoms of the disease. Moreover, our experimental studies indicate that this correlation of clinical phenomena is due to an antithesis of function. The thyroid gland acts as a building up or charging mechanism, the adrenals as a discharge mechanism. Moreover, the chief-perhaps the only cause—of thyroid crises are those conditions which cause an increased output of adrenalin, namely, pain, emotional excitation, focal infection, infectious diseases, asphyxia, inhalation anesthesia, and hemorrhage. These, and the injection of adrenalin, are as I beheve the only conditions which can precipitate a thyroid crisis.

If, as the above facts indicate, hyperthyroidism depends in part upon the interrelation between the thyroid, the nervous system and the adrenal glands, then we may assume that hyperthyroidism can be controlled in a measure by a lessening of adrenal activity. On the basis of this assumption, we have removed one adrenal gland in 17 cases of residual hyperthyroidism following partial thyroidectomy, and have denervated the adrenals in one case. In each case, the symptoms were controlled. It should be born in mind, as stated by Specht, whom we have already cited, that early hypertrophy of the remaining adrenal will occur, so that thyroidectomy should follow the unilateral adrenalectomy as soon as the condition of the patient permits the operation.

The fact that peptic ulcer and hyperthyroidism occur in the same type of individual, and that peptic ulcer occurs under conditions similar to those which produce hyperthyroidism, has led us to make a study of the relation of the thyroid and the adrenal glands to the production of peptic ulcer. That increased gastric acidity is present in hyperthyroidism is well known, as is also the fact that in myxedema there is low acidity or anacidity. Moreover, in hyperthyroidism the incidence of peptic ulcer is increased; in hypothyroidism, peptic ulcer has not been reported. It would appear then that the activity of the thyroid gland controls gastric acidity. As we have stated, thyroid activity is controlled by the adrenal glands. That is, the thyroid gland must be stimulated by the sympathetic nervous system, and the most powerful control of the sympathetic nervous system is in the adrenal glands. If the adrenal factor can be controlled, then thyroid activity will be decreased and gastric acidity will be lessened. The activity of the adrenal glands can be controlled by the division of the nerve supply of the adrenals on both sides or by the removal of one adrenal gland.

In the experimental studies of G. H. Crile and Dr. Maria Jelkes this premise is well supported. In artificially induced myxedema the gastric secretion was markedly diminished and the total and free acid approached zero. While the removal of one adrenal did not produce as definite results as those obtained in induced myxedema, it was found that it did measurably influence the gastric acidity. Certainly, the removal of an adrenal measurably controls all the factors, psychic and physical, which influence gastric acidity.

The rationale of this procedure is still being investigated. We have already performed a unilateral adrenalectomy and a partial thyroidectomy in four cases of intractable peptic ulcer, and have divided the adrenal nerves in two cases. To date, the results have been favorable. At the present stage of our investigation, we recommend the trial of this procedure only in cases of recurrent ulcer in which medical and surgical treatment have been ineffectual.

#### SUMMARY

Indications for unilateral adrenalectomy or better bilateral denervation of the adrenal glands can not be finally stated at the present time.

In certain cases of residual hyperthyroidism, the symptoms seem to be completely controlled by division of the nerve supply of the adrenals or by unilateral adrenalectomy.

In cases of intractable peptic ulcer, denervation of the adrenal glands gives promise of good re-

Whether or not these operations will have a wide application is still sub judice.

#### THE NATURE OF ICTERUS NEONATORUM\*

By ALTON GOLDBLOOM, M.D., AND RUDOLF GOTTLIEB, M.D., MONTREAL, CANADA

From the Department of Medicine, McGill University Clinic, Royal Victoria Hospital, Montreal, Que

THE reasons for the occurrence of jaundice in new-born infants has puzzled investigators for many years. A vast amount of literature on jaundice in general, and especially on icterus neonatorum, has accumulated, without yielding a logical explanation of this interesting phenomenon which is visible in most infants, but which is demonstrated in all infants shortly after birth.

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N. Y., June 4, 1930.

The theories which have been advanced so far, in attempts to explain icterus neonatorum, may be divided into three main groups:

(1) It is only natural that some of these theories should consider the function of the liver as the prime factor in the production of jaundice, either through alterations in the bile flow, or through some derangement of the hepatic cells. For instance, Knoepfelmacher¹ ascribed it to stasis resulting from an increase in the viscosity of the bile, a fact which has never been demonstrated.

strated experimentally. Birch-Hirschfeld² and Abrami³ and others, attempted to explain the condition either through the existence of inflammatory processes, usually in the liver cells, or through the occurrence of oedema in glissons capsule, as observed by Birch-Hirschfeld in some instances. The failure of these observers to clearly differentiate icterus neonatorum simplex from other, notably infectious forms, probably accounts for the erroneous theories advanced. Infants with physiologic icterus do not die, and, therefore, a search for the cause of the condition cannot be made at the necropsy table.

- (2) Other observers like Violet and Hoffmeier<sup>5</sup> while suggesting the possible relationship of haemolysis to icterus neonatorum, still ascribed a hepatic cause to it, reasoning that the blood destruction, which was known to occur in new-born infants, resulted in an increase of viscid bile from the liver. These older theories could not include an icterus which could arise independently of the liver function, chiefly on account of the work of Minkowski and Naunyn,6 whose experiments on liver extirpation in geese showed that in birds with extirpated livers no jaundice could occur. We now understand, especially since the work of van den Bergh<sup>7</sup> that icterus can arise from haetmolysis alone, as well as from hepatic causes, and it is in the light of this knowledge that the understanding of our present theories on icterus neonatorum becomes possible.
- (3) The idea that icterus neonatorum arises merely through the destruction of an excess of red blood cells shortly after birth, is hardly a new one. It was first suggested by Virchow,8 and later abandoned by him. Heuoch, too, in his lectures, mentioned haemolysis as a possible explanation for the occurrence of icterus. Yet, in spite of an apparently direct route to the solution of the icterus problem through haemolysis, many observers have swerved in the direction of alteration in blood viscosity to explain the blood changes in the first days of life, and have been more inclined, like Heinemann<sup>9</sup> to consider the icterus as resulting from an incomplete functioning of the liver cells. It is quite true that water loss in the first few hours after birth results in an increased corpuscular volume, an increased viscosity, and thus, in a measure, to an apparent increase in the red cell count, but that there is an actual increase is, in our opinion, beyond question. Blood from the umbilical cord shows the same high red cell count as the peripheral blood of the infant. According to some authors, like E. Schiff,10 there is actually an increase in the red cell count over and above the original polycythaemia, and this increase, they hold, is due to viscosity changes. That there is polycythaemia at birth, that there is considerable blood destruction shortly after birth, and that there is

jaundice in the first few days after birth, are facts that are quite beyond all question. It is only necessary to show that these three phenomena are closely related, to prove the nature of icterus neonatorum. Eugen Stransky, in his book with Baar on clinical haematology in child-hood, has well expressed it by saying "... the origin of jaundice must depend on the considerable destruction of red blood cells, the reason for which is not clear. Even though the last word has not yet been said on the cause of icterus neonatorum, still it must stand in a casual re lationship to the disintegration of the red cells."

In our earliest observations on this subject we demonstrated the instability of blood taken from the umbilical cord. Most samples, however carefully obtained, showed a haemolytic tinge in the serum immediately upon centrifugalization. samples showed an increase in bilirubin content, as measured by the van den Bergh, and by the icteric index tests. Samples of cord blood which did not show haemolysis at first, developed a considerable amount on standing a few hours on ice. That this haemolysis was a function of the corpuscles themselves, and not due to a haemolysis in the serum, was demonstrated first by washing the corpuscles free of serum, and demonstrating the same amount of blood destruction whether the corpuscles were exposed to serum or to normal saline, and secondly by exposing normal adult washed red cells to blood serum from the infant, and demonstrating that the infant's serum exercised no haemolytic effect on normal corpuscles. We showed, too, that if infants' corpuscles were allowed to stand for from 72 to 90 hours the red cell count fell eventually to zero, and independently of whether the corpuscles were exposed to their own serum or to saline. Controls of adult blood were quite stable.

These first studies led us to make further observations on the question of the resistance of the red blood cells of the new-born infant to varying dilutions of salt solution. We found that the red cells of the new-born infant had not the power of withstanding saline dilutions to the same extent as normal adult blood. Some destruction of red cells took place even in physiologic saline, while adult blood shows normally no haemolysis in dilutions below 0.4% of salt solution. The interesting point, however, in the blood of new-born infants is that while haemolysis usually begins in physiologic salt solution, all the cells are not destroyed by the next higher solutions, but that some cells remained in all the dilutions, so that the point of complete haemolysis was quite near to the point at which normal blood haemolysed completely, namely, 0.4 to 0.35%. This led us to believe that all the red cells in the infants' blood did not possess the same degree of resistance to salt solutions, but that there must exist in the circulation cells of various degrees of maturity which differed con

siderably in their fragility

We know that the blood of the new born intrint contains a large number of nucleated red blood cells, and of reticulocytes. We felt, there fore, that it was important to attempt to ascertain whether these immature forms were less hardy than the more mature forms. This was done by exposing red cells to varying dilutions of saline until hacmolysis took place, then by studying the cells which remained unhaemolysed. We thus found that it was the immature forms which were more fragile, and we were able, by fractional haemolysing, to obtain a residuum which possessed the same resistance to saline as normal adult blood.

Again, we were interested in the changes in the resistance of red blood cells studied daily from birth to the end of the first week of life Here we found that the resistance which was diminished at birth gradually became normal by the end of the first week of life Now this change of the resistance to normal coincides with (1) the reduction in the total red cell count from 6 or 7 millions to 4, 5 or 6 millions per cubic (2) The disappearance or reduction millimeter in the number of immature forms, and (3) the development of icterus. In this way, we feel we have established our first premise, namely, that icterus neonatorum is hacmolytic in origin

A word might be said on the inconsistency of the findings of other observers in the question of frigility of the red cells in new borns. No uniform findings seem to have been reported Some authors claim normal fragility, and others increased fragility of infants' ied cells to hypotonic salt solution These differences in findings depend, we think on the time when the blood was examined Blood examined on the day of birth, or the day after, will invariably show an increase in the fragility. So too will umbilical Blood examined when icterus has cord blood developed, that is after the fragile cells have been destroyed, will naturally show a normal re-Those observers, who, in studying icterus neonatorum, made their investigations only on infants with well marked icterus, could not expect to find an abnormal resistance of the red cells to salt solutions The study of icterus neonntorum must be begun at the accouchment, as it was in every one of our studies, and pursued to the end of the first week of life at least 11

The close relationship of polycythaemia, with the presence of immature forms, and hacmolysis with disappearance of normoblasts, and reduction of reticulocytes and subsequently the appearance of icterus, with an indirect van den Bergh reaction, all naturally suggest a pienatal unsaturation of oxygen in the foctus with a change to normal oxygen saturation immediately after birth. We know that all conditions of chronic

oxygen want produce polycythaemia, and show a reduced oxygen saturation of the arterial blood In congenital cardiac disease with cyanosis, there is always polycythaemia and oxygen unsaturation with increased oxygen capacity In mountain dwellers, there develops an increase in the number of red cells, and an increase in the immature forms, which return to normal when resi dence at lower altitudes is resumed some evidence to show that the underlying condition in polycythaemia vera is a chronic oxygen want in the tissues 1. Have we any evidence to suggest a similar condition of oxygen want in the foetus? We have first the foetal circulation, which, for the most part, consists of mixed arterial and venous blood. Such admixture must have the same effect on the tissues as it has in congenital cardiac disease The mixture of aerated and unrerated blood is in itself a suffi cient cause for the production of an increase in the number of red blood cells There is another factor The experiments of Hugget13 in which he found a lower saturation of oxygen in foetal goat's blood, as compared with the maternal blood suggested the possibility of a similar condition in the human foetus We studied the oxygen capacity and saturation of arterial maternal blood, and of foetal arterial blood from the umbilical vein 14 We were able to demon strate definitely diminished saturation of oxygen, and an increase in the oxygen capacity, which would be expected on account of the increased number of red cells in the foetal circulation This diminution in oxygen saturation was demonstrated in blood from the umbilical vein. This is the blood which carries the greatest concentration of oxigen in the foetal circulation, taken immediately after leaving the foetal respiratory organ the placenta, and this blood was found to he deficient in oxygen content. So then we have two factors contributing to a reduced supply of oxygen to the tissues, first the inefficiency of the placenta as a respiratory organ, and secondly, the admixture in the foctal circulation of arterial and venous blood.

The effect of such a combination of conditions is a stimulation to hacmopoiesis, and this explains the polycythaemia in the new-born infant, which must be accepted as real, and not only apparent

How are all these findings related to joundice in the new born infant? The joundice must be considered as the result of the changes which take place in the foctus with the initiation of pul monary respiration, for now the necessity for extra measures for the maintenance of oxygenation no longer exists, stimulation of bone marrow for extra haemopoesis ceases with normal oxygen supply, and the subsequent destruction of the excess of red cells particularly the imma ture forms leads to the liberation of haemoglo bin which, in turn, becomes converted into bili

rubin. This, we think, is the mechanism and nature of icterus neonatorum.

From all these findings, we felt that it should be possible to initiate these conditions of oxygen unsaturation in animals, to produce polycythaemia, and, by increasing the oxygen supply, to subsequently produce jaundice. It has, of course, many times been shown that polycythaemia will develop after prolonged oxygen unsaturation, and that the blood count will return to normal when the oxygen supply becomes normal. It has not been demonstrated, however, that this return to normal is accompanied by an increase in the bilirubin content of the serum, in other words, jaundice. The sole purpose of our experiments in this phase of our work was to see if such an icterus could be demonstrated.15 We have shown that guinea pigs, after ten or fifteen days in a chamber with half an atmosphere of pressure, develop a maximal increase in red blood cells, and haemoglobin which is about 30% above the normal average. Sections of bone marrow have demonstrated the enormous hyperplasia of the marrow in the experimental animal, as compared with the normal controls, and blood examinations have revealed an increase in reticulocytes but not an increase in normoblasts. Within a few hours after the return of the animals to normal atmospheric pressure, a falling of the red cell counts was noted. These fell to normal in about 5 days, and coincidentally with this fall, the icteric indices rose, and the indirect van den Berghs became positive, and did not return to normal until about 5 days after the red cell counts had returned to their pre-experimental levels. We thus demonstrated our point that, in animals with experimental polycythaemia, resulting from prolonged anoxaemia, jaundice can be produced when the cause which produces the polycythaemia is removed.

## Summary

We have been able to demonstrate that icterus neonatorum, which is present in all new-born infants, whether visible or not, is haemolytic in origin. We have shown that this icterus is related to the destruction of a large excess of red blood cells in the infants' circulation; and that the fragility of the red cells shows an increase in the first day or two of life, and a return to the adult normal at the end of the first week of life. The inefficiency of the placenta as a respiratory organ, coupled with the arterial-venous mixture in the fetal circulation, are regarded as at least two of the known factors which contribute to the development of the prenatal polycythaemia.

Finally, we have shown that, after having produced polycythaemia in animals by reducing their oxygen supply, jaundice can be produced when the oxygen supply is returned to normal.

#### Conclusions

These findings, we feel, explain the nature of icterus neonatorum. The prenatal anoxaemia acts as a stimulus to haemopoeisis. This extra stimulus ceases with the birth of the child, and the initiation of pulmonary respiration, except in infants with congenital cardiac malformations, where the polycythaemia persists. The removal of extra stimuli to blood formation results in the destruction of the excess of cells, particularly those that are less mature. The liberated haemoglobin produces bilirubinaemia, and hence jaundice. In this way we may consider icterus neonatorum, not as a disease, but as the result of a physiologic post-natal circulatory readjustment.

## **BIBLIOGRAPHY**

- 1. Knoepfelmacher: Jahrb. f. Kinderh., 47:447, 1898; Wien. med. Wchnschr., 20:242, 1908; Jahrb. f. Kinderh., 67:36, 1908.
- 2. Birch-Hirschfeld: Virchows Arch. f. path. Anat., 87:1, 1882.
- 3. Abrami: Les icteres infectieux d'origine septicémique et l'inféction déscendente des voies biliaires. Thèse, Paris, 1910.
  - 4. Violet: Arch. f. path. Anat., 80:353, 1880.
- 5. Hoffmeier: Ztschr. f. Geburtsh. u. Gynak., 13:287, 1886.
- 6. Minkowski and Naunyn: Arch. f. exper. Path. u. Pharmakol., 21:1, 1866.
- 7. Van den Bergh: Der Gallenfarbstoff im Blute, Leyden, 1918; Presse med., 29:441, 1921. Van den Bergh and Mueller, in Abderhalden: Handbuch der Biologie Arbeitsmethoden, pt. 4. Van den Bergh and Snapper: Deutsches Arch. f. klin. Med., 110:540, 1913; Berl. klin. Wchnschr., 51:1109, 1914; 52:1081, 1915.
- 8. Virchow: Arch. f. Path. Anat. u. Physiol., 1847, No. 1, pp. 379 and 407; Ges. Abhandlungen, pp. 850 and 858.
- 9. Heinemann: Die Entste Lung, des Icterus Neonatorum. Zeitschr. f. Geburtsh. u. Gynak., 76:788, 1913.
- 10. Schiff, E.: Ueber das Gnantitative verhatten der Blutkörperchen und des Hämoglobins beim Mengeborenen. Zeitschr. f. Keilk., 11:17, 1890.
- 11. For detailed protocols of the experiments leading to the above conclusions see Goldbloom and Gottlieb. Am. Journal Dis. of Children, XXXVIII, p. 57, 1929.
  - 12. Harrop, George A., Jr.: Medicine, Vol. VII, 1928.
  - 13. Huggett, A. S.: J. Physiol., 62:373, 1927.
- 14. Goldbloom and Gottlieb: Journal Clinical Invest. In publication.
- 15. Goldbloom and Gottlieb: Journal Clinical Invest., VIII, 3, p. 375, 1930.

Volume 30 Number 20 1223

# FURTHER OBSERVATIONS ON THE TREATMENT OF ACUTE SYPHILIS WITH BISMUTH ARSPHENAMINE SULPHONATE (BISMARSEN)\*

By PAUL A. O'LEARY, M.D., AND LOUIS A. BRUNSTING, M.D., ROCHESTER, MINN
From the Section on Detratology and Syphilology, The Mayo Clinic, Rochester, Minnesota.

TOKES and Chambers reported their experience with bismuth arsphenamine sulphonate (bismarsen) in 1927. In 1928 one of us (O'Leary) reported observations from an experience of eighteen months with this drug in the treatment of patients with acute syphilis. Sufficient encouragement was afforded by the results of this preliminary observation of a limited number of patients to warrant further study, the results of which form the basis of this communication.

The drug was synthesized by Raiziss, and is essentially a combination of sulpharsphenamine and bismuth for intramuscular use only. The experimental evidence showed that the drug had a high spirocheticidal effect and a low degree of toxicity on laboratory animals. It was also shown that a drug which could be given by the intramuscular route would obviate some of the difficulty of administration encountered in the use of preparations made for intravenous use. Likewise it appeared possible that the use of this drug would do away with the use of any other form of medication and would thus decrease the economic problem of the treatment of syphilis.

In the first report, no effort was made to evaluate the remedy in terms of cure; complications, the effect of the drug on the acute lesions of syphilis, control of infectiousness, and details of the technic of administration were considered. However, the serologic data concerning both the blood and spinal fluid were noted. Deductions were not made therefrom, but particular emphasis was placed on the fact that in estimating the value of any remedy recommended for the treatment of syphilis, the most important factor, next to thorough clinical study of well controlled cases, is time. Periods of observation should extend for a decade before conclusive deductions are made as to the value of any method of treatment for syphilis. Accordingly, it is our purpose, in this second report, to record some of the results of our four years' experience with the

Four types of patients with syphilis have been treated: (1) those with acute manifestations of the disease, (2) those with cardiovascular syphilis, (3) a few children with congenital syphilis, and (4) a small group whose blood was persistently positive to the Wassermann reaction. In all, 310 patients have received a total of approximately 5,000 injections. This report includes only the observations on the patients with acute syphilis.

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester, N. Y., June 4, 1930.

#### TECHNIC OF TREATMENT

In the cases of acute syphilis, at least four courses of treatment were carried out, each course consisting of from eight to ten injections. The injections, of 0.2 gm. of the drug, were given every fourth day, and a rest interval of four weeks was allowed between each course. More recently the rest interval has been decreased to two weeks. In a few of the cases, early in the series, inunctions of mercury were used in alternation with the courses of bismarsen. Although four courses constituted the average series, there were several patients who received six courses or sixty injections of the drug.

#### RESULTS

Early Stages of Acute Syphilis. There were 167 patients who presented evidences of early syphilis, and who were started on treatment. The disease of these patients varied from the stage in which chancre was present and the Wassermann reaction of the blood was negative to the recurrent types, with lesions of the mucous membrane or skin. Of the 167 patients with acute syphilis, sixty-four (38.8 per cent) completed a minimum of four courses of treatment, the equivalent of at least thirty injections, in all 6.0 gm. of bismarsen. Thirty patients of this group not only completed the minimal four courses of treatment, but have reported for subsequent observation at intervals ranging from twelve to thirty months after the last treatment. Of this group of thirty patients, twenty-one are free from clinical or serologic evidences of relapse, whereas nine experienced relapse, in one form or another. Those who have done best are the patients who presented themselves for treatment while they were in the stage in which chancre was present and the Wassermann reaction of the blood was negative. Of six such patients, exfoliative dermatitis developed in one instance as a result of a different type of treatment elsewhere, but the serologic reaction has remained negative without subsequent treatment. The other five patients are clinically free from " disease after periods of observation ranging from twelve to thirty months.

Later Stages of Acute Syphilis: Patients in later stages of acute syphilis have not responded so favorably to treatment as our earlier experiences indicated that they would. Of four-teen patients with chancre whose blood reacted positively to the Wassermann test, seven have gone twelve to thirty months without recurrence; two allowed treatment to lapse and secondary

manifestations redeveloped; one patient suffered a relapse of the positive Wassermann reaction of the blood while receiving the fourth course of treatment, after an apparently favorable response earlier in the course of treatment. In four of the group, evidence of neurorecurrence developed several months after the required amount of treatment was completed.

In certain cases the response to treatment has been unusually good. The following case is an example.

Case 1: A single woman, aged twenty-six years, presented herself at The Mayo Clinic August 26, 1926, with a typical hunterian chancre of the left labium majus of three to four weeks' duration. Spirochaeta pallida were readily demonstrated by dark-field illumination. The Wassermann reaction of the blood was strongly positive by the Kolmer modification. The program of treatment, serologic and clinical response, and the results at the end of a period of observation of three years are tabulated in table 1.

TABLE 1 SUMMARY OF PROGRESS IN CASE 1

Date	Blood Wassermann Reaction (Kolmer)	Treatment and Comment
8-26-26 9-20-26	44 32	1.6 gm. bismarsen; 8 injections
10-18-26 11- 8-26 1- 5-27 1-18-27 3- 1-27 to 9-23-29	Negative Negative Negative	28 days' rest  1.6 gm. bismarsen; 8 injections 21 days' rest Cerebrospinal fluid was normal 1.6 gm. bismarsen; 8 injections 40 days' rest Wassermann reaction of blood (Kolmer) negative March 1, April 1, June 15, and September 13, 1927; and March 29, September 8 and 23, 1929

In other patients a favorable response early in the course of treatment has been followed by relapse in the Wassermann reaction of the blood and relapse in the spinal fluid. The following case illustrates the beginning of neurorecurrence following treatment with bismarsen and the subsequent development of cutaneous and systemic symptoms of relapsing syphilis occurring one week after the completion of a full course of treatment by malarial inoculation of malarial parasites.

Case 2: A single man, aged twenty-seven years, presented himself at The Mayo Clinic October 6, 1928, with two penile chancres in an involuting phase, of possibly five weeks' duration. Darkfield examination disclosed numerous Spirochaeta pallida and the Wassermann reaction of the blood

was positive by the Kolmer technic. Treatment with bismarsen was carried out regularly over a period of nine months, during which time four courses were given of ten injections each. The clinical and serologic response was satisfactory up to four months after the last treatment. At this time, the Wassermann reaction of the blood reversed to positive and neurorecurrence and cutaneous recurrences followed each other in the succeeding four months. The lesions of the skin and mucous membrane developed one week following malarial treatment, which was administered for the neurorelapse. Subsequent treatment by old arsphenamine and mercury has been attended by satisfactory clinical response, but the Wassermann reaction of the blood remains The summary of serologic strongly positive. phenomena and of treatment is included in table II (case 2).

Neurorecurrence and Other Evidence of Relapse: In nine cases of primary or secondary syphilis in which the blood was serologically positive but spinal fluid was negative at the time treatment was started, signs of invasion of the central nervous system developed either in the course of the period of treatment or after several months of observation. In two cases of this group the patients were slightly delinquent as regards the program of treatment. Severe meningeal neurosyphilis developed in the fourth course of treatment in one case; lymphocytes in the spinal fluid numbered 3,196 for each cubic millimeter (table 8).

In the estimation of the condition of the spinal fluid, a cell count of six or seven lymphocytes for each cubic millimeter was taken as the upper limit of normal. As has been frequently observed, pleocytosis was the first indication of the development of asymptomatic neurosyphilis. This was preceded in all cases by relapse of the Wassermann reaction of the blood to positive. Several instances of neurorecurrence have been detected earlier because of the practice of following every instance of relapse of the Wassermann reaction of the blood with reëxamination of the spinal fluid, a negative report on previous occasions notwithstanding.

There were nine patients who were thoroughly treated, who nevertheless showed evidence of asymptomatic neurosyphilis at the time the first examination of spinal fluid was made, shortly after treatment was started. These, on the whole, responded so poorly to treatment with bismarsen that it was necessary to adopt more intensive treatment.

Relapse of the Wassermann reaction of the blood occurred in six cases in which the spinal fluid was not abnormal. In four of these cases, the relapse occurred in the third or fourth course of treatment; in one case it was delayed several months, whereas in the sixth it was de-

layed for one year after treatment. There were no attendant evidences of cutaneous recurrence in these patients at the time of the relapse in the Wassermann reaction of the blood

A woman, aged twenty-six years, presented herself with a papulosquamous syphilide. Treatment was begun July 25, 1927, and was carried through the first course of eight injections, and the cutaneous lesions disappeared. Three weeks later, the papular lesions reappeared in spite of treatment. After continued treatment, however, these lesions disappeared.

In a case recorded in table 2 (case 2) inoculation of malaria was used as treatment for neurorelapse. Cutaneous papular, crusted lesions cropped out one week after the last malarial paroxysm. In three other cases there was evidence of recurrence in nucous membrane while the first or second courses of treatment were being given, but in each instance there had been a lapse from treatment, and for that rea-

son the drug cannot be held at fault.

Clinical Effects: There has been no change in the observations reported previously, namely, that the visible evidences of acute syphilis have been slower to disappear under treatment with bismarsen than under treatment with a number of other preparations of arsphenamine and that the spirillicidal effect likewise has been delayed. Accordingly, in the control of infectiousness, the drug is of limited value from the standpoint of public health.

Bismuth arsphenamine sulphonate has been given to patients past middle age, with few signs of intolerance. Several patients aged more than sixty years had acute syphilis and they have shown, as would be expected, a favorable response to treatment.

Five pregnant women have received treatment without complication. The series is too small and the interval of time too short to permit of any general deductions as to the efficacy of their treatment. One of the patients had latent syphilis and was treated in the second month of pregnancy; the others who gave evidence of secondary syphilis when first seen were treated in the last trimester of pregnancy. The child of one of these women proved to be definitely syphilitic at birth and died after two months, without treatment. The other four children have been examined repeatedly and are still free from infection after one to two years.

Complications of Treatment: Patients occasionally complained of pain at the site of injection in the buttock but usually the application of heat in the form of compresses on the site afforded relief. The addition of a local anesthetic (Butyn) materially decreased the discomfort of the injection. Severe pain and induration were rare. There was one instance, each of hematoma and of sterile abscess, legislatic

occurred in children. In the entire series of patients treated, it was found necessary to discontinue the use of the drug because of severe local reaction in five cases only.

Lighting up of the primary or secondary lesions, in the form of a Hersheimer reaction, occurred frequently, although the time of onset of such reactions was delayed from twenty-four to forty-eight hours after the administration of the initial dose of the drug. In certain of the patients with cardiovascular syphilis there was definite increase in anginal pain on the day following the first treatment.

Nitroid reactions of the acute type occurring shortly after the injection were not seen. In a small number of patients, six in all, delayed nitroid reactions came on from eight to twelve hours after treatment. They were manifested by chills, fever, dyspnea, nausea, vomiting and diarrhea. For two of these patients, it was necessary to substitute another preparations of arsphenamine and the second preparation was well tolerated.

Severe cutaneous reactions were limited to the one case of exfoliative dermatitis mentioned elsewhere. Three cases of urticaria developed shortly after the injection, and in eight other cases there was generalized pruritus, with diffuse erythema. In most of these cases, use of the drug was discontinued.

Purpuric manifestations, and dyscrasias of the blood, such as were fairly common under treatment with sulpharsphenamine, were encountered in one case. A woman, aged twenty-six years, had an alarming degree of anemia in the fourth course of treatment. The concentration of hemoglobin dropped to 33 per cent and occasional areas of ecchymosis appeared over the thighs. Shortly afterward examination of the spinal fluid gave evidence of neurorecurrence. Under the administration of old arsphenamine there has been steady improvement in all respects to date.

In only one case was there evidence of renal injury. This patient had considerable albuminaria in the fourth course of treatment. In three other cases there was mild, transient albuminuria.

Severe ulcerative stomatitis occurred in three cases and necessitated temporary discontinuance of treatment. In two other cases a milder type of gingivitis and stomatitis appeared but responded to local treatment. In these cases the general treatment was continued in reduced dosage. A bismuth line on the gums, tongue, and buccal mucosa was noted in many of the cases, particularly in the last course of the treatment.

#### SUMMARY

An experience of four years in the use of bismuth arsphenamine sulphonate (bismarsen) in

TABLE II
NEURORECURRENCES IN NINE CASES OF ACUTE SYPHILIS TREATED BY BISMARSEN

Case	Age and Sex	Marital State	Diagnosis	Date	Wassermann Reaction, Spinal Fluid (Kolmer)	Nonne- Apelt Reaction	Cells For Each Cu. mm	Colloidal Benzoiy Test	TRHATMENT AND COMMENT
2			Syphilis (primary); secondary signs de- veloped after treat- ment.	11- 1-28	Negative	Negative	1		8.0 grams bismarsen 40 injections in courses of 10, with 1 month's rest between courses 10-5-28 to 6-27-29 11-27-29 relapse in Wassermann
			_	12- 7-29	Negative	Negative	1	000 000 332 000 000	reaction of blood.
				2-11-30	Negative*	Negative	32	000 000 331 000 000	2-17-30 malaria for neurorelapse one week later cutaneous recurrences (grouped papules), syphilis secondary periostitis.
			-	3-24-30					2.3 grams arsphenamine, 6 injections and 30 mercury inunctions.
3	32F	Married	Syphilis (secondary);	3- 4-27	Negative	Negative	7	230 000 000 000 000	
			condyloma.	7- 9-27	Negative	Negative	3	000 000 221 000 000	6.4 grams bismarsen, 32 injections.
			<i>-</i>	10- 7-27	*1— Weak positive	Negative	14	111 002 321 000 000	100 mercury inunctions 12-16-26 to 1-27-28
			-	2- 3-28	41—Positive	Positive	7	010 001 310 000 000	
				6- 7-28	41—— Positive	Positive	66	332 003 320 000 000	6-21-28 malaria.
			[-	10-27-28	Negative	Negative	1	110 001 221 000 000	
			[	4-23-29	Negative	Negative	23	010 003 221 000 000	75 mercury inunctions.
				12-12-29	2—— Weak positive	Negative	31	010 000 332 100 000	
		}	ľ	4-11-30	Negative	Negative	17	021 002 331 000 000	
4	24M	Single	Syphilis (primary);	11-17-27	Negative	Negative	2	000 003 331 000 000	6.1 grams bismarsen.
			multiple chancres, Wassermann posi- tive, dark field	1-11-28	Negative	Negative	1	000 003 332 100 000	50 mercury inunctions 8-31-27 to 1-3-28.
			positive.	8-18-28	*44 Positive	Positive	14		8-21-28 malaria.
5	18F	Single	Syphilis (secondary);	10-22-27	Negative	Positive	9	000 000 210 000 000	6.8 grams bismarsen.
			papular.	3-31-28 7-28-28	Negative Negative	Negative Negative	9 5	000 003 322 000 000 000 003 322 000 000	20 mercury munctions 9-26-27 to 7-28-28.
				4-20-29	Negative*	Positive	26	000 002 332 100 000	2.46 grams bismarsen, 12 injections 12-3-28 to 6-8-29.
6 19M		Single	Syphilis(primary and secondary); follicular, papular.	11-15-27	Negative	Positive	1	-00 001 210 000 000	6.0 grams bismarsen, 30 injections
				1-16-28	Negative	Negative	2	000 003 332 000 000	100 mercury inunctions 10-25-27 to 5-18-28.
				10-15-28	*41—- Positive	Positive	165	001 003 333 100 000	11-10-28 malaria.
	-		}	4- 8-29	Negative		8	000 003 321 000 000	
				11- 8-29	44211 very strong positive	Negative	76	00 000 033 320 000	·
				11-26-29	44—— Positive	Negative	47	000 000 333 310 000	6-7-29 to 12-23-29 arsphenamine with Swift-Ellis intraspinal treatments,
				12-10-29	1—— Weak positive	Negative	18	000 000 332 000 000	100 mercury inunctions.
				12-24-29	Negative	Negative	9	000 000 100 000 000	
	_			5-14-30	Negative	Negative	10	000 002 331 000 000	
7	22F	Single	Syphilis (secondary); macular.	8- 9-28 9-21-28	Negative Negative	Positive Positive	1 10	000 003 322 000 000 000 003 332 000 000	6.8 grams bismarsen, 31 injections 7-13-28 to 2-10-29 marked anemia.
	1	1		1- 9-29	Negative	Negative	3	000 003 321 000 000	
				8-13-29	Weak positive	Negative	22	000 000 333 100 000	12-6-29 to 4-11-30 3.4 grams arsphenamine.
	_			12- 1-29	Positive	Negative	38	000 000 333 200 000	
8	39M	Married	(arried Syphilis (primary and secondary); papu-	9-25-28	Negative	Negative	3	000 002 322 000 000	6.6 grams bismarsen, 33 injections
			losquamous.	4-13-29	*Negative	Positive	3176		8-27-28 to 1-9-29. Alcoholism.
	1	1	<u> </u>	4-15-29	Negative	Positive	187	000 003 321 000 000	

9	2611	Single	Sypt dis (permany and secondary) paru	1 9-20	Negative	Negativ <b>e</b>	2	ngg 003 321 000 ngg	8 0 grams bismarsen, 40 injections 11 37 28 to 12-19-29
			) ir	1 20 30	*HII Strong positive	Positive	193	-0 003 333 333 °00	2 1 31 melana
10	2011	\msle	Syphilis (secon lary) general adenopathy	12 5-93	Vegative	Negativo	4	U00 000 120 000 000	5 2 grams b marsen 26 injections 10-22 23 to 4 23-30
				4 33-30	Negativo	Negative	11	000 001 331 000 000	

\*Seuropecurrence alm at invariably preceded by relapse in the Wassermann reaction of the blood

the treatment of syphilis, particularly of the acute phases of the discase, affords sufficient time to permit of certain deductions in regard to its therapeutic effect, notwithstanding the fact that a much longer period of observation of the treated patients is necessary before permanent conclusions can be drawn

A satisfactory proportion of the patients (388 per cent) completed the prescribed number of injections, with varying rest periods between the Severe reactions to treatment have been The drug has been well tolerated by the patients as a whole including particularly elderly persons and those with severe cardiovascular Moreover, for children and for those adults to whom intravenous treatment is a trial both to patient and physician, the intramuscular route of administration of a combination of sulpharsphenamine and bismuth is a procedure much to be desired

Of the 167 patients with acute syphilis who were started on treatment, sixty-four completed a series of at least thirty injections, but only thirty of these patients have been observed recently enough to warrant statistical study these thirty patients, twenty-one have not shown evidence of clinical or serologic relapse, whereas nine have manifested neurorelapse in the form Six patients of asymptomatic neurosyphilis with chancre whose treatment was started while the Wassermann reaction of the blood was still negative apparently are "cured" Of fourteen patients who presented seropositive primary syphilis when treatment was started, seven have withstood the test of observation and the condition of seven has relapsed in one form or another None of the nine patients who presented asymptomatic neurosyphilis when first seen with the signs of acute syphilis maintested improvement in the condition of the spinal fluid

It is thus evident that the incidence of iclapse, particularly in the nervous system following the use of bismuth arsphenamme sulphonate is high er than with other systems of treatment previously used by us for acute syphilis cases in which munctions of mercury were used coincidently, no material decrease in the incidence of relapse was noted In a smaller series of cases in which treatment has been administered more recently, decreasing of the interval of time between the courses to two weeks, and giving a minimal of forty injections, there has not been as yet, any obvious change in the results of treatment

The encouragement, drawn from the response in a limited number of cases, early in our experience with bismuth arsphenamine sulphonate, has not been substantiated by longer observation in a larger series of cases That the drug has limited value in syphilotherapy is evidenced by the results of treatment in the seronegative stage of chancre However, the frequency of neurorelapse has been sufficiently high to offset the results in this small group

Further observation of the thoroughly treated patients will be necessary in order finally to evaluate the drug in terms of chincal cure

#### BIBLIOGRAPHY

1 O'Leary, P A Bismuth arsphenamine sulphonate a new synthetic drug for intramuscular use in the treatment of synthis Arch Dermat and Saph 18 372 379 (Sept.) 1928

Discussion Jour Im Med Issn.

2 Raiziss, G W Discussion Jour Im 89 1504 (Oct 29) 1927 3 Stokes J H and Chimbers, S O arsphenamme sulphonate chincal observations on a new arsphenamine synthetic in the treatment of syphilis Jour Am Med Issu 89 1500 1505 (Oct 29) 1927

## THE ANATOMIC BASIS OF PERSONALITY By IRVING J SANDS, M D, BROOKLYN, N Y

ERSONALITY may be defined as the aggregate of the physical and mental characteristics that enable the individual to respond in a characteristic fishion to definite situations, that distinguish him from others and give him

his own peculiar individuality. It is the resultant of the interaction of the intellectual capacity, the physical make up and the emotional and instinctive endowment of the person. Of late years much attention has been given to personality by those dealing with neuropsychiatric patients for an understanding of it embles the physician to

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Rochester N Y June 4th 1930

evaluate the patient's capacity for adaptation to the demand of every day life and for meeting its vicissitudes. Moreover, our schools and universities as well as our great industrial and business institutions are absorbed with this subject in order to train the individual along those lines of endeavor that may assure a successful career. A discussion of this subject therefore seems opportune.

In its ultimate analysis it is quite apparent that the correlation of the various bodily activities cannot occur except through nerves and chemical substances such as the products of the glands of internal secretion. Therefore in considering the anatomic basis of the expression of personality it is necessary to discuss the cerebro-spinal nervous system, the vegetative nervous system, and the glands of internal secretion, for it is through these three systems that behavior ensues.

In the process of evolution there has occurred a shifting forward of the sensory and motor functions of the brain towards the higher centers, namely the diencephalon and especially the telencephalon.¹ This is called the process of telencephalization. The diencephalon is the most cephalic division of the brain stem and the first portion of the cerebrum. The thalamus and metathalamus form a relay station for sensation coming from all sensory pathways. Receiving so many sensory stimuli from various portions of the body, the thalamus has become a real synthetizing organ for all sensation necessary for the production of feeling tone so essential in affective life and emotions. Clinical evidence also points to the thalamus as the centre for affective tone. The neothalamus is a relay station in all the somatic sensory pathways, while the paleothalamus serves as a relay station for the olfactory and gustatory sensibilities. The proper coordination of the various impressions received in the thalamus and especially in the hypothalamic region constitutes a peculiar general sense of well being so characteristic of all healthy individuals. Disturbance in this sense of well being may result from disease or injury in the pathways leading towards the thalamus. The mammillary bodies serve as a relay station to the olfactory sense. The tubercinerium is a relay station to the gustatory tract. The hypophysis as expressed in the activities of the pituitary gland, acts as a part of the endocrine system of the body, exerting a decided influence upon somatic growth and sexual development and materially affecting metabolism. The feeling tone resulting from sexual excitement and general visceral activities apparently have a general center in the diencephalon.

The connection of the cerebral cortex with the thalamus by means of the peduncles permits further elaboration of the sensory stimuli reaching the thalamus in the realm of con-

Moreover this also enables the cerebral cortex to exert a more or less modifying and controlling influence upon the instinctive and emotional urges of the individual. Personality and behavior still retain the basic relationship to primitive emotions. The feeling tone arising from the diencephalon pervades all the higher psychic faculties, and colors them with feelings of pleasure or pain. The emotions of anger and fear as well as sexual emotion undoubtedly are registered in the diencephalon, and from there streams of sensation leading to the higher cerebral centers color all psychic activities. Disease and injury to these centers influence considerably affective reactions, and cause abnormal behavior which may generally be considered as psychoneurotic in their manifestations.

In the region of the third ventricle, centers have been located that are most important to the existence of the individual. Center for sleep,<sup>7</sup> center for control of water metabolism, and other metabolic processes have been described. Those are most important in their relation to the affective life of the individual.

The corpus striatum forms a considerable portion of the prosencephalon. It is connected with the interbrain and the midbrain, the thalamus and subthalamus. In the lower forms of life it represents the highest form of motor impulses. In man it is essentially concerned with automatic associated movements, as well as control over the tone of the striated muscles of the body through its connection with the red nucleus forming the striato-rubro-spinal path-However, clinical experience seems to point to the influence of the corpus striatum upon the emotional and affective life of the individual in addition to its influence on motor function. Epidemic encephalitis which produces pathological changes in the corpus striatum has produced a large number of individuals presenting the so-called Parkinsonian Syndrome. Attention has been repeatedly called to the similarity between certain types of catatonic schizophrenics and those suffering from the Parkinsonian state of chronic encephalitis. In both one finds not so much disorder of ideation and of perception but rather a disturbance of affective reaction. This disorder seems to be in volition rather than that of intelligence. Affective flattening is common to both. Likewise emotional outbreaks and impulsive behavior are found in each. Both groups seem to have a pathological suggestibility. While in epidemic encephalitis definite pathological changes are encountered in the corpus striatum, it is quite possible that in catatonic schizophrenics these regions may be involved by physiological or functional routes if not by actual structural changes, causing similar disturbances The corpus striatum and the diencephalon apparently comprise a region which may be regarded as the point of fusion between the organic and the functional activities

The endbrain represents approximately 70 per cent of the entire nervous system Its ex treme growth enables the individual to acquire new expression experience. Experience may be defined as the sum total of sensory expression received by sense organs and correlated in the brain. The primitive feelings of hunger, sex, anger, fear and hate elicit certain responses which are common to most human beings, and the response is more or less rigid and inflexible phylogenetically conditioned, and may be designated as genetic behavior The acquisition of the cercbral hemispheres with the resultant expansion and elaboration of stimuli received by them produces a multitude of experiences which produce different types of behavior in different individuals is occasioned by training, learning and specific No two individopportunities for reactions uals have had identical experiences perience of the physician, the lawyer, the scholar, the explorer, the soldier etc, are entirely different, and naturally produce types of personalities and behavior that are distinctly individualistic Such behavior might be designated as ontogenetic behavior The basal ganglia are intimately connected with genetic behavior The pallium of the hemisphere however, determines individual behavior cerebral hemispheres have made possible the growth of experience underlying this type of behavior The provision in the cerebral cortex for elaboration of each type of sensibility and the correlation of these various sensibilities by association pathways in the cortex have made this possible

Impulses of general somesthetic sensibility pass toward the brain over the sensory pathways after relay in the spinal cord, medulla and thalamus, terminating in the post central area, thereby reaching the field of consciousness Adjacent to this post central area is the somesthetic psychic area in which the various somesthetic sensibilities are given greater elaboration and further association in order to acquire the greatest possible benefit from these sensations The calcarine or visual sensory area is a primary cortical receiving station, adjoining this is the occipital or visual psychic area, where visual sensations are further elab orated and associated with other sensations The cortex covering the transverse gyri of Heschl is the primary auditory receiving These sensitions like in the other primary centers are but crude and unselected, and have to be elaborated and associated with other sensibilities in the intermediate temporal or auditory psychic areas. In this latter region the appreciation of various aspects of sound such as music, rhythm etc, are interpreted and correlated with other sensations and functions such as speech, etc. In the rhinence phalon are centers for the final registration of the sense of smell and taste which have a similar elaboration upon the adjoining cortex In the precentral area are located centers for the initiation of voluntary motor acts. All the areas of the brain outside of the frontal lobes are purely cognitive in their activities. By the combination of the various qualities of sensi bilities such as vision hearing, smell taste, and bodily sensation through the association pathways greater knowledge of the environ mental situation is afforded to the individual However, it is through the association with the frontal lobes that these sensations are syn thetized elaborated into greater experiences, and fully evaluated. The frontal lobes receive a rich contribution of nerve fibers from the optic thalamus which is the site of primary emotion and concerned in feeling tone frontal lobes are likewise connected with all other parts of the cortex by numerous associa-The frontal lobes therefore are able to synthetize all the stimuli reaching the cerebral cortex giving them a rich affective tone without which adequate cerebration would be impossible Reason, judgment, im agination and ideation in general are the result of frontal lobe activity These comprise intel-Personality comprises much of all past experiences registered in the various cortical centers and utilized for the adaptation of the individual to his environment through the activities of the frontal lobes

It is therefore quite apparent that upon the integrity of the cerebral cortex and its association and projection tracts depends the extent and degree of intelligence. Defect in the receptive mechanism of the cortex deprives the individual of a certain extent of registered experience and interferes with intelligence and personality. This is particularly apt to occur in disease and injury to the frontal lobes While there are many mental defectives caused by factors that are described as hereditary in character, there is unquestionably a large group produced by mal development, disease and injury to the cerebral cortex. During the last few years attention has been focussed upon the factors preventing normal cerebral de Thus intercranial hemorrhage in velopment the new born, encephalitis in infancy and childhood, and encephalitis complicating the various diseases specific to infancy and childhood, are now receiving due attention both by neuro psychiatrists and pediatricians as their deleterious effects and the consequent mental defect and behavior disorders are becoming more fully appreciated. We need but mention personality disturbances occurring in cortical degeneration or disease processes such as senile degeneration, arteriosclerosic disorders, paresis, frontal lobe tumors, etc., to impress the influence of cerebral disease upon changes in personality and behavior.

The vegetative nervous system<sup>2</sup> controls those very functions that are essential to life, the action of which is not brought into the sphere of consciousness. Such functions as cardiac activity, respiration, gastro-intestinal activities, reproduction, etc., are regulated by the vegetative nervous system. It is divided into the sympathetic and parasympathetic nervous systems. The sympathetic nervous system arises from the cells of the lateral horns of the thoracic and first three lumbar segments of the spinal cord, terminate in a chain of ganglia called the vertebral ganglia lying on each side of the vertebral column. From these ganglia non-myelinated fibers arise which innervate practically every organ in the body. The parasympathetic nervous system has a cranial and a sacral division. The cranial division arises from the midbrain and medulla and sends fibres along the third, seventh, ninth and tenth cranial nerves. The sacral division arises from the second and third sacral segments of the spinal cord and sends fibers to the bladder, rectum and external genitalia. The actions the sympathetic and parasympathetic nervous system seem to be antagonistic to each other. The sympathetic nervous system dilates the pupils of the eyes, increases heart action, inhibits the action of the smooth muscles of the gastro-intestinal tract as far down as the descending colon, and inhibits the action of the trachea, bronchi and of the gastric and pancreatic glands. It contracts the sphinctors of the gut and bladder. It contracts the muscles of the ureters and of the external reproductive organs. It contracts or dilates the vascular system depending upon the strength of the stimulus. The parasympathetic division contracts the pupils through the third nerve. stimulates the sublingual and submaxillary glands through the seventh nerve, stimulates the parotid gland through the ninth nerve, and through the tenth nerve it slows the heart; contracts the larynx and bronchial musculature, and stimulates activities of the gastrointestinal tract, lungs, liver, gall bladder and pancreas. Through the sacral division it relaxes the muscles of the sphinctors of the gut and bladder and stimulates the muscles of the bladder and the rectum. The action of the -sympathetic nervous system is best seen in time of intense emotion as in rage, anger and

combat. The parasympathetic nervous system however, seems to best function for the purpose of storing up energy for use in time of need. Furthermore, it regulates the functions of waste disposal and reproduction. Overactivity of the sympathetic division produces a condition called sympaticotonia, while similar overactivity of the parasympathetic system causes vagotonia.

In considering the symptoms manifested by many of our neurotic patients, it is quite apparent that many of them are expressed anatomically along the vegetative nervous Cardiac palpitation,5 respiratory difficulties, gastro-intestinal disturbances and symptoms referable to the bladder and intestines are frequently manifested by neurotics. Those are primarily due to stimulation of the vegetative nervous system. In acute toxaemias we meet symptoms that are essentially due to stimulation of the sympathetic nervous system. Thus we encounter flushed face, high temperature, the tachycardia, perspiration, and interference with the gastro-intestinal In anaphylactic reactions we encounter symptoms that may be best explained as stimulation of the parasympathetic nervous system. Many of the symptoms encountered in different parts of neurotic personalities, when analyzed, are referable to overactivity of one or the other divisions of the vegetative nervous system.

The glands of internal secretion<sup>3</sup> play a most important role in the development of personality. Amongst these glands, the most important are the thyroid, the pituitary, the adrenals and the gonads. Deficiency in the thyroid glands in their developmental period of life causes the condition of cretinism characterized by the small stature, the dry skins, subnormal temperature, slow pulse and in the low metabolic rate. Mental development is definitely retarded. Hypothyroidism later in life causes a syndrome referred to as myxoedema, and is characterized by lack of interest, mental retardation, irritability and apathy. The skin becomes thickened, nails brittle, pulse is slowed and respiration is diminished. There is a diminution in the metabolic rate. thyroid is extremely active in time of emotion In psychoneurotic individuals whenever the conflict is touched upon, there is a definite increase in basal metabolism.10 Even in the psychoses, elated, overactive and overtalkative states are accompanied by acceleration of the basal metabolic processes.11 Depressed states associated with motor retardation and inhibition of ideation are usually accompanied by lowering of the basal metabolic rate. The thyroid apparently plays a dynamic role in states of anxiety and mental

tension The adrenal glands through their secretion of adienalin stimulate the sympa thetic system and have a marked influence on Adrenalm itself relaxes the smooth muscle of the bronch; accelerates the heart beat and raises blood pressure. It increases metabolism and diminishes muscle fatigue It is an important factor in states of anxiety and danger. It tends to mobilize the sugar from the liver and from the muscles to be used in time of need and stress. It seems to help the individual to meet any distressing situation that arises suddenly, and plays a prominent role in mustering all the forces necessary in struggle The pituitary gland controls metabolism, promotes growth and controls the activities of the sex glands containing as it does the hormone that activates the gonads. Thus it plays a prominent role in The made the development of personality quate personality of the individual showing hypopituitarism is too well known to need further discussion. The sexual glands have a definite internal secretion that is responsible for the development of the secondary sexual These characteristics are in characteristics dispensable components of the personality of The influence of the thymus the individual gland upon growth especially in intra-uterine period of life and the influence of the para thyroid on calcium metabolism are mentioned as other elements in influencing personality

Instincts are innate tendencies towards action common to all members of any one species, which may not be eradicated from the individual, but which lend themselves to modification by training and experience. They are really definite reflex reactions which, in the course of evolution, have become grouped together in serial order in order to form reaction patterns to given situations, without any conscious recognition of the end to be obtained They have developed because they were of life and death value in the evolution of the race. In general, once the instinct is aroused its performance brings a pleasurable feeling and the failure of its performance brings an exceedingly prinful onc stricts therefore have an affective or feeling side as well as an active motor side affective elements are known as emotions. As pointed out earlier in this paper, the thalamus seems to be a definite center for emotions. It is upon the interaction of the instinctive and emotional responses plus the intelligence of the individual that normal personality depends

The instinctive and emotional responses are accompanied by definite physiological processes in the body. All emotions are accompanied by the secretion of adrenalin from the idrenal glands, which mobilizes sugar necessity.

sary to: the immediate requirements of all muscular and glandular activities The vege tative nervous system correlates the activities of the various organs, in order to obtain smooth and uniform results. Adrenalin in the circulation stimulates the sympathetic nervous system, relaxes the smooth muscles of the respiratory tract thereby causing increased oxidation, and releases glycogen from the liver to be used by the muscles and glands in the tormation of energy. The activity of the thy roid gland is enhanced tending to further stimulate oxidation. There is a shifting of the blood supply to the brain, and there is increased cardiac activity and respiration causing greater oxidation and facilitating removal of waste material With the release of energy accompanying gratification of the instinctive demand of a particular instinctive urge there is a general slowing of circulation, decrease in the rate of respiration, and there ensues a feel ing of relaxation and a sense of well being

Because of the change in the environment that modern civilization has occasioned, it is hardly feasible or even necessary for the rapid and immediate gratification of the various in stinctive demands, but, although the environ ment is changed, the physiological mechanisms of the emotions, developed throughout so many ages of evolution, function in their usual manner Therefore while we may inhibit the instinctive reactions because they involve the voluntary nervous system and the voluntary muscles which are under conscious control to a large extent, we cannot prevent the concommitant emotional reactions because they are under the control of the aggetative nervous Hence, such emotions as anger, fear, and sex, which are most ant to occur without then accompanying instinctive motor expression, are most likely to prove injurious to the personality of the individual since they tend to pour into the blood stream those very sub stances which are no longer utilized in the body and which tax the individual to the They therefore produce markedly ex hausting effects on the human constitution

Chronic wasting somatic diseases<sup>6</sup> likewise exhaust the endocines and vegatitive nervous system producing definite changes in the personality of the individual <sup>9</sup>

While the anatomic basis of personality is fairly intelligible to one who has studied the subject the geness of the inge-priticularly of the instinctive and the emotional drives of the individual is not quite so clear. One who his worked in clinical neurology and psychiatry, is left with a sense of futility in trying to explain behavior disorders and personality changes on the basis of neuropithology or neuropity softery tions. It is with a sense of

relief that one turns to psychoanalysis for the solution of that problem. As pointed out by Freud, love and hunger are the dominant forces that control human behavior and determine personality. In most instances civilization has put a barrier to the natural gratification of these emotional cravings. They may be expressed along other channels vicariously through sublimation. The direction in which these sublimations go is determined in a large measure by the type of personality reaction. When these sublimations pursue a course that is fairly satisfactory to the ego and in pursuance to laws and conventions established by society, normal behavior and a normal personality results. unsatisfactory to one's ego or in conflict with standards set by society, mental conflict ensues and a thwarted personality results. Perhaps the following case might clarify this point:

A school teacher, 30 years of age, was seen by me in 1924, complaining at that time of cardiac palpitation, restlessness, sense of discomfort about the epigastrium, and irritability. He was shy in the presence of women and he then displayed fear of closed spaces and fear of being left alone. After an interview he did not return. One year ago he returned with a history that his condition had become decidedly worse. He had seen many physicians who told him that he was nervous and that he was imagining his entire ailment. Several physicians told him that he was suffering from hyperthyroidism and a few told him that he was suffering from stomach trouble. interviewed at the last examination he complained of being afraid to go into the subway and of being left alone. He did not form any friendships with women as he felt very uneasy in their presence. He also suffered from cardiac palpitation, intense diarrhœa and marked epigastric distress. He produced a report of a basal metabolic test which showed a slightly increased rate.

It is quite apparent that this man's symptoms anatomically expressed themselves as a disorder of the vegetative nervous system. This, however, was occasioned by intense instinctive and emotional factors. To those who are trained in psychoanalytic technique it is quite apparent that this man was an unconscious homosexual with a neurosis as an expression of some conflict. Psychoanalytic therapy revealed to the patient his anal erotic personality, the underlying psychological mechanism in his disease due to a conflict caused by an intense castration complex. A therapeutic result was obtained by analysis where other forms of therapy formerly had

Psychoanalytic principles are most effectual in moulding of the personality when applied

in infancy and childhood. Much of personality is formed by identification with parents and The sublimation of instinctive and emotional urges along satisfying and socially approved channels tend to create a normal Hence the importance of the personality. modern movement of child guidance and child training. For it is in infancy and childhood that most of personality is formed. prejudice, religious antagonism, and political and social bigotry are explained on underlying emotional and instinctive forces, and resist reason and logic. They are accompanied by tremendous physiological processes in the body, and are really phylogenetic in their behavior. Such behavior is particularly apt to be manifested in mob activities. It is only after unusual and intelligent training during childhood and infancy that even the most educated and cultured are able to control the emotional drives that are manifested in prejudice and hatred. Hence the importance of proper and intelligent child guidance and training.

## Conclusion

1. Personality is the aggregate of physical and mental characteristics that stamp the individual as a unit amongst his fellow beings.

2. Personality is the resultant of the interaction of physical constitution, native intelligence, and instinctive and emotional endowment.

- 3. Anatomically it is expressed through the cerebrospinal and vegetative nervous system, and the endocrines.
- 4. Psychoanalysis alone offers an explanation of the instinctive and emotional drives of complex human behavior.

#### REFERENCES

1. Tilney, F., and Riley, H. A.: The Form and Functions of the Central Nervous System. Paul B. Hoeber,

tions of the Cemral Netvous 5,322.

N. Y., 1923.

2. Pottenger, F. M.: Symptoms of Visceral Disease.

C. V. Mosby Co., St. Louis, Mo., 1930.

3. Sands, I. J., and Blanchard, P.: Abnormal Behavior. Moffat Yard & Co., N. Y., 1923.

4. Timme, W.: Lectures on Endocrinology. Paul B. Hocher, N. Y., 1924.

5. Wechsler, I. S.: The Neuroses. W. B. Saunders

5. Wechsler, I. S.: The Neuroses. W. B. Saunders Co., Philadelphia, 1929.
6. Mühl, A. M.: Problems in General Medicine from the Emotional Standpoint. The Psychoanalytic Review,

16:390. Oct., 1929.
7. Freeman, W.: Pathologic Sleep. Jour. A. M. A. 91:67 July 14, 1928.
8. Alvarez, W. C.: Ways in which Emotion Can Affect the Digestive Tract. Jour. A.M.A. 92:1231 (April 12, 1920)

13, 1929).

9. Moschowitz, E.: Cause of Hypertension of the Greater Circulation. Jour. A. M. A. 93:347, Aug. 3, 1929.

10. Ziegler, L. H. and Levine, B. W.: The Influence of Emotional Reaction on Basal Metabolism. Am. Jour. Med. Scie. 169:68 Jan. 1925.

11. Henry G. W. Basal Metabolism and Emotional

11. Henry, G. W.: Basal Metabolism and Emotiona' States, Jour. Nerv. and Ment. Dis. 70:598, Dec. 1929,

and intelligent child guidance and training. and hatred. Hence the importance of proper tional drives that are manifested in prejudice cated and cultured are able to control the emochildhood and infancy that even the most eduafter unusual and intelligent training during be manifested in mob activities. It is only havior. Such behavior is particularly apt to body, and are really phylogenetic in their betremendous physiological processes in the reason and logic. They are accompanied by ing emotional and instinctive forces, and resist and social bigotry are explained on underlyprejudice, religious antagonism, and political that most of personality is formed. Kace training. For it is in intancy and childhood modern movement of child guidance and child Hence the importance of the personality. approved channels tend to create a normal emotional urges along satisfying and socially teachers. The sublimation of instinctive and ity is formed by identification with parents and in infancy and childhood. Much of personal-

## Соисгизіои

ment. ngence, and instinctive and emotional endowaction of physical constitution, native intel-2. Personality is the resultant of the interdividual as a unit amongst his fellow beings. and mental characteristics that stamp the in-Personality is the aggregate of physical

complex human behavior. tion of the instinctive and emotional drives of 4. Psychoanalysis alone offers an explana and the endocrines.

cerebrospinal and vegetative nervous system

Anatomically it is expressed through the

## **KEFFRENCES**

16<u>:390</u>. Oct., 1929.

16.390, Oct., 1929.

N. Freeman, W.: Pathologic Sleep, Jour. A. M. S. Freeman, W.: Pathologic Sleep, Jour. A. M. S. Alvarez, W. C.: Ways in which Emotion (Affect the Digestive Tract. Jour. A.M.A. 92:1231 (Affect the Digestive Tract. Jour. A.M.A. 93:347, Aug. 3, 13, 1929).

Greater Circulation, Jour. A. M. A. 93:347, Aug. 3, 10. Ziegler, L. H. and Levine, B. W.: The Influtuational Reaction on Basal Metabolism. Am. Mad. Scie. 169:68 Jan. 1925.

Med. Scie. 169:68 Jan. 1925.

Med. Scie. 169:68 Jan. 1925.

Med. Scie. 169:68 Jan. 1926.

following case might clarify this point: and a thwarted personality results. Perhaps the standards set by society, mental conflict ensues unsatisfactory to one's ego or in conflict with havior and a normal personality results. When conventions established by society, normal befactory to the ego and in pursuance to laws and sublimations pursue a course that is fairly satisby the type of personality reaction. When these sublimations go is determined in a large measure through sublimation. The direction in which these exbressed along other channels vicariously tion of these emotional cravings. They may be ization has put a barrier to the natural gratificatermine personality. In most instances civilforces that control human behavior and de-Freud, love and hunger are the dominant solution of that problem. As pointed out by relief that one turns to psychoanalysis for the

increased rate. a basal metabolic test which showed a slightly He produced a report of epigastric distress. diac palpitation, intense diarrhea and marked He also suffered from carin their presence, friendships with women as he felt very uneasy and of being left alone. He did not form any plained of deing afraid to go into the subway interviewed at the last examination he comwas suffering from stomach trouble. hyperthyroidism and a few told him that he physicians told him that he was suffering from was imagining his entire ailment. who told him that he was nervous and that he cidedly worse. He had seen many physicians a history that his condition had become de-One year ago he returned with not return. of being left alone. After an interview he did then displayed fear of closed spaces and fear He was shy in the presence of women and he comfort about the epigastrium, and irritability. cardiac palpitation, restlessness, sense of disby me in 1924, complaining at that time of A school teacher, 30 years of age, was seen

where other forms of therapy formerly had therapeutic result was obtained by analysis caused by an intense castration complex. mechanism in his disease due to a conflict psychological the underlying personality, therapy revealed to the patient his anal erotic Psychoanalytic pression of some conflict. scious homosexual with a neurosis as an exquite apparent that this man was an unconare trained in psychoanalytic technique it is stinctive and emotional factors. To those who This, however, was occasioned by intense indisorder of the regetative nervous system. toms anatomically expressed themselves as a It is quite apparent that this man's symp-

in moulding of the personality when applied Psychoanalytic principles are most effectual

organs which could be attributed to the fungi inoculated. No unusual changes were observed in any of the spleens. Cultures made from all of the spleens and livers remained sterile

#### TREATMENT

Since the cause of chronic splenomegaly remains unknown we have nothing new to add in regard to treatment. It is, of course, of importance to make a correct diagnosis by ruling out splenomegaly due to known causes such as malaria or kala azar, especially where these diseases Syphilis, obscure tuberculosis, are common. ordinary cirrhosis of the liver and other conditions are often accompanied by large spleens and occasionally render a diagnosis difficult.

In our own experience in northern China we have had the most difficulty in differentiating primary chronic splenomegaly from ordinary hepatic cirrhosis and from kala azar. Furthermore, in many cases it is not possible to determine clinically whether the spleen or the liver were first involved, particularly when dealing with individuals who are incapable of giving a reli-After a diagnosis of primary able history. chronic splenomegaly was reasonably certain we have conformed to the usual methods of treatment. Any complicating factors, such as diabetes or secondary infections, were treated. Then attempts were made to correct the anemia with diet or blood transfusions and to "build up" the patient before removing the spleen. Splenectomy is the procedure giving the greatest benefit and often results in remarkable recoveries and apparent cures.

In our own small group of 7 patients, one was treated for several weeks without avail as a case of kala azar before the correct diagnosis was made. In 2 others it was discovered at operation and by histological examination that we were dealing with hepatic cirrhosis with splenomegaly. Neither of these 2 cases were benefited by splenectomy. Of the remaining 5, 2 were markedly improved, 1 was slightly improved, 1 was not benefited at all, and the last one was not observed long enough to report upon. Since only a year has elapsed since these patients were treated it is too soon to claim a permanent cure in any of them. However, as mentioned previously, the improvement in some patients after removal of the spleen strongly suggests that the spleen is the chief site of origin of the condition.

#### Discussion

It seems apparent that the siderotic nodules are of much less importance in splenic disease than has been indicated in many recent publications. Since they have been found in a number of other diseases of the spleen and in other tissues of the body it does not seem justifiable to form a special grouping for spleens containing the nodules as McNee has done. It would seem that until further work is done groups I and IV may profitably be merged.

In regard to the relationship of the nodules to fungi in the condition called by some observers "splenic mycosis," much can be refuted. The recovery of at least 5 different varieties of fungi from spleens by various investigators speaks against the etiologic importance of any one fungus. Fungi were recovered from spleens devoid of nodules and from a number of spleens studded with nodules no fungi could be grown. We have shown that the filaments found in the nodules are not mycotic hyphae but merely degenerated tissue fibers impregnated with iron and calcium salts. Siderotic nodules have been experimentally produced in cats by the injection of alcohol into the spleen.8 Experimental inoculation of 2 varieties of fungi recovered from spleens failed to cause either splenomegaly or anemia in any of the 9 monkeys studied.

#### Conclusion

McNee's new classification, although helpful. is already in need of revision.

Cultural, pathological and experimental evidence indicate that certain suspected fungi have no etiologic relationship to chronic splenomegaly with anemia.

The treatment for primary chronic splenomegaly has been discussed.

#### BIBLIOGRAPHY

- 1. McNee, J. W., Glasgow Med. Jour., 1929, 111, 288.
- 2. Stengel, A., Amer. Jour. Med. Sciences, 1904, 78, 497. 3. Gandy, C., Bull. et Mem. Soc. Anat., 1905, 7, 872.
- Gamna, C., Haematologica, 1923, 4, 129.
   Nanta, A., Pinoy, E., and Gruny E., Compt. rend. Soc. de biol., 1926, 94, 635.
- 6. Reimann, H. A., Kurotchkin, T., and Tso, E., Proc. Soc. Exp. Biol. and Med., 1929, 26, 410.
- 7. Hu, C. H., Reimann, H. A. and Kurotchkin, T., Proc., Soc. Exp. Biol. and Med., 1929, 26, 413.
- 8. Fasiani, G. M., and Oselladore, G., Presse Med, 1929, 37, 1136.



# NEW YORK STATE JOURNAL OF MEDICINE

Medicial addition and the property transfer of the winds for the winds of the writers.	au T
Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions.	1112
Business and Editorial Office2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056	
r-in-Chief-Овыи Sace Wightman, M.D New York — Executive Editor-Тялик Очеятон, М.D Patchogue Advertising Monagor-Josleth B. Tupts New York	etibI
Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication.  Les H. Goodrich, M.D., Chairman	Силя

## MEDICAL SOCIETY OF THE STATE OF NEW YORK

published in the Journal. Views expressed in the various departments of the Journal represent the views of the writers.

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

## OFFICERS

LEES	EUAT .
President-Elect-William D. Johnson, M.D. Scoond Vice-President-Joseph B. Hultrt, M.D. Middelows Assistant Secretory—Peter Irving, M.D. M.D. Mew York Assistant Treasurer—Irwes Pederser, M.D. Mew York Vice-Speaker—George W. Cottie, M.D. Mew York	President—William H. Ross, M.D Brentwood First Vice-President—Henry L. K. Shaw, M.D New York Secretary—Charles Gordon Heyd, M.D New York Treaturer—Charles Gordon Heyd, M.D New York M.D New York

## CHAIRMEN, SPECIAL COMMITTEES New York Ogdensburg

xnordBroax	Physical Therady—Richard B. Van Etten, M.D.
AroY WoW.	Physical Therapy—Richard Kovacs, M.D.
MIOTH.	Nurse Problem-Nathan B. Van Etten, M.D.
And Walk Columbia	Group Ingurance—John A. Card, M.D
	date of the transition

New York	Medical Research-Joshua E. Sweet, M.D
Poughkeepsie	Public Relations-Janes E. Sabeier, M.D
notagniA	Medical Economics-Croker F. Chandler, M.D.
Ynedi A	Scientific Work-Arthur I. Bedell, M.D
M.D., Syracuse	Pub. Health and Med. Education-T. P. Farnen,
м10Ү үзи	Legislative-HARRY ARANOW, M.D.
senoray2	Arrangements-Frederick H. Flaneriy, M.D

CHAIRMEN, STANDING COMMITTEES

Jakes F. Roomer, M.D.....Elmirs
Arthur W. Booth, M.D.....Elmirs

#### PRESIDENTS, DISTRICT BRANCHES

## SECTION OFFICERS

Eye, Ear, Nose and Throat-Conrad Berens, M.D., Chairman, New York: Richard T. Atkins, M.D., Serretary, New York,
M.D., Secretary, Syracuse.
Pedigirics-Marshall C. Peast, M.D., Chairman, New York; Douglas P. Arnold, M.D., Vice-Chairman, Buffalo; Brewster C. Doust.
Obsietrics and Gynecology-Onstow A. Gordon, Jr., M.D., Chairman, Brooklyn; Gronen H. Bonnrroup, M.D., Secretary, Olice.
Surdery Currers W. Werr, M.D., Chairman, Cition Springs; Arthur M. Wright, M.D., Secretory, New York.
Medicine-John Wyckore, M.D., Chairman, Mew York; David A. Haller, M.D., Secretary, Rochester.

Public Health, Hygiene and Sanitation—Arthor T. Davis, M.D., Chairman, Riverlead; Frank W. Latolaw, M.D., Secretory, Middletown. Veurology and Prochiatry—Nonez R. Chalmer, M.D., Chairman, Syracuse; Irving J. Sands, M.D., Secretory, Brooklyn.
Dermatology and Syphilology—Earl D. Osborne, M.D., Chairman, Buffalo; Leo Spreeel, M.D., Secretory, New York.

#### LEGAL

Office at 15 Park Place, New York. Telephone, Barclay 5550

Attorney-Thomas H. Clearwater, Feg. Consulting Counsel-Inoyn P Stryker, Esq. Counsel-Lorenz J. Brosnan, Esg.

For list of officers of County Medical Societies, see this issue, advertiing page xxiv. Executive Oficer-Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4-4214.

Next Annual Meeling, Hotel Syracuse, Syracuse.

## INSPIRING ACTION

other county societies, own work for the inspiration of the leaders of will also supply the Tournar with reports of their reports of what other committees are doing. They new interest as they watch for instructions and their duties, they will read the Jourgan with a more, now that they have become interested in

Sained both information and inspiration. Furthercommittees; and they all have said that they have the County Societies and the Chairmen of the afforded opportunities to meet the secretaries of ingly good. The district branch meetings have in this Journal of October first has been exceed-The reaction to the three conferences reported

# PRESIDENTIAL COMMENTS ON CURRENT EVENTS—No. 8 PUBLIC RELATIONS

All the activities of the State Society are increasing rapidly but not one so fast as medical public relations. There must be a reason for this. I believe that it is not different from that which is behind every successful project,-a need. Public relations simply meets a general professional need. Of course, the committee of men in charge of it, trained by experience in medical affairs, have carefully guided the new force in organized medicine. Beyond this, however, it is primarily assisting the medical profession to meet the new obligations imposed on it by present day social trends. It is helping by the principle of conference, the profession to coordinate the various health influences; and helping to reach conclusions regarding the soundness of activities of non-professional agencies. It is helping to build a health program in which all agencies may become cooperative and in which the medical profession may become leaders in medical matters.

"Public Relations" is not "Public Health." In many counties these two committees are combined and while there may be no objection to one committee carrying two functions, it is difficult to keep the two functions separate and distinct.

The effort to improve public medical relations is based on the apparent fact that whatever was found best for the public interest would prevail and would have behind it the force of public opinion. This would soon out-weigh all personal or selfish professional interests; and that in the end, the public would seek medical protection from disease independently of whether it came, voluntarily, from the medical profession or from the service of doctors subsidized by the State. It was believed that the best way to avoid the danger of state medicine and the danger of a greater evil-socialized medicine-was to establish a cooperative relationship with all health agencies on such a basis as would give the public the service that it needed, permit this service to grow in such a way as to keep pace with increasing needs and changing times, maintain the virility of the medical profession and avert State control of the practice of medicine and the evil of disturbed personal relation of patient and doctor.

The Public Relations Committee believes that the public expects the direction of public fiealth service by doctors. It believes that the public looks to the medical profession to make available the resources of all health agencies, either official or unofficial. It believes that the public expects the medical profession to coordinate all health influences and to cooperate with them.

The State Society is advocating policies that will enable the profession to take medical leader-

ship in any health program. It believes that the profession should do this for its own good and the cure of the ills of which it complains. Public medical relations have advanced farther than has been realized in several counties of the State. In these counties there is no lack of coordination of health influences and no cooperative failure. As a by-product of all this, private practice is increasing because of public interest and public request for preventive service.

Medicine is coming to occupy the place that the public expects it to occupy. The local profession in any community or any county—anywhere rural or urban—must undertake to lead its community in its health program and in its medical relationships. Public opinion will then support it, and the medical profession will then occupy the place that it deserves, and not be in danger of being subservient to the State.

Organized medicine through the Public Relations Committee is undertaking to constructively solve unsolved health and medical problems instead of destructively contending with the efforts of the public, assisted by unofficial agencies, to meet its problems and to base its objection to any program on the ground that it interferes with the private practice of medicine. The Public Relations Committee undertakes to have made an inventory of the health activities of each county and the relation of the profession to them. After that it undertakes to confer with the profession and these agencies so as to constructively bring to the governing bodies and the various public health agencies, organized medicine's suggestions and criticisms.

In closing this comment, I wish to say that while all committees of the State Society should be very carefully selected, in none of them is it more necessary than in the Public Relations Committee. The members of this committee must be thoughtful, persuasive, and diplomatic. It has really a very diplomatic mission to perform and it also has the important duty to impress organized medicine's point of view and to interpret to the members of the State Society, the aims of all public health agencies. The work of this committee is broadening the viewpoint of medicine. It is upholding the work of the general practitioner and making him more interested in the broader practice of medicine. It is doing more than any other activity of the State Society to develop conditions inimical to the on-coming drift of State medicine. If State medicine ever comes, it will be our own fault.

## DISTRICT BRANCH MEETINGS

Six of the eight District Branches of the Medial Society of the State of New York have held heir annual meetings and arrangements for mother are announced. The study of their programs is of value as an indicator of the trend of thought of the medical profession throughout the State. These programs were constructed by the officers of each District Branch and included those features which appeal to the local members. An analysis of these programs is contained in the accompanying table.

The President of the Medical Society of the State of New York was listed on the programs of three Branches; but he attended all of the six meetings which have already been held, and gave a half-hour address at each. It would seem that the President should have a conspicuous place on the program of every District, and should be given abundant opportunity to deliver an official message in the name of the State Society. Two branches listed other officers and chairmen of committees by name and two announced short addresses by officers generally. The President and other State officers were sometimes called upon to give their addresses during the luncheon period.

The officers of the branches gave official ad-

dresses in only one district. The Mayor welcomed the visitors in one district, and the Medical Superintendent of the local hospital, in another. No county society officer was listed on any program.

Public health was directly discussed in only one district, but tuberculosis was emphasized on two

programs.

Medical economics was discussed in five districts, four of which discussed the new welfare law, and one took the subject of workman's compensation.

The scientific part of the programs made by far the greatest appeal to the members, and those in attendance, talking among themselves. frequently said, "When will we hear the scientific discussions?" The interest of the members and their presence in the meeting halls were largely in proportion to the fame of readers of papers as speakers who were interesting and practical.

During the last few years, the Second District Branch, composed of Long Island, has not included scientific papers on its programs, but has confined its discussions to subjects directly connected with organized medicine and its relation to other organizations engaged in dispensing health service.

ANALYSIS OF THE TOPICS OF THE PRINTED PROGRAMS OF THE ANNUAL MEETINGS OF SEVEN OF THE EIGHT DISTRICT BRANCHES

District Number	Addresses by State Officers and Chairman	Addresses by ` Local Officers	Public Health	Economics	. Scientific
1 3 4 5 6 7 8	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+	2 1 1 1 1	3 2 4 4 3 3 3

## LOOKING BACKWARD

## This Journal Twenty-five Years Ago

Medical Directories: This JOURNAL of October, 1905, refers to the Principles of Medical Ethics of the American Medical Association, and quotes the paragraph which refers to publicity and advertising as applied to the individual doctor. It then discusses the ethics of medical directories as follows:

"Some members of the profession are inclined to criticize a directory published by the County Medical Society, in which the names of all physicians belonging to the organization are in blackfaced type, while light-faced letters are used for those who have no such connection. The defenders of this plan maintain, however, that as the book is published by the society primarily for the information of its own members, no invidious distinction is intended. A similar directory published by the Medical Association in this county, however, does not typographically indicate the association members."

The Directory of the A.M.A. prints members of county and state societies in capitals, and the others in ordinary lower case type, thus establishing a necessary distinction.



# MEDICAL PROGRESS



The Surgical Problems Presented by the Diabetics.-A. T. Bazin states emphatically that diabetes, properly controlled by insulin and diet, offers no contraindication to surgery. During 1929, in the Montreal General Hospital, 73 operations were performed upon diabetic patients with 2 deaths, a mortality of 2.74 per cent, as compared with the total surgical mortality of 2.41 per cent. But surgery should not be undertaken in these patients without the collaboration of a biochemist. The blood sugar and not the glycosuria should be the guide in the case of the diabetic. There is a great similarity in the signs and symptoms of diabetic pseudo-acute abdomen and an acute abdominal lesion. With the latter there may or may not be fever. There are pain, vomiting, and leucocytosis, and the pain precedes the vomiting. In the diabetic pseudo-acute abdomen there may be fever, there is usually a high leucocytosis and pain and vomiting, but the comiting precedes the onset of pain. There is an indefinite diffuseness elicited upon abdominal examina-The general disturbance is altogether disproportionate to the abdominal findings. However, it is better to operate upon the abdomen of a diabetic and find nothing than to withhold operation from an acute abdominal lesion. There is retardation of healing with lowered resistance to infection in diabetics, and the author sees a surprisingly large number of patients whose faulty healing or low grade skin infection is dependent upon a disturbed carbohydrate metabolism. In these cases small doses of insulin appear to exert a favorable influence upon the indolent wound. Diabetic gangrene of the foot is of two definite varieties. In one type the etiological factor is infection. There is a normal arterial and capillary circulation. The treatment is that of diabetes and that of infection. One should wait for healing or for the line of demarcation, and amputation should be local and conservative. In the second type there is capillary blocking and the distal arteries will give no pulsation. If the foot is warm and well nourished amputation below the knee is indicated; if the foot is cold with marked change of color on posture and absence of pulsation in the popliteal artery, mid-thigh amputation will be required. Diabetes often follows acute pancreatitis, which is almost invariably associated with biliary tract infection. It is the author's custom, therefore, in cases of suspected biliary infection to study the pancreatic function, using the blood sugar time curve. If the patient shows diminished tolerance, common duct drainage is added to cholecystectomy. With this procedure there is a rapid, complete, and permanent fall of blood

cholesterol to normal level.—Canadian Medical Association Journal, August, 1930, xxiii, 2.

The Chances of Success of Artificial Pneumothorax in the Various Clinical Forms of Tuberculosis,-Dr. Charles Roubier says that when deciding to make an operative pneumothorax the first thing to be reckoned with is the possibility of failure through the presence of adhesions preventing collapse of the lung; such adhesions are present in about 16 per cent of the cases and there is in general no way of foreseeing them. Assuming that a pneumothorax of sufficient extent is technically realizable, even though the immediate result of the treatment is good in the majority, the remote results will be satisfactory in not more than 40 per cent. On the other hand, barely a third of the patients operated upon will be alive at the end of five years. A certain number of prognostic elements based upon the clinical appearance of the disease will help us to appreciate in advance the chances of success in the individual

I. In the ordinary fibrocaseous forms: (1) The chances of success are greater the earlier the operation is performed. (2) An antecedent serofibrinous pleurisy on the side of the pulmonary lesion is of bad augury on account of the almost certain presence of adhesions. (3) Doubt as to the absolute unilaterality of the disease is not a contraindication to operation. (4) The most important prognostic element is furnished by the evolutionary course of the disease. The subacute forms with rapid course offer a hope of only about 16 per cent of favorable results; in those in which the progress is comparatively slow, broken only by occasional acute exacerbations, we may look for 32 or 33 per cent of successes; the best hope of durable results is given by the chronic forms, whether ulcerative or not, success being reached in 70 per cent of the cases. (5) In a case where there is a cavity with indurated walls it may remain and continue to suppurate in spite of a pneumothorax. The location of the lesions also affects the results, both apical and basal forms being less favorable than those in hilar and juxta-hilar locations which are more easily compressible and usually free from adhesions.

II. Among the pneumonic forms we must distinguish between caseous pneumonia, in which there is no hope of success from operation, and tuberculosis of pneumonic origin in which the congestive or inflammatory element predominates, where much benefit may follow "collapsotherapy." However, in the case of acute or subacute tulær-culous pneumonia, there is not one chance in

three of success from the establishment of a pneumothorax. In the bronchopneumonic forms the chances are poor, though in certain rare cases brilliant results have been noted.

III. The forms marked by the occurrence of hemoptysis are in general much improved by the operation, if we except the cases of acute or galloping consumption marked by frequent hemorrhage; the congestive fibrocaseous forms without pleural complications are of peculiarly favorable operative prognosis.—Journal de Médecine de Lyon, August 5, 1930.

Carotin and Vitamin A.-L. K. Wolff, J. Overhoff, and M. van Eckelen have demonstrated that carotin, while curing the morbid symptoms arising from deficiency of vitamin A, is yet not identical with the latter. By means of the Carr and Price reaction for carotin and xanthophyll they succeeded in separating carotin from vitamin A, which goes into the alcohol phase with the xanthophyll. Then by means of quantitative determinations of the vitamin A and carotin content in various vegetable and animal products, they showed that vitamin A is scarcely if at all present in the vegetable kingdom-certainly not in demonstrable amounts—but that its source is carotin, which is transformed into vitamin A in the animal body. Hence the determination of the carotin in plants will give a picture of their vitamin A action. Products of mixed animal and vegetable content were examined and found to contain both carotin and vitamin A. To prove their findings beyond dispute the authors removed small bits of liver from rabbits and analyzed them; then they injected into the rabbit livers pure carotin dissolved in oil, and after three days again removed some bits and compared them with the first. They found that a large part of the carotin had been transformed into vitamin A. For example, a rabbit with no vitamin A before the experiment and no carotin was found three days after injection of 1.8 mg. carotin to have 1,000 units of vitamin A and only 0.8 mg. carotin. The protocols of four rabbits showed similar results. Experiments with overfeeding with carotin still further strengthened the evidence that the carotin of the plant is in part transformed into vitamin A in the animal organism, which possesses both in varying degree. Thus, liver and cod-liver oil contain almost solely vitamin A, while egg yolk and butter contain both.—Deutsche medizinische Wochenschrift, August 22, 1930.

Liver Preparations in the Treatment of Pernicious Anemia.—L. van Varga writes that a partial follow-up of patients with pernicious anemia who had been treated with liver preparations during their stay in hospital revealed that there had been recurrences in all those who had stopped the treatment or taken it only irregu-

larly, but that those who (largely to save expense) had substituted the use of cooked liver were feeling very well and had a nearly normal blood count. In some cases of recurrence the blood count was normal, but serious nervous symptoms had supervened. On the whole the author's experience with liver preparations cannot be called altogether favorable. Some of their value is undoubtedly lost in the manufacturing process, which necessarily subjects the liver substance to an injuriously high temperature. It is evident that raw or cooked liver exerts a better effect upon the cells of the bone marrow. When this was used in hospital cases, the results were as striking as in those patients who reported from their homes. In addition to immediate improvement, one case had been symptom free for seven months and another for twelve months, with normal blood count and hemoglo-Nearly all those not so treated had either relapsed or were already dead. In future it may be well, as now, to give liver preparations, preferably combined with insulin, for quick action in desperate cases, since it is difficult to administer 600-800 gm. liver daily to a person without appetite; but for further treatment in such cases recourse must be had to some substance which is apparently found only in raw or cooked liver. Although the results of liver treatment compare favorably with those of arsenic, we are still far, the author states, from having found the ideal treatment for pernicious anemia.—Münchener medizinische Wochenschrift, August 15, 1930.

Ligature of the Spermatic Ducts for Hypertrophy of the Prostate. - Dr. Paul Nichans claims to have had remarkable success in the symptomatic treatment of the hypertrophied prostate gland by means of what he calls the "Steinach ligature." By this term he means neither exsection nor section with ligature of the ductus deferens, but the bilateral occlusion of all the efferent vessels leading from the upper part of the testicle to the head of the epididymis by a silk ligature, care being taken to avoid inclusion of the blood vessels. The operation, done with care under local anesthesia, is painless and absolutely free from danger. In advanced cases with urinary retention the author keeps a catheter permanently in the urethra for five days, and at night only for a short time afterward. At the end of ten days the patient can leave the hospital, in most cases without any residual urine and permanently relieved of all his troublesome symptoms, as shown by subsequent examinations. Dr. Niehans states that he has performed over 100 operations of this nature during the past three years on patients with symptoms of prostatic hypertrophy ranging from the initial difficulties in passing water up to total retention, and with almost uniform success. The gland, he says, is not materially reduced in volume, but is softened and offers no obstruction to the free flow of urine — Schweizenische medizinische Wochenschrift, August 23, 1950

Sauerbruch-Herrmannsdorfer-Gerson The Diet.—Chalmers Watson, writing in the British Medical Journal, August 23 1930, ii 3633 describes the diet named in the title, which is in the forefront of medical interest and discussion in Germany at the present time. The claims of Sauerbruch and Herrmannsdorfer are concerned mainly with the value of this diet in surgical tuberculosis, that is, in cases of lupus and tuberculosis of the skin and bones as well as of the The essentials in the diet system are as follows (1) The all but complete exclusion of sodium chloride (Herrmannsdorfer), salt being entirely excluded in the Gerson regimen, a halogen-free salt being used as a substitute, (2) fresh, uncooked vegetables and fruits bulk largely in the diet, either in the form of vegetable extracts prepared by pressing uncooked vegetables, such as carrots, beets, spinach turnips, or in the form of salads, with fruit juices similarly pre pared, (3) marked restriction of fresh meat, 600 grams weekly being allowed by Hermanns dorfer, while Gerson allows meat once or twice weekly, (4) one pint or more of fresh uncooked milk daily, sour milk, eggs (especially yolks) oatmeal, whole meal bread and farmaceous foods in restricted amounts, and (5) various spices used to increase the flavor of the dishes regimen also includes two medicinal preparations, mineralogen, a special blend of mineral salts of vegetable origin, and a phosphoric acid cod-liver oil preparation, both being administered three At the conclusion of the treatment times daily the patients return gradually to a more conventional diet, which however, still comprises the greater use of fresh vegetables and fruits and a judicious restriction of flesh foods

The Dangers of Salt Withdrawal in Pulmonary Tuberculosis -A Moeller, in an article in the Deutsche medizinische Wochen schrift of August 15, 1930 says that during a two year period the effect of withholding salt from the diet was watched in 23 tuberculous pa Since all food contains NaCl the diet was salt poor rather than salt-free Twelve pt tients rebelled after a few days, during which there had been a lowering of the general condition and a loss of mental concentration. Of the 11 who were persunded to keep up the regimen for at least six months, only 1 (in the first stage) was improved, in the second and third stages 3 were unchanged and 5 grew worse, and 2 in the third stage died. In no case did the bacilli disappear from the sputum. It is known that the tubercle bacilius requires no salt for its growth, ind dies it there is too much salt in the tissues Since the tuberculous patient loses salt through perspiration and might sweats and fever and

emacration also cause a considerable loss of mineral, the tissues of such patients are "hungry" for salt. In a second series of experiments for the purpose of comparing the intake and output of chlorine, sodium, sulphur and potassium, in 3 tuberculous patients, it was found for chloring and sodium that the amount excreted through all channels is uniformly less than the amount ingested, while the reverse is true for sulphur and potassium. Thus it is clear that the tuberculous system strives to retain salt to replace its losses Rabbits fed on a salt free diet developed symptoms of toxemia. Salt withdrawal may be fatal where there are digestive disturbances characterized by deficiency of hydrochloric acid. All the patients in these series suffered from deficiency of salt in the tissues and, to a less degree, from hypochlorinemia This deficit should be compensated by an abundant supply of salt in the A strong warning is uttered against any reduction of salt in the food of patients with pulmonary tuberculosis, such as is advocated in the Gerson-Sauerbruch method

Cardiac Arrest -- Thomas Mears states that the occurrence of cardiac arrest in the operating room is perhaps more frequent than we are inclined to think. It may be the cause of death in a large majority of the fatali ties that occur on the operating table, whether it be a primary cardiac failure or cardiac failure secondary to vasomotor relaxation Primary car diac arrest can be combated successfully by car diac massage Cardiac arrest secondary to vasomotor relaxation can be prevented by preserving the vasomotor tone during the operation and combited by raising the intracoronary tone through intra-arterial injections of fluid followed by intravenous injections of the same. In this type of arrest direct cardiac massage may also be of The success of the issue depends great value to a large extent, on the preparedness of the operating room to deal with such an emergency Rhythm must be restored to a quiescent heart within a period of six minutes if the individual is to be restored to complete normality reports the case of a colored woman, with marked general arteriosclerosis who was prepared for amputation of the right foot for senile gangrene After I few deep inhabitions of m trous oxide, the heart fuled. Attificial respiration, intracardiac injection of adrenalin, and intravenous injection of adrenalin into the left common carotid artery had no effect upon the heart or the respiratory function. An incision was then made through the soft parts and the costal cartilize from the third to the seventh ribs, permitting the insertion of the hand. At the third effort at emptying the rhythm was restored with force and regularity. The incision through the chest wall was closed and the lungs distended with curbon dioxide. The heart become quies cent for a cond time the cheet wound wa

quickly reopened, and with massage the heart again responded. The chest was now closed and During the folcarbon dioxide administered. lowing five hours there was no respiratory effort, but the heart rhythm remained good and systolic blood pressure was maintained at 180 mm. Each time the lungs were allowed to empty an effort at manipulating the epiglottis and arytenoids with the fingers was made, and finally continuous respiratory function was restored. The patient then went on for three hours, when the heart again failed and all restorative measures were without avail. In the face of advanced arterial disease this was a most unfavorable case for a good ultimate result .- Annals of Surgery, September, 1930, xcii, 3.

Subphrenic Abscess.—From a review of the literature and the study of 41 cases of subphrenic abscess observed at the Presbyterian Hospital of Chicago, Gatewood finds that the mortality in these cases is still far too high—30 per cent or more. True primary subphrenic abscesses are very rare. Most secondary abscesses are the result of direct spread of infection from such sources as perforation of the stomach, appendix, or gall-bladder, or they form as walled-off abscesses in general peritonitis. In the author's series perforation of the stomach or duodenum was the cause in 14 cases, extension of infection from the appendix in 10 cases and from the liver or gall-bladder in 7 cases. The importance of prophylactic treatment cannot be overemphasized. Early diagnosis of appendical and other contributory causes will prevent the formation of many subphrenic abscesses. In all lower abdominal infections adequate drainage and the adoption of the semi-sitting posture are the two most important preventive measures and should not be forgotten. One should not fail to consider the likelihood of subphrenic abscess in any patient not doing well after an abdominal operation, even though performed months previously. The diagnosis in early cases is ordinarily not Fever of the church-steeple variety, chills, and sweats are significant. Hiccough is always a suspicious sign, although it occurs in only about half of the cases. Cough mentioned by a number of authors was present in but few of the cases in this series. Other symptoms are shortness of breath, difficult breathing, and epi-Physical examination usually regastric pain. veals flatness on the infected side; breath sounds may sometimes be detected through the flattened area. Air in the abscess cavity may give a tympanic note instead of the flatness. Bulging in the epigastrium or on the affected side in the region of the lower ribs occurs in most late cases. Edema and redness of the overlying skin is frequently observed. The liver is usually displaced downward; the heart may be displaced upward. but never laterally (Tuft). The Roentgen rays give the most important information upon which to base the diagnosis; the diaphragm on the affected side is shown smoothly elevated. The treatment is essentially surgical as soon as a definite diagnosis is made, the method of approach being governed by the findings in the individual case. In the author's series 38 patients were operated upon, 27 being opened abdominally and 7 transpleurally.—American Journal of the Medical Sciences, September, 1930, clxxx, 3.

Digitalis Therapy in Lobar Pneumonia.— Although many opinions have been expressed concerning the therapeutic value of digitalis in lobar pneumonia, the literature fails to reveal any studies which present definite evidence that the use of the drug modifies the mortality of the disease. Therefore, Walter L. Niles and John Wychoff undertook a study of the effect of digitalis on the mortality rate in 835 lobar pneumonia cases observed in Bellevue Hospital during the years 1928 and 1929. The digitalis was given in divided dosage, no patient receiving more than 0.15 of a cat unit per pound of body weight, and the administration of the drug was stopped before this amount was given if toxic symptoms were observed. The tabulated results of the study show that for every 100 patients in the control group who died there were 122 fatalities in the digitalis-treated group. Owing to an error in standardization, one commercial preparation of digitalis employed was found to have a potency of 100 mg., equivalent to one cat unit, while a second preparation showed a potency of 66 mg., equal to one cat unit. As a consequence of this error some patients received an overdosage of digitalis. This led to the finding that overdosage with digitalis is not the sole cause for the higher mortality rate of the digitalistreated group. The mortality of the digitalistreated cases was higher than that of the corresponding controls in both the older and younger age groups. In all types of pneumonia, except Type II, the mortality of the digitalis-treated cases was higher than that of the controls. The factor of virulence was found to have no influence on the relative mortality in the control and the digitalis-treated cases. In the severe cases with positive blood cultures there was no difference in the mortality rates between the control and the digitalis-treated cases, while in the milder cases, with negative blood cultures, the mortality was 14.3 per cent higher for the treated group. The incidence of auricular fibrillation and auricular flutter was the same for both Although the committee under which this study was made prefers to continue the investigation, the opinion of its members is unanimous that thus far the results obtained do not justify continuing the routine administration of digitalis to lobar pneumonia patients.—American Journal of the Medical Sciences, September. 1930, clxxx, 3.



## LEGAL



## CONFIDENTIAL COMMUNICATION—WAIVER OF PRIVILEGE BY PATIENT

By Lorenz J Brosnan, Esq.
Connect Medical Society of the State of New York

The law, in its wisdom has very properly clothed the relation between patient and physician with a scorecy which prohibits the disclosure of confidential communications received by a physician in his professional capacity.

The statute in this State relating to confidential communications between physician and patient, as well as between nurse and patient, is found in Section 352 of the Civil Practice Act. This section reads as follows

"Sec 352 Physicians and nurses not to disclose professional information A person duly authorized to practice physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was neces sary to enable him to act in that capacity, unless where the patient is a child under the age of sixteen, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician or nurses may be required to testify fully in relation thereto upon any examination, trial or other proceeding in which the commission of such crime is a subject of mquiry"

Of course privileged communications may be waived by the voluntary act of the patient question has arisen several times in this State as to whether the law may read an implied waiver from some act of the patient. In a negligence case that arose some time ago, the most important issue on the trial related to the extent of the plaintiff's injuries. At the trial she called as a witness a physician who attended her after the accident and who testified that he treated her for a nervous condition The defendant's counsel elicited from the doctor on cross examination the fact that the physician had treated the plaintiff for nervousness before the action This testimony was objected to by the plaintiff's counsel on the ground that it was privileged, and the court below struck out all the testimony relating to the point of prior condition as testified to by the doctor, on the ground that the same was priv-

In holding that this was error the Appellate Division said

"By calling the physician as a witness the

plaintift waived her privilege \* \* \* ! We think that by calling the physician and examining him in reference to her condition after the accident, the plaintiff waived her privilege as to prior examinations, and it was permissible for the defendant to show, by cross examination, that the condition testified to by the witness existed prior to the accident?

The question has also arisen in an action against a physician for malpractice. In that case the plaintiff had been a sufferer from a chronic affection of the skin. The defendant, who wis her physician, on several occasions applied x-rays to her elbows, wrists and back. After the treatment, the plaintiff began an action against the physician to recover for injuries alleged to have resulted from the unskillfulness and negligence of the defendant in making such application.

Upon the trial the plaintiff called Dr X as a witness. This physician testified that he had treated the plaintiff for various skin lesions which the plaintiff claimed had been caused by the v-ray treatments. At the instance of the plaintiff Dr X described the condition of the plaintiff s skin as observed by him. On cross examination he was asked.

"Did you take a history of her case when she cime there?" To which he replied "Yes, sii? He was then asked "Will you tell me what it was?" To this question the plaintiff's attorney made the following objection. Objected to—con fidential communication between doctor and patient. And to the further question. "Did she tell you that she had suffered from St. Vitus Dance." the same objection was made. The court sustained the objection and ruled that the evidence was improper on the theory that "any communication between this doctor and plaintiff is absolutely and unqualifiedly improper and objection able."

In holding this to be error, the Appellite Division ruled that the plaintiff by calling and examining Dr X lifted the bir of privilege from all communications between him and her

The Court of Appeals of this State has sustained the Appellate Division in enunciating the principle that the plaintiff by commencing an action waves the privilege. This is not only sound law but common sense, since it would be inconsistent for the plaintiff to commence in action and then urge that much of the testinion.

that might be relevant was inadmissible because it was a privileged communication. The defend-

ant could not possibly present his defence if he

was robbed of the opportunity of showing to the jury material facts which might defeat the plaintiff's claim.

#### ALLEGED UNAUTHORIZED REMOVAL OF APPENDIX

In this case the doctor was consulted by the plaintiff and upon examination he diagnosed the ailment from which this patient was suffering to be an inguinal hernia, and suggested that an operation be performed. The patient agreed to undergo such operation and entered the sanitarium of which the doctor was President, and was in due course sent to the operating room. He was then put on the operating table and given a local anæsthetic of apothesine which completely anæsthetized the field. The proper incision for the operation was made and to the surprise of the doctor he found that the patient's appendix was in the hernial sac, badly inflamed. patient at the time was thoroughly conscious and talked with the doctor who informed him of the discovery of the appendix and advised him that it should be thereupon removed. The patient replied that by all means the doctor should take it out then and there.

The doctor next thoroughly cocainized the area around the appendix and performed the removal thereof. There was no pus and therefore no drain was necessary and the wound was closed.

The patient remained in the sanitarium for three weeks, during which time the doctor attended to the dressing of the wound, and at the time of his discharge from the sanitarium the patient's wound had completely healed.

Some time later the patient instituted an action against the surgeon for alleged malpractice. The complaint set forth that the plaintiff had merely employed the defendant to operate for hernia and that the defendant had represented that the operation was a simple one which could be performed under a local anæsthetic and in a few days recovery could be complete. It was further claimed that the removal of the appendix was entirely without the consent or authorization of the plaintiff; was unnecessary, and was only performed because of the negligence and unskillfulness of the surgeon in cutting too deep and too extensively into the plaintiff's abdomen. Plaintiff claimed that he had not been suffering from any appendix trouble and that the removal was wholly unnecessary, causing him a great deal of pain, loss of time, and a general weakening physically.

The plaintiff duly noticed the case for trial and at the time it was reached the defendant appeared with his witnesses but the plaintiff was not ready to proceed to trial.

Upon the defendant's motion therefor, the complaint was dismissed and judgment was entered in favor of the defendant.

#### CLAIMED NEGLIGENT TREATMENT OF POWDER WOUND

In this case, a boy of sixteen was wounded on the Fourth of July by a blank cartridge exploding, injuring the palm of his hand. The boy did not consult the defendant-doctor until two days later, at which time an examination showed that the wound was filled up with powder and smeared with a dirty salve.

The doctor opened and cleaned the wound and cut away the dead flesh, applying peroxide, bichloride of mercury and iodine. He applied a wet aluminum acetate dressing to the hand, and instructed the patient to return the next day. The patient made very light of his injury and did not return until two days later, when the doctor again treated the wound which appeared to be improving nicely.

The doctor next heard from the patient on July 9th, when he learned that the boy was in a hospital having developed tetanus. Antitoxin injections were made and while everything possible was done for the boy, in four days death occurred from lockjaw.

Nearly two years later, his administratrix instituted suit against the doctor, alleging that the boy's death was the result solely of the doctor's failure to apply the ordinary and recognized treatment for the prevention and cure of tetanus, and that the death was caused solely through the negligence of said doctor. The action, however, never came to trial and was duly dismissed, thereby terminating the proceeding in the doctor's favor.



### LONDON LETTER



1245

British Medical Association. The Annual Meeting of the British Medical Association has spent much time on a discussion of a proposed scheme for a Medical Service for the Nation The present position is that, of the entire population, some 16,000,000 are insured under the National Health Insurance Acts, and the proposal was that the time is now ripe for the inclusion under the National Insurance Service of the dependants of such insured persons. This would double the number of insured individuals and leave only some eleven million inhabitants of the country outside the Service. It has been long felt that in many ways the facilities obtainable under the Panel System, as it is called, fell short of the ideal, which is that every kind of service which may be necessary for the prevention and cure of disease should be at the disposal of every member of the community. At present many of what may be called the ancillary services are not provided for Panel patients. There are no consultants or specialists on the Panel, there is no provision of pathological or radiological services, home nursing is not provided for, and most important of all there is no arrangement under the Panel System whereby patients may be admitted to Hospital for institutional treatment. speaking these facilities have been obtained from the Voluntary Hospitals and it is not too much to say that without the willing cooperation of the Voluntary Hospitals, the Panel System must have proved a failure. It is generally anticipated that under the new Local Government Act (1930) there will be a very drastic reorganization of Health Services throughout the country, and there is a widespread belief that a State Medical Service for all is foreshadowed, and the British Medical Association scheme seems to be brought forward as an attempt to forestall such an eventuality. Many questions arise and will be answered differently according to one's predilections. Will a State Medical Service improve the health of the nation? Will it raise or even maintain the standard of medical knowledge and practice? Will it sap the selfreliance of the individual and lead him to rely more and more on the State to provide services that he should provide and pay for himself? Already we have gone a long way to release the

individual from his natural obligations. Preand post-natal clinics, the medical inspection of school children, the Panel medical service, unemployment pay and the Old Age Pension combine to smooth life's troubled way. But admirable in themselves as these may be proved to be, do they in the long run slacken the sense of responsibility, are they the "bread and circuses" of a modern decline and fall? I referred in a recent letter to Sir Arthur Keith's dictum on the inevitability of progress and raised the question whether progress was necessarily always forwards. The recent trend of public opinion at least with regard to medicine makes one inclined to doubt it.

This Is Woman's Year. A woman flies all alone to Australia, another wins the King's Cup for an aeroplane race round Britain, another wins the King's Prize at Bisley (we had thought that was safe from the intruding petticoat!) and now we have a new hospital, the Marie Curie Hospital, women-run for the relief of cancer. The hospital arose owing to the possession by the Cancer Research Committee of the Medical Women's Federation of a supply of radium valued at £12,000. This radium had been at the service of the four women's hospitals in London and had been passed from one to the other as required. Now it is to be housed in the new hospital which Mr. Stanley Baldwin, the late Prime Minister, opened on July 10th. Thirty beds are available and it is hoped to increase this number shortly to fifty, and only women will be admitted. The medical woman has had rather a chequered career since the war. At first several of the teaching hospitals opened their schools to women students and there was a not unreasonable hope that women would eventually obtain appointments on the staff; but gradually, for one reason and another, the facilities were withdrawn, and at the moment in London the Royal Free Hospital and its associated School of Medicine provides the main approach to a medical career for women. This new departure shows that women are alive to the necessity for specialization in the most obscure of diseases, and we may well hope that with this new opportunity for the study of cancer. research and experiment will go hand in hand to advance our knowledge and increase our methods of attack.

J. M. Carson, F.R.C.S. methods of attack.

Dr. J. M. Carson died suddenly on August thirty-first just after he had completed the London Letter for this issue. It is therefore with regret that this department of the JOHRMAL WIH necessarily be discontinued. However, the activity of the British Medical Association in investigating and solving tits local medical problems, justifies the hope that the department may be renewed in the near future—The Editors.



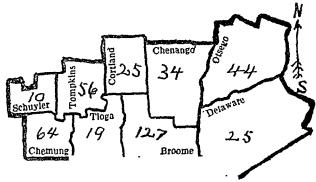
### NEWS NOTES



#### SIXTH DISTRICT BRANCH

The twenty-fourth annual meeting of the Sixth District Branch of the Medical Society of the State of New York was held on Tuesday, September 23, in the Alfred Corning Clark Gymnasium in Cooperstown, Otsego County, with the President, Dr. George M. Cady, of Nichols, presiding, and about 100 members in attendance. The morning program as printed was carried out as follows:

1. Address of Welcome: George M. Macken-



Counties of the Sixth District. The figures indicate the number of members of the County Medical Society.

zie, M. D. Director, Mary Imogene Bassett Hospital, Cooperstown.

2. Neurological Aspect of the Fractured Skull: Wardner D. Ayer, M. D., Associate Professor of Clinical Medicine and Neuropathology, Syracuse University School of Medicine. Discussion opened by Arthur S. Chittenden, M. D., Binghamton.

3. The Right of Injured Workmen to Select Their Own Physician: O. G. Browne, Esq., Assistant General Claims Attorney, New York Central Railroad. Discussion opened by Guy S. Carpenter, M. D., Waverly.

Dr. W. H. Ross, President of the Medical Society of the State of New York, showed a chart of the activities of the several county societies of the District, similar to that of the Third District, which he showed on September 19th in Albany. The chart was a record of those activities in which the county societies were directly interested and which they helped to establish or conduct. Other public activities along health lines are carried on independently of the county medical societies, such as public health nursing, and city laboratories. Graduate education had been particularly well done in the district.

Dr. Rassalso called attention to the social trend of the times in that the people expect the medical profession to supply all forms of medical service to all classes of people, the practising physicians cannot do this without the cooperation of governmental officials and voluntary welfare agencies. One of the most acute problems before the State Medical Society today is the establishment of that cooperation in every county under the leadership of the local physicians.

The managers of the Mary Imogene Bassett Hospital entertained the physicians at a noon luncheon served on the lawn of the hospital. The day and the setting were perfect for an outdoor

### SIXTH DISTRICT BRANCH, COUNTY SOCIETY ACTIVITIES

County	Meetings Reported in Journal in 3 Years	Graduate Courses in 3 Years	County Tuberculosis Hospitals August, 1930	County Laboratories August, 1930	County Public Health Nurses August, 1930
Broome	3	1	+		
Chemung		3	+	* •	
Chenango		2	+		2
Cortland	2	3		+	2
Delaware		2	+		
Otsego	6	2	+	+	
Schuyler	3	1			1
Tioga	3	4			2
Tompkins	3	3	+	+ ,	2

dinner, and the sociability of the occasion promoted society organization and efficiency.

A clinic was given after the luncheon by mem-

bers of the staff of the hospital

The following afternoon program was carried out:

1. The Tragedy of Appendicitis. Donald Guthrie, M. D. Robert Packet Hospital, Sayre,

Pa. Discussion opened by Frederick M. Miller, M. D., Binghamton.

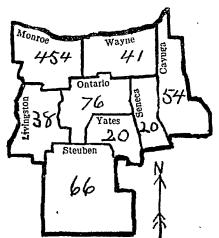
2. Mental Hygiene: Arthur J. Capron, M. D.,

The wives of the members, about thirty in number, were entertained at a luncheon at the Fennmore Hotel, and a boat ride on Otsego Lake, by the wives of the local physicians.

#### THE SEVENTH DISTRICT BRANCH

The Annual Meeting of the Seventh District Branch of the Medical Society of the State of New York was called to order promptly at 9:45 a.m. by President E. Carlton Foster in the Chapel of Keuka College, Penn Yan. The Chairmen of the several committees of the State Society, as well as Secretary Dougherty, reported briefly on their work throughout the State.

Following these reports the President of the Medical Society of the State of New York, Dr. William II. Ross, reported on the specific medical activities of the eight counties constituting the Seventh District Branch. His report was illustrated by a chart which gave detailed information of the medical meetings re-



Counties of the Seventh District. The figures indicate the number of members of the County Medical Society.

ported in the Journal in three years, of the graduate courses in the past three years, of the number of Tuberculosis Hospitals in operation to August 30, 1930, as well as the number of County Laboratories and of County Public Health Nurses. This presentation was interesting and well received.

The interests of the State Society were further presented by Assistant Commissioner of Public Welfare, Mr. Clarence E. Ford, who spoke on the "Administration of the New Public Welfare Law," This presentation brought up many inquiries which led to helpful discussions.

At 11:30, and exactly on scheduled time, Dr. John L. Eckel, of Buffalo, was introduced to the Society, who gave an interesting discussion upon "Anterior Poliomyelitis" which he said was first described in 1840. Since that time many studies of the disease have been made, but as yet the cause is not known, except that it is due to a "filtrable virus." Since the epidemic of 1910, cases are reported more frequently, and yet there are many cases apparently not reported because of not being recognized, or for other reasons.

It occurs most frequently between the age of three and eight years, though it may occur at any age. The virus probably gains access to the body mostly through the upper respiratory tract. It has an incubation period from seven to eight days. It affects the nervous system primarily, producing its lesion principally in the anterior horn cells of the spinal cord. This may produce a more or less extensive paralysis. The bulbus type is most frequent. An acute Landry's type may arise and cause rapid death.

The disease begins usually as a mild febrile one, which may be entirely overlooked. The child becomes languid and irritable, and may show gastro-intestinal disturbances. The reflexes are next disturbed, and if a spinal puncture is done the examination may show

attended. On March 21, Dr. Frederick W. Rice gave a talk on "Toxæmias of Pregnancy," to an audience of about 45.

On Friday, April 4, Dr. Clyde W. Collings spoke on "Genito-Urinary Conditions" with lantern slide illustrations. Attendance 35.

Dr. Mencken presented checks to the amount of \$230, the receipts for special courses.

The Committee on Medical Economics made the following suggestions:

- 1. That we look into the matter of the cost of medical education.
- 2. That we take up the matter of refuting pernicious magazine articles, such as one that appeared in a recent issue of a magazine called "Liberty"; the article on "Medical Ethics and Economics," written by Clara Robinson.
- 3. The question of an increase in pay for fulltime Health Department physicians, not only in Queens County, but throughout the greater city.
- 4. The fact that hospital fees are too high for the average white collar man.
- 5. The question of interstate licensing reciprocity and the influx of foreign physicians. It was brought out that the preliminary education requirements in foreign countries, since 1914, were far inferior to those required by American students, and because of this, the foreign physician was able, at a much younger age, to secure a diploma, and by presenting credentials to the State, receive a license to practice in the State of New York. This was unfair to American physicians. Citizenship is not required; this should be investigated.
- 6. The question of counter prescribing and treatment by druggists.
- 7. The question that certain institutions are practicing medicine without a licensed physician in attendance.
- 8. The idea of having open discussions of economic questions at each meeting allowing from ten to twenty minutes for such discussions, at which time various complaints or criticisms, both constructive and destructive can be made.
- 9. The question of inserting in the Bulletin a request to the membership of the County Society at large to write to the Committee any items that refer to any economic problems.
- 10. The Committee feels that if progress in Queens County follows along the lines of precedences established by other county societies, then various sections will be formed, the membership dividing itself into groups of specialists. who will have their own scientific sessions; and at the general meeting we will deal with problems of public health, medical

ethics, medical economics, topics outside of purely scientific investigation, together with papers of common interest to the medical profession at large.

The Committee on Publicity, through the Chairman, reported the publication of the March Bulletin and advised that more advertisements be carried in the Bulletin; also the desirability of stressing certain new features.

Dr. Boettiger reported for the Committee on Public Health and Public Relations, a meeting on March 4, 1930, five members in attendance, at which the following matters were reported:

It was proposed to organize a special committee of the Public Health Committee as an Advisory Board to the physicians of the Department of Health. This Committee to be composed of various men representing various specialties in medicine. They would furnish technical assistance and advice in special cases. The Comitia Minora gave their approval of this plan. The further report was published in the Bulletin.

The president reported attendance at a meeting called by the Commissioner of Health which considered the matter of objectionable advertising by physicians particularly in New York newspapers published in foreign languages. The president further reported attending a meeting of officers of the Long Island County Societies.

Dr. Mencken reported in the matter of appointments for the medical staff of the new city hospital to be constructed in Queens. On motion, he was appointed a special committee to investigate the matter.

The Secretary moved that the foregoing report of the Comitia Minora be accepted and its recommendations approved. Seconded and unanimously passed.

The following new members were elected: Active Members:

Julius Blackfein, M.D., Flushing. Robert E. Carter, M.D., Jamaica.

Gustin T. Kiffney, M.D., Springfield Gardens

David M. Morgenstern, M.D., Richmond Hill

John George Stubenbord, 3rd, M.D., Douglaston.

Associate Members (Class C)

Henry H. Burth, M.D., Jamaica.

Theodore E. P. Koszalka, M.D., Mary Immaculate Hospital.

Associate Members (Class B)

Frank N. Dealy, M.D., New York City. Attendance 110.

E. E. SMITH, Secretary.

dinner, and the sociability of the occasion promoted society organization and efficiency.

A clinic was given after the luncheon by members of the staff of the hospital

The following afternoon program was carried out:

1. The Tragedy of Appendicitis: Donald Guthrie, M. D. Robert Packer Hospital, Sayre,

Pa. Discussion opened by Frederick M. Miller, M. D., Binghamton.

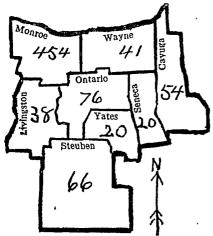
2. Mental Hygiene: Arthur J. Capron, M. D., Owego.

The wives of the members, about thirty in number, were entertained at a luncheon at the Fennmore Hotel, and a boat ride on Otsego Lake, by the wives of the local physicians

#### THE SEVENTH DISTRICT BRANCH

The Annual Meeting of the Seventh District Branch of the Medical Society of the State of New York was called to order promptly at 9:45 a.m. by President E. Carlton Foster in the Chapel of Keuka College, Penn Yan. The Chairmen of the several committees of the State Society, as well as Secretary Dougherty, reported briefly on their work throughout the State.

Following these reports the President of the Medical Society of the State of New York, Dr. William II. Ross, reported on the specific medical activities of the eight counties constituting the Seventh District Branch. His report was illustrated by a chart which gave detailed information of the medical meetings re-



Counties of the Seventh District. The figures indicate the number of members of the County Medical Society.

ported in the Journal in three years, of the graduate courses in the past three years, of the number of Tuberculosis Hospitals in operation to August 30, 1930, as well as the number of County Laboratories and of County Public Health Nurses. This presentation was interesting and well received.

The interests of the State Society were further presented by Assistant Commissioner of Public Welfare, Mr. Clarence E. Ford, who spoke on the "Administration of the New Public Welfare Law." This presentation brought up many inquiries which led to helpful dis-

cussions.

At 11:30, and exactly on scheduled time, Dr. John L. Eckel, of Buffalo, was introduced to the Society, who gave an interesting discussion upon "Anterior Poliomyelitis" which he said was first described in 1840. Since that time many studies of the disease have been made, but as yet the cause is not known, except that it is due to a "filtrable virus." Since the epidemic of 1910, cases are reported more frequently, and yet there are many cases apparently not reported because of not being recognized, or for other reasons.

It occurs most frequently between the age of three and eight years, though it may occur at any age. The virus probably gains access to the body mostly through the upper respiratory tract. It has an incubation period from seven to eight days. It affects the nervous system primarily, producing its lesion principally in the anterior horn cells of the spinal cord. This may produce a more or less extensive paralysis. The bulbus type is most frequent. An acute Landry's type may arise and cause rapid death.

The disease begins usually as a mild febrile one, which may be entirely overlooked. The child becomes languid and irritable, and may show gastro-intestinal disturbances. The reflexes are next disturbed, and if a spinal puncture is done the examination may show



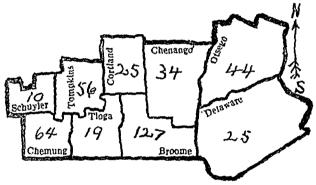
### NEWS NOTES



#### SIXTH DISTRICT BRANCH

The twenty-fourth annual meeting of the Sixth District Branch of the Medical Society of the State of New York was held on Tuesday, September 23, in the Alfred Corning Clark Gymnasium in Cooperstown, Otsego County, with the President, Dr. George M. Cady, of Nichols, presiding, and about 100 members in attendance. The morning program as printed was carried out as follows:

1. Address of Welcome: George M. Macken-



Counties of the Sixth District. The figures indicate the number of members of the County Medical Society.

zie, M. D. Director, Mary Imogene Bassett Hos-

pital, Cooperstown.

2. Neurological Aspect of the Fractured Skull: Wardner D. Ayer, M. D., Associate Professor of Clinical Medicine and Neuropathology, Syracuse University School of Medicine. Discussion opened by Arthur S. Chittenden, M. D., Binghamton.

3. The Right of Injured Workmen to Select Their Own Physician: O. G. Browne, Esq., Assistant General Claims Attorney, New York Central Railroad. Discussion opened by Guy S. Carpenter, M. D., Waverly.

Dr. W. H. Ross, President of the Medical Society of the State of New York, showed a chart of the activities of the several county societies of the District, similar to that of the Third District, which he showed on September 19th in Albany. The chart was a record of those activities in which the county societies were directly interested and which they helped to establish or conduct. Other public activities along health lines are carried on independently of the county medical societies, such as public health nursing, and city laboratories. Graduate education had been particularly well done in the district.

Dr. Rassalso called attention to the social trend of the times in that the people expect the medical profession to supply all forms of medical service to all classes of people, the practising physicians cannot do this without the cooperation of governmental officials and voluntary welfare agencies. One of the most acute problems before the State Medical Society today is the establishment of that cooperation in every county under the leadership of the local physicians.

The managers of the Mary Imogene Bassett Hospital entertained the physicians at a noon luncheon served on the lawn of the hospital. The day and the setting were perfect for an outdoor

### SIXTH DISTRICT BRANCH, COUNTY SOCIETY ACTIVITIES

County	Meetings Reported in Journal in 3 Years	Graduate Courses in 3 Years	County Tuberculosis Hospitals August, 1930	County Laboratories August, 1930	County Public Health Nurses August, 1930
Broome	3	1	+		
Chemung		3	+		
Chenango	• •	2	+		2
Cortland	2	3		+	2
Delaware	• •	2	+		
Otsego	6	2	+	+	
Schuyler	3	1			1
Tioga	3	4			2
Tompkins	3	3	+	+	2

#### COMMITTEE ON ECONOMICS

This Journal of September 15 carried a general account of the activities of the Committee on Economics of the Medical Society of the State of New York, of which Dr. George F. Chandler is chairman. The committee has issued three Bulletins. Number One, dated July first, was introductory and requested each county society to form a Committee on Economics.

Bulletin Number Two described a conference which the Committee held with represen-

tatives of labor organizations.

Bulletin Number Three was a brief description of the activities of the Milbank Memorial Fund.

Bulletin Number Two, dated July 15, was as

follows:

At a meeting held in New York City before the Industrial Commissioner of the State of New York, June 16th, 1930, and which was attended by representatives of Insurance Companies, Labor Unions, the President of the State Medical Society and its Executive Secretary, Dr. Rosenthal representing the New York County Medical Association, and Dr. Chandler, Chairman of the State Committee on Medical Economics, the following resolution was adopted:

The following tentative plan introduced by Dr. Rosenthal was accepted subject to the ap-

proval of the Insurance Companies:

1. The Metropolitan County Societies will establish in each Borough a joint committee of carriers and physicians (representative of the stock companies, the mutual companies, and of the County Societies) to act as an arbitration board for the settlement of disputed bills between physicians and carriers. This board to meet as often as necessary.

Physicians when submitting bills for services are to abide by a fee schedule to be evolved jointly by the County Medical Society and the

carriers.

3. Physicians are to submit the c-4 forms as soon as possible, within the stipulated time, to cooperate with the carriers, furnishing reasonable information requested, and to submit

promptly an itemized bill.

- 4. Physicians will agree to abide by the decision of the carriers and the County Society regarding consultations, x-rays, etc. Physicians will permit the medical representatives of the carriers to examine claimants at reasonable times.
- 5. Carriers will permit physicians to treat compensation cases without specific authorization.
- 6. Carriers will agree to pay medical bills within a reasonable time.

7. Carriers will agree to furnish literature or

other means, for the information of the physicians, so that the work may be carried on at a high level of efficiency.

Measures will be taken to include in this agreement, fees, equipment, and training for

physical therapy.

It was agreed that the details of paragraphs 1, 2, 4 and 7 are to be evolved by a joint committee of the carriers and of the County Medical Society.

It will be clearly seen that this resolution will accomplish what has been in the minds of physicians for the past few years but this resolution pertains to the metropolitan county so-

cieties only,

The Insurance Carriers stated at this meeting that they would act through our committee to bring about the same situation in the

remaining counties of the State.

In order to do this we respectfully ask that each county appoint a Medical Economic Committee consisting of a Chairman and one or two members. So that our committee will be in touch with each county society, we ask that this be done at once and that the names and addresses of the members of the committees be forwarded at once to Dr. George F. Chandler. 11 East Chestnut St., Kingston, N. Y. After the metropolitan district have adjusted the fee schedule, we shall ask each county Economic Committee to submit a fee schedule based upon that of the county societies of the metropolitan district but modified of course by local conditions by which we mean distances traveled and ordinary office fees together with what the patients are able to pay normally.

This resolution you will notice, allows physicians to treat compensation cases without specific authorization,—which is a big step

in advance.

As soon as the fee schedule of the metropolitan counties has been agreed upon, copies of this will be immediately forwarded to the County Economics Committees so that the matter can be thrashed out in the County Societies, and the results of these meetings are to be forwarded at once to the Chairman of the Medical Economics of the State. The Insurance Companies agreed to this and agreed to deal directly with our committee and through the County Societies.

This matter is of such vital importance that we ask for action not later than the first of October of this year so that it will become a working basis for all Counties by the first of

November of 1930.

GEORGE F. CHANDLER,

Chairman, Committee on Medical Economics.

### GRADUATE COURSES

The following courses have been arranged by the Committee on Public Health and Medical Education of which Dr. Thomas P. Farmer of Syracuse, is chairman.

The following course in Heart Disease for Rockland County has been prepared by Dr.

John Wyckoff of New York City.

October 1—"Cardiac Structure and Its Disorders," Dr. C. E. De la Chapelle, 59th Street and Fifth Avenue, New York City.

October 8—"Cardiac Functions and Their Disorders,"
Dr. Arthur C. DeGraff, 75 East 55th Street,
New York City.

October 15—"Rheumatic Fever and Rheumatic Heart Disease," Dr. Irving Graef, Bellevue Hospital, New York City.

October 22—"Hypertension and Hypertensive Heart Disease," Dr. William Goldring, 150 East 52nd Street, New York City.

October 29—"Syphilitic and Arteriosceloritic Heart Discase," Dr. John Wyckoff, 75 East 55th Street, New York City.

This course was also given in Seneca Falls, Seneca County, in the afternoon, and in Newark, Wayne County (including Ontario County), in the evening, on September 4, 11, and 18, and October 2 and 9.

The following course in tuberculosis, for Monroe and Genesee counties has been arranged by Dr. E. R. Baldwin, Saranac Lake, to be given in Rochester at 4:30 P.M. and at Batavia at 8:30 P.M.

October 20—"Review of the Progress of the Control of Tuberculosis and the Advances in Pathology and Bacteriology," Dr. E. R. Baldwin, Saranac Lake, New York.

October 21—"Diagnosis and the Differential Diagnosis from Conditions Such as Hyperthyroidism,"
Dr. John N. Hayes, Saranac Lake, New York.

October 22—"Tuberculosis in Children," Dr. H. St. John Williams, Poughkeepsie, New York.

October 23—"The Surgical Treatment of Tuberculosis,"
Dr. Adrian Lambert, New York City.

October 24—"Treatment in General," Dr. J. Woods Price, Saranac Lake, New York.

The following course in Periodic Health Examinations was arranged for Tioga County by Dr. Otto H. Leber, of New York City:

September 16th, at Owego—"Periodic Health Examinations," Dr. C. Ward Crampton, 515 Park Avenue, New York City.

September 30th, at Waverly--"Periodic Health Examinations in Children," Dr. Wm. St. Lawrence, 983 Park Avenue, New York City.

October 7th, at Owego—"Periodic Health Examination of Women," Dr. Emily Barringer, 134 East 76th Street, New York City.

October

14th, at Waverly—"The Practical Relation of Periodic Health Examination to the Practice of Medicine Today," Dr. Otto H. Leber, 580 Park Avenue, New York City.

The following course in the Relation of Specialties to General Medicine was arranged for Cortland County by Dr. Alan R. Anderson, Dean of the Post-Graduate Medical School of New York City.

September 19—"The Relationship of Ophthalmology to General Medicine," Dr. Martin Cohen, 1 West 85th Street, New York City.

October 3—"The Relationship of Dermatology to General Medicine," Dr. Joseph Jordan Eller, 100 West 59th Street, New York City.

October 17—"The Relationship of Laboratory to General Medicine," Dr. Ward J. MacNeal, Post-Graduate Hospital, New York City.

October 31—"The Relationship of Proctocology to General Medicine," Dr. John D. Stewart, 580 Park Avenue, New York City.

November 14—"The Relationship of Laryngology to General Medicine," Dr. Duncan MacPherson, 114 East 54th Street, New York City.

December 5—"The Relationship of Otology to General Medicine," Dr. Marvin F. Jones, 121 East 60th Street. New York City.

The following "Clinical Day" program was arranged for Washington County, on Thursday, October 2, 1930.

MEDICAL CLINIC—"Management of the Gall Bladder Patient," Dr. I. H. Levy.

MEDICAL CLINIC—"Coronary Thrombosis," Dr. E. C. Reifenstein.

SURGICAL CLINIC—"Ostcomyelitis," Dr. E. S. Van Duyn.

NEUROLOGICAL CLINIC—"Cerebral Aneurysms," Dr. Wardner D. Ayer.

LABORATORY CLINIC—"Infections Due to Higher Bacteria," Dr. O. W. H. Mitchell.

This is a preliminary program. There may be some changes in the subjects and in the order of the lectures.



#### DEDICATION GRANVILLE HOSPITAL

On September 19th the dedication of the Emma Laing Stevens Hospital of Granville in Washington County was held at the new High School auditorium, Dr. D. C. McKenzie, of Granville, presided at the ceremonies.

Lieutenant Governor Herbert H. Lehman was the principal speaker. He emphasized the necessity for small private hospitals in rural sections saying that it was not only a humanitarian work, but that he felt sure there was a decided economic value to the community in

such institutions.

Dr. McKenzie pointed out that the hospital was now full, that they had the "usual deficit,"

and that he was depending upon the people of the community to come forward and meet it.

Colonel P. J. Esquere made a very interesting address in which he pointed out ways whereby money could be raised for the hospital. He made the suggestion that during the winter the women giving bridge parties should be taxed fifty cents each for each party, and that the sum total at the end would probably run the hospital. He stated "You play bridge much and very well, and you want to make it count for something."

W. L. Munson.

#### QUEENS COUNTY MEDICAL SOCIETY

A stated meeting of the Queens County Medical Society was held in the Society Building on April 29, 1930, at 8:30 P.M. with the president, Dr. E. A. Flemming, in the chair.

The following scientific program was car-

ried out:

1. Paper, "The End Results in the Treat-

ment of Eclampsia," by Alfred C. Beck, M.D.
2. Talk, "The Discussion of Some Obstetrical Problems," by George Livingston Brod-

head, M.D.

3. Discussion of Drs. J. P. McManus, H. C. Eichacker, H. L. Langer, G. J. Lawrence, and II. C. Courten, and closed by Drs. Beck and Brodhead.

The Comitia Minora reported as follows:

A regular meeting of the Comitia Minora was held at the home of the president, E. A. Flemming, M.D., on April 12th, 1930, at 8:30 P.M. Drs. E. A. Flemming, A. L. Voltz, E. E. Smith, T. C. Chalmers, Carl Boettiger, W. J. Lavelle, F. G. Riley, J. S. Thomas, James R. Reuling, H. C. Eichacker, and H. P. Mencken, were in attendance. The Counsel, Mr. Huber, also sat with the Comitia.

On recommendation of the Board of Censors applicants were approved for election to

membership,

Applications were received and referred to the Board of Censors,

The Secretary read a communication from one of the members renouncing his relation to the Koch treatment for cancer.

The Secretary read a communication from the Secretary of the State Society in the matter of the appeal of Samuel I. Muller, stating that the "Board of Censors ruled that the matters embraced in the above entitled appeal be remitted to the Board of Censors of the Medical Society of the County of Queens, with a further ruling that the said Board accord to the appellant a hearing, provided, however, that the said appellant shall first file written charges with the president of your Society in accordance with the terms and provisions of your By-Laws." No action was taken.

The Secretary read the inquiry of Dr. Richard Kovacs regarding the action of the Society on physiotherapists and the reply of the Secretary thereto. The members present were in agreement with the facts as set forth in the

letter of the Secretary.

The Secretary read, for information, the communication from Senator John A. Hastings relative to a hearing on the Hastings Bill before the Senate Finance Committee,

The Secretary read a communication setting forth resolutions adopted by the Bronx Medical Alliance advising the discontinuance of the treatment clinics operated by the Board of Health. No action was taken.

Dr. Chalmers, chairman, reported in the matter of the audit of the Bazaar Fund and

the building account.

Dr. H. P. Mencken reported for the Com-

mittee on Graduate Education.

The third meeting of the Graduate Education Committee was held in the Society Building on Thursday, March 20th. Drs. Mencken, Prest, Steffens, Victor, Langer, Smith and Veprovsky in attendance.

Twenty-six physicians applied for the various postgraduate courses and twenty-three were accepted: obstetrics, 8; surgery, 7; medical diagnosis, 4; dermatology, 3; contagious diseases, 3; clinical pediatrics, 1.

The Friday afternoon talks were fairly well

attended. On March 21, Dr. Frederick W. Rice gave a talk on "Toxæmias of Pregnancy," to an audience of about 45.

On Friday, April 4, Dr. Clyde W. Collings spoke on "Genito-Urinary Conditions" with lantern slide illustrations. Attendance 35.

Dr. Mencken presented checks to the amount of \$230, the receipts for special courses.

The Committee on Medical Economics made the following suggestions:

- 1. That we look into the matter of the cost of medical education.
- 2. That we take up the matter of refuting pernicious magazine articles, such as one that appeared in a recent issue of a magazine called "Liberty"; the article on "Medical Ethics and Economics," written by Clara Robinson.
- 3. The question of an increase in pay for fulltime Health Department physicians, not only in Queens County, but throughout the greater city.
- 4. The fact that hospital fees are too high for the average white collar man.
- 5. The question of interstate licensing reciprocity and the influx of foreign physicians. It was brought out that the preliminary education requirements in foreign countries, since 1914, were far inferior to those required by American students, and because of this, the foreign physician was able, at a much younger age, to secure a diploma, and by presenting credentials to the State, receive a license to practice in the State of New York. This was unfair to American physicians. Citizenship is not required; this should be investigated.
- 6. The question of counter prescribing and treatment by druggists.
- 7. The question that certain institutions are practicing medicine without a licensed physician in attendance.
- 8. The idea of having open discussions of economic questions at each meeting allowing from ten to twenty minutes for such discussions, at which time various complaints or criticisms, both constructive and destructive can be made.
- 9. The question of inserting in the Bulletin a request to the membership of the County Society at large to write to the Committee any items that refer to any economic problems.
- 10. The Committee feels that if progress in Queens County follows along the lines of precedences established by other county societies, then various sections will be formed, the membership dividing itself into groups of specialists, who will have their own scientific sessions; and at the general meeting we will deal with problems of public health, medical

ethics, medical economics, topics outside of purely scientific investigation, together with papers of common interest to the medical profession at large.

The Committee on Publicity, through the Chairman, reported the publication of the March Bulletin and advised that more advertisements be carried in the Bulletin; also the desirability of stressing certain new features.

Dr. Boettiger reported for the Committee on Public Health and Public Relations, a meeting on March 4, 1930, five members in attendance, at which the following matters were reported:

It was proposed to organize a special committee of the Public Health Committee as an Advisory Board to the physicians of the Department of Health. This Committee to be composed of various men representing various specialties in medicine. They would furnish technical assistance and advice in special cases. The Comitia Minora gave their approval of this plan. The further report was published in the Bulletin.

The president reported attendance at a meeting called by the Commissioner of Health which considered the matter of objectionable advertising by physicians particularly in New York newspapers published in foreign languages. The president further reported attending a meeting of officers of the Long Island County Societies.

Dr. Mencken reported in the matter of appointments for the medical staff of the new city hospital to be constructed in Queens. On motion, he was appointed a special committee to investigate the matter.

The Secretary moved that the foregoing report of the Comitia Minora be accepted and its recommendations approved. Seconded and unanimously passed.

The following new members were elected: Active Members:

Julius Blackfein, M.D., Flushing. Robert E. Carter, M.D., Jamaica.

Gustin T. Kiffney, M.D., Springfield Gardens

David M. Morgenstern, M.D., Richmond

John George Stubenbord, 3rd, M.D., Douglaston.

Associate Members (Class C)

Henry H. Burth, M.D., Jamaica. Theodore E. P. Koszalka, M.D., Mary Immaculate Hospital.

Associate Members (Class B)

Frank N. Dealy, M.D., New York City. Attendance 110.

E. E. SMITH, Secretary.

#### QUEENS COUNTY MEDICAL SOCIETY

A stated meeting of the Society was held in the Society Building on May 27, 1930, at 8 30 P. M., president E. A. Flemming, M. D., in the chair.

The following new members were elected:

Dewitt R. S. Barnes, M.D., Long Island City, Frank Joseph Cerniglia, M.D., Forest Hills West, Fred M. Weiss, M.D., Astoria

The transfer of membership from the Multonomah County Medical Society, Oregon, of Charles

George Rattner, M.D., was announced.

The Comitia Minora reported as follows:

The Secretary read a leter from Dr. Harold Rypins announcing that a representative of the New York State Board of Medical Examiners would be present at all times at 49 Chambers Street, New York City, to receive complaints in reference to violations of the educational law as to the practice of medicine and dentistry, and requesting that such complaints be directed to the Attorney General's office Alleged violations without evidence on which to base a prosecution should be sent directly to Dr Rypins.

The report of the Treasurer was presented, storying an income since March 8th last of \$2,357.15, and disbursements of \$4,382.90, balance in check account, Bank of Manhattan, \$5,174.97. The report was received and ordered placed on fle.' The Treasurer reported bills on hand to the amount of \$3,874.45. These were approved for

payment.

The Committee on Public Health and Public Relations, through the chairman, Dr. Carl Boettiger, reported that Dr. Reisman had attended two meetings during the past month to discuss the subject of the examination of pre-school children. These meetings were held in Manhattan and were for the purpose of extending the work done in this county to the other parts of the city. Dr. Reisman was appointed a committee to prepare publicity for the press on this important matter.

Dr. Reisman was also authorized to write an article for the next Bulletin on the same subject to stimulate our own members to keep their interest in this work. He was also asked to prepare a form letter to be sent to all the mother's clubs in this county, calling their attention to the necessity of having all of these children examined, and asking them to give publicity to the subject at their meetings.

Dr. R. Boenke spoke for the State Committee on Physiotherapy at whose meetings he had been present. He stated that he was now engaged in making a personal canvass of all practicing physiotherapists in the County. So far he had found one who was practicing medicine, and this one was promptly prosecuted by the state after he was reported, and has closed up his office and left.

Dr. Barry spoke for the Five County Committee on Annual Health Examination stating that he had attended two meetings during the month.

The Chairman read a letter from Dr. Martin of the Department of Health regarding the physical examination of children in the continuation schools and was authorized with Dr. Reisman to organize a sub-committee of the Public Health Committee to care for this matter.

Dr. H. P. Mencken, chairman of the Committee on Graduate Education, reported that at the Friday afternoon talk by Hon. James T. Hallinan on "Medical Jurisprudence," between forty to fifty were in attendance. At the conclusion of his address Mr. Hallinan spoke of the building of the new hospital for Queens and of the expectation of the ground being broken in September, and stated, as his opinion, that this hospital should be staffed by the physiciaus of Queens and only men who are members of organized medicine. This talk was reported in the public press.

The president presented a report from the Membership Committee, through its chairman, Frederick C. Courten, M.D., who stated that the Committee had covered nearly half the eligibic physicians in the county, and that from now on the remainder would be canvassed. No attempt was made to interest doctors graduated prior to 1900 except in special cases. In the future it would be necessary to solicit only recent graduates.

The president brought up the matter of preventive examinations and treatment of pre-school children. On motion, duly seconded and passed, a letter from Commissioner Wynne, covering that point, was referred to the Committee on Public Health and Public Relations, to report to the Comitia Minora.

The president announced the death of Robert F. Macfarlane, M.D., senior member of the Society, and on motion, duly seconded and passed, the Treasurer was instructed to send flowers for the Society to the funeral. The members of the Comitia were instructed to attend the funeral, so far as they were able to do so, representing the Society.

At the scientific session, Dr. Ira S. Wile addressed the meeting on "Behavior Problems in Children with Special Reference to Delinquency." The discussion was participated in by Justice Samuel D. Levy, Children's Court, New York City; Counselor William J. Morris, Jr., Former District Attorney, Queens; Miss Lucille Nicol, District Superintendent, Board of Education, Queens; and Leopold M. Rohr, M.D., Queens.

Attendance 137.



### THE DAILY PRESS



### WORMS AND GERMS And Good. Too.









N Y. Herald Tribune, August 20, 1930.

#### NEW CANCER PUBLICATION

The American Society for the Control of Cancer expects the hearty cooperation of the medical profession and yet it chose the daily press as the medium for announcing an important item of its plans. The New York *Herald Tribune* of October 3 says:

"'The American Journal of Cancer,' a new scientific publication that will have the broadest scope of any journal in the world dedicated to that disease, will make its first appearance on January 1 under the editorship of Dr. Francis Carter Wood, director of the Crocker Institute of Cancer Research at Columbia University, it was revealed yesterday at a luncheon in the New York Athletic Club, given to the press by the executive committee of the American Society for the Control of Cancer.

"The announcement of the forthcoming publication grew out of a discussion between representatives of newspapers and cancer specialists on the best method to facilitate cooperation between the two groups in educating the public on cancer protection and cure.

"Dr. Wood explained that the new cancer journal would aim to contain within its pages a reprint, a criticism or an abstract of every paper on cancer published anywhere in the world in any language. Thus an American reader who only knows English will be able to keep in touch with cancer research the world over.

"Dr. Wood said that the new journal would be the official organ of the American Society for the Control of Cancer and of the American Society of Cancer Research. It will be a greatly enlarged continuation of the old 'Journal of Cancer Research.'

"In addition to the scientific papers which the old magazine contained, the new publication will publish clinical reports and educational articles written in unscientific English for the benefit of laymen.

"Perhaps the most valuable aspect of the new journal, Dr. Wood insisted, is that it will be able to carry out whatever program is considered advisable without being hampered by the necessity of considering the cost. Whatever funds are needed will be supplied by the Chemical Foundation, Inc., of which Francis P. Garvan is president.

"'Although the subscription price will be only \$5 a year, we will be able to publish articles in their best form irrespective of cost,' Dr. Wood said in explaining that in ordinary medical journals lack of funds often requires the publication of short articles and a limitation in the number and type of cuts used. A 200-page article already had been accepted for the new publication, he said

"For the present the new journal will appear quarterly, but later it probably will appear more often."

#### THE STEALTHY GERM

James I. Montague writing in the New York Herald Tribune of October 3 gives a fairly good description of a disease germ and its stealthy ways. Possibly the following verses will be more attractive and produce more effect than pages of scientific appeal:

Malicious microscopic mite. Safe hid from view, you park And never wage an open fight, But stab me in the dark. The bolder bugs before they sting At least burst forth in song. But you do not; besides, you bring Your gang along.

You lie in wait in stagnant pools Or lurk upon the floor; You wholly disregard the rules That should obtain in war. And if but you survive attack, You sternly carry on And have a billion at your back Before the dawn.

Whenever, in abundant health, I turn my mind to toil, You come with all your mob by stealth To pillage and despoil. And then I feel bowed down with care And prematurely old, And lie in bed and wonder where I got that cold.

If you were like the elephant In height and bulk and girth, A bullet in you I could plant And fell you to the earth, An equal forman I could love, But you I must despise Because you take advantage of Your size.

\$200,000 to make up the \$2,000,000 sought.

During the last three years 40,000 Americans

have assisted in raising that amount. Already some of the money has been used to build and

equip the fine leprosarium at Cebu in the

Philippines and to purchase a hospital boat, The balance of the fund will be used to sup-

port the scientific study of leprosy and to dis-

seminate knowledge of the disease and its

great personal sacrifice in combating leprosy

"The hope of those who are engaged at

#### LEPROSY HOSPITAL ENDOWMENT

treatment.

An account of a campaign sponsored by \$2,000,000 at Culion, Philippine Islands, was printed in this Journal of October 1, 1928, page contains the following account of the work of

General Wood to endow a leprosy hospital for 1186. The New York Sun of September 29 the hospital:

"The American flag flies over an isolated island in the China Sea where 5,000 lepers are quarantined in the colony of Culion. There doctors and nurses from the United States and the Philippines are working to control one of the world's most dreaded scourges. What stirs them to ever more zealous endeavors is the knowledge that their fight no longer is in vain and that they may draw for resources upon the fund raised for their work by the Leonard Wood Memorial for Eradication of Leprosy.

springs from the knowledge that since 1922 more than 2,000 sufferers have been dismissed from the Culion colony as cured. These former patients, many of whom had been carried by force to the hospital, are now at work, They present living evidence of the effectiveness of that medical research which, through the Leonard Wood Memorial Fund, eventually

may reduce leprosy the world over."

"A final appeal is issued this week for public contributions to advance the medical work at Culion. The fund now lacks less than

#### SUNBURN

The New York Times of August 27 discusses susceptibility to sunburn editorially under the title "Heliotropes and Heliophobes" and says: "Modern sun-worshipers are ready to go

through fire and water to achieve the glory of a tanned skin.

"Every year 200,000 working days are lost

because of illness due to sunburn, which represents an annual loss of \$1,400,000. A large part of this sum must come from the pockets of heliophobes (those who do not tan). If they will realize the futility of trying to change their skins, they will save time and money and escape suffer-

### BOOKS RECEIVED



- Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.
- SLIT-LAMP MICROSCOPY OF THE LIVING EYE. By Dr. F. E. KOBY Translated by CHARLES GOULDEN, O.B.E., and CLARA LOMAS HARRIS, M.B. Second Edition. Octavo of 360 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1930. Cloth, \$4.50.
- Oxidation-Reduction Potentials. By L. Michaelis. Octavo of 199 pages, illustrated. Philadelphia, J. B. Lippincott Company, 1930. Cloth, \$3.00. (Monographs on Experimental Biology.)
- A Synopsis of Surgery. By Ernest W. H. Groves, M.S., M.D., B.Sc. (Lond.), F.R.C.S. (Eng.). Ninth Edition. 12mo of 676 pages, illustrated. New York, William Wood & Company, 1930. Cloth, \$5.00.
- Physical Diagnosis. By Richard C. Cabot, M.D. Tenth Edition (Revised and Enlarged). Octavo of 529 pages, illustrated. New York, William Wood & Company, 1930. Cloth, \$5.00.
- Manual of the Diseases of the Eye. By Charles H. May, M.D. Thirteenth Edition (Revised). 12mo of 461 pages, illustrated. New York, William Wood & Company, 1930. Cloth, \$4.00.
- ALIMENTARY ANAPHYLAXIS (Gastro-intestinal Food Allergy). By GUY LAROCHE, CHARLES RICHET FILS and FRANÇOIS SAINT-GIRONS. 12mo of 139 pages. Berkeley, University of California Press, 1930. Cloth, \$2.00.
- ALLERGIC DISEASES, THEIR DIAGNOSIS AND TREATMENT. By RAY M. BALYEAT, M.A., M.D., F.A.C.P. Octavo of 395 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$5.00.
- RADIUM AND CANCER. By Duncan C. L. Fitzwilliams, C.M.G., M.D., Ch.M., F.R.C.S. Octavo of 172 pages, illustrated. New York, William Wood & Company, 1930 Cloth, \$4.50.
- Physiological Principles in Treatment. By W. Langdon Brown, M.A., M.D., with the collaboration of R. Hilton, M.A., M.B. Sixth Edition. 12 mo of 464 pages. New York, William Wood & Company, 1930. Cloth, \$3.75.
- Some Aspects of the Cancer Problem. By W. Blair Bell, B.S., M.D. Lond., F.R.C.S. Eng., Hon. F.A.C.S. Quarto of 543 pages, illustrated. New York, William Wood & Company, 1930. Cloth, \$20.00.
- A System of Bacteriology in Relation to Memcine. [By Various Authors.] (Prepared under the direction of the Medical Research Council.) Volume I. Octavo of 374 pages, illustrated. London, His Majesty's Stationery Office, 1930. Cloth. (Set of 9 volumes. £8-8-0.)
- INJURIES TO JOINTS. By Sir Robert Jones, Bart., K.B.E., C.B. Third Edition. 16 mo of 195 pages, illustrated. London and New York, Oxford University Press, 1930. Cloth, \$2.00 (Oxford Medical Publications.)
- SURGICAL CLINICS OF NORTH AMERICA. Vol. 10, No. 3. June, 1930. (New York Number.) Published every other month by the W. B. Saunders Company, Philadelphia and London. Per Clinic Year (6 issues). Cloth, \$16.00 net; paper, \$12.00 net.

- Physiology and Biochemistry of Bacteria. By R. E. Buchanan, Ph.D., & Ellis J. Fulmer, Ph.D., vol. 2. Octavo of 709 pages. vol. 3. Octavo of 575 pages. Baltimore, Williams & Wilkins Company, 1930. Cloth, \$7.50, each volume.
- Hypertension. By Leslie T. Gager, M. D. Octavo of 158 pages. Baltimore, Williams & Wilkins Company, 1930. Cloth, \$3.00.
- HANDBOOK OF THE VACCINE TREATMENT OF CHRONIC RHEUMATIC DISEASES. By H. Warren Crowe, D.M., B.Ch., M.R.C.S. Octavo of 52 pages. London and New York, Oxford University Press, 1930. Boards \$.80. (Oxford Medical Publications.)
- Embryology and Evolution. By G. R. de Beer. 12mo of 116 pages. London and New York, Oxford University Press, 1930. Cloth, (Oxford Medical Publications.)
- MANUAL OF PHYSIOLOGY. By H. Willoughby Lyle, M.D., B.S., F.R.C.S., and David DeSouza, M.D., D.Sc., F.R.C.P. Third Edition. 12mo of 820 pages, illustrated. London and New York, Oxford University Press, 1930. Cloth (Oxford Medical Publications.)
- METHODS OF REFRACTION. By James Thorington, A.M., M.D. Second Edition, Revised. 12mo of 406 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1930. Cloth \$3.00.
- Medical Clinics of North America. Vol. 14, No. 1. July, 1930. (University of California Number.) Published every other month by the W. B. Saunders Company, Philadelphia and London. Per Clinic Year (6 issues). Cloth \$16.00 net paper, \$12.00 net.
- DISEASES OF WOMEN. By ten teachers under the direction of Comyns Berkeley, M.A., M.D. Edited by Comyns Berkeley, H. Russell Andrews and J. S. Fairbairn. Fourth Edition. Octavo of 558 pages, illustracted. New York, William Wood & Co., 1930. Cloth, \$6.00.
- Medical and Surgical Year Book—Physicians' Hospital of Plattsburgh. Vol. 1, 1929. Comprising Wednesday Afternoon Invitation Lectures, Papers of the Cardiac Round Table, The First Beaumont Lecture and Collected Papers by the Staff. 12mo of 322 pages, illustrated. Plattsburgh, The William H. Miner Foundation, 1930. Cloth, \$3.50.
- Studies in Ethics for Nurses. By Charlotte A. Aikens, R.N. Third Edition, thoroughly revised. Octavo of 339 pages. Philadelphia and London, W. B. Saunders Company, 1930. Cloth, \$2.50.
- Applied Bacteriology for Nurses. By Charles F. Bolduan, M.D. Sixth Edition, revised and enlarged. Octavo of 251 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1930. Cloth, \$2.00.
- A Text-Book of Materia Medica for Nurses. By George P. Paul, M.D., C.P.H. Sixth Edition, thoroughly revised. Octavo of 356 pages. Philadelphia and London, W. B. Saunders Company, 1930. Cloth, \$1.75.



### BOOK REVIEWS



Clinical Obstetrics By Pati I Harler Ph B M D Octavo of 629 pages illustrated Philadelphia, I A Davis Company 1930 Cloth \$8.00

This volume is concerned with a description of the natural phenomena of particular with detailed consideration of the abnormalities of pregnancy labor and the pure persuance tegether with a description of operative measures applicable to them.

The book is distinctly for the advanced student the

prictitioner and the specialit in obstetrics

The author has had considerable experience with the contraction ring and retraction ring dystocia and his description of the physiology the pithology and the treatment of this condition is excellent

The illustrations are different from those in most textbooks. They are simple diagrams with appropriate legends which are a great help to the reader in

visualizing the text

The volume is interesting different from most books on obstetrics and is well worth a place on the book shelves of those interested in obstetrics W 5 5

RECENT ADVANCES IN MEDICINE Climical Inhoratory Therapeutic By G I BENLMONT M \ D M and I C Dobbs M VO M D Fifth Edition Octavo of 442 pages illustrated Philadelphia P Blakiston's Son & Company \$350

This volume the fifth edition in five years is a complete and comprehensive presentation of clinical laboratory procedures and therapeutics described and explained

in a clear, concise and accurate manner

In detail the authors have reviewed the useful tests for reral function and briefly the treatment of the different conditions. Glycosuria and diabetes mellitus with diagnostic methods and treatment are thoroughly reviewed, as are also pancreatic and hepatic function and tests. Conditions of gastric pathology with the newer tests and treatments are described in detail. Cardiac pulmonary and neurological conditions are discussed.

A chapter is devoted to cutaneous protein tests and desensitization and one is given to the determination of the susceptibility to diplitheria with immunization and the treatment of carriers. Blood clientistry, methods of the determination of the blood composition and special blood examinations are given also

This small compact volume of 400 pages contains a wealth of valuable information and will well repay a careful study. H M Mosts

The Bacteriofinage and Its Clinical Applications By F d'Herelli. Trunslated by George H Smith 12mo of 254 prices Springfield III Charles C Fhomas 1930 Cloth \$400

d Herelle's new book on the bacteriophage is a de highfully written summary of his work published previously in a number of papers. It is written not for the bacteriologist or immunologist but for the medical profession at large of Herelle succeeds in giving us a visid picture of the discoveries in this field as well as an amazing outloof is to the p solidities which are queue up by his investigations. The crystallities are sylvist and so overwhelming that scepties in seems to be the most natural reaction. If d Herelle's theory is true then our whole conception of infectious diseases and epidemies has got to change. This theory explains most effectively all the peculiar phenomena which have puzzled epidemiologists, such is the spin time is subsidiar, of epidemics or the changes in the severity of the dicale in the course of in epidemie. This there if true

would enable us to cradicate some of the most dreaded confugious diseases such as assistic choler plague diseasery and typhoid fever. It opens up possibilities in combating almost every other land of bacterial in fection.

d Herelle himself quotes the rulure of numerous other prominent investigators to verify his basic observations principally those which should prove that the lacterightage is a living organism. According to defertle the bacteriophage is a filterable virus. Yet there are but few bacteriologists at present who have in his years of Herelle explains their tailure to erroborate his findings by their faulty technique and points out the fact that no positive results can be of trained unless his in struction as to procedure and technique are strictly observed. It remains to be seen if nature work following exactly different footsteps will really prove the entitions upon which of Herelle has erected the imposing edifice of his bacteriophage theory. In spite of the most seeptical attitude however nobody can read his book without feeling stimulated by the originality and fasciniting personality of the author

M A GOLDZIFHER

PROCEDUPE IN EXAMINATION OF THE LUNGS BY ARTHUR E KRAETTER M D. Octavo of 125 pages. New York Oxford University Press 1930. Cloth \$200. (Oxford Medical Publications)

Here is a book that we recommend with great satisfaction and enjoyment. Thou, h dealing with a rather dill and dry subject. Dr. kractzer has approached his task with somewhat of a Will Rogers technique which in no way distracting from the value of his teaching renders it more human and readable. Especially would we recommend this book to all students of medicine

FOSTER MURRAY

INSOMNIA HOW TO COMBAT IT By JOSEPH COLLINS M D 12mo of 130 pages New York and London D Appleton & Company 1930 Cloth, \$150

Dr Collins asks the question—how much sleep do we need?—and then goes on to show through references from famous persons how the requirements for a refreshing sleep in different in different persons. Proper sleep means a complete relaxation of mind and body, whether it requires 4 hours or 8 hours. He maintains that "comfortable fatigue promotes sleep excessive fatigue promotes sleep excessive fatigues of sleeplessness are in deed numerous and would alone require many pages for their consideration and yet such common curses as tea and coffee, may not produce insomma in many persons

The doctor offers wholesome idvice to the layman He stresses on the importance of mental rest and discipline on the application of water on the possible harm from heavy bedtime suppers and other matters which should win the attention of the layman

EMANUEL KRIMSI Y

MELLYL CLINICS OF NOTTH AMMICS VOL 12 NO 6 May 1929 In les Number (Mayo Chine Number) Published every effer in 14th by 11c W B Saunders Company Philadely In 1 m I f cm I n (6 issues) Cloth \$10.00 net priper \$12.00 net

There are man intere ting articles in this number among them discussions of Polycythemia Very Carcinoma of the Branchus Recwery from Valvaria in Neuro syphilis Lood Sensitivine s and Studies of the Use of Directors in Critical in Cardina W. I. McC.



### OUR NEIGHBORS



### CLASSIFIED LISTING OF PHYSICIANS IN THE TELEPHONE DIRECTORY OF DALLAS, TEXAS

The Texas State Journal of Medicine for September describes the following plan for the classified listing of physicians of Dallas, Texas:

"Dr. O. M. Marchman, reporting for the Committee on Classified Listing in the Telephone Directory, stated that the telephone company officials had agreed to use the form of listing recommended by the American Medical Association. Each member of the society would be privileged to place his name in only one classification, that in which he limits his practice. No member would be allowed to use bold face or black face type, all names being listed in plain uniform type. The com-

pany officials had agreed to place under the names of members, the following phrase, 'Member of the Dallas County Medical Society.' The telephone company had further agreed to eliminate card advertisements of those who are not members of the county medical society. For the especial listing as stated, there would be a charge of seventy-five cents a month, in addition to a charge of forty cents per month for the phrase 'Member of the Dallas County Medical Society,' making a total monthly charge of \$1.15 per member. The report of the committee was adopted, and the committee authorized to arrange the listing accordingly."

### LEGISLATIVE TACTICS IN TEXAS

The September issue of the Texas State Journal of Medicine has an editorial describing the tactics of the opponents of medical standards for practitioners of medicine. It would seem that the tactics described in the following abstract would be impossible or unnecessary in New York State:

"The results of the election, by which we mean the run-off primary of the Democratic party are, on the whole, quite satisfactory, from the viewpoint of the public health. We have not been able to make a thorough check, because of the limited time and the ramifications of the situation. Suffice it to say that quite a few of the candidates for the legislature who were professedly contrary to the claims of the medical profession for public health and medical legislation, have been defeated. It would seem that the net results are rather distinctly in our favor.

"We have not yet heard from a number of our counties. We would urge upon our members that they determine the attitude of their respective and prospective legislators towards public health legislation, and let us have the information. To be forewarned and informed in advance is to be forearmed.

"We are not in a position to discuss here the efforts made by the cultists and quacks' to secure representation in the legislature. It was clear, however, that the firing was quite brisk from their sector, and there was evidence of definite organization. Here and there it would appear that they won skirmishes of limited scope but, as we have already said, on the greater part of the field of battle they lost.

"As familiar as we have been with the tactics of this group, we were rather amazed at the unsupported claims the friends of pseudoscientific medicine made during the campaign. We have referred to this matter before, and while we do not care to consume valuable space in discussing these claims, at least one instance will be amusing. A candidate for a seat in the legislature made the following statement over the radio: 'The doctors in this section have been influenced by a man by the name of Holman Taylor (the secretary of the State Association and editor of the Journal) who lives at Fort Worth, and who collects fifteen dollars apiece from six thousand doctors in this state, making a total of \$90,000. Dr. Taylor has a paid lobbyist that stays in Austin all the time, to whom he gives \$10,000 a year. Just because I would not vote like this lobbyist or Dr. Taylor wanted me to, he has created a stir among the doctors in this section, who have spoken some unkind and untrue things about me.'

"Of course, this candidate knew that Dr. Taylor did not receive \$90,000 a year from the

(Continued on page 1260-adv. x)

# SQUIBB'S NEW GERMICIDE DI-PHFN

### ODORLESS NON-POISONOUS POWERFUL

An explanation to the medical profession of this recently perfected germicide and what it offers the physician

A good many years ago, seeing the need for a non-poisonous germicide, our medical and chemical staff instituted

thorough laboratory research.

At that time horsh, tissue destroying liquids were in abundance. There were no strong but safe antiseptics. Much has been done to elim-

inate them but the need today is still great.

In Di-Phen we have perfected, we believe, the germicide for which physicians and hospitals have

IMPORTANT FACTS
ABOUT DI-PHEN
1 Phroal coefficient of 3.0

- 2 Non pulsonous even when swal lowed
- 3 No disagreeable informof phenol or cresol
- Does not stain or injute fabrics
   of instruments

long been waiting. We are very pleased with the results obtained with it in standard tests.

These tests consistently show that Di-Phen has a phenol coefficient of 3.0 or better. Yet it is absolutely non-poisonous even when swallowed.

It does not leave the characteristic disagreeable odors of phenol or cresol. Its own odor is slight and pleasing and vanishes with use.

We recommend Di-Phen for your inspection and use. We would be very pleased to receive any comments that you may care to make.



## "Upon the Advice of My Physician"

THE majority of men and women who come to McGovern's Gymnasium to correct some physical condition are sent there directly by their physicians.

For more and more physicians are realizing the futility of leaving patients to their own resources when exercises are prescribed, and have learned that through individual attention at McGovern's, their instructions will be faithfully carried out.

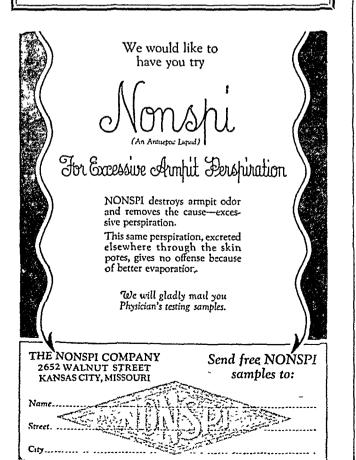
A work-out will convince you of the superiority of the McGovern Method. Let us send you a guest card. No obligations, of course.

Gymnasium (

(for men and women)

41 East 42nd St., at Madison Ave. New York City





(Continued from page 1258)

doctors of Texas, and that the alleged lobbyist did not receive \$10,000 per year. At least, he could have known it, and should have known it, as the money handled by Dr. Taylor each year is accounted for, to the penny, in the June Journal, and the salary of the 'lobbyist' in question is published to the world. We wish there were six thousand doctors in Texas and that they would each contribute fifteen dollars per year, not to Dr. Taylor, but to the State Medical Association, and we are sure that our Director of Public Relations. Mr. Reese, would be glad to have his salary raised to ten thousand dollars a year. But none of that is necessary, and it is not necessary to comment, except to show the extent to which the opposition will go in its deceitful claims.

"And, of course, our friend Dr. Ralph W. Still, the 'Christian Science Committee on Publication for Texas,' had to break into the press in defense of Christian science, which was not at all under fire. Mr. Still harped on the usual contention that the medical practice act of Texas makes the practice of Christian science the practice of medicine purely and simply because a charge is made for the service. He knows as well as any one may know who will give the matter a moment's unbiased thought, that such is not the case. The medical practice act very charitably excludes from its provisions healing by prayer as a part of an established religion, including this practice within the scope of the law only when representatives of the religions resorting to this practice enter the field of healing as a vocation. Quite aside and apart from all scientific issues involved, it would seem fair that all of those who practice the same vocation should come up to the same requirements. There is a difference between practicing a religion and practicing a profession.

"Mr. Still as usual, referred to the legislation exempting his cult heretofore enacted in many of the other states of the Union. He did not explain the character of the majority of these exemptions. He also made the usual allegation that the present medical practice act is sectarian in character and sets up a standard which is unjust and unfair to the other schools of medicine. He failed to say that the medical practice act does not require an examination on any method of practice whatsoever, only on the fundamental, scientific facts involved in practice. Neither did he say that no one school of medicine can have a majority mem-

bership on the present board of medical examiners, and that, as a matter of fact, there are at the present time four distinct schools of medicine represented on the board, one of

them non-medical. But what's the use!'

### INCOMES OF PHYSICIANS IN WISCONSIN

The August number of the Il isconsin Medical Journal prints a letter from Dr S D Beebe of Sparta, Wisconsin, reporting the meomes of physicians of seven counties of the Seventh Councilor District of which he is President He says that he obtained the figures from the meome tax department and that they therefore represent net incomes. Dr. Beebe writes as follows:

"Two years ago, while discussing a question of medical economics, one of the Past-Presidents of our State Medical Society asked me this pertinent question: 'Where is the country practitioner who is not taking in \$750.00 a month or probably two or three times that amount?' That question was asked in good faith and my answer to it, which I herewith submit, is in equally good faith.

"As Councilor for this Seventh District I have recently completed a survey with relation to the annual net income of all the physicians resident and practicing in this district at the date of the last income tax report.

"Average net income of physicians of

"Average net income of physicians of	
Vernon County	\$2,980
Buffalo County	2,892
Jackson County	3,660
Trempealeau County	3,717
Juneau County	4,238
Monroe County	6.086
La Crosse County	8,625
Average net income for the district	4,899
Number of physicians in district	116
Number of physicians with income over	13
\$10,000	
Average income of these 13	20,280
Number of physicians with net incomes	
of less than \$10,000	103
Average net income of these 103	4,379
Thirty-one physicians of the 116 in the	
district report a net income of less than	3.000
Forty-four have an income of less than	3.500

"Time and space will not permit a comprehensive discussion of these figures and their vital implications. I believe, however, the brethren would be fully as interested in them as in the labored discussion of 'The canary-yellow lipochrome discoloration of the naso-labial folds.'

"An open-minded study of the figures I have presented will convince almost anyone that those physiciaus, who are able to make vital hospital contacts, usually have a fair income. The rest, or most of the rest, are just out of luck, that's all."

### In the Nose Throat and Bronchial Season



### As Part of Your Basic Treatment

Olajen is neither expectorant, sedative nor symptomatic palliative.

Its effect is systemic, restorative, raising resistance.

Quite decidedly in Bronchitis, Laryngeal and Tonsillar affections and "Grippe" cases, it shortens the period of recovery, makes the patient feel "more comfortable," appears often to lessen the severity of the acute period,

and is useful

as a prophylactic, tending to prevent severer sequelae.

PROOF?

TWOFOLD -

Clinical evidence from the profession, the test of your own practice.

Write for, both



Olajen contains per 8 oz.: Calcium lactate ..... .12 gr.

#### IMPORTANT

IN FORM AND PALMIBILITY DUALDEN IS A DEFINITE SIZE FORWARD, SMALI DOSAGE BE-CAUSE OF RAPID ABSORPTION (COLLOIDAL) AND ACTION. TAREY OFF A SPOON OR ON A CRACKER, WITH A PLFASANT MINT PUDCY FLASOR—STRICTI'S ETHICAL.

Olajen, Inc. 451 West 30th Street New York City

## Announcement DIGITALIS—

### A More Accurate Method of Standardization

For the physician's protection, as well as for that of the manufacturer, there is need of a more accurate method of standardizing digitalis.

For over 10 years we have used the cat unit method, regarding a cat unit as the weight of digitalis required to kill one kg. of cat, as determined by our pharmacologist. But we found that different pharmacologists obtained widely different cat units for the same sample of digitalis. For example:

### International Standard Digitalis Powder

Pharmacologist	Cat unit in Mgm.	
Α .	104.2	
${f B}$	89.7 <sup>*</sup>	
С	83.6	
C (By different		
technique)	90.5	
D	77.8	

From the above it is obvious that the absolute cat unit is a variable guide, but if each investigator were to ascertain by parallel tests how much of the standard digitalis powder and of a given sample of digitalis was required to kill 1 kg. of cat, then he could calculate the amount of the sample that was equivalent to 100 mgm. (one Int. Unit) of the standard.

In this way the relative strength of the sample of digitalis is found in terms of the Int. Unit, thus reducing the results of all investigators to a relative basis and eliminating most of the errors due to differences in technique, etc.

For your protection, therefore, we are adopting this more accurate method of standardization, which will apply to all products (Tincture, Tablets and Capsules) of Digitalis (Upsher Smith). For full information write for copy of the new Upsher Smith Booklet—"New Thoughts on Digitalis."

### UPSHER SMITH CO.

Sexton Building

Minneapolis, Minn.

### TAXES OF PHYSICIANS IN DENVER

The September issue of Colorado Medicine prints a letter from Clem W. Collins, Manager of Revenue of the City of Denver. Mr. Collins had criticized physicians as "not paying an equitable tax if the basis be ability to pay." The Committee on Public Policy asked Mr. Collins for proof of his assertion and in reply he submitted the following statement:

The classified telephone directory lists 498 doctors under the title "Physicians & Surgeons" in Denver. In analyzing their schedules I find that they have returned tax schedules showing the following ownership of properties:

Money, Notes and Credits

3 doctors—Average \$8,000 . . . \$24,000 10 doctors—Average 1,832 . . . 18,320 180 doctors—Average 235 . . . 42,370 305 doctors None

Total ...498 doctors—Average \$ 170 ...\$84,690

The above shows that according to the returns of the doctors, all of the doctors in Denver have in money, taxable investments and book accounts, only \$84,690, and 305 have nothing at all.

### Libraries

115 doctors—Average \$66.00 . . . \$7,610 383 doctors None

Total . . 498 doctors—Average \$15.00 . . . \$7,610

I will leave it to you to say whether or not you think the doctors are overassessed on their libraries and whether or not you think they are returning full value for their books. Perhaps after you have given this some thought you will be willing to say that your statement that we are overassessing the doctors on their libraries, may be subject to amendment.

### Machinery, Instruments and Equipment

1 doctor	• • • • • • • • • •	\$ 5,580
10 doctors—Average		
299 doctors—Average		
188 doctors		None

Total . . 498 doctors—Average \$ 155 . . . \$77,180

#### Furniture and Fixtures

327	doctors-Average	\$96,00	\$31,380
	doctors	•	None

Total . . 498 doctors—Average \$63,00 . . . \$31,380 (Continued on page 1263—adv. xiii)

(Continued from page 1262-ado vu)

I would suggest that you inventory the furniture and fixtures of a few of the doctors and see whether you think they should be assessed for less than the figures given.

#### Total Assessment

4 doctors-Average	\$8,260 \$33,040
32 doctors-Average	1,719 55,010
291 doctors-Average	388 112,810
171 doctors	None

Total ..498 doctors-Average \$ 403 ..\$200,860

When we consider the income of the gentlemen engaged in this profession we are forced to the conclusion that a tax of less than \$6,500 from all of them is hardly commensurate with the tax that a merchant, manufacturer or real estate owner pays.

Again I wish to repeat that this is not intended for an attack upon the doctors, for as stated before, the same thing is true of all professions. Neither do I place the blame on our professions, it is the fault of our system of taxation, and I repeat that if our theory of taxation is that the citizens should pay in proportion to their ability to pay, that the professions are not paying in proportion to others.

### PREVENTIVE MEDICINE IN WISCONSIN

The Wisconsin Medical Journal of August contains a "President's Page" in which Dr. F. J. Gaenslen, of Milwaukee, discusses the practice

of preventive medicine, as follows:

"A pediatrician, or for that matter a general practitioner, should feel some pangs of conscience, if patients regularly under his care contract readily preventable diseases, unless preventive measures suggested by him have been declined. Our code of ethics, very properly a rigid one, is responsible for a sensitiveness which is not compatible with too great insistence upon the selling of our wares. The physician, however, can certainly not be held responsible for that large group which can claim no regular medical adviser, nor for the floaters who go from one to another. For these groups there is nothing to do except to continue the general educational program now in operation in the hope that persistent efforts will eventually hear fruit.

"If, however, the individual physician is largely exonerated, the same can not be said with equal truth of the profession as a whole. The public is probably justified in looking to the medical fraternity for guidance and protection in matters pertaining to health and we should be willing to

(Continued on page 1264-adv Air)



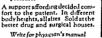
Performing a

Difficult Job

in a most satisfactory way

Designed for relief of scrotal hernia—this garment performs its work better than any belt or truss on the market.

It hugs the body closely, following the groin line. Beneath—a fitted, resilient pad protects the fitted protects from place to the side that he he had been to the side that he had been that he had been to the side that he had been that he had been





5. H. CAMP AND COMPANY

Mondectures, JACKSON, MICHIGAN

OUTCOMPANY

Marchandies ner: 272 Rarent St., W. 250 Firth Ave.

### LIVER Extract Lededie

A VERY palatable, highly concentrated fraction of liver for the treatment of Pernicious Anemia. Efficiency established by more than two years of clinical trial.

Physician's sample and literature on request.

LEDERLE LABORATORIES

n to advertisers

New York

N. Y. State J. M. October 15, 1930

(Continued from page 1263-adv. xiii)

recognize and assume a certain responsibility, cooperating and supporting the health departments in their educational programs. If, for instance, we feel as a body that compulsory vaccination against smallpox, or perhaps more effective regulations are desirable, let us say so. We could in many ways strengthen the hand of the health departments, clearing away hindrances to efficient work and laying new plans for expansion of preventive measures. It is probably safe to state that this is one of the major problems of organized medicine today. It would seem incumbent upon the individual practitioner to develop a greater consciousness of responsibility toward his regular clientele, and on the other hand upon the profession as a whole to taking more active part in public health matters. Consideration of local public health records might well be part of the regular routine of every county society in the state, with the idea of stimulating efforts to assist departments of health in reducing incidence of disease and preventing economic loss. After all we are part of the public and as likely to profit by proper health standards as our neighbors.'

### INDEMNITY INSURANCE IN NEW JERSEY

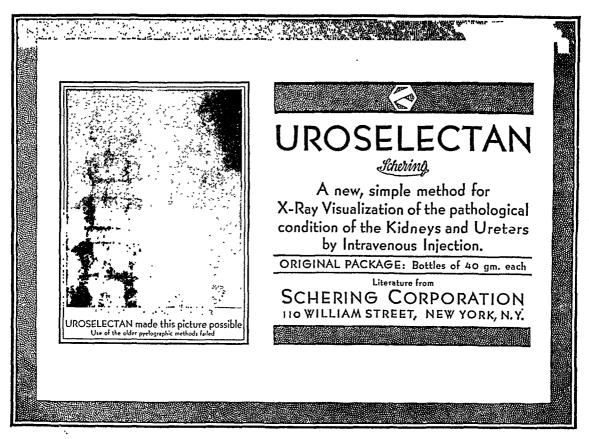
The annual report of the committee on Medical Defense, printed in the Supplement of the Journal of the Medical Society of New Jersey, discusses indemnity insurance as follows:

"During the past year, 1420 members were insured under the Policy of the United States Fidelity and Guaranty Co., approved by the Medical Society of New Jersey. The number insured the previous year was approximately 1100. The increase was nearly 30%.

"In the last 6 months, 20-30 members per month took out policies. Mr. Heard, of Faulhaber and Heard, has been personally visiting the doctors not on the list of insured under the society's policy.

"The present cost of insurance to members of the New Jersey State Medical Society, on account of its good experience, is at a very low rate. The cost in two other eastern states, designated as N and M, compare with New Jersey as follows:

(Continued on page 1265-adv. xv)



Please mention the JOURNAL when writing to advertisers

Cost of X-Ray and Radium Policies
\$10,000 30,000 \$25,000 75,000 \$50,000-100,000
N \$135.63 \$201.47 \$231.68
M 75,00 135.00 150.00
N.L 70,00 85.00 110.00

Our present insurance rates compared with those of 2 other companies are:

\$10,000 30,000 \$20,000 60,000 \$50,000 100,000 A \$25.00 B 21.00 \$37.00 U.S.F.&G. 16,000 23,50 \$35.00

"The U. S. F. & G. extends to doctors the privilege of further reduction in cost of the policy: 'If protection is taken for 3 years, a discount of 10 per cent of the full 3-year premium is allowed, payable 50 per cent the first year, 30 per cent the second year and 20 per cent the third year.' Under this plan the average yearly cost for a \$10,000-30,000 policy is \$14.40. If the full 3-year premium is made in

one payment a further discount of 5 per cent i allowed, and the average annual cost reduced from \$14.40 to \$13.60 This average cost compared to policies of  $\Lambda$  and B companies is 45 per cent and 34 per cent respectively

"Of 1420 members insured, only 38 are covered for X-Ray and Radium, 22 for X Ray. 8 for Radium and 8 as Dermatologists. The approximate revenue from this specialists' group is: X-Ray, \$1865; Dermatologists, \$639. Radium, \$770—Total, \$3274. The last 5 years' statistics show that there were 950 claims in the X-Ray group with losses of \$225,000 and a loss ratio of 66 per cent, not including costs of litigation, agents' commissions, etc.

"During the past few years companies have ceased writing x-ray and radium contracts in 3 to 8 states, on account of sad experience. One company increased its rates in several states Sufficient data on x-ray and radium coverage have not been accumulated by the companies to enable them to fix definite rates. Our company has had a loss ratio of over 70 per cent. From the small amount received from x-ray users, less than \$2,000, one recent

(Continued on page 1266-adv. rvi)

## Reducing the risk in pregnancy

BRIGHT red lips, dry body surface, marked exhaustion and lowblood pressure, spell acidosis during labor.

It is easier to prevent it during pregnancy than to treat it during labor. A teaspoonful of Alka-Zane in a glass of water, or half milk and half water, is a safe, certain and reliable preventive of acidosis as a complication of pregnancy. It is easy to take, too.

Final decision on the true worth of Alka-Zane rests with the physician. We will gladly send a twin package, with literature, for trial,



Alka-Zane is a granular, effervescent salt of calcium, magnesium, sodium, and potassium carbonates, citrates and phosphates. Dose, one teaspoonful in a glass of cold water.

Alka-Zane
for Acidosis

WILLIAM R. WARNER & CO., Inc., 113 West 18th Street, New York City

### The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

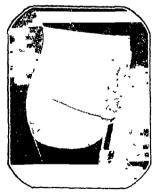
> 305 Lexington Avenue New York City Tel. Ashland 3563

DAY AND NIGHT SERVICE

Registered Nurses Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions

### "STORM"



### The New "Type N" **STORM** Supporter

One of three distinct types and there are many variations of "STORM" each. belts are being worn every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliac Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York THE ABDOMINAL SUPPORTER CO. 47 West 47th Street New York City (Continued from page 1265-adv. 1v)

loss would take 5 years of premius to overtake that judgment alone.

"The committee has gone into details because protests have been made as to the exorbitant costs of x-ray and radium insurance. As a matter of fact, the contrary is true. A special committee reviews every application for x-ray and radium proection, and unless approved by that committee the company does not issue a contract. Thus, incompetent men are discouraged from doing this line of work and standards are kept up, the public protected and more work given to those who deserve If x-ray and radium should be included in a blanket policy, the initial cost would be increased to every insuring member, and very soon thereafter a larger number of suits would bring further burdensome increases for contracts."

#### THE PURPLE CROSS

It is probable that the order of the Purple Cross, composed of undertakers, is not well known among the physicians of New York State. The editors of Minnesota Medicine, in the September issue, call attention to the order in Minnesota, and also to the need of better cooperation between physicians and undertakers. New York doctors do better than their Minnesota confrères, if the following editorial is correct:

"It may or may not be appropriate that entrance to this world should be certified by the physician and exodus by the undertaker. It is not generally known, however, that according to the law of this State the undertaker is required to furnish a death certificate filled out and signed by the last physician in attendance, before a burial permit is allowed. This law went into effect several years ago and there might be room for argument whether the entire responsibility for certification should in justice be placed on the undertaker. The law being as it is, there is every reason why the physician should cooperate in every way in filling out his part of the certificate. We are informed that 95 per cent of physicians promptly do their part. There are, of course, exceptions. One physician, we are informed, refused to be bothered because it was This necessitated a second trip on the part of the undertaker, and, of course, caused inconvenience and hard feeling. It is almost inconceivable that any physician should have taken such an attitude.

"The Purple Cross is the insignia adopted at the time of the World War by the funeral directors of the country, more commonly known as Various localities, including Minundertakers. neapolis and Saint Paul, have a Purple Cross

(Continued on page 1267-adv. xvii)

(Continued from page 1266-adr xv1)

Club composed of the local tuneral directors. "The attention of officials of the State Medical Association has been called to this joint obligation of undertaker and physician, with the idea that better understanding will result. Both professions serve the public and it is in the interests of better service that attention is called to the need for 100 per cent cooperation."

### ECONOMIC QUESTIONNAIRE IN WEST VIRGINIA

Dr. Walter E. Vest, in the President's Page of the West Virginia Medical Journal for October, calls attention to a questionnaire on economics as follows:—

"There is now being mailed to each member of the State Association a questionnaire calling for certain information which, when assembled and correlated, will be of inestimable value to the profession of West Virginia and, for that matter, to the general medical profession. Inventories are an absolute necessity in business, and an inventory of a great profession must prove of marked benefit to the individual members of that profession. What are we doing? Are we adequately paid for our work? How much charity service do we contribute to the welfare of the state? These questions can be answerd, and answered accurately, if each member will return his questionnaire properly filled in. Every precaution has been taken to preserve as private and confidential the information furnished, so that even Mr. Savage will be unable to tell who gives the statistics on any individual sheet.

"So far as your president knows, this effort to evaluate the profession of our state is an innovation in medical economics. The information gleaned can not fail to be worth while to us as individuals, of great benefit to the State Association as an organized body, and of inestimable value to our legislative committee in planning and securing the enactment of

future legislation."

The Journal also says editorially:-

"The questionnaire will relate to the practice of medicine in this state and will seek to find out, among other things, the gross and net income, the amount of charity work, the type of practice, and the percentage of collections of every member in the state. In order to assure every member that the information will be strictly confidential and secret, the usual signature line has been purposely left off the questionnaire and it will not be necessary to sign the questionnaire when it is returned to this office. In other words, it will be sent out and returned as a 'secret ballot."

### Mager & Gougelman, Inc.

510 Madison Avenue

New York City

Specialists in the manufacture and fitting of

## Artificial Eves

Selections on request

230 Boylston Street.....Boston, Mass.
1930 Chestnut Street....Philadelphia, Pa.

Charitable Institutions Supplied at Lowest Rates

## Orthopedic and . Surgical Appliances



Catalogue

and

Literature

on

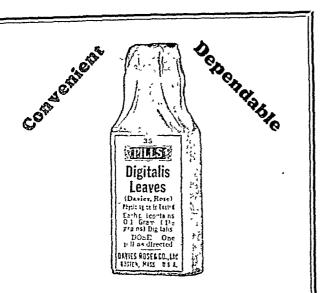
Application

Established 1863

### ROBERT LINDER

148 EAST 53rd STREET NEW YORK CITY

Telephone: | Plaza 7378



In bottles of 35 intact from laboratory to patient.

Physiologically standardized more accurate than tincture drops.

Sample and literature upon request

Davies, Rose & Co., Ltd., Boston, Mass.

### Dispensing

For a limited time we are offering SPECIAL PRICES on all COUGH SYRUPS, ELIXIRS and MIXTURES.

These remedies are put up in 1 gallon containers or in 3 or 4 ounce Ready-to-Dispense bottles with blank labels.

Write for FALL OFFER LIST

MUTUAL
PHARMACAL CO., Inc.
107 No. Franklin Street
SYRACUSE, NEW YORK

### STUDENT EDUCATIONAL FUND IN GEORGIA

The June issue of the Journal of the Medical Association of Georgia records the proceedings of the Sixth Annual meeting of the Executive Board of the Woman's Auxiliary held May 13, which contains the following item:

"The report of the Committee of the Student Educational Fund was called for and Mrs. Bunce read the following:

- 1. This fund shall be called "The Student Educational Fund."
- 2. The purpose of this fund shall be for the medical education of worthy Georgia boys and girls sufficiently educated to enter medical college.
- 3. The money is to be loaned at a yearly rate of 4 per cent interest and the amount of the loan shall not exceed what the Deans of our Medical Schools think necessary—that means, of course, the Dean of the Medical School of Emory University and the Dean of the Medical School of the University of Georgia.
- 4. Supplement, rather than give the entire fund for the year. This is to continue for a period of at least five years.
- 5. Encourage graduates to stay in Georgia, but do not compel them to do so if by this act we handicap them in their advancement.
- 6. Money may be obtained from donations outside the Auxiliaries to the medical profession. The County Auxiliaries shall pay a minimum of \$1.00 per capita. It is desired that larger Auxiliaries give \$2.00 per capita. This money given by the County Auxiliaries may be raised by their organized efforts in any way they desire.
- 7. The funds shall be administered by a standing committee with chairman elected by general body to serve three years. There shall be a representative from each District Auxiliary, a Treasurer; the President and President-Elect of the State Auxiliary shall be exofficio members of this committee.
- 8. Transactions shall be kept and read to the general assembly at its general meeting.
- 9. Selection of students to be left to the committee subject to approval of the general body.

The Assembly elected Mrs. William Shear-house, Savannah, as Chairman of the Student Educational Fund of the Auxiliary."

#### MEDICAL LOSSES FROM AUTOMOBILE ACCIDENTS

The losses which doctors and hospitals sustain through automobile accidents are appalling and are discussed editorially in the September issue of the Ohio State Medical Journal as follows:

"The increasing toll of automobile accidents in the country annually has created a new and puzzling problem for physicians and hospitals to struggle with.

"A large percentage of the bad accounts found on the books of doctors and hospitals—and they total millions of dollars—are those of victims of automobile accidents who have refused to pay or are unable to compensate for services rendered.

"Economists have estimated that the cost of hospital care alone for highway accident cases in the United States during 1928 amounted to between fifteen and sixteen million dollars, and that the financial loss sustained by the institutions was between six and seven million dollars. Accident victims who are unable to pay or do not pay for services are carried on the hospital's books as 'charity' patients, making an enormous drain on the resources of the institutions and creating a deficit which must be borne at least in part by pay patients.

"Due to the situation, the Department of Institutions and Agencies in the state of New Jersey, has been conducting a survey of the problem and some of the information uncovered is enlightening.

"Nineteen general hospitals in New Jersey, studied in detail, show that they treated 1781 highway accident patients who spent 22,440 days in the hospital during 1928. The hospital bills rendered to these patients totaled \$106,089, but of this amount only \$59,150, or 56 per cent was collected. A majority of the hospitals studied do not expect to recover even a small portion

A well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially

## poland Water

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



POLAND SPRING COMPANY

> Dept. C 680 Fifth Avenue New York City

of the \$16,850 unpaid. The survey indicates that the total cost of hospital care of highway cases in New Jersey was somewhere between \$600,000 and \$650,000 last year, and that the financial loss to the hospitals amounted to between \$250,000 and \$300,000.

"This study does not include physicians who treated the thousands of traffic accident victims, but it is safe to assume that almost every dollar lost by hospitals could be matched by a similar uncollected amount due attending physicians.

"What is true in New Jersey, is undoubtedly true in Ohio, and because of the larger number of automobiles in this state, the annual losses necessarily must be greater.

"Some states have attempted to meet the situation by giving the hospital the right of lien. The benefits derived from this plan are at the present time obscure.

"Some form of protection for physicians and hospitals is long overdue. The question is one which deserves the careful study of authorities and agencies interested in traffic, transportation, safety and insurance problems, as well as members of the medical profession and hospital officials."

English doctors too are imposed upon as shown by the following quotation from the A. M. A. Journal:

"My appliances, my splints, my bandages are taken without payment and are never returned. In the great majority of cases I can recover nothing. Three times while engaged in bandaging the injured in the midst of the crowd, which is apt to collect on such ocasions, I have had my pocket picked. Repeatedly I have had small articles taken from my car. And I find that my experience is identical with that of many of my fellow physicians"

### A SUBURBAN PRACTICE

Without Competition

An opportunity to purchase a deceased doctor's residence on an easy payment plan in a rapid growing community of Northern Westchester. No other doctor in a radius of five miles. Territory served by two modern hospitals.

### F. T. HOPKINS

430 Lafayette Street

New York City

Phone: Spring 3571

### BACKWARD AND PROBLEM CHILDREN

require intensive scientific training in a suitable environment.

### The Bancroft School

One of the oldest private schools of its kind in the United States. An incorporated educational foundation, operated not for profit, organized to give the fullest possible co-operation to physicians.

CATALOG ON REQUEST

Address Box 312

Haddonfield, New Jersey

### Dear Doctor:

What would you do if those who advertise in this Journal should suddenly go out of business?

Would you like to grow your own medicinal plants?

Or go to the blacksmith shop to get your instruments made? Or shred lint and tear up your old sheets to make surgical dressings?

Would you like to go without anti-toxin—for of course you could not make it?

You are dependent on our advertisers for the means of practicing medicine.

Patronize them.

THE PUBLICATION COMMITTEE.

"A Very Remarkable Addition To Our Equipment For Dealing With Suppurative Processes" B. M. J. 1920 11 745

## Collosol Manganese

In the treatment of deep-seated coccogenic infections, boils, acne, carbuncles, psoriasis, etc.

Supplied in ampoules 0.5 c.c. and 1.0 c.c. for intramuscular injection and 4-oz., 8-oz. and 16-oz. bottles for oral use.

Full details will be found in our booklet "Collosol Manganese" sent on request.

Crookes Laboratories, Inc.

145-7 East 57th Street

New York City

HANDY **EFFICIENT** 

### THE WACOLITE

USEFUL **ECONOMICAL** 



The Wacolite is a new fountain pen type flashlight with tongue blade attachment. A metal collar prevents its lighting in pocket or bag. Price, Post Paid ......\$1.50

GEORGE TIEMANN & CO., 107 EAST 28th STREET, NEW YORK, N.Y.

### 5,000 PRESCRIPTION BLANKS, \$8.00

Printed on Famous "Hammermill Bond Linen Finish" Padded, 100 to a Pad

With a special department equipped with automatic machinery, we can assure you of first class printing.

Specializing in Prescription Blanks, we print over 80,000 a day.

SEND IN YOUR ORDER BY MAIL

We can also take care of all your other printing and engraving requirements at prices proportionally low.

OUICK SERVICE PRESS

Call **ORChard** 



242 E. BROADWAY NEW YORK CITY



### "INTERPINES" GOSHEN. N. Y.



PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-QUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt.

DR. C. A. POTTER

DR. E. A. SCOTT

#### RIVERLAWN

DR. DANIEL T. MILLSPAUGH'S SANATORIUM

PATERSON, N. J.

ESTABLISHED 1892

A private institution for the care and treatment of those afflicted with mental and nervous disorders. Selected cases of sicoholism and drug addiction humanely and successfully treated. Special rates for the aged and semi-invalid who remain three months or longer.

Paterson is 16 miles from New York City on the Eric Railroad with frequent train service. Buses render half hourly transportation from the Hotel Imperial and Martinique

Apply for booklet and terms

ARTHUR P. POWELSON, M.D., Medical Director

45 TOTOWA AVENUE

PHONE. SHERWOOD 8254

PATERSON, NEW JERSEY

### CLASSIFIED **ADVERTISEMENTS**

Classified ads. are payable in advance. To avoid delay in publishing, remit with order. Price for 40 words or less, 1 insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening. No charge to employers. Established 1896. AZNOE SERVICE is National, Superior. AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

#### SANITARIUMS-FOR SALE

We have a number fully equipped, some partially so, and properties that can be made suitable; New York, New Jersey, Connecticut. Send for list and give number of rooms wanted for patients (approximately), also location derised. Address Swift Realty Co., 196 Market Street, Newark, N. J.

### FOR SALE

Western New York. General practice. Town of 5,000. Beautiful 12-room house including offices. Acre of landscaped lawn. Marvelous opportunity, industrial and insurance work transferable. Price \$10,000. Terms. Owner specializing Oct. 1. Address Box 143, N. Y. State Journal of Medicine.

#### MEDICAL RESEARCH SERVICE

Busy physicians assisted in preparation of special articles and addresses on medical or other topics. Prompt service rendered at reasonable rates. Also revision and elaborareasonable rates. Also revision and elaboration of manuscripts for publication. Please mention requirements. Authors Research Bureau, 516 Fifth Avenue, New York City.

Attractive Doctor's apartment available in Attractive Doctor's apartment available in exclusive Brooklyn residential section. Corner location. 8 rooms, 2 baths. Private entrance to office and waiting room. Office fully equipped if desired. Present occupant leaving for research work. Reasonable rental. See Agent, 1312 West 6th Street, or phone Windsor 0893.

#### OPPORTUNITY FOR PHYSICIAN

WANTED: Physician for rapidly growing institution operating entirely through natural methods. Must be licensed in or able to secure license in New York State. Ability to write or lecture will be an asset. A wonderful opportunity is offered the right man. Write giving full details, past experience and starting salary desired. East Aurora Sun & Diet Sanatorium, East Aurora, N. Y.

Sublease desirable additional space in Grand Central zone district to M. D., General Practioner or specialist at low rental of two dollars and fifty cents (\$2.50) per square foot with telephone and secretarial service. R. 8018 W.

### STUDY OF LENIGALLOL (TRIACETYLPYROGALLOL) IN DERMATOLGY

Engelhart and Welcker, Univ. of Giessen, in the Derm. Wchnschr. 2, 1930

report the beneficial effect of Lenigallol in the treatment of moist, subacute and chronic localized eczemas. It was applied in 1 to 10 per cent strengths in zinc oxide ointment. A typical prescription used is as follows:

Rx Lenigallol gr. xlv Olive Oil gr. xx Zinc Oxide aa 3 iss Starch ad 3 i Petrolatum alb.

The ointment is applied several times a day for 3 or 4 days. Crusts should be carefully removed. After the Lenigallol course the areas are cleansed with olive oil, no water should be used. At times the treatment is then concluded with ichthyol (2 to 10%), Wilkinson's ointment, or tar, though the last named is not to be used if it produces irrita-tion and inflammation.

Microscopic examination of the tissues of the diseased areas showed that after 24 hours the hyperemia and exudations were reduced and that the formation of a new thin layer of malphigian cells which rapidly increased in number had taken place. At the end of the third day the outermost layer was of normal horny type. The improvement observed microscopically was plainly visible to the naked eye .-See page vii-Adv.



### BARNUM-VAN ORDEN

Supporting Corsets and Belts

Specific support, well balanced to give correct uplift to abdominal walls. No elastic to stretch and destroy balance of support. Made in both laced front and solid front designs but adjusted from the back with the upward backward traction necessary for correct uplifting support.

#### **SERVICE**

Each patient sent to the Van Orden Shop constitutes an obligation to justify the physician's confidence in sending her and every effort is made to give her the support required with comfort. All supports made to measure to meet individual needs. Demonstration on request.

### BARNUM-VAN ORDEN

379 FIFTH AVENUE

**NEW YORK** Telephone, Caledonia 9316 Bet. 35th and 36th Sts.



### CAL-SAL

Compound Calcium Tablets and Wafers. With Vitamin D and traces of iron and iodine. Palatable and assimilable. For all cases when calcium deficiency is present or probable. Our "Digest of Calcium Therapy," a full box of CAL-SAL, and vial of 100 acidity test papers free to registered physicians who write us. GRANGER CALCIUM PRODUCTS, INC., 41 York St., Brooklyn

### Bonesetter's Cotton For use under casts.

Rolled like an ordinary bandage, and just as handy. LIGHT weight, 5" wide, 5 yds. long, 4 doz. cartons..84c dozen HEAVY weight, 5" wide, 3 yds. long, 4 doz. cartons..94c dozen

Sample carton prepaid for trial, on request.

DILL MANUFACTURING COMPANY

43 North Clinton Street

East Orange, N. J.

### The VEIL MATERNITY HOSPITAL

WEST CHESTER, PENNA. Former address, Langhorne, Pa.

Strictly Private. Absolutely Ethical. Patients (SECLUSION) accepted at any time during gestation. Open to Regular Practitioners. Early entrance advisable.



For Care and Protection of the BETTER CLASS UNFORTUNATE YOUNG WOMEN

Adoption of babies when arranged for. Rates reasonable. Located on the Interurban and Penna. R. R. and the Lincoln Highway. Twenty miles southwest of Philadelphia.

Write for booklet

THE VEIL WEST CHESTER, PENNA.

#### Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases. Also Cases of General Invalidism. Cases of Alcoholism Accepted.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country. Only pletely equipped for scentific treatment and special attention needed in each individual case. Fifty minutes from New York City. Frequent train service.

For terms and booklet address

F. H. BARNES, M.D., Med. Supt.

Telephone Connection

### River Crest Sanitarium

Astoria, Queens Borough N. Y. City Under State License

JOHN JOSEPH KINDRED, M.D., Consultant WM. ELLIOTT DOLD, M.D., Physician in Charge FOR NERVOUS AND MENTAL DISEASES FOR NERVOUS AND MENTAL DISEABLES nelading committed and volantary patients, silo holic and narcotic habitates. A Homelike private retrest, overlooking the city. Located in a betu-tiful park. Thorough classification. Easily acceptible of the committee of the com Massago, Amusements, Arts and Crafts Shop, etc.

#### Attractive Villa for Special Cases Moderate Rates

New York City Office, 666 Madison Ave., corner of 61st Street; hours 3 to 4 P. M. Telephone "Regent 7140.", Senitarium Tel.: "Astoria 0820." By Interborough, B.M.T., and Second Avenue L

### WEST HILL

HENRY W. LLOYD, M.D.

West 252nd St. and Fieldston Road Riverdale, New York City

B. Ross NAIRN, Res. Physician in Charge Located within the city limits it has all the advan-tages of a country antitrium for those who are nervous or mortally III. In addition to the main building, there are several attractive cottages located on a ten acre plot. Separate buildings for drug and sleshfile cases. Dectors may visit their patients and direct the treatment. Under State License.

Telephone: KINGSBRIDGE 3040

#### HALCYONREST

JOSEPHINE M. LLOYD 105 Boston Post Road, Rye, N. Y.

Henry W. Lloyd, M.D. Hulda Thompson, R.N. Supervisor Attending Physician

TELEPHONE RYE 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted. Special attention to Diets.

Hydro-therapy, Ultra-Violet and Alpine Sun rays, Diathermy, Massage, Colonic irrigation. Inspection invited. Send for illustrated

HENRY W. ROGERS, M.D., Physician in Charge HELEN J. ROCKES, M.D.

#### DR. ROGERS' HOSPITAL

Under State License

345 Edgecombe Ave. at 150 St., N. Y. C. Mental and Neurological cases received on voluntary application and commitment. Treatment also given for Alcoholism and Drug addiction. Conveniently located. Physicians may visit and cooperate in the care of their patients.

Telephone, Edgecombe 4801

#### **BRIGHAM HALL** HOSPITAL.

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

> Licensed by the Department of Mental Hygiene Founded in 1855

Beautifully located in the historic lake region of Central New York. Classifi-cation, special attention and individual

> Physician in Charge Henry C. Burgess, M. D.

The charge for this space on a 12 time order is \$7.09 per Insertion.

#### WHITE OAK FARM PAWLING, DUTCHESS COUNTY NEW YORK

Estab. 1913 by the late Dr. Flavius Packer Located in the foothills of the Berkshires sixty miles from New York City, on the Harlem Division of the New York Central R. R. For men and women who are nervous and mentally ill. Capacity 15. Buth around a control of the capacity 15. Buth around a control of the capacity 15. Buth around a control of the capacity 15. Buth around Altractive single rooms, or suite, or separate cottage as preferred. cottage as preferred.

H. E. Schorr, M. D., Physician in Charge H. P. Dawe, M. D., Associate Physician Telephone Pawling 20

### CREST VIEW SANATORIUM

GREENWICH, CONN.

(25 Miles from N. Y. City)

F. St. CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to. Charmingly located, beautifully appointed.

Fresh regetables year round

Senility, Infirmities, Nervous Indigestion, \$25.85 weekly. No addicts.

Established 35 years,

Tel. 773 Greenwich

### THE SAHLER SANITARIUM, KINGSTON, N. Y. Pleasantly located in the charming city of Kingvon, within easy access of New York and with all the facilities for treatment usually offered by a modern sanitarum. Average price of rooms without bath, \$35.00 a week, with bath \$55.00 a week, including ordinary medical and nursting attention. Organic and functional disorders of the nervous system and invalidism from any cause. No cases of insanity or of communicable diseases accept. Booklet upon request. Raymond S. Crispell, M.D., Medleal Director. Tel. Kineston 943. Booklet upon request. R tor. Tel., Kingston 948.

### X-Ray Courses for Physicians-

nurses-technicians-X - Ray physics-technique-interpretation. Classes now forming. Applicants may enter first of any month.

For information write

DR. A. S. UNGER, Director of Radiology Sydenham Hospital, 565 Manhattan Avenue, New York City

### University of Buffalo School of Medicine

Requirements for admission: Two years of college work, including twelve semester bours of chemistry, eight semester hours each of physics and biology, six semester hours of English, and a modern foreign language.

Laboratories fully equipped. Ample facilities for the personal

study of cases Address: SECRETARY, 24 HIGH STREET, BUFFALO, N. Y.

60 Advertisers have taken space in this issue of your Journal. Give them your business when possible.

### 1930

### PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	.H. L. Nelms, Albany	F. E. Vosburgh, Albany
ALLEGANY	.H. K. Hardy, Rushford	L. C. Lewis, Belmont	G. W. Roos, Wellsville
BRONX	. I. H. Gettinger, N. Y. City.	I. J. Landsman, N. Y. City.	J. A. Keller, N. Y. City
BROOME	I. I. Kane. Binghamton	H. D. Watson, Binghamton.	C. L. Pope, Binghamton
CATTARAUGUS	. L. E. Reimann, Franklinville	R. B. Morris, Olean	R. B. Morris, Olean
CAYUGA	.C. F. McCarthy, Auburn	W. B. Wilson, Auburn	L. B. Sisson, Auburn
CHAUTAUQUA	F. J. McCulla, Jamestown	.E. Bieber, Dunkirk	F. J. Phsterer, Dunkirk
CHEMUNG	J. S. Lewis, Elmira	C. S. Dale, Elmira	. J. H. Hunt, Elmira
CHENANGO	.E. A. Hammond, New Berlin	n.J. H. Stewart, Norwich	F V Dyan Plattchurg
CLINTON	D. D. Debest New Lebason Ct	L. F. Schiff, Plattsburg .L. Van Hoesen, Hudson	I Van Hoesen Hudson
COLUMBIA	D. R. Robert, New Lebanon Ct.	. P. W. Haake, Homer	B R Parsons Cortland
DELAWARE	C S Gould Walton	W. M. Thomson, Delhi	W. M. Thomson. Delhi
DUTCHESS-PUTNAM.	A. Sobel. P'phkeepsie	. H. P. Carpenter, P'ghkeepsie	H. P. Carpenter, P'ghkeepie
ERIE	.W. T. Getman. Buffalo	L. W. Beamis, Buffalo	A. H. Noehren, Buffalo
ESSEX	. C. N. Sarlin, Port Henry	L. H. Gaus, Ticonderoga	L. H. Gaus, Ticonderoga
FRANKLIN	. E. S. Welles, Saranac Lake.	G. F. Zimmerman, Malone	G. F. Zimmerman, Malone
FULTON	.B. E. Chapman, Broadalbin.	A. R. Wilsey, Gloversville	J. D. Vedder, Johnstown
GENESEE	. C. D. Pierce, Batavia	. P. J. Di Natale, Batavia	P. J. Di Natale, Batavia
GREENE	. D. Sinclair, East Durham	W. M. Rapp, Catskill	C. E. Willard, Catskill
HERKIMER	V. M. Parkinson, Salisbury C	t.W. B. Brooks, Mohawk	.A. L. Fagan, Herkimer
JEFFERSUN	.F. G. Metzger, Cartnage	W. S. Atkinson, Watertown.	w. r. Smith, watertown
		J. Steele, Brooklyn	
LEWIS	D A Page Genesea	.E. N. Smith, Retsof	F M Smith Retent
		D. H. Conterman, Oneida	
MONROE	. W A Caliban Rochester	.S. H. Erlenback, Rochester	W. H. Veeder. Rochester
MONTGOMERY	. La V. A. Bouton, Amsterdan	n.W. R. Pierce. Amsterdam	S. L. Homrighouse, Amsterdam
NASSAU	.L. A. Newman, Pt Washingto	nA. D. Jaques, Lynbrook	A. D. Jaques, Lynbrook
NEW YORK	. G. W. Kosmak, N. Y. City	D. S. Dougherty, N. Y. City.	.J. Pedersen, N. Y. City
NIAGARA	G. L. Miller, Niagara Falls	W. R. Scott, Niagara Falls.	W. R. Scott. Niagara Falls
ONEIDA	H. F. Hubbard, Rome	W. Hale, Jr., Utica	.D. D. Reals, Utica
ONONDAGA	. H. B. Pritchard, Syracuse	L. W. Ehegartner, Syracuse	.F. W. Rosenberger, Syracuse
ONTARIO	. C. W. Webb, Clifton Springs	. D. A. Eiseline, Shortsville	D. A. Eiseline, Shortsville
ORI FANC	S. L. Truex, Middletown	. H. J. Shelley, Middletown	H. J. Shelley, Middletown
ORLEANS	. D. R. MacDonell, Medina	R. P. Minson, Medina .J. J. Brennan, Oswego	I. P. Dingland Oamona
OTSEGO	G. M. Mackenzie Cooperstown	n.A. H. Brownell, Oneonta	F F Bolt Workester
OUEENS	F. A Flemming, Rich, Hill.	E. E. Smith, Kew Gardens	I. M. Dobbins I. I. City
RENSSELAER	C. H. Sproat, Valley Falls	.J. F. Connor, Troy	.O. F. Kinloch. Trov
RICHMOND	C. R. Kingsley, Jr. W. N. B'g'	't.J. F. Worthen, Tompk'sv'le.	.E. D. Wisely, Randall Manor
ROCKLAND	J. W. Sansom, Sparkill	W. J. Ryan, Pomona	D. Miltimore, Nyack
ST. LAWRENCE	S. J. Cattley, Ogdensburg	S. W. Close, Gouverneur	C. T. Henderson, Gouverneur
SARATUGA	W. H. Ordway, Mt. McGrego	or.H. L. Loop, Saratoga Springs	W. J. Maby, Mechanicville
SCHENECIADY	N. A. Pashayan, Schenectad	y.H. E. Reynolds, Schenectady	J. M. W. Scott, Schenectady
SCHUIVI FR	John W. Burton, Mecklenburg.	.H. L. Odell, Sharon Springs	Lek. Becker, Cobleskill
SENECA	A I Frantz Seneca Falls	R F D Gibbs Sensor Falls	.R. F. D. Gibbs, Seneca Falls
STEUBEN	G. L. Whiting, Canisteo	R. J. Shafer, Corning	R I Shafer Corning
SUFFOLK	A. F. Payne. Riverhead	E. P. Kolb, Holtsville	G A Silliman Sanzilla
SULLIVAN	C Ravevsky Liberty	L. C. Payne, Liberty	I C Payme Tiberty
TIOGA	F Terwilliger Spencer	W. A. Moulton, Candor	W A Moulton Condon
TOMPKINS	D Robb Ithaca	W. G. Fish, Ithaca	W. G. Fish Jahan
III STEP	F F Sibley Kingston	F H Voce Kingston	C. B. Van Gaasbeek, Kingston
WARREN	F Palmer Clane Falls	W. W. Bowen, Glens Falls.	W W Decree Class 5 4
WASHINGTON	D F In Course Fact A	C I Denies Dent District	P. C. Davis, U.S. 74
WADIIINGION	D. C. Carole Walant	S. J. Banker, Fort Edward	D. F. I. Land No.
WESTCHESTED	. R. G. STUCK, WOICOTT	.D. F. Johnson, Newark	r. Jonnson, Newark
			. R. B. Hammond, White Plains
		.H. S. Martin, Warsaw	
IAIES	. G. H. Leader, Fenn Yan	w. G. Halistead, Penn Yan.	W. G. Hallstead. Penn Yan

### Rheumatic Diseases

Arthritis, Sciatica, Lumbago, Neuritis, and Gout Treated Exclusively.

Painstaking diagnosis and therapy as indicated; complete clinical laboratory and department of physiotherapy.

HANNON LODGE is centrally located and fully equipped. Only rheumatic patients accepted. All treatments under careful and constant medical supervision. Reports available to referring physicians, who may at all times retain contact with patients. A completely equipped pathologic laboratory supplements diagnoses and treatments. Specially trained staff. Limited accommodations are carefully restricted. Reservations necessary in advance. Inspection cordially invited.

120 acres of woodland privacy; 800-ft. elevation with 20-mile view. 42 miles from New York. Tastefully furnished and beautifully landscaped. Accommodations to meet the requirements of patients, single rooms or suites.

RUSSELL L. CECIL, M D.
Medical Director

JOHN Dep. CURRENCE, M.D.
Asst. Medical Director



BERNARDSVILLE SANATORIUM FOR RHEUMATOID DISEASES

Shannon Lodge

Complete information, rates, treatments, etc., gladly sent upon request to the Medical Director.

PAUL G. ISKE, M.D.
Resident Physician

### RADON



Technic of Application
Outlined in

"RADON THERAPY IN MALIGNANT TUMORS

of

FACE, LIP, TONGUE AND TONSIL"

(Send for copy)

**GOLD RADON IMPLANTS** 

RADON COMPANY, Inc., 1 East 42nd St., New York

Telephones: Vanderbilt 2811-2812

### **MEAD'S**

Viosterol

in Oil,

250 D\*

Prevents

and

Cures

Rickets

in proper

dosage

**EFFECTIVE** OCTOBER 1st, 1930

and cure rickets.

\*Mead's Viosterol in Oil is now designated 250 D, because in deference to Dr. Harry Steenbock—and in the interest of uniform nomenclature—we are now assaying our product by his method. Before October 1, 1930, this same product was assayed by the McCollum-Shipley method and was designated 100 D. Mead's Viosterol in Oil, 250 D (Steenbock method) - in normal dosage-is clinically demonstrated to be potent enough to prevent and cure rickets in almost every case. Like other specifics for other diseases, larger dosage may be required for extreme cases. It is safe to say-based upon extensive clinical research by authoritative investigators (reprints on request)—that when used in the indicated dosage, Mead's Viosterol in Oil, 250 D is a specific in almost all cases of human rickets, regardless

JOHNSON & CO., EVANSVILLE, IND., MEAD

of degree and duration, as demonstrated serologically, roentgenologically and clinically. The change in Mead's Product is in designation only-not in actual potency. Mead's Viosterol in Oil, 250 D—in proper dosage—continues to prevent

PIONEERS IN VITAMIN RESEARCH AND SPECIALISTS IN INFANT DIET MA

Vol. 30, No. 19

OCTOBER 1, 1930

됐습니 본 등 이 소설 대한 연합 마음 가는 있는 다양 이 본 도급 하고 다른 마음이 되고 급하면 다른 사람이 함께 없는 다른 다양이 되어 있다.

Pages 1143-1204

\$3.50 YEARLY

# New York State Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 103rd St., New York City.



Entered as second-class matter July 5, 1907, at the Post Office, at New York, N \ \), under the act of March 3, 1879 Acceptance for mailing at specual rate of postage provided for in Section 1103, Act of October 3, 1917, authorized on July 8, 1918 Copyright, 1930, by the Medical Society of the State of New York

#### TABLE OF CONTENTS PAGE IV

## Dewey'S DEW-TONE and PORT

HAVE you not wished at times, in patients with chlorosis, or mild anemia of senility, or in patients without any definite disease except the syndrome of lassitude, weakness, anorexia, and general lack of vaso-motor and neuro-muscular tone, that you might be able in a short time, under your care, to restore them to normal health and a feeling of well being?

We feel that Dewey's "Dew-Tone and Port", a combination of old Port, glycerophosphates and peptone, will accomplish just that and we would like you to try it.

On how many occasions each year, do you write a prescription for "I Q & S" or some similar tonic, knowing at the time that the inorganic iron content is of such complex molecular structure, that the assimilation is only an extremely small percentage of each dose; so small, in fact, as to be almost negligible? "Dew-tone and Port" contains properly matured Port made from grapes known to produce Wine of the maximum iron content and in this form is most easily assimilated.

Dew-tone and Port is only sold direct to you or your patients

#### SEND FOR FREE SAMPLE

We will be pleased to send you a complimentary sample upon request

### H. T. DEWEY & SONS COMPANY

138 Fulton Street, New York City

Established 1857

Cellars: Egg Harbor, N. J.

Sedare dolorem

opus divinum est.

—HIPPOCRATES

# The Power of Relieving Pain is a Specific Property of Thermotherapy

Due to its ability to maintain moist heat for a long time

Odntiphlogistine

relieves local congestion, and breaks down a vascular stasis. It causes an inhibition of the sensory nerves, thus relieving pain by acting through the thermal nerves of the skin.

Antiphlogistine is an analgesic, depletant and supportant measure for inflammatory conditions associated with pain and discomfort.

> Antiphlogistine retains its heat for from twelve to twenty-four hours, thus obviating the necessity for frequent changes occasioned by other forms of poultices.

Write for sample and literature

THE DENVER CHI	EMICAL MFG. CO. New York, N. Y.				
You may send me literature and sample of Antiphlogistine for clinical trial.					
	M. D.				
Address					

"No one who has seen the relief which follows a good poultice.... ... will ever doubt the value of heat therapy" —THE LANCET, London

#### HARRY F. WANVIG

Authorized Indemnity Representative

of

The Medical Society of the State of New York

80 MAIDEN LANE

NEW YORK CITY

TELEPHONE: JOHN 0800-0801

## LIQUID PEPTONOIDS WITH CREOSOTE

Combines the active and known therapeutic qualities of creosote and guaiacol with the nutritive properties of Liquid Peptonoids and is accordingly a thoroughly dependable product of definite quantities and recognized qualities as shown by the formula:

Each tablespoonful represer	its	1 ) ,
ALCOHOL (By Volume)		12%
Pure Beechwood Creosote '		2 min.
GUATAGOL		1 min
PROTEINS (Peptones and Propeptones)		5.25%
LACTOSE AND DEXTROSE	٠ '٠	11.3%
CANE SUGAR		2.5%
MINERAL CONSTITUENTS (Ash) 1.		0.95%

It acts as a bronchial sedative and expectorant, exhibiting a peculiar ability to relieve bronchitis—acute or chronic. It checks as well a persistent winter cough and without arsh or untoward effect. It is agreeable to the palate and acceptable to the stomach—with merit as an intestinal antiseptic. Supplied in 12 oz. bottles.

Samples on request

THE ARLINGTON CHEMICAL COMPANY YONKERS, NEW YORK

## THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

## The list of advertisers in the 1929 edition follows:=

#### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopsedic Appliance Co.,
Inc.

#### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

#### Corsets

Linder, Robert, inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

#### Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc. United Orthopaedic Appliance Co.,

#### Pharmaceutical

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physic-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Servica Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium
White Oak Farm

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Wassermann Test

Bendiner & Schlesinger

## THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

## The list of advertisers in the 1929 edition follows:

#### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

#### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

#### Corsets

Linder, Robert, Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Chemists, Druggists and Pharmacists

Fellows Modical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc. United Orthopaedic Appliance Co.,

#### Pharmaceutical

Fellowa Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### **Publishers**

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
Now York Medical Exchange
Norris Registry for Nurses
Nurses' Service Bureau
Official Registry
Paychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurat Terrace
Central Park Weat Hospital
Crost View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium
White Oak Farm

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co., Inc.

#### Wassermann Test

Bendiner & Schlesinger

## Manage Manage

often present. combats he underlying acidosis so bined with a balanced alkali, which pure, natural sodium salicylate comcan be obtained by administering the ditions, a better therapeutic response neuralgia, influenza and similar conin the treatment of the common cold, When the salicylates are indicated

Such a preparation is

## NIDAI

alkali. Sodium Salicylate and a balanced -a combination of Merrell's Natural

you to write for sample and literature. Alycin most satisfying and we invite You will find the clinical response to

CINCINNATI, U. S. A. THE WM. S. MERRELL COMPANY

OF YN 100

Sand me clinical trial package of Alycin

## Quick Relief

## in HYPERACIDITY

One of the symptoms most frequently noticed by the physician in everyday practice is that of hyperacidity, because it is so closely identified with common causes of disease ... over-eating, sedentary habits, unbalanced diets, bolting of food, gastro-intestinal disorders.

When the well known symptoms of hyperacidity are recognized by "sour stomach," acid regurgitations, burning pains after eating, the balanced antacid BiSoDol is of great value in affording Quick Relief.

Being a balanced formula, BiSoDol has many advantages over single alkalis.

Let us send you literature and clinical sample of this ethically presented prescription product.

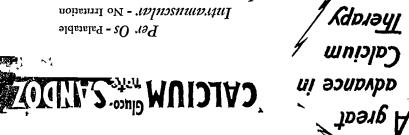
### THE BISODOL COMPANY

Dept. N.Y.10, 130 Bristol St., New Haven, Conn.

BiSoDoL



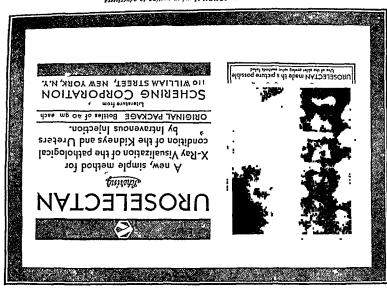




Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

NEW YORK NY. SANDOZ CHEMICAL WORKS, Inc.





## NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 19

NEW YORK, N. Y.

October 1, 1930

### THE REHABILITATION MOVEMENT OF THE HARD OF HEARING

By WENDELL C. PHILLIPS, M.D., NEW YORK, N. Y.

An address which was given before the Eleventh Annual Convention of the American Federation of Organizations for the Hard of Hearing, in New York, June 1, 1930, and which is published also in the October issue of the Anditory Outlook, the official organ of the 1 electrion

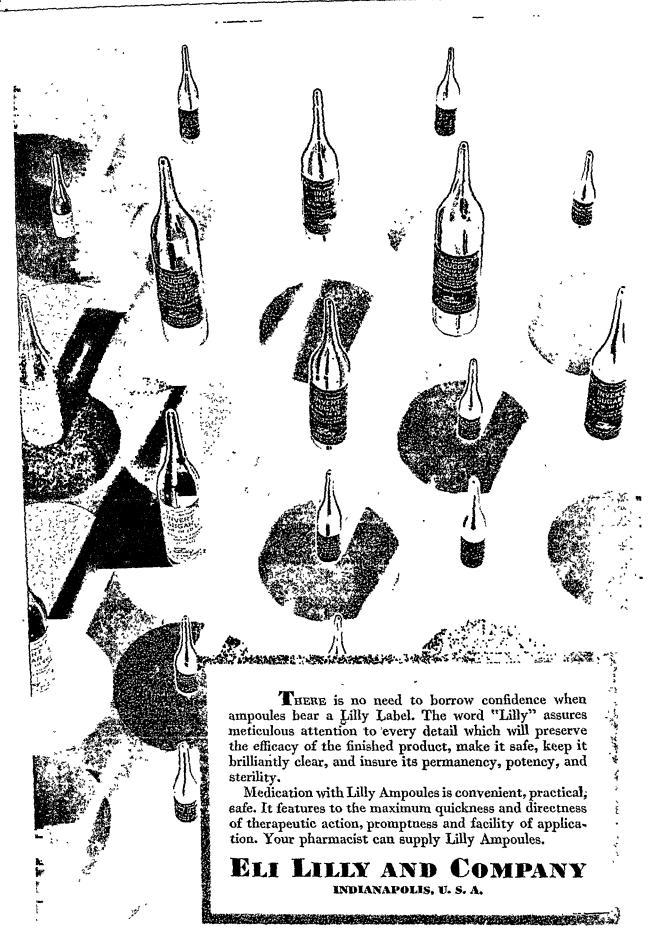
HE world movement for the amelioration of the handicaps inherent to impairment of the hearing function will, in 1930, celebrate its twentieth anniversary. The originators of this movement were acutely aware of the problems involved, for their own lives were beset with them as well as the lives of those who came to them seeking help. The tired old world had plenty of time-countless milleniums, in fact, to study and solve these same problems, but had passed them by. The sum of needless human suffering which inevitably followed the gradual failure of the sense of hearing was appalling; the frustration of efficient human energy, the agony of enforced isolation and inactivity, were tragic. But these conditions went further than the individual's right to live, to earn, to be happy, they struck at the heart of things-the State. Needless human waste is waste of citizenship; well do we know what constitutes a State-men and women, living joyous lives of fulfilment and bringing up healthy and well instructed children to succeed them.

The Central Organization—During this twenty years we have surveyed our field, clarified our knowledge, chosen our boundaries. We have organized our own central body—the American Federation of Organizations for the Hard of Hearing, through which nearly one hundred organizations or units have been formed in the United States and Canada. In this field of endeavor, we, the creators enjoy the honors which the world always bestows upon pioneers. In the development of the Federation we have fortunately made a few mistakes. We have avoided entangling alliances. We acknowledge the cordial cooperation of the American otologists, their national societies and the American Medical Association, which have helped us to maintain high ethical standards.

Here, as in every other field of human endeavor words and their meaning count fact, it is vitally important in this movement that the correct terms be used. For, of the wrong word be used, the wrong image is set up in the mind, and confusion follows. Confusion means failure. Why? Because the public mind is already confused regarding deafness. Let us examine these words in the light of history. Let us once and forever differentiate. In a population of nearly one hundred and twenty millions in the United States alone, about fifty thousand inhabitants are living who have never known or experienced the full sense of the hearing function. These people are a recognized class by themselves. They were either born without hearing or lost it before the acquisition of speech. They face problems, both psychological and educational, peculiarly their own. Even if they finally acquire speech, it is never normal speech. These individuals require special education in special schools. These are the only people who should ever be designated as deaf.

Recognition of the Problem: The great army to which we belong, which numbers several millions of the inhabitants of the United States and Canada alone, should be classified as hard of hearing. We have once enjoyed the full benefits and accomplishments of the normal hearing function. We are physically normal persons, educated like normal persons, but whose hearing has become impaired to a greater or less degree. Hence, we constitute the group which must be termed hard of hearing.

It was a new thing in adult education to teach lip reading to those who had lost some of their hearing. There were a few schools in the larger cities where adult lip reading was taught. These schools brought together groups of hard of hearing people who were stimulated by the fact that



from personal experience. We are unique; we do our own good and do not have to have good done to us. Our hearing friends—and they are many —are our brothers. Amongst us leadership is a matter of knowledge and character, not of ears.

It follows then, if we hard of hearing people realize our obligation to work in our own great field, that we should put our own money into it as well as our love and full sense of justice. This movement is successful—it is here to stay. It is, therefore, the best of all possible investments for the philanthropic and generous, among the hard of hearing people of fortune, either in their lifetime or by bequest.

Let us now rehearse the articles of our faith and the principles upon which we stand. We who once enjoyed hearing and all its benefits, who are intellectually awake and sympathetically devoted to the welfare and progress of our own neglected group, contend that ours is the right to earn a living in fair competition; ours is the right to adult education; ours is the right to a share in the cultural riches of the world, to all the social justice, happiness and spiritual freedom which all human beings may rightfully command. field of service is in large measure the field of rehabilitation—that is, of helping the victim of a physical hearing impairment to surmount disablement and become, as nearly as possible, as good as before. This is not mere alleviation, it is the opening of a door to opportunity, for, when rehabilitated, the hard of hearing person quite frequently surpasses his previous unhandicapped achievement.

For ages upon ages the hard of hearing person has had no defense against exploitation, whether industrial, medical, quackery, or the faker of mechanical aids to hearing with their false promises to cure through deceptive advertising. He has now become aware that he must defend himself and that if he does so he will draw generous-minded hearing persons to his support as well as his own handicapped fellows. By uniting and through determined education of employers, their medical examiners, and also legislators, we can and must secure a square deal for the hard of hearing worker. Most of all should the hard of hearing unite against those who threaten the future efficiency and happiness of the hard of hearing child by the exploitation involved in miseducating him. The hearing child whose hearing is beginning to become impaired must and shall be kept where he belongs-in school with hearing children, aided and abetted by sufficient lip reading instruction, where his speech, his play, and above all, his psychology may remain normal. Any person who condones or in any way encourages by gift or moral support any effort to miseducate these children of their own group is guilty of a serious spiritual crime against defenceless childhood. Public education must accordingly be ceaseless, widespread, and uncompromising in accuracy. It must be explanatory; then constructive. Public opinion must be altered; and we all know this can be done and has been done again and again. We must explain, explain, explain, on the air, on the platform, in the press, in our private and in our professional or business lives, and our conviction must blaze with the fires of our faith until we have kindled the imagination and the righteousness of our fellow men. Full opportunity for the hard of hearing must be demanded until it is secured.

Methods of Rehabililation: Education opportunity for the child whose hearing is beginning to be impaired must not be lacking; he must have medical examination, treatment and then lip reading in his public school. He must have enlightened vocational guidance and full opportunity for vocational training. Higher education must be made possible for him and also adult education, in order that not only the well educated hard of hearing child may attain his full intellectual capacity, but also that he, and all who are now adults with impaired hearing may continually avail themselves of the wide opportunities now offered by the universities.

Full occupational opportunity must be made available to the hard of hearing, in order that the present waste of human ability through discrimination against the hard of hearing worker shall cease.

Full cultural opportunity may again become the refreshment and joy of the hard of hearing if they will demand that church authorities, managers of assembly and concert halls, and theatres install the hearing apparatus for audience rooms which the scientists have already developed. Cultural education, music, the drama, are within easy reach of the hard of hearing if they themselves will unite, in their millions, to procure mechanical hearing. With full opportunity as here outlined, the tragic waste of citizenship caused by the world's indifference and our own social lethargy, will cease forever, while our human resources will be enriched for all time beyond our power to reckon.

Prevention: This movement of the hard of hearing people which has grown to such proportions in the last ten years, may be said to be unified and solidified by one great vision, the control or prevention of those physical conditions which cause the sense of hearing to fail. A program has been developed which is being adopted in many cities. This program of early detection treatment and lip reading without any segregation of the child with incipient hearing impairment, has enlisted the combined labor of the progressive otologist, the educator, the social worker, the acoustician and the electrical engineer, besides thousands of socially conscious hard of hearing

adults. Working for future generations, the united laborers in this field entertain a reasonable hope that annihilation of hearing impairment may finally reward their efforts. They behold at present a field surveyed, analyzed, fenced and with a considerable area already planted. Workers and financial support cannot fail to respond in full measure to such an appeal, for the making of a harvest which shall serve the world.

Material Needs: Having declared the platform for our endeavor, let us now attempt to outline the material needs for erecting the superstructure. This superstructure will be ill formed unless in its makeup it blend the spiritual with the material, with emphasis upon the spiritual.

The devoted, consecrated, self-sacrificing personality of men and women has thus far been the guiding star of this movement, and so it must remain if we expect to reach our goal. But in this day and generation, as never before, most humantarian enterprises are doomed to failure unless linked up with material forces,

The American Federation of Organizations for the Hard of Hearing is made up of unit organizations. These unit organizations are vital, and are rapidly increasing in numbers and membership. In ten years nearly one hundred have come into existence. Another ten years at least four hundred more may be expected to join the ranks. These units serve as crusaders carrying our Federation gospel to the multitudes of the hard of hearing yet unawakened. Of the millions of hard of hearing in the United States and Canada probably not more than five per cent have ever heard our slogan of overcoming the handicap of hearing impairment through rehabilitation. They know still less regarding our crusade for the detection and prevention of hearing defects in children, or of our enlistment as privates in the army of otological research to the end that the normal hearing function of future generations may be fully preserved.

The Federation is about to establish a new department under the head or title of "field serv-

ice," with an efficient director in order to further stimulate the formation of new units.

Our crusade must have the stimulus and support of wider and more comprehensive publicity if we expect our message to rapidly invade the hard of hearing world. Our new magazine—The Auditory Outlook—and our new Federation Bulletin constitute a step in the right direction. But whenever funds become available the Federation should employ publicity measures adequate to our needs.

The medical, educational, and vocational needs of the child with impaired hearing have already been referred to, but it remains for us to induce every school and every university to change its curriculum so as to include vocational

advice and otological guidance.

Our superstructure should embody and should encourage and support every phase of clinical and laboratory research into the problems relating to the prevention of hearing impairment. In order to solve the problems of causation of the various types of hearing defects, science must achieve its victory through the gateway of research. This is essentially an otological, hence, a medical problem. It is, however, within our province to actively promote the clinical phases of research. Furthermore, the Federation should become an active agency in providing the much needed financing of a world-wide research program.

The Federation program constitutes a great humantarian enterprise. In order to be successful its affairs must be conducted along business lines—not for self-gain, but for the benefit of mankind. We have a righteous cause. We are conscious of our needs and we are well equipped with human efficiency, but up to this time we have only been reasonably financed from within our own ranks. But what of the future? All the phases of our work herein enumerated are capable and worthy of tremendous expansion, and we have about reached the point where the rapidity of such expansion will depend largely upon the abundance of our financial support.

## MIDDLE EAR INFECTION, COMMON FORMS AND THEIR MANAGEMENT\*

By JOSEPH POPPER, M.D., NEW YORK, N. Y.

IT is a well recognized fact that the diagnosis of middle ear disease depends primarily on the examination of the drum. Two things are essential to a proper examination of the drum; first, the external canal must be clean, which means that all discharge and cerumen must be removed. This is quite obvious,

\*Read before the Bronx County Medical Society, October 17,

and yet many a time have I seen a diagnosis ventured concerning middle ear disease where the drum could not be seen, hidden as it was by cerumen. Which brings me to the second point, viz., you must have proper tools to work with. These should consist of a well-lighted auriscope, specula of adequate size, a cotton applicator and a small curette, the last to be used carefully when you can-

not clean the ear with cotton. I should like to stress the matter of light. Normal drums often appear inflamed in the half light of a rundown battery. Also I think it important for those who treat infants to have an infant size speculum, otherwise a complete view of the drum is impossible.

Finally in approaching the examination it is well not to antagonize your patient by inserting your speculum abruptly. Pain in the ear is frequently caused by lesions in the canal, therefore approach the examination cautiously by looking at the entrance to the canal for any lesion and then carefully pull on the pinna to determine the presence of tenderness. This manner of approach is especially important to get the co-operation of a child in the examination. Indeed, if you've ever been a patient yourself with ear infection you will appreciate the terror with which the average patient approaches an examination.

For practical purposes middle ear infections are divided into acute and chronic. Taking up the acute infections first we further divide them into catarrhal and purulent. Now the dividing line between catarrh and suppuration is not always well defined and yet the distinction is an important one from the point of view of treatment. In a general way it may be said that all middle ear infections begin as catarrhal inflammations and in the course of more or less time either subside as such or progress into suppuration. The distinction, then, is determined by taking into account two things, first the duration of illness, and second, the appearance of the drum.

I, for one, am unable to state how long it takes for a catarrhal inflammation to change to suppuration. The factors that enter into the change are many, such, for example, as the type and virulence of the infecting organism, the patient's resistance and perhaps the time and manner of treatment. In determining the change, then, we must depend upon a combination of the time element and the appearance of the drum. Most authorities consider that middle ear the seat of catarrhal inflammation where the drum membrane is either dull or red with little or no bulging and with the landmarks plainly visible. On the other hand where the drum is bulging and the landmarks obliterated with redness more or less marked, the middle ear contains pus.

This being a practical paper, I shall not go into the merits or demerits of the classification just cited but will approach the subject from a different angle. Assuming that middle ears containing pus require drainage by myringotomy a practical division between catarrhal and suppurative inflammation of the middle ear may be stated by putting the ques-

tion, "When does an ear require myringotomy?"

Now in my experience the indications for myringotomy are as follows:

- (1) an inflamed drum plus severe pain which is not relieved by palliative measures.
  (2) an inflamed drum plus high fever not
- (2) an inflamed drum plus high fever no otherwise accounted for.
- (3) an inflamed drum plus marked mastoid tenderness. Mark you, I have not said anything about a bulging drum and advisedly so, because I believe it makes no difference whether the drum is simply red or bulging provided the other factors are present. However, as a matter of fact, in the vast majority of cases, bulging is present together with one or more of the indications mentioned. The point I would stress here is that given a drum that is red and even bulging, if it is unaccompanied by any of the factors above cited there is no indication for interference with the knife. If left alone these cases usually clear up or discharge spontaneously and get well in the usual length of time. Of course where the drum is bulging and thinned out having that pale pinkish color indicative of pus, myringotomy may be done to hasten matters.

When I was a medical student, I was taught to incise at the first sign of inflammation of the drum. That policy I now consider a pernicious practice because fraught with the danger of adding a severe infection to a mild one. If, then, we assume in a general way that myringotomy should be performed only for the release of pus we have a practical and, I believe, a serviceable guide to the distinction between acute catarrhal and acute purulent otitis media.

Perhaps the best way to take up the management of a patient with acute middle ear infection is to describe the course of a typical case. You are called to see a patient suffering from coryza. On examination you find the nose discharging and the throat congested with fever more or less high in inverse proportion to the age. At this stage, in a child, you examine the ears and find them normal. You prescribe the usual treatment for coryza, viz., rest in bed, a cathartic and salicylates or coal-tar products. The use of silver preparations for the nose I consider worse than useless. A weak solution of menthol in alboline for that purpose is less likely to irritate the delicate mucous membrane of the nose and at the same time offers some relief. The cautious physician will at this time warn his patient against blowing the nose. To prevent ear infection it is safer, altho not so elegant, to suck the nasal secretion into the pharynx and expectorate.

A day or two later you are called again

because the patient complains of pain in one or both ears or because the baby cried a good deal or was very restless. The other symptoms and signs are still present and this time examination of the ears reveals a drum or drums red and perhaps slightly swollen at The landmarks are not obthe periphery. literated. You now attempt to relieve your patient by ordering the instillation of warm phenol and glycerin with or without local applications of heat or hot boracic acid irrigations. I have found phenol and glycerin most effective when the external canals are filled up with it ever three hours, using a 3 to 5% solution for children or up to 10% for adults. At this time also, in adults, careful inflation thru the Eustachian catheter often hastens a

On examining your patient the following day, you find either improvement of all symptoms and signs or, conversely, the drums are red and bulging and all landmarks gone. Assuming the disease has progressed so far as the appearance of the drum is concerned you are now confronted with the question of myringotomy. Your decision should depend upon the presence or absence of the three factors above mentioned. Let us assume further that myringotomy is indicated. Now in connection with this operation there are a few points I should like to mention. First, it should be as painless a procedure as you can make it. I know of no more shocking injury to a normal human being than lancing a drum without anesthesia. Local or general anesthesia should be employed except in very young children; in them when properly performed it is almost painless. Second, the incision should be made thru the apex of the swelling and from below up. On account of the anatomical inclination of the drum, lancing in that direction assures a complete and satisfactory incision. Third, the best knife to use is a bayonet-shaped one; at least I find it best.

Now having incised the drum you should obtain a discharge of pus mixed with blood. You next leave instructions for the ear to be kept clean by gentle irrigation with saline solution or by wiping away with cotton. Phenol and glycerin is now discontinued except where pain continues. Some men have a weakness for the use of Mercurochrome after irrigation. I think this practice should be condemned. In a discharging ear, it certainly does not reach the seat of infection and by its red staining it obscures the entire field and so interferes with subsequent observation of the drum.

At this stage, if possible, treatment is best continued at the specialist's office. There the ear can be efficiently cleaned by suction and

what is equally important, especially in the adult, the nose can be cleaned and the frequently accompanying sinusitis treated. This may sound like selfish propaganda and yet unless the practitioner is equipped to treat these cases properly it is really doing the patient an injustice to withhold the benefit that such treatment involves. Treatment along these lines must be continued for a period varying from a few days to several weeks until the drum returns to normal and good hearing is resumed.

Before leaving the subject of acute otitis media, I desire to comment on a few of the symptoms and signs.

- (1) Children under two years frequently complain of pain on touching or pulling the outer ear. This, in older children or adults usually means some infection of the canal, but in these young infants due to the fact that the bony canal is not yet developed, movement of the pinna is transmitted directly to the inflamed area.
- (2) Mastoid tenderness is commonly present over the antrum in children with acute otitis media especially of the purulent type due to the fact that in them the antrum and middle ear are practically one cavity. That is why so frequently in very young infants you find not only tenderness but also redness and swelling over the mastoid before the drum is perforated. Lancing of the drum promptly reduces the mastoid signs if the discharge from the ear is adequate. Occasionally it is necessary to incise the supero-posterior wall in infants and this can readily be done in them and thus prevent an operative mastoiditis.
- (3) During the course of a purulent otitis media pain and tenderness over the mastoid may be marked in spite of the fact that the appearance of the drum may not indicate mastoid involvement. To be on the safe side you have an x-ray taken. The radiologist reports destruction of the intercellular septa with exudate present in the mastoid. that mean the patient requires operation? Not always. A conservative otologist who takes all the signs and symptoms into consideration will see many of these cases through without operation. Is the x-ray examination then mistaken? Well, I don't know. Perhaps there is destruction and yet the bone The point is, where the clinical picture does not warrant it, positive x-ray findings should not influence the otologist in favor of operation.
- (4) There is one sign that is very suggestive of mastoid involvement which I have not seen mentioned in the books or elsewhere although, no doubt, it has been observed by others. I have reference to the sensation one

gets when reincising a swollen drum that has closed up prematurely. If your knife enters what feels like a doughy mass and not much pus is released, nine chances out of ten that

patient will require operation,

In the few minutes remaining I shall briefly touch upon one type of chronic infection of the middle ear. This type is characterized by persistent discharge of pus or muco-pus produced by the ordinary pus-producing organisms. It is usually associated with more or less defective hearing. These are the cases which, on account of the absence of any distressing symptoms go on with or without treatment for weeks and months and years and occasionally wind up on the operating table on account of alarming complications.

The ordinary chronic purulent otitis media may follow a single attack of acute infection or more often repeated attacks of acute purulent infection. It is more frequently seen as a result of ear complications of Scarlet Fever, Measles and other infectious diseases. Persistent adenoid infection in children and sheer neglect espécially among the poor and the ignorant accounts for many cases. Another not infrequent source of chronic running ear is the case of operative mastoiditis which is unrecognized or which refuses operation, or upon which an incomplete operation has been performed.

What is the point of transition between acute and chronic suppuration of the middle ear? I was taught to call an ear infection chronic when the discharge persisted for more than six weeks. That in my experience is not exactly accurate. Here again the only true guide is the appearance of the drum. At any stage of a middle-ear infection when a perforation forms which is round and has a smooth edge denoting a distinct loss of membranous tissue, that ear is the seat of chronic infection and should be treated as such.

There is one condition which is frequently confused with chronic infection and that is eczema of the drum and external canal. These cases often have discharge which is easily mistaken for pus and itching is not always a prominent symptom. Examination of the drum, however, fails to reveal any perforation.

Now I shall not enter into the very interesting pathology of chronic suppuration of the middle ear nor will I describe the varied appearances of the drum associated with that

pathology. I have one message to convey with reference to the management of these ears and that is to say that in the vast majority of cases a cure can be effected without resort to radical surgery. This statement, however, should be qualified. By "cure" I mean the arrest of the infective process resulting in a dry ear. Nobody has yet succeeded in replacing parts of the middle ear destroyed by disease. Occasionally, however, I have been able to close up small perforations in the drum with scar tissue and in some cases the hearing has been improved.

Three principles are involved in the successful treatment of patients with chronic suppuration of the middle ear. First, they must be in the hands of a competent otologist. Second, the middle ear must be thoroughly cleaned and followed by third, insufflation of Iodine Powder (Sulzberger). A well-trained otologist is essential because thorough cleaning of the middle ear involves not only the clearing away of discharge, but also the removal of granulomata, polypi and cholestea-

toma

For the purposes of this paper, it is hardly necessary to go into detail about this treatment. Lederman, of this city was the first to introduce the use of this iodine powder in ear infections in 1916. Since then it has been more or less familiar to otologists although far from universally employed. The literature still reports other methods of treatment but with results never approaching that obtained by the use of iodine powder. I, myself have tried a number of other methods and medicaments. For example, I have used instillations of boric acid powder and bichloride of mercury in alcohol, ether, boric acid powder and acriviolet. With all of these methods the results left much to be desired. On the other hand with the exception of cases having anterior perforations communicating with the Eustachian tube, I have yet to fail to clear up discharge from chronic infections of the middle ear, statement goes for cases that have run for as long as thirty years before coming under treatment. In fact so uniformly satisfactory has this treatment been in my hands and in the hands of some of my colleagues that I make bold to say that where a physician uses Iodine Powder (Sulzberger) and fails to clear up a discharging ear he is either dealing with an exceptional case or he does not know how to use this treatment efficiently.

## CERVICAL INSPECTION AND REPAIR WITH SPECIAL REFERENCE TO PRIMARY CERVICAL REPAIR\*

By GLENN A. WOOD, M.D., SYRACUSE, N. Y. From the Department of Obstetrics, Syracuse General Hospital

DESIRE to present this subject of Cervical Inspection and Repair with Special Reference to Primary Cervical Repair, in the hope of convincing you that cervical inspection and repair are needful procedures for the production of good health and longevity among those who give birth to children.

If we follow the highest standards of obstetric practice, the pregnant woman should be discharged in as good a physical condition after her delivery as she was before she became a mother. To this end we now devote much care to antepartum observations and advice, to fine technique during delivery and to careful inspection and repair of vagina and perineum following delivery. However, very few of those doing obstetrics inspect the cervix at any time following the birth of the child to observe the damage that has been done. In my observation of patients returning for their examination six weeks after delivery I have frequently found such lesions of the cervix as lacerations, ectropion, erosions, endocervicitis, often a sub-involuted uterus and very frequently that distressing trouble indicator, leukorrhea. In such cases, I have previously felt that my technique must be faulty, yet, as I observe the same results of other's technique I am convinced that these pathological findings are not unusual but are rather the common results of cervical tears observed after any type of delivery.

As I have talked with medical men who are doing obstetrics from different States of this Country as well as those from Canadian Provinces, practically every one is oblivious to the fact that a severe cervical tear may and very often does result as a, so-called, natural process of labor. Their usual statement is, "I never was taught such a tear occurred. I have never looked for it." If medical men themselves know little or nothing about the cervical tear and the pathologies which it produces, how can the pregnant woman be returned to good physical condition after her delivery?

We are told that about 13,000 women, die annually in the United States from cancer of the uterus, of which, a goodly percentage have a carcinoma of the cervix. According to Graves, "90 to 98 percent of cervical carcinoma has its origin in neglected obstetric lesions." It has been truly said, "The cervix is the only part of the body where such extensive pathology is permitted to remain untreated over such a long period of time Cer-

vical lesions are out of sight except to speculum examination and quite often there will be no disability to call attention of physician or patient"

Let us first consider the etiology of cervical tears. To quote from DeLee4 "Every labor is attended by more or less injury to the cervix, since even the normal uterus cannot stand the enormous radial dilitation required for the passage of the child. Large tears of the cervix result from: 1. Too rapid or too forceful dilitation by the powers of labor (precipitate births) or by the accoucher with his operative deliveries before the os is completely dilated. 2. From disease of the cervix, anatomic rigidity, old primiparity, healed ulcers and scars from former deliveries or operations, cancer, syphylitic or gonorrheal induration, etc. 3. Too large a child or congenital smallness of the cervix. Most tears are of the first class and are due to violence. If the operation is performed before the cervix is completely effaced, serious or even fatal injuries may result. Tearing of the cervix follows the lines of its embrynol construction. At the sides of the cervix there is less muscular and fibrous tissue and here the structure most often gives way, producing the usual bilateral split."

It has been my experience that even the. so-called, normal, easy, non-precipitate labors have produced tears demanding repair. In the normal case the bag of waters and head should gradually dilate the cervix. The head comes through with the average biparietal diameter of 9+cm. Later the shoulders pass through with a bisachromial diameter of 12+cm, which, altho folded, to present a narrower diameter still are wider than the head and do not present the slow, even, ball-like dilating action of the bag of waters and head. It is quite a common sight to see a caput present and after several pains a little trickle of blood appears. I believe this blood results from the cervical tear due to the shoulders tearing through the lower uterine segment which is insufficiently dilated for them to so quickly pass through. I do not wish to belittle the part that "violence" on the part of the operator, may play in the production of the cervical tear but I do feel that the rapid passage of the shoulders through the cervix should receive more blame than the head for the production of the tear in the socalled easy, normal cases in which the cervical tear can be so often demonstrated.

In a series of 25 cases I have purposely omitted the quinine from the Gwathmey method of rectal instillation or the patient was

<sup>\*</sup> Read before the Syracuse Academy of Medicine, November 19, 1929

admitted to the hospital too late for the instillation. I have compared these with 25 patients who have had the quinine in the rectal instillation to determine if the ecbolic action of the quinine was a factor in producing the cervical tear. My conclusions from this procedure are deducted from the following table A.

They, thereby, obtain a clean cut wound as we do in episiotomies

What are the objections one hears to repairing a cervix immediately following delivery—1 The field is too bloody for good vision 2 Due to friability and ædema correct apposition cannot be obtained 3 Infection

#### TABLE A

CASES HAVING QUININE IN RECTAL INSTILLATION OBSERVED IMMEDIATELY FOLLOWING DELIVERY

CASES NOT HAVING QUININE IN RECTAL INSTILLATION OR ARRIVING AT HOSPITAL TOO LATE FOR INSTILLATION OBSERVED IMMEDIATELY FOLLOWING DELIVERY

#### LACERATED CERVIX LACERATED CERVIX

No         Side         Side         Lip         No         Side         Side         Lip           20         2"         21         2"         1"								
	Case No	Right Side	Left Side	Posterior Lip	Case No	Right Side	Left Side	Posterior Lip
333 34 34 35 36 36 37 37 38 37 38 38 39 41 39 41 42 43 41 43 41 43 47 50  Posterior lip too torn to repair 55 11/2" 55 1	52 55 58 60 61 66 67 69 70 72 73	1" 1½" 1" Posterio 2" 1½" 3" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1"	r lip too torn t	1"	21 22 24 25 28 31 32 40 42 44 45 46 47 48 49 51 54 56 57	2" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1"	1" 2" 1" 1" 1" 1" 1" 2" 1" 2" 1" 2" 1" 2" 1" 2" 1" 2" 1" 2" 1" 2" 1" 1" 2" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1" 1"	3‴

The (") marks and the figures 1, 2, 3, refer to the length, in inches, of the cervical lacerations observed, e.g.,1" represents one inch, 1½" represents one and one-half inches, 2" represents two inches, etc

Summary—Counting case No 50 as a 1" tear of each right side, left side and posterior lip there were 45 tears in the 25 cases having the quinine and 43 tears in the 25 cases without the quinine. The average laceration for cases without the quinine was 1 46". The average laceration for cases without the quinine was 1 49".

	WITH QUININE	WITHOUT QUININE
	1	0
	7	3
2" lacerations	_1	1
	14	12
11/2" lacerations	5	7
1 MCCLACIONS	11	16
1 racerations	0	1
1/2" lacerations	4	3

CONCLUSIONS—Quinine in the rectal instillation, in this series of cases, produced a negligible increase in the number of carvical tears. Taking the average, the quinine produced a negligible increase in the amount of tear. Taken singly, more extensive tears were produced with quinine in the instillation. For this series of 50 cases the greater number of cervical tears were from 1" to 2" in length.

It is interesting to note that the French obstetricians believe that Nature does not know how to make a proper dilitation so, as soon as effacement is complete, the cervia is incised

4 The 'what's the use attitude" for with the next baby the repair will again tear out 5 Cervical stenosis will result

Regarding the bloody field-It is my custom

to give I cc. of Pituitrin following the second stage. I wait fifteen to twenty minutes before the placenta is expressed. After the placenta, quite often the patient is able to take by mouth an ergot preparation. If not by mouth, the ergot in proper form is given by hypodermic injection. Massage of the fundus is done if necessary. My experience indicates that with this procedure the field is cleared of blood sufficiently for good vision

Regarding the parts being too friable and cedematous for correct apposition—It is here, especially with the extensive lacerations, that the most careful judgment is required on the part of the operator. In the cases I have primarily repaired I have never felt as I observed the cervix at the six weeks examination that correct apposition had not been obtained.

Regarding infection—Surely one would not repair a cervix any more than one would do any other similar operative procedure in the presence of known or suspected infection. It is my custom to instill about 5ii of a 4% solution of Mercurochrome before the repair is attempted as well as when all repairs are completed. I also have 5ii of the solution instilled into the vagina night and morning for about one week following delivery. Whether or not this technique is a prophylactic for infection following primary repair I cannot state but I feel safer after its use.

For the first 50 cases that I have primarily repaired the average highest temperature on any two successive days was 99.1 (F). Not once have I felt that any increase in temperature was due to infection resulting from the repair of the cervical tear. In all cases in-

volution was rapid and complete.

As a basis of comparison, I have selected 25 hospital cases that I have delivered and who have not had a primary repair of the cervix. The average postpartum temperature on any two successive days was 99.5 or .4 higher than those cases having a primary repair. Also, as a basis of comparison, a recognized obstetric authority in this city has very kindly reviewed for me 25 of his hospital cases that had not had a cervical repair. The average highest temperature on any two successive days in his cases was also 99.5. As the average temperature was lower in those cases having a primary cervical repair, I believe this repair shuts off avenues of infection. Do not these statistics show that under proper environment cervical repair may safely be done without any added risk of infection?

Regarding the "what's the use attitude for with the next baby the cervix will again tear out."—Does one hear this question as an argument against primary repair of vaginal, or perineal lacerations? There are many who advise secondary repair of the cervix after the

With a primary repair child-bearing age. much or all of the pathology is eliminated. When a patient comes back for her check-up examination, it is much easier to get her to co-operate and, if necessary, with a few office treatments with silver nitrate, Mercurochrome, electric cautery, proper douching, etc., discharge her as nearly perfect as she ever could This is more to be preferred than to tell her, "My dear Madam, when you get to be 35 or 40 you should go to the hospital again to have that cervix repaired." Think of all the years of anxiety through which this mother must go when she is told that she needs this secondary repair to prevent the possible development of a cancer. Who knows but that she may develop one in the meantime, to say nothing of the chronically infected cervix with its resulting pathology? True, the next baby may give another cervical tear but why can't that again be repaired?

The patient may have the cervical pathology corrected soon after the six weeks examination even without the primary repair but here I wish to emphasize two points. First, I dare say the big majority of those doing obstetrics today either make no check-up examination at about the sixth week postpartum or, if they do, they are satisfied with the inspection of the vulva and a digital examination. You cannot determine the amount of cervical damage by feeling, you have to see it by aid of a speculum. The second point is, that there is less cervical damage to be repaired, if any, in those patients having had the primary repair than in the cases of those who have not had this repair. make this point more convincing, I ask you to compare in the following tables (B and C) 25 cases not having the primary repair of the cervix with 25 cases who have had this repair.

Regarding cervical stenosis resulting from a primary repair.—My experience has been too limited to report on this possible objection to primary repair. Dr. Irving W. Potter of Buffalo informs me that over a period of more than five years in which he has been making these primary repairs covering in excess of 2,000 cases he has "never seen at a subsequent delivery an undilatable stenosis due to the scar tissue of a previous primary repair." Dr. J. L. Bubis of Cleveland informs me "that over a period of at least fifteen years in which he has been making these primary cervical repairs covering in excess of 1,000 cases it is very rare at the next delivery to meet with an undilatable stenosis due to the scar tissue of a previous primary repair." He feels that at the next delivery the cervix generally tears in the previous scar. Dr. W. C. Danforth of Evanston, III. informs me "that in a period of about four years in which he and his associates have been doing primary cervical repairs he has not seen

TARLE B CASES NOT HAVING PRIMARY CERVICAL REPAIR RESULTS AT THE SIX WEEKS EXAMINATION

A. B	. с.	D.	E.	F.	G.	н.	J.	к.	L.
19 29 2 30 2 50 3 63 4 64 2	111211133632224133	7-13 7-6 8-2 6-4 5-131 8- 7-11 8- 7-3 8-14 6-8 7-4 7-14 7-15 6-2 7-3 7-8 8- 9- 6-10 7-8	LOA ROA LOA LOA LOA ROA ROA LOA LOA LOA LOA LOA LOA LOA LOA LOA L	No Yes No No No No No No No No Yes No Yes No No Yes No Yes No No Yes No No No No Yes No	 4+  4+ 2+ 2+	1 + Ero 2 + Eno 2 + Eno 2 + + Ero 3 +	## ## ## ## ## ## ## ## ## ## ## ## ##	++++++++++++++++++++++++++++++++++++++	R L L L L L L L L L L L L L L L L L L L

KEY-Column A refers to case number; B to age of patient; C. to gravida; D. to weight of baby at birth in pounds and x—common A refers to case number; B to age of patient: C. to gravida; D. to weight of bady at Fifth in pounds are ounces; E. to presentation and position also operative procedure; F. to question, "Is Involution Complete?; G. to amount of Ectropion; H. to amount of Erosion (Ero) or Endocervicitis (Eno); J. to amount of laceration present; K. to amount of leukorrhea present. ... represents none observed by patient or by speculum examination. 1, 2 + moderate amount observed by patient; 3 + considerable observed by patient; 4 + guard has to be worn by patient; L. refers to thickening of the broad ligaments.

SUMMARY-Ages varied from 20 to 40; Gravida from 1 to 11.

Presentation and position-Normal occiput anterior 24, Breech 2.

Operative procedure—Low Forceps 1. Uterus of normal size?—Yes, 8; No, 17.

Uterus of normal size:—1es, o; Av, Ar. Ectropion—3-4 +, 2-2 +.
Erosions—6-1 +, 2-2 +.
Erosions—6-1 +, 2-2 +.
Erosions—6-2 +, 11-3 +, 2-4 +.
Number of cervical lacerations observed—(R-L) 12-1 +, 11-2 +, 18-3 +, 4-4 +, 0 without demonstrable tear.
Amount of leukorrhea—4 without, 1-1 +, 8-2 +, 7-3 +, 5-4 +.

Thickening of the broad ligaments-8.

at a subsequent delivery an undilatable stenosis due to the scar tissue of a previous primary repair."

There are certain contraindications to doing a primary cervical repair. If hospitalization or its equivalent cannot be obtained no cervical repair should be attempted. In the presence of known or suspected infection, in the presence of shock or exhaustion from prolonged labor, in the presence of toxemia from whatever cause, in the cases of severe postpartum hemorrhage from the placental site or in the presence of retained products of conception, if of any size, no primary repair should be attempted. If, on attempting a primary repair, the cervix was found to be too friable or ædematous for correct apposition, I would surely advise postponing the repair for a few days.

To recapitulate the advantages claimed for primary cervical repair. There is decidedly less cervical pathology to be found in those women who have had this repair than in those who have not so had it. It is my belief that fewer office treatments and a greatly lessened percentage of needful secondary operations are necessary to return the patient to as nearly normal as she ever could hope to be for having had a baby. A more frequent finding is a normal appearing cervix. Some writers on this subjecte stress the rapidity with which the uterus involutes after a primary repair. There were fewer cases of subinvolution in my cases that had had the primary repair. Drs. Grandin

TABLE C CASES HAVING THE PRIMARY CERVICAL REPAIR RESULTS AT THE SIX WEEKS EXAMINATION

A.	в.	c.	D.	E.	F.	G.	Н.	<u>.</u>	<b>J.</b> :	K.	L.
20 21 22 23 24 25 26 27 28 31 32 33 41 42 43 44 46 47 48 49 51	38 23 30 28 32 20 31 29 21 20 19 22 33 24 21 29 21 29 21 29 21 20 31 29 21 20 21 20 21 20 21 21 21 21 21 21 21 21 21 21 21 21 21	11213243221221121522333121	7-3 7-5 7-7 6-11 7-5 6-13 8-15 8-10 7-9 6-2 3-6 4-8 8-7 6-13 S-Bn. 8-3 7-7 6-13 8-15 8-12 9-9 6-3 8-112 9-9 6-3 8-13 7-10	ROA LOA ROA L. Fcp. RSA F. Brch. RSA F. Brch. ROA LOA LOA LOA LOA LOA LOA LOA ROA ROP ROA LOA LOA LOA LOA LOA LOA LOA ROA ROA ROA ROA ROA ROA ROA ROA ROA R	Yes Yes No Yes	1+	3 + Ero 2 + Ero 2 + Ero 2 + Ero 1 + Eno 2 + Ero 1 + Eno 2 + Ero	2" Post. lip R2" — L1" 3" Post. lip 8" Post. lip R2" — L2" 3" Post. lip R2" — L2" R1" — L1" R1" — L1" R1" — L2" R1" — L3" R1" — L2" R1" — L3" R1" — L1" R1" — L2"	R1 + - L1 +  R1 + - L1 +	1+ 1+ 1+ 1+ 1+	

KEY—Column A. refers to case number; B. to age of patient; C. to gravida; D. to weight of baby at birth in pounds and ounces; E. to presentation and position, also operative procedure; F. to question, "Is Involution Complete?" G. to amount of Ectropion; H. to amount of Erosion (Ero) or Endocervicitis (Eno); I. to amount of laceration observed after completed third stage; J. to amount of laceration now present; K. to amount of leukorrheap present. .... represents none observed by patient or by speculum examination. 1 + represents observed by speculum examination only; 2 + moderate amount observed by patient; 3 + considerable observed by patient; 4 + guard has to be worn by patient; L. refers to thickening of the broad ligaments.

SUMMARY—Ages varied from 19 to 43; Gravida from 1 to 5.

Presentation and position-Normal occiput anterior 18, ROP 2, Breech 4, Chin 2.

Operative procedure—Low forceps 2, Bill's Scanzoni 1. Uterus of normal size?—Yes, 24; No, 1.

Ectropion—1-1 +. Erosions—2-2 +, 1-3 +. Endocervicitis—2-1 +, 2-2 +.

Number of cervical tears observed (R-L) 10-1 +; 16 without demonstrable tear. Amount of leukorrhea—17 without; 4-1 +, 3-2 +, 1-3 +.

Thickening of the broad ligaments-0.

and Jarman maintain that a primary repair shuts off avenues of sepsis. Dr. Matthews states.8 "If moderate or extensive lacerations of the cervix are repaired immediately after delivery, we minimize or prevent the entrance of infection." My statistics, previously quoted, seem to bear out this contention. That primary repair tends to prevent carcinoma of the cervix is not without its advocates.9 If the source of chronic irritation can be removed, there must be less chance for a carcinoma to develop. This is what a primary repair attempts to do. Owing to peculiarities of the female mind, a certain percentage of those delivered never return for a check-up examination. Those who do not come back, if primarily

repaired, are, to my mind, less liable to a carcinoma or an infected cervix with its resultant sequellæ, than if they had not had this repair.

It is hard to estimate the number of women who are subjectively and objectively suffering from the effects of chronic inflammation of the cervix resulting from child-birth lacerations. Such subjective complaints as pain and soreness in the lower abdomen, bearing down feeling, backache, leukorrhea, etc., may, and frequently do result from the objective findings of lacerations, endocervicitis, ectropion, erosions, subinvolution, metritis, thickening of the broad and utero-sacral ligaments, etc. Primary repair of the cervix, particularly in primiparæ, eliminates this chronic inflammation especially

when followed by the six weeks examination, at which time, if any pathology is found it may be soon corrected.

It is true that an early secondary repair will give the same end results but there is an increased percentage of women who will not return to be told of their needs and, even if told, many will not take the advice. If such patients had been primarily repaired there is no argument. In other words, a known primary repair will benefit many more mothers than a possible secondary repair.

The following is the technique of primary inspection and repair which I have used. The patient is in lithotomy position under anesthesia. The vulva, lower abdomen and inner thighs are well painted with a 4% solution of Mercurochrome and at least 5ii of this solu-tion are instilled into the vagina. The labia are separated with a Gelpi retractor. cervix is grasped with a DeLee cervical forcep and gently pulled to sight. With two or three other DeLee forceps the whole cervix is gradually pulled to view, exposing the torn parts. Gentle downward pressure on the fundus by an assistant aids this exposure. If necessary for better vision, a vaginal retractor is used and traction made by an assistant. Careful inspection of the torn cervix is now made. Before approximating the torn edges, it is my custom to out out any Nabothian cysts in the exposed cervical canal and to remove any diseased tissue that may be present thereby, at-

tempting to cure a pre-existing cervicitis. Regarding sutures—I use a 20-day chromic catgut, doubled, with a cutting point round needle. More tension on the cedematous and friable cervix can be applied without tearing through with the doubled catgut than with the single. Starting above the apex of the Vlaceration and through all cervical tissue but the inner lining, a continuous lock stitch is used. Continuous, because it is quicker and fewer knots are needed. Occasionally, the cervix is too thin to permit sewing to the inner lining, in which event, I include all cervical tissue in the grasp of a needle. The stitches should be fairly snug due to the œdema of some degree usually found. "If not tied snugly, in a few days when the cedema disappears, the stitches will be slack and a good union by primary intention cannot be obtained. It is neglect of this precaution that may cause a failure of the primary repair."10 After all the lacerations are repaired it is very important to see that there is about one inch of cervical canal left for good drainage. After the repair, an assistant grasps the fundus and pulls it, with the repaired cervix, up into its normal position. 3ii of a 4% Mercurochrome solution are again instilled into the vagina. The time needed for this repair is usually not over ten minutes.

In concluding this paper I want to emphasize a few of the points that I have attempted to bring before you. To you who do obstetrics and adhere to the teaching, custom or tradition of not immediately observing the cervical damage after any and all types of delivery, you will be most surprised at the number of cervices needing repair when you do routinely adopt the measure of observing this pathology present.

I wish to again emphasize the importance of a check-up examination at about six weeks postpartum and especially the observation of of the cervix by speculum examination. It is only then that the mother can be correctly informed what procedures, if any, must be undergone to restore her to physical well-being.

Repair of the cervix immediately following the birth of the child offers one means of preventing or lessening the subjective complaints now heard from those having given birth to children. It entirely prevents or greatly lessens the objective pathology to be found at the six weeks examination. If we are ever to lessen the annual mortality in the United States from cervical carcinoma as well as the morbidity of other pathologies resulting from neglected obstetric lesions, obstetricians must give early attention to lesions of the cervix following the birth of the child.

I have purposely omitted from this paper, reference to the intermediate repair of the cervix on the ninth day postpartum as done by Drs. Hirst, Coffey and others, so as not to confuse the two procedures. Both accomplish the same end results. To me, it matters not which procedure is followed so long as the damaged cervix is observed and repaired soon after the birth of the child. In doing this we will render a better service to humanity in making that mother mentally and physically fit to render a better service of herself, to herself and to her family.

#### REFERENCES

1. Mortality Statistics. Department of Commerce. 2. Graves, W. P.: Textbook of Gynecology, Fourth Edition. W. B. Saunders Co., p. 380.

3. Danforth, W. C.: Immediate Repair of the Cervix After Labor. Am. J. Ob. & Gyn., 15:505-510, April, 1928.

4. DeLee, J. B.: Textbook Principles and Practice of Obstetrics, Fifth Edition. W. B. Saunders Co, p. 794. 5. DeLee, J. B.: Discussing (3). Am. J. Ob. & Gyn., 15: p. 563, April, 1928.
6. Davis, E. P.: Textbook of Operative Obstetrics.

W. B. Saunders Co, p. 402. 7. Grandin, E. H., and Jarman, G. W.: Textbook of Practical Obstetrics. F. A. Davis Co, p. 164.

8. Mathews, H. B.: Office Treatment of Endocervicitis. dm. J. of Surg., 6; p. 414, April, 1929.
9. Bubis, J. L.: The Immediate Repair of the Cervix After Childbirth. Cleveland Med. Jour., 17; p. 149.

March, 1918.

10. Same as 7. Page 166.

## THE APPLICATION OF RADIOLOGY TO THE PRACTICE OF PEDIATRICS WITH INDICATIONS AND CONTRAINDICATIONS

By WALTER L. MATTICK, M.D., BUFFALO, N. Y.

From the State Institute for the Study of Malignant Disease, Buffalo, N. Y., Burton T. Simpson, M.D., Director.

**T**N using the term radiology, I wish to apply it I in the narrower sense of referring to therapy with gamma rays and high voltage x-ray. Even then time will only permit of but a cursory review of this branch of medical science as applied to pediatrics. Such a definition practically limits discussion to the treatment of malignancies or allied conditions of childhood and infancy and in consequence places the radiologist in close association with both the pediatrician and the sur-Thus the radiologist should, if possible, possess good diagnostic skill and a sane view of the advantages of surgical procedures. judgment should not be radical nor should his opinion be based exclusively on a one sided radiologic viewpoint.

The ideal radiologist should possess some surgical ability. Likewise, radiology instead of being a separate specialty should be, as originally instituted, the handmaid of surgery and not a rival method of treatment.

In applying these methods of therapy to infants and children, certain essentials must be con-First, the treatment time must be as short as possible and second, all methods must be simplified to their essentials. Thus, in radium therapy, surface application of heavily filtered radium or emanation in the form of packs, bombs, placques or even the 1 to 3 c.m. packs will be found most useful. This armamentarium is seen to be much simpler than ordinarily used for adults. Likewise with high voltage x-ray therapy, an installation which will eliminate the use of heavy protective rubber and will at the same time admit of the simultaneous presence of parents is most convenient, if not necessary. Such conditions are well fulfilled by most any of the drum type of therapy tube stands now on the market. Short exposure time within the limits of safety is best secured in the treatment of these young apprehensive patients by the use of the larger water-cooled therapy tubes. A comfortable treatment table with an x-ray apparatus capable of a continuous 30 m.a. output at 200 K.V. peak installed as above in a grounded drum with treatment cones of assorted target distances and field sizes would be ideal. Filtration greater than 1/2 m.m. copper is scarcely necessary as under such conditions the mean affective wave length will be .16 anstroms unit, and the radiation beam practically homogeneous.

What are the indications and contraindications for such type of treatment? This is best answered by enumerating some of the pathologic conditions which radiologists are commonly called upon to treat and wherein we can offer

some real measure of cure or palliation. In the former category are benign lesions of which the angioma or strawberry mark forms a frequent example. Such lesions readily respond to radium, placques, tubes or bombs and intensive dosage over a short interval has its advantages in children. As this is the province of the dermatologist and brings us into the field of beta ray therapy, results will not be discussed except to say that they are generally very excellent.

Enlarged thymus of infancy with the accompanying stridor often respond nicely to deep x-ray therapy. Here it is essential to use 25 to 30% of the erythema or skin dose over the thymic area, repeating the treatment at the end of two weeks or longer according to the reaction experienced or the relief obtained.

Bone tumors in infancy and childhood always arouse great apprehension. Here the roentgenologist, clinician and pathologist can render great aid Both benign and in differentiating the type. malignant growths are encountered as in adults. Of the benign growths one of the most common is the bone cyst, generally occurring in the shaft of a long bone, presenting a trabeculated appearance, with a fusiform expansion of the cortex which is intact. There is often a history of frequent fractures of the involved bone. Subjected to deep roentgen therapy these cysts show a deposit of calcium salts and a diminution in size. Parents should always be reminded of possible delayed growth of the rayed bones on account of incidental exposure of the epiphyses.

A quite similar lesion is the so-called giant cell Bloodgood was the first to sarcoma of bone. draw atetntion to the general benignity of these tumors and to suggest the better term "giant cell tumors." These tumors generally occur near the epiphysis of long bones and present a trabeculated or blown out appearance at this point. Their location near the epiphyseal end serves to distinguish them from the closely akin bone cyst. Giant cell tumors are most common from 16 to 25 years of age but may occur in infancy. Until recently patients with these tumors generally sacrificed a limb under the suspicion that such tumors were malignant. Now we know that it is only necessary to curette these bone lesions or better subject them to high-power roentgen therapy or radium pack to produce permanent In such cases properly treated under irradiation therapy the sclerosing of the tumor and the deposits of lime salts can be seen. We have several patients going about their work who have never lost any time under treatment and who today are apparently cured. There is an xanthomatous variety of this tumor which sometimes confuses the pathologist with the resulting mistaken diagnosis of metastatic hypernephroma.

Before entering the field of malignant bone tumors, let me say a word about myositis oss.ficans traumatica. This lesion as the name implies, follows trauma and shows later on the x-ray plate as a deposit of calcium salts in the muscles and fascia surrounding the bone, often in the thigh, shoulder or near the elbow. At times it is difficult to distinguish in the roentgenograph from osteogenic sarcoma. Here a carefully taken history will often elicit the trauma and a re-examination of the x-ray plate and the lesion will often clear up the diagnosis. Just such an incident presented some while ago where this consideration saved a boy's thigh from amputation.

Entering the field of primary malignant bone tumors, we find two principal groups, the osteogenic sarcoma and Ewing's sarcoma.

The osteogenic sarcoma are derived from cells which are the anläge of the osteoblast and are thus all potential bone producing growths as the name implies. They may be defined as osteoblastoma and from the roentgenographic point are best classified as osteoblastic or oseolytic in propensities. These tumors, most common between the ages of 10 and 20 years, do occur in the first decade of life and are often incorrectly diagnosed as acute articular rheumatism on account of the hot fusiform swelling over the lesion. Roentgenographic findings include speckled shadows over the shaft, fan-like or sunray structures of bone spicules and the common perpendicular osteophyte striations often seen in the young, depending on whether osteolytic or osteogenic processes are predominating. The shaft of the bone is generally clearly traceable thru such tumor growths in contradistinction to the giant cell tumor. These sarcoma tend to metastasize to the lungs at an early date whereas generalized bone metastasis as in Ewing's sarcoma are rare. Gumma of bone may be confused with ostenogenic sarcoma but if precautions are taken to obtain a Wassermann, the differential diagnosis is often evident. Chronic osteomyelitis may be difficult to rule out but the occurrence of such a lesion in an individual in previous good health should aid in differentiation from tuberculous joint processes. Biospy is not to be recommended but test radiation will often hasten cell differentiation and make the roentgenographic shadows more dense and clear cut besides relieving pain and the disturbed psychic state of the patient and parents. Neither surgery nor radiation can offer a cure. However, of recent years irradiation is gaining preference in the treatment of these tumors.

The Ewing sarcoma described in 1920 occurs mostly in the shaft of long bones and may be multiple. This is a slow growing tumor. It is

generally incorrectly diagnosed by clinicians and sometimes by pathologists and roentgenologists, as osteomyelitis. When in a young person under 20 years of age a trivial trauma is followed by intermittent pain, insidious fever and intermittent limping with slight or no increase in leucocytes, a tumor of this type is more probable than osteomyelitis.

Metastases are common in bone especially the skull, in regional nodes and the lungs. Roentgen diagnosis may suggest osteomyelitis in the early stage due to evidence of bone absorption in the medulla and the periosteal reaction but the experience of those who have seen most of these tumors warn against the over estimation of either the x-ray picture or the pathologic diagnosis in these tumors. The most characteristic roentgen finding is a destructive lesion of the shaft of a long bone with an osteoblastic type of periosteal reaction resulting in the formation of the almost characteristic longitudinal laminae of new bone These tumors show rapid regression under radia-In fact, due to the limitations of pathologic diagnosis of these growths and dangers of exploration, this constitutes a therapeutic test. If they should tend to recur locally, excision or amputation with radiation can be employed. This tumor while ultimately fatal is generally slower in its progress than osteogenic sarcoma and palliation is marked under irradiation therapy.

Fibrosarcoma or spindle-cell sarcoma may occur in children and on account of its early metastasis by the blood stream is preferably treated by radiation. Under such treatment some very satisfactory results have been achieved in our experience. One such case in a boy of 12 years with a spindle-cell sarcoma of the forearm was well after irradiation from 1917 to 1926. He then developed a recurrence which was removed and the scar irradiated and he has been well since.

Let us now consider one of the most interesting groups of tumor processes, namely the lymphoblastomata, a generic term to include Hodgkin's disease, lymphosarcoma and leukemias. Of all tumor processes this group is probably the most radiosensitive, thus in Hodgkin's disease or lymphosarcoma, gamma rays or deep x-radiation in doses of 80% of the erythema or skin dose over the involved glands or spleen will be followed by rapid regression and disappearance of the tumors. In fact, such a response is almost as reliable as the histologic diagnosis in these conditions and is often used in lack of the latter as a therapeutic test. In spite of such rapid regression or disappearance, other chains of glands generally become involved. These also will melt away under radiation and so forth until by pressure or toxic depression from the disease the patient finally succumbs. Thus radiation while probably failing to ultimately cure these patients does at least keep them more comfortable than any other measure and able to attend school or work with the least possible inconvenience. It is in this group where biopsy is so important, that the pathologist often has one of the most difficult tasks in

making a positive differentiation.

In the leukemias, smaller doses of radiation are necessary. Here 30 to 50% of an erythema dose over the spleen or enlarged glands, repeated in accordance to the response in the blood count, has given best results. When the white blood count approaches the normal, radiation should be In my experience, temporarily discontinued. radiation of the long bones, as often recommended, is of little practical value, in fact, a waste of valuable time, except in rare cases. Thus irradiation treatment with x-ray or gamma rays tends to restore the blood count to normal, improves the general symptoms, restores the feeling of well being and apparently cures the patient temporarily. Although this is the best form of therapy for the ordinary chronic types of leukemias it does not definitely increase their life expectancy. It simply makes them more comfortable during the course of the malady.

In regard to acute leukemias and those of acute or rapid onset, here great caution should be used in administering radiation if it is justifiable to use it at all.

In this same connection, attention should be called to the related condition of chloroma of which we have one case of the myoblastic type. This patient under very mild irradiation dosage received marked relief from the paraplegia and pain in the extremities, the headaches and impaired eyesight, with the disappearance of the exophthalmus and apparent temporary restoration only to die a few months later of a recurrence and terminal pneumonia.

In passing, let me remind that tuberculous nodes respond to irradiation in more than 90% of the cases. Even the most discouraging types complicated with extensive scrofulodermas and suppurating sinus formations can be permanently healed by treatment with 50 to 75% of the skin dose repeated every 3 to 4 weeks. Here aluminum filtered rays at 140 K.V. will work well or a lesser amount of copper filtered x-ray or gamma radiation.

Next we may consider the embryonal tumors of childhood. Two such cases have been irradiated recently at the Institute, one a tumor of the kidney in a boy age three years with slight palliation and the other, a more recent case involving the pelvic organs in a girl of thirteen years with a result that has been quite remarkable even in the light of a probably ultimately hopeless prognosis. In the same category, may be mentioned the case of a child, age eleven years, with a large round cell sarcoma of the ovary. This child had received considerable palliation but died after ten months.

Among the rarer types of malignancies is one

recent case of sarcoma botryoides or rhabdomyoma of the vagina, bladder and uterus in a child, age two years. This child complained of dysuria, a vaginal discharge, the passage of tumors per vagina all of which symptoms should make one suspect this lesion in a child. Radiation of the pelvic region with high powered x-ray produced a complete disappearance of all tumor tissue with marked improvement of the general health of the child. After three months interval this patient has lost her previous gain and shows recurrence of the original growth.

Glioma of the retina in our experience has been quite a common lesion. We have seen this condition in children ranging from twenty months of age to thirteen years. Radiation, either with gamma rays or x-ray, slows the progress of the growth and has produced clinical healing in three of our patients, two of whom had previous enucleation operations and one x-ray irradiation only.

Last but not least, we have seen excellent regression in a child, age nine years, with lupus of long standing involving the whole face on which has engrafted an epithelioma due to repeated radiation for the lupus. Under protestation I treated this case and the results were much more gratifying than could ever have been expected.

After the recital of such a list of indications one might be left somewhat in the position of Dr. Charles Mayo who upon graduation from medical college, lamented the fact that he was about to enter upon a sordid existence in the practice of medicine where future progress would be almost impossible, for his professors in their long, tedious and assuring discourses had seemed to leave no unfathomed possibilities. Such is not the case; radiation is not a panacea. In fact, no patient should be subjected to radiation unless after a reasonable provisional diagnosis or biopsy, this therapy seems justifiable. Treatment should only be given by those thoroughly competent and with standardized armamentarium of known efficiency and output. All irritation of the field of treatment should be carefully avoided i.e., as with diathermy, ultra-violet or infra-red rays, hot water bottles, prolonged use of ice bags, iodine applications, or other irritating ointment.

Such precautions will prevent damage to the skin and save the radiologist the unnecessary accusation of having burned the patient. Should the skin become red, plain cold cream is most satisfactory.

Finally, radiation therapy has produced regressions in tumors such as never before deemed possible. It has raised hopes to the point where some had even predicted the ultimate conquest of malignancy by such means. It has fired the research workers with new vigor in their attempt to illumine with the light of knowledge this enigmatic field of medicine. Its achievements have

been surely most encouraging but until we are able to deal more effectually with the great majority of victims of this disease and produce perimment cures in a larger proportion, we must keep up a vigilant search for better methods in medicine, surgery and radiology before we can hope to cure imalignance in these youthful patients

## THE SACRO-ILIAC SYNDROME\* By G P BERGMANN, M D, MATTITUCK, N Y

HAT there is a displacement of the sacrothat joint which is common, which is accompanied by rather constant symptoms, which is readily recognized, and which is easily corrected was brought to my attention for the first time last fall. I had always considered backache and sacro-iliac pain as one of those indefinite conditions the exact nature of which was obscure, for which little or nothing could be done, and which ordinarily did not arouse any particular interest in the physician. If the pain was severe and gave indications of a sciatica, then one expected the usual trouble. One ordinarily thought of science irritation in terms of focal infection provided there was no history of mjury or strain That meant little or no attention to the back itself but meant a search for dental, tonsillar, smus, intestinal, or numerous other possible foci of intection. If no focus was demonstrable, it meant expectant and symptomatic treatment, the patient in the meantime suffering more or less pain, and being incapacitated for an indefinite period. To say the least treatment was unscientific and unsatisfactory now believe that a percentage of these cases can be relieved at once if treatment is instituted soon enough. The best part of it is that relief from pain is immediate and the patient is able to resume his work in a comparatively short space

That pain in the region of the secro iliac joint is a common event is evident to anyone engaged in general practice. How many times do patients complain of backache? Frequently indeed! Who has not heard this story? "Oh, I have such a backache, just like a toothache right here. It hurts me to stoop or bend, I could hardly get out of bed this morning and could not lace my shoes. The ache makes my legs numb and tingle, it even hurts my calf and toes."

Anatomy The sacio iliac joint is an amphinithrosis or slightly movable joint. In this articulation the osseous surfaces are covered by fibro critilage and connected together by external ligaments. It is capable of limited motion in every direction and hence cripable of being displaced in every direction. The most common displacement, however, is a slipping upward of the thum on the scrum giving a superior displace.

ment At the same time there may be a tilting backward of the ilium giving both a superior and posterior displacement. This is casily explained, on consideration of the forces exerted on this joint. For practical purposes however these two displacements may be considered as one because the symptoms diagnosis, and treat ment are practically the same. It is with this type of displacement that we are concerned here

The symptoms of this condition Symptoms have already been touched upon The patient complains of aching and Inneness in the back He may be able to locate it precisely at the sacio iliac joint on either side, or it may not be so def inite. It probably becomes less definitely localized as the condition becomes older, and as the neighboring muscles become somewhat spastic causing a more widesprend pain distribution. He usually is able to assume some position in which he may be more or less comfortable (such as sitting in a chair with a cushion at his back) only to suffer acute pain on moving or bending. He will usually agree that it is difficult for him to rise from his chair and that he has been unable to lace his shoes If there is sufficient displacement or spism to cause sciatic involvement, he will complain of sciatic irritation This usually manifests itself as a numbress or burning tingling pain through out the course of the sciatic nerve. He may coriplan of pain along the posterior aspect of the thigh, in the gastronomius muscle, or even in the foot The amount of pain (of course) may be of varying degree It may be merely disconfort, or it may be so agonizing as to cause shock or collapse

Examination and Diagnosis Having enough symptoms to suspect sacro iliac displacement we proceed with the examination. This is conducted as follows The patient's back is exposed and he is made to sit relaxed on the side of a table with his toes evenly together on the floor or i stool and his hands on his knees. Inspection and palpation of the thac crests will disclose which is the higher of the two. The higher will in variably be on the side of the pain Now he is made to he relaxed and prone on the table with his toes over the end, and gentle traction is made on both ankles on a line which is the imaginary downward continuation of the spin il column In other words his legs are made strught. A shortening of the lower extremity on the iffected side

<sup>\*</sup> kind before the North Fork Chincal Society, on February 13 1930

will be evident. This will remain constant even after gentle traction on the foot. We now can diagnose a superior displacement of the sacroiliac joint. If the posterior superior iliac spine of that side is more prominent, then there is also some posterior displacement.

Treatment: Treatment consists of reduction or of pushing the ilium downward so that it resumes its proper relationship with the sacrum. With the patient still in the prone position and relaxed, reduction is affected by a quick downward push on the iliac crest. If reduction is successful (and the surprising part is that it usually is) the muscle spasm will relax, the short leg will equal the length of its fellow, and the pain will magically disappear.

#### CASES AND ILLUSTRATIONS

1. (L. T.) Chief Complaint-Lameness in back, leg and shoulder, the result of handling potato sacks. Began on Thursday and became increasingly worse but the patient continued to work until finished on Saturday. On Sunday complained of lameness and pain involving back, right shoulder, and running down right leg. Soreness in calf and toes. In my mind I put this down as a sciatic neuritis of obscure cause rather thinking that it might be due to dental infection as this patient had several crowned teeth. Salicylates with advice regarding x-ray of teeth was the next thought. This man, however, had hard pain and was so helpless that he could hardly turn in bed. Then it occurred to me that a careful examination of the sacro-iliac region might reveal something. It did. I not only found a superior dislocation on right side, but easily affected a reduction. To my astonishment he at once exclaimed that he felt better, and to my amazement he easily got out of bed, moved freely about, and announced that he was ready to go to work. The results in this case were so satisfactory that it stimulated my interest and I have constantly been on the look-out for them since.

2. (Mrs. M. R.) Chief Complaint:—Rheuma-

tism in back.

Past History:—About 18 months ago had arthritic pains in back, legs, knees, shoulders, etc. Had numerous badly decayed teeth. The pains finally yielded after removal of bad teeth and

prolonged salicylate therapy.

Present History:—Began with backache four days ago. "My rhuematism is coming back," she said. This backache had become progressively worse until this morning she had difficulty in getting out of bed, could not bend over to put on her shoes, suffers when she stoops or bends, and is troubled with pain in knees and gastrocemius muscle of both legs. Examination showed typical displacement. Easily reduced with complete relief.

3. (Mr. F. R.) Troubled with backache and

sacro-iliac syndrome for over two weeks. Complained more particularly of burning pain down posterior aspect of right leg, extending into foot. Had tried various remedies for two weeks without improvement. Examination showed a displacement on right side, which was reduced with immediate relief.

4. (Mr. C. B.) Past History:—Had sciatica about four years ago. At that time I strapped his back several times (i. e. the common method of applying adhesive across the sacro-iliac joints with attempted immobilization) gave him electrotherapeutics and intensive medical treatment. He finally recovered after a long period, but was troubled with chronic backache.

Chief Complaint:—Presents sacro-iliac syndrome on right side.

Examination:—Shows marked shortening of the right leg, which was reduced only after several attempts, and yet he did not feel much improved. He reported himself unimproved on the following day. Examination showed same marked shortening of right leg. This was reduced with one manipulation, and was strapped at once before he rose from the table. He felt much relieved, and has had no trouble since. I cite this case because I believe that his old condition interfered with easy reduction, and that the tendency was to slip into its accustomed position rather than stay in its normal position. Once reduced normally strapping was necessary to keep it there. This was probably an additional superior dislocation superimposed upon his old position.

5. (Mrs. S.) Chief Complaint:—Terrible backache. She suggested that she had rectal trouble because attack followed several bowel movements, the result of phenolax. Once before she had the same experience i. e. a backache following the taking of phenolax tablets. Careful questioning elicited the signs of sacro-iliac displacement. Examination revealed the condition to be a superior displacement on the right side. This was easily reduced. Relief was immediate and permanent.

This case was presented because one would not associate a sacro-iliac disturbance with this history. I can only surmise that frequent stool sittings with perhaps more or less straining may have been the cause.

Conclusion: In all cases of backache an examination for sacro-iliac displacement should be made. This will be found to be a common condition. Pain is the result of muscle spasm which is nature's attempt to establish immobilization. This muscle spasm will readily subside if a normal position of the joint is effected. This method of treatment offers a relief that is quicker, easier, and surer than any other which has come to my attention.

Volume 30 Number 19

### WATER AND SALT IMBALANCE IN HIGH INTESTINAL OBSTRUCTION AND ITS RELATION TO TREATMENT\*

By THOMAS G ORR, MD, and RUSSELL L HADEN, MD, KANSAS CITY, MISSOURI

THE knowledge of the pathology and treatment of acute intestinal obstruction has been greatly increased during the past twenty years by valuable experimental studies G H Whipple and his associates probably have done more than any other group of workers to stimulate interest in the study of this subject from the experimental stand-point

The work that has contributed most to the treatment of intestinal obstruction has been a study of the chemical changes that take place in the blood In 1912 Hartwell and Houget1 learned that the lives of animals with intestinal obstruction could be prolonged more than three weeks by treatment with large quantities of physiologic sodium chloride They did not realize the important role played by sodium chloride, but attributed the prolongation of life to relief of dehydration considered the toxic symptoms due to disintegration of tissues following dehydration produced by vomiting MacCallum, Lintz, Vermilye, Legget and Boas<sup>2</sup> noted a fall in the blood chlorides after ligating the pylorus They attributed the change in chlorides to a loss of hydrochloric acid in the gastric juice through vomiting and that the symptoms were the result of alkalosis They noted that the symptoms could be relieved by injections of sodium chloride Hastings, Murray and Murray3 found a decrease in the chlorine and sodium after pyloric obstruction Grant<sup>4</sup> also found a marked reduction in blood chlorides in a clinical case of pyloric obstruction. Since these observations it has been repeatedly shown that there is a constant fall in the chlorides of the blood in acute pyloric and high intestinal obstructions, With this change in chlorides there is a rise in the non-protein and urea nitrogen and usually a rise in the CO. combining power Such changes also occur in general or lower abdominal peritonitis7 fact that changes in the blood occur in acute peritonitis similar to those in obstructive lesions lends credence to the view that the cause of death in the former condition is due not to bacterial toxaemia but to the associated obstruction of the gut as emphasized by Pringles and Sampson Handleys

The cause of the decrease in blood and urine chlorides is probably best explained by vomiting. While this may be true in high intestinal obstruction and peritoritis, vomiting does not explain the chloride loss from the

\* Read at a meeting of the Rochester, N. Y. Academy of Medicine May 12, 1930

blood in phenimonia and extensive burns. Examination of body tissues has shown a decrease in the chloride content in acute pyloric and intestinal obstruction which is evidence that the chlorides are not retained in the body 10, 11 Gamble and McIver<sup>11</sup>, in experimental work on rabbits, have shown that the loss of sodium and chlorine can be quantitively accounted for in the distended stomach of these animals which do not voint. Their work is quite conclusive and the best explanation yet offered for the loss of body chlorides in obstruction of the upper intestine.

The cause of death in acute intestinal obstruction has been much discussed and many theories presented. In an exhaustive review of this subject, Cooper12 has both begun and ended his discussion with the question 'what is the cause of death in high obstruction?' It seems quite evident that at present a positive answer to this question cannot be given. In general there is a group of workers, who believe that the cause of death is the result of a toxaemia arising from a toxic product derived from the obstructed gut, and another group, who believe that death results from the loss of upper intestinal tract secretions, causing dehydration, hypochloraemia and starvation There is evidently some argument in favor of each viewpoint, but not yet sufficient to make a decision Undoubtedly the loss of water and electrolytes play a major role in the lethal outcome of high bowel obstruction It has been shown that complete dramage of the stomach13, duodenum14 or upper jejunum15 will cause death in experimental animals, producing the same changes in the chemistry of the blood as those found in high obstruction

A destruction of body protein is known to occur as a result of dehydration, causing an increase in the total non protein nitrogen and urca of the blood16 Acidosis also develops Keithir has found the chlorides increased in experimental dehydration. We have contrasted the chemical changes found in the blood in expérimental dehydration and obstruction at the cardiac end of the stomach The non protein and urea nitrogen are increased in both conditions, but more markedly in the latter The chlorides are much increased by dehydration and slightly decreased with obstruction10 The destruction of body protein is in keeping with the findings in acute obstruction but the decrease in the al kalı reserve and the mcrease in the blood chlorides are contradictory findings. It must be remembered, however, that in high intesti-

nal obstruction dehydration is only one of the important factors, and the loss of chlorides and pancreatic juice play major roles. Since the administration of water and sodium chloride prolongs life, the loss of these substances may be an element in the cause of death in simple obstruction.

The most striking observation made in. recent years in the treatment of intestinal obstruction is the effect of sodium chloride solution upon the prolongation of life. Hartwell and Houget first observed this fact. They did not recognize the benefit derived as in any way attributable to the sodium chloride, but considered the relief of dehydration the important factor in treatment. That sodium chloride is essential for the restoration of proper chemical balance in the treatment of the condition is now proven beyond doubt. Gamble and Ross<sup>10</sup> state that sodium chloride is the only one of a long list of salts containing both of the ions specifically required for plasma repair.

The exact action of sodium chloride solution when introduced into the body is not known. It has been definitely proven that if given in proper quantities it will cause a return to within normal limits of the nitrogen; carbon dioxide combining power and chlorides of the blood. It has also been shown by Hughson and Scarff20 that hypertonic solutions of somum chloride have a direct effect upon the bowel by increasing peristalsis. This has led we the use of such solutions by Ross<sup>21</sup>, Coleman" and others to stimulate activity of the powel to hasten evacuation after relief of mechanical obstruction or in paralytic ileus. Gosset, Binet and Petit-Dutaillis<sup>23</sup> give a very dramatic description of results obtained with 10 percent sodium chloride solution, following release of an acute obstruction of the small bowel. Many surgeons have observed that patients having vomiting and distention following abdominal operations are much improved by the giving of physiologic salt solution. It is, therefore, logical to assume that the musculature of the bowel is increased in tone, and the train of symptoms associated with dehydration and abdominal distention are much reduced in frequency and intensity. In some clinics, it seems quite definite that the postoperative convalescence of patients with abdominal operations has been accompanied with less distress, and the complications reduced, since more emphasis has been placed upon the administration of large quantities of salt solution. Abdominal distention, the great care of every surgeon, has been reduced to a minimum when sodium chloride solution has been used in sufficient quantity.

It must be understood that the relief of dehydration and hypochloremia is only a part or an adjunct to the treatment of intestinal obstruction. When making better surgical risks of intestinal obstruction patients by giving large quantities of water and salt, a danger must be recognized. We have observed that the general improvement of the patient after giving salt solution, with cessation of vomiting and decrease in cyanosis, may be misleading and cause dangerous delay in operation. While the value of restoring the lost water and gastrointestinal secretions is recognized, early operation is still the most important factor in reducing the high mortality in intestinal obstruction. No part of the treatment, such as gastric lavage, duodenal tube drainage, enterostomy and intravenous glucose to furnish food and energy, should be neglected. Just what degree of importance the use of the antitoxin of the Bacillus Welchii as advocated by Williams21 will assume is still to be determined. If the real toxic agent in intestinal obstruction were known, the value of this treatment could be better estimated. . The substituting of bile as a specific treatment as recommended by Brockman<sup>25</sup> must be properly judged by future observations.

#### BIBLIOGRAPHY

1. Hartwell, J. R., and Houget, J. P.: Jour. Am. Med. Asso., 59:82, 1912.
2. MacCallum, W. G., Lintz, J., Vermilye, H. N., Leggett, T. H., and Boas, E.: Bull. Johns Hopkins Hosp., 31:1, 1920.
3. Hastings, A. B., Murray, C. D., and Murray, H. A., Jr.: Jour. Biol. Chem., 46:223, 1921.
4. Grant, S. B.: Arch. Int. Med., 30:355, 1922.
5. Haden, R. L., and Orr, T. G.: Jour. Exp. Med.,

5. Haden, R. L., and Orr, T. G.: Jour. Exp. Med.,

37:377, March 1, 1923.
6. Haden, R. L., and Orr, T. G.: Jour. Exp. Med., 37:365, March 1, 1923.
7. Orr, T. G., and Haden, R. L.: Jour. Exp. Med., 48:339, Sept. 1, 1928.

8. Pringle, S.: Lancet. 869, Apr. 25, 1925. 9. Handley, Sampson: Brit. J. Surg., 12:417, 1924-

10. Haden, R. L., and Orr, T. G.: Jour. Exp. Med., 44:435, Sept. 1, 1926.
11. Gamble, J. L., and McIver, M. A.: Jour. Clin. Investigation, 1:531, Aug., 1925.
12. Cooper, H. S. F.: Arch. Surg., 17:918, Dec., 1928.
13. Walters, W., and Bollman, J. L.: Arch. Surg., 13:578, Oct. 1928.

13:578. Oct., 1928.
14. Walters, W., Kilgore, A. M., and Bollman, J. L.:

Jour. Am. Med. Asso., 86:186, Jan. 16, 1926.
15. Orr, T. G., and Haden, R. L.: Jour. Am. Med.

Asso., 87:632, Aug. 28, 1926.
16. Marriott, W. McKim: Physiol. Reviews, 3:275, 1023 1923.

17. Keith, N. M.: Am. Jour. Physiol., 63:395, 1923.
18. Haden, R. L., and Orr, T. G.: Jour. Exp. Med., 49:945. June 1, 1929.

19. Gamble, J. L., and Ross, S. G.: Jour. Clin. Investigation. 1:403, June, 1925.
20. Hughson, W., Scarff, J. E.: Bull. Johns Hopkins Hosp., 35:197, July, 1924.
21. Ross, J. W.: Canadian Med. Asso. Jour., 16:241, 1926.

1926. 22. Coleman, E. P.: Jour. Am. Med. Asso., 88:1060. Apr. 2, 1927.

23. Gosset, A., Binet, L., and Petit-Dutaillis, D.: Presse Med., 17, Jan. 7, 1928.

24. Williams, B. W.: Lancet, 1:907, Apr. 30, 1927.

25. Brockman, P. St. I. Lancet, 2:217, Apr. 12, 1027.

## CAUSES OF ASTHMA BY INHALATION\* By LOUIS MAMELOK, MD, NEW YORK, N Y.

T is generally recognized that the symptoms in a great many cases of Bronchial Asthma are due to substances present in the air, which upon inhalation are absorbed by the mucous membrane of the upper respiratory tract and give rise to irritation by such absorp-These substances are many and are derived from varied sources as will be described, having but few characteristics in common Due to the fact, however, that they all evert their influence upon the patient as a result of inhalation it is convenient to group them together and designate them as "Inhalants" Since it has been found that about 60% of all cases of asthma are due in whole or in part to the irritation caused by these inhalants, the importance of these as a group is fully *iustified* 

It is the purpose of this paper to enumerate these substances which may be classified as inhalants and to describe the sources from which they are derived, as well as their uses. Many of these are employed in the arts as will be described later.

Inhalants may be divided into Seasonal and Non-Seasonal The only scasonal inhalants are the pollens of trees, grasses, and weeds From March 15th to June 15th the tree pollens cause asthma by inhalation They include several types of Ash, also Beech, Elm, Hickory, Poplar, Maple, and Oak From May 15th to July 15th, occur the pollens of Plantain and of the grasses such as Timothy, Rye, Orchard Grass, Blue Grass, Sweet Vernal Grass, and Bermuda Grass From August 15th to frost, the most important pollens causing asthma are those of the High and Low Ragweed The less important are those of Goldenrod, Aster, Dahla, Sunflower, Corn, Chrysanthemum and Cosmos

Of non-seasonal mhalants, the one most important is dust, particularly house dust and shop dust. House dust consists of those substances gathered by the ordinary vacuum cleaner from rugs, curtains, floor coverings, cushions, bits of feathers, hair from pets, face powder, glue, and insect powder. Shop dust includes dust from bikers' shops where is present wheat and rye dust, dust from jewelers' shops, including saw-dust from bowood wheels, dust from fur shops where particles of fur and preservatives are present, dust from barber shops where is present orns root and rice powder, and dust from the florist shop where various pollens are present

In addition to these more common substances, there is present an unidentified factor

\* From the Clinic of Applied Immunology Department of Medicile New York Lost Craduate Hospital and Medical School

which is specific in type and which often causes asthma in patients who are entirely unsusceptible to all known ingredients such as those just mentioned <sup>1</sup>

The fact that castor bean dust by inhalation could cause asthma was established by Figley and Elrod in 1924. Commercially this is known as pomace. The greatest protein factor in the castor bean is globulin but there is also present active ricin and albumen.

Orns root, one of the most common causes among the inhalants is present in most cosmetics, especially in face and rice powders. A patient susceptible to orns root will develop an attack of asthma not only by using such powder, but thru contact with another person using it.

Feathers play an important part in asthma Chicken duck and goose feathers are used in the stuffing of bedticks quilts cushions, and, principally in pillows Feather susceptible patients should avoid feathers and use instead silk floss or horse hair in their beddings

Among animal emanations that cause asthma are cat, dog, rabbit goat, sheep, horse and cow epithelia. Asthmatics susceptible to these substances usually develop attacks by coming directly in contact with them, although occasionally by indirect contact in the form of wearing apparel. Undyed fur will live a worse effect than dyed fur on susceptible patients.

While there are not so many cases of asthma caused by animal epithelia, it is important to know from what animals are obtained furs that have commercial names The Lyna used for collars of women's coats comes from the Lyny a member of the cat family The Red and Silver Fox Furs come from the fox, a member of the dog family Furs commercially known as Bear or Japanese Wolf come from the goat Persian Lamb or Broadtail comes from the kid Astrakan fur comes from the sheep Fur known as Black Lynx comes from the hare According to the process of preparation, rabbit skin is made into Seal, Hudson Seal, Electric Seal, and Cape Seal 3

Rabbit fur is used in the manufacture of many felt hats. Workers in felt hat factories who are susceptible to rabbit epithelium asthma will have that asthmatic condition aggravated

Rabbit hair is often used as a substitute for feathers in pillows or mattresses. Our Social Service at the Post Graduate Hospital and Medical School which follows up cases at the home of the patient takes samples of contents of the patient's pillows and mattresses. If

rabbit hair is found, he is ordered to change his beddings and this will often cause all his symptoms to disappear.

Rabbits are used as laboratory animals. sometimes as food, and sometimes they are killed and stuffed and used as ornaments on

the wall.

Wool which comes mainly from sheep is divided into (1) Cording wool which includes short fibers, (2) Combing wool which includes long fibers, and (3) coarsest of the long fiber wool known as carpet wool or blanket wool. Undved wool will have a worse effect on patients than dyed wool. Only few cases of wool asthma are present.

Flax is another inhalant that may cause asthma. Flax is divided into fiber and seed. From the fiber is produced the fabric linen used for making (1) Choice tablecloths, (2) Handkerchiefs, (3) Articles of apparel, (4) Nap-kins, (5) Towels, (6) Twine, (7) Rope, (8) Cordage, (9) Sailcloth, and (10) Wings of Aeroplanes. From the seed is made (1) Linseed Oil, (2) Linoleum, (3) Oilcloth, (4) Medicinal preparations as Carron Oil, (5) Ingredients of paints, and (6) Ingredients of varnishes. Most important of all, flaxseed in powdered form is used extensively as poultices for the purpose of counterirritation. A flax-sensitive patient would have his condition aggravated if a flaxseed poultice were applied.

Cottonseed is another cause of asthma. Cottonseed is fed to cows in the winter season and it is suspected that milk coming from cows fed on cottonseed if taken by cottonseed sensitive patients will cause these patients to get

an attack.

Tobacco, an infrequent cause of asthma, is manufactured as cigars, cigarettes, smoking tobacco, chewing tobacco, and snuff. Patients susceptible to tobacco are also often susceptible to tobacco smoke so that if these patients enter a room filled with tobacco smoke they will get an attack. It is interesting to note

that tobacco is used in conjunction with stramonium, lobelia, or cubebs to make asthma cigars and cigarettes, so that a patient who is sensitive to tobacco might have his condition aggravated by smoking cigars or cigarettes specifically prepared for asthmatics.

Insecticides which cause asthma usually contain Pyrethrum. Powdered Pyrethrum is made from blossoms, leaves and twigs of the Pyrethrum plant. The Pyrethrum plant grows in Dalmatia. It is closely related to the Chrysanthemum.

Glue is another inhalant causing asthma. Glue is an animal cement made from animal parings of hoof, hides, tails and bones of animals. The best glue comes from true skins. Fish glue is made from the head, offal and scales of fish. Glue is used extensively in the furniture industry. It is used on ink rollers for printing presses. It is used in calico painting and calsomining. Patent leather has a coat of varnish which has glue.

Mustard, another cause of asthma, is used in It is used extensively as a counterirritant in the form of pastes and plasters. Since mustard baths and pastes are often advised for asthma in children it is easy to see how the mustard sensitive asthma infant would have his condition aggravated.

#### Conclusion

A list is given of various substances which, upon inhalation, cause asthma in individuals sensitive to them. These substances are met with in every-day life.

#### BIBLIOGRAPHY

1. Grove, E. F., and Coca, A. F.: Journal of Immunology, Vol. 10, pp. 471-481, March, 1925.
2. Figley, K. D., and Elrod, R. H.: A.M.A., pp. 79-

82, Jan. 14, 1928.

3. Seton, E. T.: Volume on Animals from the Nature Library. Published by Doubleday, Page & Co., Garden City, N. Y.; pp. 157-161, 169-176 (1926). American Educator, published by Ralph Durham Co., Chicago, Ill., 1924, edited by E. D. Foster, Vol. 3, p. 1425.

#### PERIODIC HEALTH EXAMINATION\*

By W. H. ROSS, M.D., BRENTWOOD, N. Y.

HERE has never been a time in the history of medicine when so much effort was being made, by the leaders of medicine to give the public the benefit of health progress as methods to prevent disease develop.

\* Read at the public meeting sponsored by the Committee on Periodic Health Examination of the Medical Society of the State of New York, at Rochester, N. Y., June 4, 1930.

There is a very definite change in public sentiment health and practice and administration. We have passed from the stage when it was thought that general cleanliness only was sufficient to protect from disease into the stage of seeking with laboratory help, the sources of disease.

It is not new to say that we have gained more knowledge in the last fifty years regarding communicable disease than in all previous times. Public health is no longer content to treat the sick, and to take measures only to control the spread of disease, after disease has made its appearance, but to find through laboratory examinations the cause of disease and to prevent their appearance at all immunization. "Physicians have come to be increasingly the conservers and suppliers of the positive commodity of good health, decreasingly the emergency repair men called in when some-

thing has gone wrong." The medical profession is now systematically advocating a new stage in medicine. It is chiefly characterized by an effort to make an earlier diagnosis and at a time when disease is in its incipiency, or in the preclinical stage which simply means before it has produced any symptoms that the patient feels. Medicine advocates a physical health examination for every one at regular intervals and corroborated by laboratory tests, blood chemistry and the use of instrumentary precision, for measuring functions of organs; the giving of advice regarding general habits of, eating, sleeping, working and recreation, and others, and treatment if needed at a time when it can be most surely effective, i.e., when disease is in a preventable or remediable stage-to the end that life may be lived comfortably, happily and efficiently.

There has never been as great an effort to increase interest in health examinations at regular intervals as during the present year under the leadership of Dr. Ward Crampton of New York

Medicine is organized for the advancement of its science and the making of medical knowledge available to the public. This is one of the ideals of medicine.

There are several reasons for the rather sudden public interest in prevention medicine, but none are greater than that medicine has come to have a public character because the public knows more about it and more about what can be had in health service. There are two kinds of medical service; one applied when people. are sick,-the other before they get sick and the latter is made up of such things as prenatal care, infant welfare or well-baby clinics, general immunization and periodic health examination. The general adoption of this form of service by the profession of medicine work by the public is an ideal of the future but it is steadily advancing in the present. It may soon go faster. We are in a new social era with a different economic status. The general principle of higher wages and a greater appeal in the cost of living and wages in recent years so that the purchasing power of wages is relatively higher than ever before; combined with shorter hours of labor, and the increase in man hour productively of 60% in less than fifty years, satisfying better than ever before the wants of people. People have, therefore, more leisure and greater capacity to consume material things and pay attention to health. These things are likely to increase as the result of other factors, i.e. use of power is now increasing 33/4 times faster than population I quote the following from the conclusions of the committee on recent economic changes: "The use of public utilities and the economic activity of the last seven years has given us 20,000 miles of airways, moves a billion and a half tons of freight; has placed 25,000,000 motor cars on the highways; has built good roads that go in all directions; has carried electricity to 17,000,-000 homes; sent 33/4 million children to high school and a million to colleges-and has fed, housed, clothed and amused 120,000,000 people better than ever before. It takes only a moment of thinking along these economic developments to see "the change in our national life," and it does not require much thought to see that the public may soon demand more of the medical profession than just to cure them when they get sick.

Since man has always feared pain and death, the social trends in the last few years have turned, among other things, to health service. The public have become health conscious just as they have become amusement conscious, and new conditions confront not only the medical profession, but health organizations and welfare agencies.

There is among the thinking public a growing demand for better health.

The medical profession, public health agencies, the medical teachers, lay health agencies and the thinking public all agree that doctors should put into their daily practice, preventive measures in the same spirit that they are curative measures and that it is in the interest of one of the purposes of organized medicine to do so.

Medicine is on the edge of making practical application of available medical knowledge. It is more than ever endeavoring to conform to the measure that Osler has given us when he said that medical advance is to be measured by its availability to the public.

Organized medicine in this State is sponsoring a broad program of health conservation and it is intresting to state that civic bodies are assisting in the general educational program of periodic health examinations for apparently healthy persons.

The Medical Society of the State of New York is committed to this service.

## NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication. CHARLES H. GOODRICH, M.D., Chairman.......Brooklyn Charles Gordon Heyd, M D.......New York Daniel S. Dougherty, M.D.....New York

Editor-in-Chief-Orrin Sage Wightman, M.D.......New York Executive Editor-Frank Overton, M.D.........Patchogue Advertising Manager--Joseph B. Tufts......New York

Business and Editorial Office-2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the JOURNAL. Views expressed in the various departments of the JOURNAL represent the views of the writers.

#### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### **OFFICERS**

President—William H. Ross, M.D	President-Elect—WILLIAM D. JOHNSON, M.D
Speaker-John A. Card, M.DFoughkeepsie	VICE-SPECKEF—GRONGE VV. COITIS, M.DJamestown

#### TRUSTEES

HARRY R. TRICK, M.D., Chairman	»Buffalo
JAMES F. ROONEY, M.DAlbany	NATHAN B. VAN ETTEN. M.D
ARTHUR W. BOOTH, M.DElmira	GRANT C. MADILL. M.DOgdensburg

#### CHAIRMEN, STANDING COMMITTEES

Arrangements—Frederick H. Flaherty, M.DSyracuse
Legislative—HARRY ARANOW, M.D
Pub. Health and Med. Education-T. P. FARMER, M.D., Syracuse
Scientific Work-ARTHUR J. BEDELL, M.DAlbany
Medical Economics-George F. CHANDLER, M.DKingston
Public Relations-James E. Sadlier, M.DPoughkeepsic
Medical Research-Joshua E. Sweet, M.DNew York
JANUAR ALLEGATOR JUSTICA D. DWALL, MILD

#### CHAIRMEN, SPECIAL COMMITTEES

Group Insurance-John A. Card, M.D	Poughkeepsie
Periodic Health Exam's-C. WARD CRAMPTON, M.I	New York
Nurse Problem-NATHAN B. VAN ETTEN, M.D	Bronx
Physical Therapy-RICHARD KOVACS, M.D	New York
Anti-Diphtheria-Nathan B. Van Etten, M.D	Bronx
Anni-Dipanterio-Raidan D. Van Ellen, M.D	

#### PRESIDENTS, DISTRICT BRANCHES

First District-George B. Stanwix, M.D	$F_1$
Second District—Charles H. Goodbron, M.D., Brooklyn	S
Third District—EDGAR A. VANDER VEER. M.DAlbany	S
Fourth District-William L. Munson, M.DGranville	E

Fifth District—Augustus B. Santry, M.D....Little Falls
Sixth District—George M. Cady, M.D....Nichols
Seventh District—E. Carlton Foster, M.D....Penn Yan
Sighth District—W. Ross Thomson....Warsaw

#### SECTION OFFICERS

Medicine—John Wyckoff, M.D., Chairman, New York; David A. Haller, M.D., Secretary, Rochester.

Surgery—Charles W. Webb, M.D., Chairman, New York; David B. Haller, M.D., Secretary, Rochester.

Obstetrics and Gynecology—Onslow A. Gordon, Jr., M.D., Chairman, Brooklyn; George H. Bonneyond, M.D., Secretary, Uticz.

Pediatrics—Marshall C. Pease, M.D., Chairman, New York; Douglas P. Arnold, M.D., Vice-Chairman, Buffalo; Brewster C. Doust,

M.D., Secretary, Syracuse.

Eye, Ear, Nose and Throat—Conrad Berens, M.D., Chairman, New York; Richard T. Atkins, M.D., Secretary, New York.

Public Health, Hygiene and Sanitation—Arthur T. Davis, M.D., Chairman, Riverhead; Frank W. Laidlan, M.D., Secretary, Middletown.

Neurology and Psychiatry—Noble R. Chaubers, M.D., Chairman, Syracuse; Irving J. Sands, M.D., Secretary, Brooklyn.

Dermatology and Syphilology—Earl D. Oseorne, M.D., Chairman, Buffalo; Leo Spiegel, M.D., Secretary, New York.

Office at 15 Park Place, New York. Telephone, Barclay 5550

Counsel-Lorenz J. Brosnan, Esq.

Consulting Counsel-Lloyd P. STRYKER, Esq.

Attorney-Thomas H. Clearwater, Esq.

Executive Officer-Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4-4214. For list of officers of County Medical Societies, see this issue, advertising page xxxii.

Next Annual Meeting, Hotel Syracuse, Syracuse.

#### PERSONAL CONTACT

More can be accomplished by personal contact than by the printed page. The three conierences recorded on pages 1176 to 1181 of this Journal produced results more definite and concrete than a year of printing and letter writing. But let no one be misled by these seemingly spontaneous results, for they were the end products of months of reading impersonal reports. The county secretaries and

committee chairmen had read the reports and instructions in the Journal, but they did not realize their personal responsibility for applying them in their own communities. Personal contact with the leaders of the State Society is the spark which actuates the motive power of the local workers. The reports in the Journal and the bulletins of the committees are the fuel which supplies the power.

#### PRESIDENTIAL COMMENTS ON CURRENT EVENTS-NO. 7

In the last two weeks organized medicine in this State has further extended the use of the principle of conference in reaching conclusions regard-

ing its programs and policies

Conference of Chairmen of Standing Committees of the State Social. The chairmen of the Standing and Special Committees met for the first time to discuss their plans and proposed activities for the coming year. The purpose was to harmonize the parts of the program, and to prevent duplication with its waste of effort and money, also, not to undertake impractical features. There was a discussion of methods of efficiency and how best to adjust the program to professional needs, and to add the profession in meeting its public obligations.

The executive officers of the Society were present. These fifteen men had lunch together and afterward discussed methods of practical publicity for the purpose of informing the officers and committeemen of the County Societies of the

State

While there is a certain amount of apathy in some of the County Societies, my study of the situation convinces me that it is due solely to lack of information. The ideals of any one group of doctors are just as great as those any other group. The sole difference is that some have become active sooner than others because they have received information of the State policies sooner.

Conference of Chairmen of County Public Relations Committees The chairmen of the Pub lic Relations Committees of the County Societies niet this year for the first time The purpose was to hear reports of what they had done, and to discuss what there was to do in the State for the betterment of public welfare and the practical interests of the profession by establishing modern relationships with every organization having health interests Organized medicine, through this committee, is seeking constructive cooperation with the interested public This year the Public Relations Committee will be aided in informing itself of the public health activities and other accomplishments of the counties by the President's message at each District Branch meeting This consists essentially of showing the accomplishments of each county in public health and in scientific The State Committee, as soon as it medicine has acquired knowledge of the activities of County Societies, will be in a position to further assist constructively the committees of the County So cietics in establishing proper relationship and cooperation, and to bring to the various public health agencies, with other organizations, the suggestions and criticism of organized medicine

A decided advance was made as the result of the conference of county chairmen in an understanding of the value of the work of the State Committee. The interest shown by those who attended was unusual. Listening to the discussions, it was surprising to learn how very far some groups had gone in civic medicine. Professionalism still actuates men. Commercialism is not the aim of medicine. There is more in medicine than curing disease for pay.

Governor's Health Commission The Special Health Commission will meet from now on once a month It will have a report of obvious needs ready, probably as early as January next Many of the questions before it are so knotty that it will take longer to work out the answers Who should control health work in schools? To what extent shall State aid for health activities be ex-These are fundamental questions and involve much interest to the public and to the medical profession To what extent shall State authority be extended to county organizations for the better administration of public health in counties in which the organization of health depart ments is not desired?

I wish I could comment on this in capital letters

The local profession has the chance now to lead the practice of public health in any county by organizing a health department as Cattaraugus, Suffolk, Westchester, and Cortland have done, and as the County Societies in Wayne and in Jefterson have within two weeks requested, by unanimous resolution, their county governments to do Here is a "little cloud, like a man's hand" Will the profession see it in time? To fail in wisdom now seems absurd. If the profession wants to continue as a mighty force in human affairs, should we not have public sentiment aid us, instead of oppose us?

District Branch Meetings The President's Message to the District Branch meetings this year is being presented by stating the public health accomplishments of each county in the District as well as the facilities for medical care in each County, and in the District as a whole An effort is thus made to measure the profession's response to its public obligation

In the Third District of seven counties it was found that there was ample general and special hospital facilities, ample Inboratory service, and that seventy-two public health, tuberculosis, and school nurses were working in the District. In general, the profession of this District have reason to be encouraged for its excellent public health work.

W. H. Ross

#### APPORTIONING COUNTY SOCIETY ACTIVITIES

The activities of a county medical society, like those of a family doctor, are many and various. The criticism is frequently heard that each officer of the State Society, and each chairman of a committee, gives the impression that his particular activity is the most important of all, and requires the immediate and undivided attention of the members of the county societies.

It is difficult to assign relative values to the several standard activities of a county society. Each activity is a unit in itself, although it fits into the complete plan of the society. There is a standard method of conducting an anti-diphtheria campaign, for example, and a considerable literature has sprung up on that subject alone. If a member of a county society who is unfamiliar with the broad range of society activities were to read an appeal for the campaign, he might think that activity to be about all that the society is considering.

Certain activities of county medical societies are so fundamental that they are almost common place. A scientific paper or clinic, for example, is universally considered to be the principal event on a program. The publication committee of every State Society recognizes that fact, and gives to it the greatest amount of space and the most prominent position of any department in its journal. Yet the sections devoted to news and to editorials carry but a small amount of discussion of the scientific program simply because the scientific activities of a society are standardized and uniform throughout the Nation.

Medical societies must develop new activities in order to give all forms of modern medical services to a community. department of this Journal devotes a considerable amount of space in each issue to the newer methods of medical practice by county medical societies. This present issue, for example, contains reports of three conferences held under the auspices of the State Society for the purpose of constructing practical programs for carrying on the necessary activities of county medical societies. Only a small amount of space is given to activities and methods which have become well known and standardized; but the greater part of the space is devoted to discussions of new activities and new methods. This fact is no indication that the State Society is riding the crest of every wave of progress—it indicates that the leaders of the State Society are alert to develop every form of medical service that a community needs.

If one were to judge the activities of a society by the reports in any single issue of the New York State Journal of Medicine, he might have some grounds for the opinion that the State Society is giving an undue amount of attention to newer forms of medical practice to the neglect of the old standard activities. But turn back to the index published in the issue of December fifteenth of each year, and one will find that the activities of the New York State Medical Society, both old and new, are well apportioned, and that every field of medical service is well covered.

#### LOOKING BACKWARD

### This Journal Twenty-five Years Ago

Principles of Professional Conduct: When the present organization of the Medical Society of the State of New York was in process of formation the adoption of the Principles of Medical Ethics of the American Medical Association was considered and this Journal of October, 1905, gave notice of a referendum vote on the subject. The vote was taken in May, 1906, and was unanimously in favor of the A. M. A. code.

The Medical Society of the State of New York adhered to that original code, but did not adopt

the new A. M. A. when the old one was revised in about the year 1914. There does not seem to have been much dissatisfaction over either the old A. M. A. code of the American Medical Association or the revised one; but on May 21, 1923, the New York State Society adopted an ethical code of its own, and called it "Principles of Professional Conduct." The most apparent difference between the two codes is that the one of New York is only half as long as that of the American Medical Association.

### 2

## MEDICAL PROGRESS



The Calot Treatment of Surgical Tuberculosis .- Dr. F. Calot of Berk-Plage contributes to the Patrik Haglund Festschrift of the Acta Chirurgica Scandinavica, June 18, 1930, a comprehensive article on the bloodless treatment of tuberculosis of the bones, joints and lymphnodes. During the first three years of practice, he said, he operated in all cases of surgical tuberculosis, following the axiom of Trélat of complete and immediate extipation of all accessible tuberculosis foci, as of malignant pustule and cancer. But soon clinical observation and pathological study convinced him that this dogmatic view was false and that tuberculosis could not be treated like cancer; and that the subjects of surgical tuberculosis usually recover provided their general condition is satisfactorily treated and the peripheral focus is suitably dealt with. On the other hand an open operation only serves to cause a wider dissemination of the pathogenic germs, like the harrowing of a well sown field, and moreover frequently leaves one or more fistulous tracts the purulent discharge from which saps the patient's strength. The author's method, as many know, consists in the injection of certain substances to act upon the focus of disease. When an abscess is present the pus is aspirated and then a sclerosing liquid is injected. This consists of guaiacol, 1, creosote, 5, iodoform, 10, in a mixture of ether, 30, and oil 70. Of this the amount injected varies from 3 to 12 grams according to the age of the patient and the size of the abscess. When the cold abscess contains grumous matter clogging the aspirator needle it is necessary to liquely the material by two or three injections of a mixture of 2 grams of naphthol camphor in 12 grams of glycerin. As this latter is not a true solution the bottle should be vigorously shaken for at least a minute and a half and the suspension then injected immediately. After this the abscess is to be treated by aspiration and sclerosing injection, as above. To melt down hard foci (adenitis, epididymitis, etc.) the author injects a mixture of equal parts of sulphoricinated phenol, essence of turpentine, camphorated naphthol and camphorated phenol, 8 drops into the center of the indurated focus, which four times in five liquefies the contents in three days, but if not, the injection is repeated and then the desired result is obtained. To cause a sclerosis of fungous foci the phenol-iodoform liquid as above given, is injected. For the treatment of tuberculous fistulæ Calot employs

an ointment of camphorated phenol and camphorated naphthol, each 3 grams, guaiacol 8, iodoform 10, in spermaceti or lanolin, 100. The liquefaction of this ointment is effected at a temperature of 104° F or a little above, 10 or 15 grams is the amount used in the case of children and double this for adults. Finally the powder he uses for dusting tuberculous surfaces is composed of aristol, 4 grams, bismuth subnitrate, 10, powdered gray cinchona bark, powdered Siam benzoin, and magnesium carbonate, of each 30, essence of eucalyptus, 3. In conclusion the writer insists, as a sine qua non of success, that the method must be well mastered and applied because its technique is precise, and its carrying out calls for great attention and perseverance.

Gas Gangrene in Civil Surgery.—Nils L. Eckhoff reports in brief 23 cases of gas gangrene occurring in the course of six years at Guy's Hospital, London. These were divided into accident and non-accident cases, stress being laid upon the occurrence of gas infection complicating "clean" operations, there being eleven of the latter and twelve of the former. The symptoms and clinical course in the accident cases were the same as those familiar to surgeons in the World War but may profitably be reviewed at this date.

The disease occurs at a variable time after the receipt of a wound, especially of a lacerated one, associated with much trauma, and is most common in the case of street accidents. One of the earliest symptoms is pain coming on thirty-six to forty-eight hours after the injury, accompanied by a rapid rise of temperature and pulse. Other local symptoms are crepitation, extending centrifugally from the wound, great tenseness of the skin, with alternating anemic and reddish black patches, exquisite tenderness, and a brownish-yellow, evilsmelling discharge from the wound. author stresses these features since it is by familiarity with them that gas infection may be recognized in non-accident cases,

The indication is for radical excision of the affected part, which can be easily carried out in the limbs but is not possible when the infection occurs on the trunk. In such cases, however, much good may be accomplished by early incisions, irrigation with hydrogen peroxide and flavine. The early and plentiful administration of serum is insisted upon, especially in cases in which complete excision of the infected region is not possible. Apart from

manifested cases of gas gangrene, the author says great success has followed the administration of serum in cases of unexplained abdominal distention with constitutional disturbance following straightforward abdominal operations, such as cholecystectomy. Prophylactic injections of serum are recommended in all cases of street accidents with open and lacerated wounds.—The British Journal of Surgery, July, 1930, xviii, 69.

Primary Diphtheria of the Nostrils.-Dr. L. Rachmilewitz reports a case of a thin and anemic boy of 61/2 years, who had suffered for two weeks from nosebleed and complete stoppage of respiration through the nose. examination, the lungs, heart, and abdominal organs were found to be normal; there was no redness or swelling of the tonsils, and nothing pathological could be seen in the mucous membrane of the oral cavity, the pharynx, or the larynx; the temperature was normal, the appetite was good, and except for the discomfort from the nasal obstruction and the more or less continued epistaxis, the child felt well and went about and played as usual. Examination of the nose showed both nostrils filled with a sanguinopurulent secretion and a silvery white membrane covering the septum and turbinated bodies.

On the strength of this, the author ventured a diagnosis of nasal diphtheria, which was confirmed by the finding of diphtheria bacilli in pure culture. The patient had no sore throat and there had been no operation in the mouth, nose, or nasopharynx. Treatment consisted in the intramuscular injection of 3,000 units of antitoxin and the instillation of 5 drops of the same in each nostril three times a day. At the end of a week there was only a slight mucous discharge from the nostrils and the membrane had almost entirely disappeared. — Deutsche medizinische Wochenschrift, August 1, 1930.

Sodium Chloride in Ileus.—R. Patry, writing in the Schweizerische medizinische Wochenschrift, July 19, 1930, calls attention to the great value of physiological salt solution in counteracting the toxic symptoms in ileus. These are: increase of urea and nitrogenous waste in the blood; thickening of the blood, with hyperglobulia and increase in hemoglobin percentage by reason of the diminution of the fluid portion; increase of the alkali in the blood: diminution of the chlorides in the blood, sometimes amounting to a loss of a half or even two-thirds of the normal percentage. Various experimenters have found that the life of an animal with intestinal obstruction is greatly prolonged by the administration of

chlorides, especially of the sodium salt. This antitoxic action of sodium chloride has been verified in man clinically by numerous observers, especially Americans. The author gives 100 c.c. of a 20 per cent NaCl solution in five doses of 20 c.c. each intravenously, in the course of twenty-four hours. To compensate for the loss of water a liter of physiological salt solution is given subcutaneously. This treatment is continued for two days after operative relief of the obstruction.

By way of prophylaxis it is well to begin the sodium chloride administration immediately upon completion of the operation. On the theory that the diminution of the chlorides is due in large measure to the vomiting, the author thinks we should look for good results in other cases of incoercible vomiting not dependent upon ileus, as, for example, in the

vomiting of pregnancy.

Prophylaxis of Diphtheria by Means of an Immunizing Ointment.—Dr. Elisabeth Urbanitzky of Vienna, writing in the Deutsche medisinische Wochenschrift of August 8, 1930, discusses the various methods of protection against diphtheria. 1. The production of passive immunity by the injection of antitoxin is absolutely protective, but there are two serious disadvantages of the method. In the first place the immunity lasts but a short time, and, secondly, there is the danger of an anaphylactic reaction if the serum is given again during a subsequent epidemic. 2. Active immunity by toxin-antitoxin is also effective, but it too has its disadvantages. according to the author. She says that many fatalities have been reported in European countries as well as in America and Australia, and there is still the danger of anaphylaxis when three injections are given. A second method of producing active immunity, which the author favors, is by the inunction of a salve containing diphtheria germs in pure culture rendered avirulent by the action of formalin and light. theory that underlies the percutaneous method, Dr. Urbanitzky says, rests upon the fact that practically only the exanthematous diseases, i.e., those with dermatotropic manifestations, such as smallpox, measles, scarlet fever, etc., confer absolute immunity by one attack. She put this method to the test in a children's home, all the inmates, both children and adults, 93 in number, whether Schick positive or negative, being treat-The inunctions were made three times at intervals of two months. The results were most satisfactory. The inunctions were begun in January, 1929, and during that year there was not a single case in the Institution, while for the five years previously the number of cases each vear ranged from 5 to 8. Moreover during 1929 Vienna was visited by an epidemic of diphtheria

and many severe and septic cases occurred outside the Institution. The author's conclusions are that the method is absolutely harmless, easily applied, and more certain than antitoxin injections. The immunity produced is active and lasts at least a year and probably longer. It causes neither a negative phase nor anaphylaxis.

The Nonvalvular Diseases of the Heart in Middle Life.-After quoting statistics which show that heart disease is apparently firmly emplaced as the leading cause of death, David Riesman states that the problem which this situation presents is difficult. The causes of heart diseases are manifold and often entirely elude us, and without a knowledge of the causes no problem can be successfully attacked. We know something of the rôle of syphilis and rheumatism in the causation of heart disease, but the profession as a whole is not sufficiently aware of the importance of rheumatism and of the means of combating it. Systematic health examinations, removal of diseased tonsils, improvement in domiciliary and community hygiene, and regulation of diet go far toward lessening the ravages of this disease. The more obscure causes of heart disease can be discovered only by making it a practice to take a searching history in every case. Among the more obscure causes are latent syphilis, focal infection (especially of the gall-bladder), infectious diseases, over-eating, excessive use of tobacco, and, most important, the general mode and habits of life. Overweaning ambition with all it implies in striving and neglect of self is an outstanding factor in the history of an ever-increasing number of cases. The early manifestations of myocardial weakness are the respiratory, the digestive, the painful, and the oppressive. The digestive type is important because of the possible grave errors in diagnosis. One should never make a diagnosis of indigestion in a patient of 50 years or over without a careful consideration of the heart and circulation. While pain may be the first thing to attract attention to the heart it can scarcely be looked upon as the beginning of the disease. There must be a more or less prolonged incubative period, the earlier detection of which should he our aim. If a patient's family history indicates any weakness of the heart or circulation, his life should be so regulated as to conserve the integrity of the cardiovascular system. In addition to rest, a simple diet, and digitalis, if there are signs of congestive failure or of auricular fibrillation, Riesman finds that carbohydrates in the form of sugar or glucose are beneficial in myocardial cases. To control gaseous distention figuids should be limited to a total of 1200 c.c. (2-3 fruits) a day. Calcium lactate in doses of 6 decigrams (10 grains), three times a day, frequently acts beneficially. Tobacco is permitted only in the greatest moderation. In resuming exercise, the patient, especially the golf player.

should be extremely careful not to overdo .-- Bulletin of the New York Academy of Medicine. August, 1930, vi, 8.

Psychiatry's Part in Preventive Medicine .-Arthur H. Ruggles points to the fact that in some mental hospitals the cases of general paresis have in ten years been greatly reduced. This he believes is in part due to the employment of preventive steps insisted upon by the syphilologist and psychiatrist. Since the Great War facilities for the segregation of some of the feebleminded and for the community treatment of others have been established in nearly every State. This in another generation should lessen the propagation of the mental defective. The misnomer "shell shock" brought to the attention of laymen and physicians alike many cases of psychoneuroses that would otherwise have gone without understanding or treatment, and consequently many have been cured of minor psychoses, thus tending to reduce the number of nervous invalids in the community. Today every psychopathic hospital, and many State and private mental hospitals, have out-patient departments where large numbers of psychoneurotics and incipient psychotics are treated. Here the psychiatrist, the psychologist, and the psychiatric social worker (who is a very important factor in the work) examine, investigate, and treat psychoneurotics, and incipient psychotics, such as the subjects of mild depressions, hypomanic states, early schizophrenia, general paresis, and other types of cases in which institutional treatment is not indicated: thus many psychotic patients are readjusted or stabilized sufficiently so that they never need to go into a mental hospital. In the mental health program no better policy could be established than that for each dollar spent for building an equal amount be devoted to prevention. The greatest contribution of the psychiatrist to preventive medicine is the insistence on the understanding of the patient as a total human being, with emotions as well as tonsils, with conflicts as well as a heart, and with thwarted purposes as well as a gastrointestinal tract. The psychiatrist does not think that all disease is "located in the mind," but takes full cognizance of a possible physical basis, and he often finds that a physical condition is exerting a marked influence on the mental state. Psychiatry still has a very great contribution to make to preventive medicine in the field of a better understanding of the etiology of a large group of psychoses. It will have much more to contribute if medical education trains all physicians to understand and treat the whole human being and not simply a diseased section,-Bulletin of the New York Academy of Medicine, July, 1930.

Treatment of Prostatic Hypertrophy by Radiotherapy and Vasectomy.-K. Fischer and H. Schreus of Düsseldorf report 30 cases of hypertrophy of the prostate gland, treated with benefit, as a rule, by means of vasectomy or roentgen therapy, alone or in combination, with or without retention catheterization. Of cases of the first degree in which a radical operation was not yet indicated, there were seven, in five of which vasectomy alone was performed, in the remaining two radiotherapy being also employed. All of these were either entirely relieved or notably improved: the distressing impulsion to urinate and the stammering at the beginning of micturition wholly disappeared and sleep was much less disturbed. In one case the vasectomy gave slight relief, but x-ray treatment, instituted nine months later, caused marked benefit. Excellent results were obtained also in the inoperable cases and in those in which operations were refused by the patient. In these cases the x-ray applications can hardly do any harm, but on the contrary may almost always be depended upon to bring about an improvement when a previous vasectomy and permanent catheterization have not had satisfac-In five of 23 inoperable cases tory results. the treatment consisted of roentgen radiation alone and the results appear to have been as good as those following vasectomy alone or the combined treatment. The authors conclude that, while always advising a radical operation in advanced but operable cases, when for any reason an operation is inadvisable, the use of roentgen radiation alone or combined with vasectomy is to be urgently recommended.—Münchener medizinische Wochenschrift, July 25, 1930.

On the Mechanism of Cancer Development. -Horst Oertel states that, as has been known for a long while, cancer never arises suddenly or spontaneously from normal tissues. Every tumor arises from a local germinative tumor center, which is furnished by primary developmental structural faults or by perverted regenerations. Kreyberg has demonstrated that in experimental tar cancer of the skin the cancerous growth is ushered in, as the first step, by a permanent hyperemia of the skin vessels; their contractile function has been irreparably damaged. As a consequence of the greater blood and oxygen supply all the tissues grow and increase, but where the hyperemia is greatest the epithelial cells begin to run ahead and grow to warty excrescences. Some of the dilated non-contractile vessels are obstructed or narrowed by blood clots, hence a tissue which is at first over-supplied with nutrient material and oxygen is now deprived of both. In places where the nutrition of the part is entirely interfered with, these warty epithelial growths die, undergo necrosis; in other places they remain warts, and in still other places they become cancerous. This malignant transformation occurs, therefore, in the

tion through vasomotor and other nerves, have been so shifted that the normal process of cell regeneration is fundamentally and permanently interfered with. Thus arise cell mutations with abbreviated differentiation. The tumor is therefore not a lawless growth, but rather the lawful result of a we'll-defined sequence of events, by which the entire biological tissue characters and consequently the relations of its components, are rearranged. The cancer cells, thus produced, are not open to those physiological environmental tissue influences which normally determine relative position and differentiation in new cells. Hence they grow as a new entity, with their own blood and nerve supplies which are adapted only to their growth. The physiological, stationary, fully differentiated tissue is thus replaced wherever the atypical cancer cells grow, not by an aggression of the tumor cells but by supersession of a new actively growing tissue organization which is grafted upon an old stationary one. The tumor problem can be solved only by sober, necessarily slow, intensive penetration into the laws that govern growth, because the tumor problem is a problem of growth.—Canadian Medical Association Journal, August, 1930, xxiii, 2.

The Diagnostic Value of Auscultation of the Arteries in the Neck.—Drs. Anastasius Landau and Joseph Held of Warsaw, formulate the following conclusions in an article on this subject appearing in the Archives des Maladies du Cœur, August, 1930.

1. In senile atheroma of the aorta and in cases of arterial hypertension, auscultation of the aorta in the two classical areas—the second right intercostal space near the sternum and the manubrium sterni—affords no reliable information regarding the actual state of this vessel. In such a case, auscultation of the arteries in the neck may reveal a systolic murmur or a loud, metallic diastolic sound, or sometimes the two together. They are usually especially distinct over the right carotid.

2. In syphilitic aortitis, the second aortic sound and also the diastolic murmur in the arteries of the neck are often very loud and sometimes metallic in quality. The first sound is generally a blowing murmur in the aortic area, extending, as in atheromatous aortitis, into the vessels of the neck, more particularly the right carotid, in a certain number of cases. In an important group of cases of syphilitic aortitis this systolic murmur is heard with maximum intensity in the vessels of the left side of the neck, in particular the left subclavian. In certain cases there is a weakening of pulsations in the left side, but in others the pulsations in the two sides are equal. While in the first case one might imagine a narrowing of the orifice of the left subclavian, it is difficult to



### LEGAL



#### MEDICINE AND LAW JOIN TO SAVE THE LIFE OF A CHILD

By LORINZ J BROSNAN, ESQ Counsel Medical Society of the State of New York

A very interesting case demonstrating the flexibility and pliancy of the law, its ability to cope with new situations and its unending zeal for the welfare of its citizens trose recently in one of our Children's Courts. The facts are brief. A mother refused to permit physicians to attend her thirteen-year old son who was suffering from empyema, for which an operation was imperative. The attention of the Society for the Prevention of Cruelty to Children was directed to the case, and they instituted legal proceedings to force the mother to permit the necessary medical attention.

The Court granted the relief prayed for by the petitioners. In so doing it applied a statute passed in 1924 and later incorporated in the Children's Court Act. This statute reads

so far as material

'Whenever a child within the jurisdiction of the court and under the provisions of this Act appears to the court to be in need of medical or surgical care a suitable order may be made for the treatment of such child in its home, in a hospital or other suitable institution, and the reasonable expenses thereof shall be a charge upon the city of New York, but the court may, after a proper hearing, issue an order that the person or persons charged with the liability under the law to support such child, shall pay a part or all the expenses of such treatment in the manner provided in subdivision three of section seven of this Act for the support or partial support of children committed by the court"

In pursuance of the order of the Court, the child was given the necessary medical care and attention, resulting in an improvement of the condition from which the child was suffering and for which the mother refused to permit

any medical care or attention

I he theory upon which this statute is based is in accord with sound public policy. While the child from conception until emancipation is subjected to parental guidance, nevertheless its welfare is so closely associated with the State that it is within the province of the legis lature to pass reasonable laws which have for their objective the true welfare of the child. The care of youth by the State is not new From the days of early Rome and Sparta, down through the Middle Ages, until today the tendency of foreign countries has been not

only compulsory mental but also physical edu-

In addition to the statute above quoted, we also find that Section 21-B of the Public Health Law provides that health officers may examine school children, may promote the spread of information as to causes, nature and prevention of prevalent diseases and the improvement of health, and may take such steps as are necessary to secure prompt and full reports of communicable diseases, and Section 482 of the Penal Law makes it a misdemeanor for any person who wilfully omits, without lawful excuse, to perform a duty by law imposed upon him to furnish food, clothing, shelter or medical attendance to a minor, or to make such payment towards its maintenance as may have been required by the order of a court or magistrate when such minor has been committed to an institution

The law does not impose any onerous or unreasonable obligation upon the parents. In the instant case five physicians had testified as to the necessity for medical treatment, but the mother refused to permit the child to receive the kind of treatment which these doctors had unanimously agreed was necessary for the preservation of the health and life of the child

The decision reached by the Court in this mitter was in accordance with justice, common sense and sound public policy. The President of one of our component County Societies summed up the situation when he said.

"The ruling obviously was the only rational one possible from a medical and sociological standpoint. The mother, a lay person had no scientific or medical knowledge. The five doctors who testified naturally knew more about the necessity of the operation than the mother. She was apparently ignorant of the actualities of the situation and in her ignorance almost lost her son's life. She was laboring under a misappiehension.

\*\* \* The subsequent outcome proved the justification of the Court's decision. It is hoped that this case will set a precedent upon which future similar cases will be decided

"Lay persons with no training such as the highly trained physician of today possesses can hardly be in a position to determine what can and what cannot be done by surgery."

#### ALLEGED NEGLIGENCE IN SKIN GRAFTING OPERATIONS

In this case the plaintiff, a middle-aged woman, was a presser engaged by a laundry. The defendant doctor in this case was called one afternoon by the manager of the laundry and upon his arrival found the plaintiff suffering great pain as a result of a severe burn of the left arm extending across the entire width of the anterior surface of the arm and from the junction of the wrist with the hand to a point about midway between the elbow and shoulder. The skin of this area was a dull grayish white color and hard, and at this time it was impossible to tell how deep the destruction of tissue had extended. The patient was given a one-quarter grain morphine sulphate hypodermic tablet to dissolve under her tongue, the purpose being to alleviate to as great a degree as possible her pain. An unguentine dressing was applied and she was removed at once to the hospital during which time applications of unguentine were given to the burn, and a posterior splint was applied to keep the elbow

About two weeks later all the dead tissue had sloughed away and it was evident to the attending physician that he was dealing with a burn of the fourth degree with a small area in the flexure of the elbow, of fifth degree severity. At this time the dressing was changed to adhesive strapping but the splint was still retained. Approximately one week later diathermy treatments were started by means of a cuff around the arm just below the shoulder and the hand in a vessel of saline solution. These treatments were given daily but occasionally an interval of two or three days was allowed to elapse in order that the temporary soreness in the joints might clear up and that the small areas that had been broken down in the first healed part of the scar, might heal up again. Meanwhile the unhealed portion was dressed daily.

Shortly thereafter the dressing was changed to boric acid treatment. At this time it was evident to the physician that he was not dealing with an ordinary scar, but one that showed definite and unmistakable keloid characteristics. A very small third degree burn just above the edge of the large area had healed very rapidly but examination of that scar showed a definite overgrowth of hard, dense, fibrous tissue, a typical keloid scar.

In spite of the daily treatment which had been given and attempts to keep the scar stretched, the area had gradually flexed from a position of complete extension at the time the splint was discarded to about 45 degree flexion. Every effort was made to have the patient cooperate in keeping the scar stretched

by use of weights in the hand, such as carrying a smal pail of stones or sand while at home, but this advice was met with more or less ridicule and with statements to the effect that she would be better off without the arm, and also that she had a lawyer to look after her interests and to see that she got everything that was coming to her. It was explained, to the patient that if the dense fibrous band in the center of the scar could be removed and new skin made to grow there after transference from some other part of her body, the chances of a useful elbow would be much enhanced. At this time there was about 90 degree motion in the elbow joint, flexion being almost complete but extension lacking about 45 degrees of being complete, due to the bridging of the dense keloid scar across the bend of the elbow.

With the plaintiff's consent the following operation was performed under anesthesia: The upper half of the scar was dissected away from the upper edge of the healthy skin to a point just below the flexure of the elbow, disclosing a little subcicatricial fat at the upper end but none at the lower. By making two parallel linear incisions about one inch on either side of the skin edge, freeing these strips of skin and subcutaneous fat and sliding them toward the center till they met, there suturing them together, and suturing the two incisions in a direction at right angles to their length, it was possible to close the upper three inches of the area without grafting. The remaining defect in the bend of the elbow was filled in by two strips of full thickness skin with a little subcutaneous tissue, about four inches long and an inch and a half wide, one taken from each thigh. The incisions in the thighs were easily approximated by interrupted silkworm sutures and an ointment dressing applied.

A couple of days later, all dressings were removed and the area inspected. The upper part of the wound where the skin edges had been approximated, was healing nicely. The grafts were slightly dark in color and there seemed to be union taking place around the edge except for a small area at the bottom where three sutures had pulled out. The areas on the thighs healed quickly, so that at the time the patient was discharged there was no dressing required on one, and only a small dressing on the other to protect a small crust on the scar. At no time do the nurse's notes on the chart reveal any complaint of pain in the thighs.

After her discharge from the hospital the plaintiff's arm was dressed daily with boric acid ointment and the splinting continued to prevent contracture by the new scar.

Two months later the arm was practically healed. Although the grafts had failed to take, a portion of the subcutaneous tissue had remained and grown, forming a slight cushion between the surface scar and the underlying tendons.

At this time there was about 45 degrees motion in the elbow joint. Then the daily treatments of diathermy, vibration, massage and motion (both active and passive) were started again.

A short time after, the motion in the joint had just about doubled, and was about 90 degrees. Almost complete extension was possible, but flexion was impossible beyond 90 degrees, due to adhesions in the elbow joint. It is interesting to note that at this time the scar was in no way limiting the motion of the joint.

Continued treatments for the next ten days showed no further progress in loosening up the joint adhesions, and the defendant doctor advised the patient to have them forcibly manipulated under anesthesia, to which she agreed.

This operation was performed the next day at which time the operating physician forcibly loosened the adhesions in the elbow joint, obtaining absolutely complete extension and flexion thereby.

The plaintiff left the hospital the next day and reported for daily treatments at the office of the defendant, which treatments consisted of vibration and massages, both active and passive. Complete flexion caused her considerable pain and she subsequently refused to agree to any more treatments of this nature.

Although informed and advised by the physician that with each treatment the pain occasioned by the massages would lessen, the patient never appeared for subsequent treatments.

The next the defendant heard of the patient was when he was served with a summons and complaint alleging negligent treatment of the plaintiff. The defendant denied these allegations of the complaint and the case was noticed for trial and subsequently was tried.

The plaintiff produced two experts whose testimony, however, was entirely unsatisfactory, as they failed to prove that the treatment accorded the plaintiff by the defendant was not in keeping with the proper and approved practice.

At the close of the plaintiff's case the defendant's counsel moved to dismiss the complaint which dismissal was granted without prejudice, thereby terminating the case in favor of the defendant.

#### CLAIMED NEGLIGENT BREAKING OF NEEDLE DURING NOVOCAINE INJECTION

In this case, the plaintiff consulted the defendant, who examined him and found external hemorrhoids and a fissure in ano. An operation was advised, and the doctor put the patient on a table in his office, and proceeded to administer a local anesthesia of novocaine. As the doctor was injecting the fluid into the anal sphincter, the patient suddenly twisted causing the needle to break off at the hilt. The doctor thereupon immediately took steps in an endeavor to remove the needle, but could not find it. He proceeded with the operation as intended, and the recovery from the operation itself was uneventful.

In a few days, the doctor had an x-ray taken of the patient which showed the needle embedded in the buttocks of the patient, and volunteered to have a surgeon remove the needle free of charge. The patient refused this offer, and the needle was subsequently removed by some other surgeon.

About a year thereafter, suit was instituted charging the doctor with negligence in causing the needle to break and remain embedded in the flesh of the plaintiff. The case was noticed for trial, but an order was obtained directing the plaintiff, as a non-resident of New York State, to put up a bond for security for costs. The action was duly dismissed by reason of failure to comply with said order and for want of prosecution, thereby terminating the proceeding in the doctor's favor without trial.



## NEWS NOTES



#### CONFERENCE OF CHAIRMEN OF COMMITTEES OF THE STATE SOCIETY

The first meeting of the Executive Committee of the Medical Society of the State of New York after the Summer vacation time was preceded by a conference of the chairmen of the committees of the Society, called together informally by the President, Dr. W. H. Ross, in order that each one might state the plan for the work of his committee during the coming Winter and Spring.

Legislation: Dr. Harry Aranow, Chairman, stated a principle in medical legislation is that an active offense is the best defense. He said that while the Committee must guard against legislation which is detrimental to public interests, such as cultism and anti-vivisection, the medical profession will strengthen its position by promoting public health bills. The Committee does not originate legislation, but it has charge of that which the officers of the State Society endorse. There was discussion as to what legislative subjects should be taken up this Winter. The following subjects were suggested:

A medical advisor on the State Compensation commission.

Requiring a physical examination of State office holders and employees. (There was opposition to this subject.)

Medical Education and Public Health: Dr. T. P. Farmer, Chairman, outlined the plans of his Committee in two groups of activities. The first group included those activities which the Committee can carry on itself including:

- 1. A continuation of the courses of graduate education. Eight courses are already arranged to be given before 12 county societies.
- 2. The Experiment of a post-graduate clinical day. Syracuse University will provide the teaching team which will conduct an all-day clinical demonstration in Glens Falls, Washington County.
- 3. The preparation of short articles to be published in the JOURNAL. The papers will point out how preventive medicine may be practiced on a person who comes to get treatment for a specific condition. A gall bladder case, for example, is likely to have incipient trouble elsewhere as the result of the original infection.

The second group of activities is composed of those which the county societies would carry out under the stimulation and instruction of the State Committee. These activities include:

- (a) A survey of the county to see what form of medical service is needed; and then to promote it before an outside agency usurps the leadership in providing the service.
- (b) Arousing county societies to stimulate the practice of more preventive medicine by family doctors.
- (c) Better tuberculosis control.
- (d) Active anti-cancer work.
- (e) The collection of news of what other societies and other states are doing.

Public Relations: Dr. J. E. Sadlier, Chairman, presented a written summary of the plans of his Committee, an outline of which is as follows:

- 1. The establishment of friendly relationships with all agencies working in the field of health or curative medicine, including departments of health and voluntary health organizations.
- 2. The stimulation of county societies to form similar contacts in their own counties. Bulletins and letters of information will be sent to county chairmen as in the past.
- 3. Calling a meeting of the chairmen of the County Public Relations Committees on September 18, 1930. It is planned to call the presidents of county societies together during the Winter.
- 4. The development of hospitals by counties.
- 5. Promoting a public health survey of every county to be made by the County Committee. Fifteen have already been made and published in the JOURNAL.
- 6. A study of medical services and health work among the students of the colleges of New York State.
- 7. Giving assistance to county societies in any activity in which public relations are involved, such as the relations of the medical profession to boards of supervisors in promoting the establishment of county departments of health.

Periodic Health Examinations: Dr. C. Ward Crampton, Chairman said that his committee was working along the lines of educating the people to seek, and the doctors to give, periodic health examinations. He planned specifically:

- 1. To form contacts with organizations, such as women's clubs, which would afford opportunities for the committee to do educational work.
- . 2. To stimulate doctors to make the examinations when the opportunities appear.

Physical Therapy Dr Richard Kovacs, Chair man, said that education was the keynote of the work of his committee, which planned the following activities

1 To send lecturers to medical societies

2 Make a survey of hospitals and promote the appointment of a medical min as head of the physical therapy department

3 Sponsor a training course for technicians

4 Prepare post-graduate courses in physical therapy for physicians

5 Promote the instruction of medical students, and admit physicians to the class rooms

6 Ask for legislation for the supervision of technicians

7 Promote physical therapy for workmen's compensation cases

Each chairman answered questions put to him by the others and also by the officers who were present. The discussions were informal and the general conclusions were approved by the Executive Committee which met in the afternoon

#### CONFERENCE OF COUNTY SECRETARIES

The fourth annual Conterence of the Secretaries of the County Medical Societies of New York State was held in the Hotel DeWitt Clinton, Albany, N Y, on Thursday, September 9, 1930, with the following representatives of twenty-one counties present

Albany Delaware	H L Nelms W M Thomson
Dutchess-Putnam	H P Carpenter
Erie	L W Beamis
Genesee	P J DiNatale
Greene	W M Rapp
Herkimer	W B Brooks
Kings	J Steele
Montgomery	W Ř Pierce
New York	D S Dougherty
Oneida	W Hale, Jr
Orleans	R P Munson
Oswego	J J Brennen
Otsego	A H Brownell
Queens	E E Smith
Śaratoga	H L Loop
Schenectady	H E Reynolds
Schoharie	H L Odell
Suffolk	E P Kolb
Tompkins	W G Fish
Ulster	F H Voss
Washington	S J Banker
Wyoming	H S Martin

As with the previous conferences, the counties who were represented had been noted for their activities in the past,—ten representatives having personally attended the conferences of 1926 and 1929 (There was no record of attendance printed in 1927, and no conference was held in 1928) Moreover, the reports of the meetings of sixteen of the counties represented had been printed in the Journal during the year 1929

The Conference was opened at 10 30 o'clock, by Dr D S Dougherty, Secretary of the Medical Society of the State of New York, who introduced Dr Peter Irving, Assistant Secretary of the State Society, as the presiding officer No program for the conference had been announced, but Dr J S Lawrence, Executive Officer of the

State Society, suggested that the subject for discussion should be "How to increase the activities of the Committees of County Medical Societies"

Dr E E Smith, Secretary of the Queens County Medical Society, described the functions of the committees, and named those which do good work and those which are apathetic Dr Dougherty described the functions of the several committees of New York County, with its 3,700 members, and the method of coordinating their activities. He also referred to the attempts to coordinate the work of the five county societies within the limits of Greater New York by means of periodic meetings of the leaders. The larger countries had supported the work heartily

Dr Nelms described the work in Albany County which has 243 members, and mentioned the difficulties the Society has had in Workmen's Compensation cases

Dr W M Rapp, of Green County, said that none of the remarks would apply to Greene County which has 27 practicing physicians, of whom 25 belong to the County Society The doctors are scattered amongst the Catskill mountains. The society holds four meetings a year, and has only two committees,—one on legislation and one on public health and public relations. The physicians consider local problems, but do not seem able to reach a working agreement on any project. Dr. Rapp closed with the remark "We will be glad to hear what the Greene County Medical Society can do"

This remark of Dr Rapp was well received Dr Irving said "Let Greene County get in closer contact with the State Society"

Dr W H Ross, President of the State Society, sud "Dr Rapp's request should be heeded" Dr Dougherty said "We have a field officer to help in this work."

Dr W B Brooks of the Herkimer County Society with 47 members protested against the action of the State Department of Health in sending its representatives into the County and conducting free clinics for the examination of children and the administration of anti-diphtheria

toxin-antitoxin. He said that the county society has an inactive public relations committee.

Dr. Wilber G. Fish of Tompkins County Medical Society with 56 members also protested against free clinics conducted by the State Department of Health.

Dr. Luther Payne, Secretary of the Sullivan County Medical Society, with 35 members, said that his county had forty doctors in the winter and 400 in the summer. He has found that he must rely on the local physicians for public health work. He also praised the work of the public health nurses who work under local committee.

Dr. W. M. Thomson of Delaware County, with 25 members, spoke of the difficulties that the physicians have with the Board of Supervisors, which insists on controlling the public health nurses and

ignoring the requests of the doctors.

Dr. Wilber G. Fish also brought up the question of fees for medical services rendered under the new Welfare Law of the State. It was the prevailing opinion that the law has been in operation for only a short time, but that progress is being made in changing over from a system dominated by local politics to one in which administrative qualifications would be required of the agents.

Dr. D. S. Dougherty said that the lack of harmony between Departments of Health and physicians was not confined to up-State districts, but existed in New York City, where the Commissioner of Health was planning to open free health clinics.

Dr. Alec N. Thomson, of Brooklyn, told of a meeting of representatives of the five county societies of Greater New York, for the purpose of taking action on the request of the Commissioner that each doctor set aside an hour a week for the practice of preventive medicine among young childen at moderate fees; but the Department of Health published the plan before the physicians had acted on it.

Dr. Dougherty introduced the following resolution which was adopted unanimously:—

"The County Secretaries having learned through the press that the Commissioner of Health of New York City, in addresses and interviews, has advised the Medical Profession to abandon what he calls the "Code of Ethics," to publicly advertise and to open one-price clinics, take exception to and condemn this attitude of the Commissioner as subversive of the welfare of the practicing physician and detrimental to the public health.

"They fully recognize that many adopting this method would not do so from methods of altruism or philanthropy but solely with an idea of personal aggrandizement; and that the commercial, the unscrupulous, and the incompetent would foist themselves upon the public at large as being endorsed by the Department of Health and the City authorities.

"Furthermore, those registered physicians of the present advertising type against whom even the Department of Health has been endeavoring to protect the public, would take advantage of this seeming endorsement and entrench themselves more firmly.

"The conference of secretaries believes that the Principles of Professional Conduct are necessary, beneficial, just and equitable, and calls upon the Executive Committee of the State Society to rigidly enforce its provisions, and to confer with the State Grievance Committee regarding the possibility of any violation of the Medical Practice Act."

After a luncheon several officers of the State Society and Chairmen of Committees addressed the secretaries on the particular phases of their work which may be aided by the county societies.

Dr. W. H. Ross, President of the State Medical Society, introduced the following resolution, which was adopted:—

"Whereas, it has become apparent in this conference that in several counties of the State preventive medical measures are being administered by the State, and that those measures would be carried out by the local practitioners of medicine; therefore be it

"Resolved, that this conference of the secretaries of the counties of this State requests that the physicians of each county be given formal opportunity to do all preventive work that they are equipped to do before the State assumes its responsibility for the health of its citizens; and be it further

"Resolved, that this conference of the county secretaries desires to call the attention of every department of the State government having responsibility for any health matters to the fact that organized medicine in New York State provides and supports a committee, known as the Public Relations Committee, for the purpose of conforming the many relationships of medicine to the present day social trends; and be it further

"Resolved, that this conference believes that the individual practitioners of medicine are the final authority in medical matters, and desires to offer its cooperation in public health affairs and expects to be consulted in public health matters. If the profession fails to meet its obligations in this respect in any counties because of apathy, then the conference expects that the State will not allow its citizens to suffer because of it;

"Resolved, that if for any reason the State officials consider their assumption of a new policy or measure to be necessary in any county, they shall consult the Medical Society of the State of New York both as to the necessity of that activity and also as to the means of establishing it."

#### CONFERENCE OF CHAIRMEN OF PUBLIC RELATIONS COMMITTEES OF COUNTY SOCIETIES

The first conference of the chairmen of the Public Relations Committees of the County Medical Society of New York State was held on Thursday, September 18, 1930, in the Hotel Ten Eyck, Albany, at the call of Dr. James E. Sadlier, Chairman of the Committee on Public Relations of the Medical Society of the State of New York. Thirty-one counties were represented, as follows: County Representative

Albany	T. W. Jenkins
Broome	C. I. Longstreet
Chautaugua	H. E. Whellock
Chemung	R. B. Howland
Chenango	F. A. Hammond
Erie	I. C. Gorman
Franklin	J. C. Gorman Charles Trembly
Genesee	S. R. Hare
Tefferson	I. D. Olin
Kings	A. N. Thomson
Lewis	A. N. Thomson P. H. Von Zierolshofen
Monroe	
Nassau	Mr. Louis Nett
Onoida	T H Farrell
Onandago	E. C. Reitenstein
Urange	D. FIRICIL
Orleans	R. P. Munson
Otsego	Mariorie F. Murray
Queens	
Dancelnar	( A Hambrook
Schenectady	W. C. Treder
St. Lawrence	W. C. Treder W. J. Baldwin
Steithen	
Suffolk	F. Overton
Sullivan	
Tioga	G. S. Carpenter
Ulster	R. S. Crispwell
Warren	R. S. CrispwellT. H. Cunningham
Washington	M. A. Rogers
Wayne	Ralph Sheldon
	R. B. Todd
m (1 111 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Dr. Sadlier opened the meeting by calling attention to the surveys of the medical and health services which are available in the several counties. Each county committee is expected to make such a survey for three reasons:

- To inform the local doctors of each county about the services which are now being conducted in the county.
- To make the information available to the State Committee.
- To establish a foundation on which future health service may be built.

The State Committee on Public Relations has acted in accordance with the following principles which it recommends to the county committees.

1. The activities of each county committee should consist in expanding the work which is already being undertaken in the county by

- any organization, and also in starting work which is entirely new.
- 2. The members of each county committee shall seek to establish intimate contacts with the leaders of every volunteer health organization in the county. They shall not wait for invitations to cooperate with the lay organizations, but shall take the initiative, if necessary, in proposing cooperation.
- 3. The Committee shall offer the advice and assistance of the medical profession as to the most practical ways of conducting any form of health service in the county, and if possible, shall see that every health organization in the county shall include at least one local physician on its governing body.
- Since the problems of county society practice, like those of private practice, are uniform and universal, the State Committee on Public Relations is in the position to give consultation and advice to any county committee.

Dr. Sadlier called attention to the fact that only fifteen counties had sent surveys to be published in the Journal, and he expressed the hope that other counties would make the surveys for the benefit of the State Society as well as of themselves. This appeal brought a response from the representatives of four counties, including Dr. Ralph Sheldon of Wayne County, who said that he had not understood the importance of the survey, but had thought it to be of local importance only. Moreover, he had thought that the survey was intended to show what the county society had actually accomplished, rather than to diagnose and record the health services which were under way regardless of the results attained.

Dr. Sheldon continued his impromptu address by describing the health services of Wayne County in such a manner that the address would have constituted an excellent survey of his county if it had been recorded stenographically. He brought out the following conditions:

- The Wayne County Medical Society has 40 members, with an attendance of 49 at the meeting last July, and 52 this September.
- The County Society is actively promoting the establishment of a county health department
- It has established cordial relations with the Red Cross after a considerable period of misunderstanding, and now has physicians on the local Board of Managers.
- 4. It has promoted the administration of toxinantitoxin in every town, with the result that 68 per cent of the children of the County have been immunized by the cooperation of

health officers and physicians who have given their services free.

Dr. C. J. Longstreet, of Broome County, said that the conference had revealed clearly what was expected of the Public Relations Committee of his county. He had wondered what he should survey; but when the County Medical Society initiated a campaign for anti-diphtheria immunizations and had appealed to lay health bodies, he had received responses from twenty-nine organizations of whose existence he had scarcely been aware.

Dr. H. B. Smith, of Steuben County, reported that an extensive experiment in the cooperation between doctors and lay organizations is now under way in his county. A county-wide public relations committee, composed of representatives of the health organizations of the county, including the Medical Society, was organized on November 14, 1929, under the auspices of the State Committee on Public Relations. This committee has functioned actively, and has initiated new health activities. It has coordinated the several health activities of the County in such a way that most critics have been satisfied. (It is expected that a description of the committee and its work will be published in the Journal—The Editors.)

Dr. T. H. Cunningham, representing Warren County, with 42,000 population, said that his County Society had accomplished some good work, but it had not made a survey because very little had been crystallized definitely. Yet the more extensively the committee had investigated the more they became aware of health organizations of whose existence they were scarcely aware. Dr. Cunningham then described the following eight conditions in which the County Medical Society was actively involved:

1. Advising the Warren County Public Health Commission.

- 2. Persuading the Tuberculosis Committee to submit its program to the County Medical Society.
- 3. Publishing results of water supplies and securing their chlorination.
- 4. Securing unity of action in promoting a county health department after a series of misunderstandings.
- 5. Establishing a working contact with the Red Cross in the care of children.
- 6. Promoting a round-up of pre-school children and revivifying the Parent-Teachers' Association to do the administrative details.
- Establishing an agreement with the Workmen's Compensation Bureau in regard to fees for operation.
- 8. Promoting a working agreement with the Rotary Club in the care of crippled children.

Drs. D. S. Dougherty of New York County, A. N. Thomson of Kings County, and Carl Boettiger of Queens County, described the public relations work of the several county societies of Greater New York, and showed the essential identity of their problems with those of rural sections.

While the conference was conducted in an informal manner, yet it was remarkable for the manner in which the speakers stuck to their subjects. Twenty-two speakers described conditions in their counties, each being inspired by the previous speakers. The conference was invaluable in promoting an understanding among the county representatives, and between them and the officers of the State Society.

## THIRD DISTRICT BRANCH OF THE MEDICAL SOCIETY OF THE STATE-OF NEW YORK

The first of the District Branches of the Medical Society of the State of New York to hold its annual meeting this Fall was the Third, which met on September 19 in the Assembly Room of the Albany College of Pharmacy, New Scotland Avenue, Albany, N. Y. The President, Dr. Edgar A. Vander Veer, of Albany, called the meeting to order at 10 o'clock. First came the Scientific Program.

Dr. Max Peet, Professor of Surgery, University of Michigan, Ann Arbor, Michigan, gave an address on "Head Injuries," in which he outlined the modern standards of treatment, including the treatment of cerebral hemorrhage, both immediate and remote. Dr. A. J. Bedell, discussing the paper, called attention to the great value of an

ophthalmoscope examination of the eyes for evidence of cerebral bleeding and increased pressure.

"Surgery and Irradiation in the Treatment of Cancer" was the subject of a talk illustrated with lantern slides by Dr. Burlon J. Lee of the Memorial Hospital, New York City.

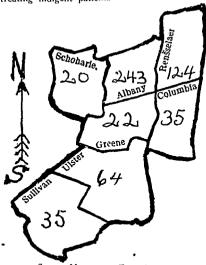
Mr. Clarence E. Ford, Assistant Commissioner, State Welfare Department, explained "The Poor Law and its Relations to the Doctor." He distributed copies of the Public Welfare Law which came into force on April 12, 1929. Reference to Medical Care is contained in Article 10, Sections 83-86. No reference is made to the physician, although hospitals are recognized.

The decision regarding the acceptance of any person as a public charge, either in sickness or

#### THIRD DISTRICT BRANCH COUNTY SOCIETY ACTIVITIES

County	Meetings Reported in Journal in 3 Years	Public Relations Surveys	Graduate Courses in 3 Years	County Tuberculosis Hospitals August, 1930	County Laboratories August, 1930	County Public Health Nurses August, 1930
Albany		+	2	+	0	
Columbia	2		2	+	0	1
Greene	5	+	1		0	1
Rensselaer	2	+		+	0	5
Schoharie	5		2		0	
Sullivan	1	+	3		0	
Ulster	2	+		+	0	

health, rests entirely with the County Public Welfare official. The actual working of the law is not entirely satisfactory to the physician, and Mr l'ord suggested that the Medical Society of each county get in touch with the Welfare Agent and form an agreement regarding the procedure of treating indigent patients.



Sketch Map of the Third District
The figures slow the number of members of the Courty Societies

Mr Ford also called attention to the requirement that the doctor shall obtain the authorization of the Welfare Officer as soon as possible after he is called to a case. Giving authority for treatment is a legal act, and must be based on legil testimony. If a doctor expects the Welfare Officer to pay his bill, he should inform the Wel

fare Officer about the case immediately after the first call

\ buffet luncheon was served at one o'clock in the basement below the Assembly Hall

Dr William H Ross, President of the Medical Society of the State of New York, gave an address along original lines. Instead of speaking of the general policies of the State Society, he exhibited a map and a chart to show the extent to which each county society in the District was carrying out the standard policies of the State Society. He referred to an editorial, signed by himself and printed in the Journal of September first, page 1045, suggesting six standards of measuring the efficiency of county medical societies. These six standards were shown on a chart, as well as the measure of conformity of each county society to them.

While the Third District is next to the smallest of all the districts, in population (566,000), and in the number of doctors (543 members of county societies), yet it ranks high according to the measurements of the chart

The two societies having the least number of members had reported the greatest number of meetings during the past five years, while the society having the largest membership and the most frequent meetings, had not sent a single report of its meetings to the Journal

Dr Ross said that he planned to exhibit a similar chart for every District, and suggested that each one be published in the Journal for the information of all the members of all the county societies

The following officers were chosen

President, H. L. Odel, Chore Springs, First Vice-President, C. G. Rossman, Hudson, Second Vice President, Luther Payne, Liberty, Secretary, W. M. Rapp, Catskill, Treasurer, E. E. Billings, Kingston

These officers were elected for a term of two years, beginning it the close of the next meeting of the House of Delegates of the State Society

health officers and physicians who have given their services free.

Dr. C. J. Longstreet, of Broome County, said that the conference had revealed clearly what was expected of the Public Relations Committee of his county. He had wondered what he should survey; but when the County Medical Society initiated a campaign for anti-diphtheria immunizations and had appealed to lay health bodies, he had received responses from twenty-nine organizations of whose existence he had scarcely been aware.

Dr. H. B. Smith, of Steuben County, reported that an extensive experiment in the cooperation between doctors and lay organizations is now under way in his county. A county-wide public relations committee, composed of representatives of the health organizations of the county, including the Medical Society, was organized on November 14, 1929, under the auspices of the State Committee on Public Relations. This committee has functioned actively, and has initiated new health activities. It has coordinated the several health activities of the County in such a way that most critics have been satisfied. (It is expected that a description of the committee and its work will be published in the Journal—The Editors.)

Dr. T. H. Cunningham, representing Warren County, with 42,000 population, said that his County Society had accomplished some good work, but it had not made a survey because very little had been crystallized definitely. Yet the more extensively the committee had investigated the more they became aware of health organizations of whose existence they were scarcely aware. Dr. Cunningham then described the following eight conditions in which the County Medical Society was actively involved:

1. Advising the Warren County Public Health Commission.

- 2. Persuading the Tuberculosis Committee to submit its program to the County Medical Society.
- 3. Publishing results of water supplies and securing their chlorination.
- 4. Securing unity of action in promoting a county health department after a series of misunderstandings.
- 5. Establishing a working contact with the Red Cross in the care of children.
- Promoting a round-up of pre-school children and revivifying the Parent-Teachers' Association to do the administrative details.
- 7. Establishing an agreement with the Workmen's Compensation Bureau in regard to fees for operation.
- 8. Promoting a working agreement with the Rotary Club in the care of crippled children.

Drs. D. S. Dougherty of New York County, A. N. Thomson of Kings County, and Carl Boettiger of Queens County, described the public relations work of the several county societies of Greater New York, and showed the essential identity of their problems with those of rural sections.

While the conference was conducted in an informal manner, yet it was remarkable for the manner in which the speakers stuck to their subjects. Twenty-two speakers described conditions in their counties, each being inspired by the previous speakers. The conference was invaluable in promoting an understanding among the county representatives, and between them and the officers of the State Society.

## THIRD DISTRICT BRANCH OF THE MEDICAL SOCIETY OF THE STATE-OF NEW YORK

The first of the District Branches of the Medical Society of the State of New York to hold its annual meeting this Fall was the Third, which met on September 19 in the Assembly Room of the Albany College of Pharmacy, New Scotland Avenue, Albany, N. Y. The President, Dr. Edgar A. Vander Veer, of Albany, called the meeting to order at 10 o'clock. First came the Scientific Program.

Dr. Max Peet, Professor of Surgery, University of Michigan, Ann Arbor, Michigan, gave an address on "Head Injuries," in which he outlined the modern standards of treatment, including the treatment of cerebral hemorrhage, both immediate and remote. Dr. A. J. Bedell, discussing the paper, called attention to the great value of an

ophthalmoscope examination of the eyes for evidence of cerebral bleeding and increased pressure.

"Surgery and Irradiation in the Treatment of Cancer" was the subject of a talk illustrated with lantern slides by Dr. Burlon J. Lee of the Memorial Hospital, New York City.

Mr. Clarence E. Ford, Assistant Commissioner, State Welfare Department, explained "The Poor Law and its' Relations to the Doctor." He distributed copies of the Public Welfare Law which came into force on April 12, 1929. Reference to Medical Care is contained in Article 10, Sections 83-86. No reference is made to the physician, although hospitals are recognized.

The decision regarding the acceptance of any person as a public charge, either in sickness or

#### BEAUFORT'S SCALE OF WIND VELOCITIES

Physicians describing the velocity of wind will be interested in the standard scale of the Navy and the Weather Bureau, which is described in an editorial in the New York Sun of September 19, as follows:

"Mariners classify wind velocities according to Beaufort's Scale, which assigning zero to calm, utilizes twelve figures to denote the speed of air movements. Travelers by sea are familiar with it; they see it in the day's run, posted for general information and for the particular enlightenment of investors in pools. Here it is, as the United States Weather Bureau uses it:

-	Wind Velocity i
Numeral	Statute Miles.
0—Calm	Less than 1
1—Light air	
2—Slight breeze	4-7
3-Gentle breeze	8-12
-Moderate breeze	1318
5-Fresh breeze	19—24
6-Strong breeze	
7—High wind	32-38
8—Gale	3946
9-Strong gale	
10-Whole gale	
11—Storm	64—75
12—Hurricane	

"As adapted for use in the Weather Bureau forecast, this classification is condensed. Calm, light air and slight breeze become "light." Gentle,

moderate and fresh retain their original meanings. Strong breeze and high wind are joined as strong. Gale and strong gale are united in gale. Whole gale and storm coalesce into whole gale. Hurricane remains unchanged.

"Foresters cannot always have at hand a wind gauge, yet in fighting fire they must approximate the velocity of the wind. They have assigned values to the numerals of Beaufort's Scale. Their version runs thus:

- 0. Smoke rises vertically.
- 1. Direction of wind shown by smoke drift, but not by wind vanes.
- Wind felt on face; leaves rustle; ordinary vane moved by wind.
- 3. Leaves and twigs in constant motion; winds extend light flag.
- 4. Raises dust and loose paper; small branches are moved.
- 5. Small trees in leaf begin to sway; crested wavelets form on inland waters.
- 6. Large branches in motion; whistling heard in telegraph wires; umbrellas used with difficulty.
- 7. Whole trees in motion; inconvenience felt in walking against the wind.
- 8. Breaks twigs off trees; generally impedes progress.
- 9. Slight structural damage occurs (chimney pots and slate removed).
- 10. Seldom experienced inland; trees uprooted; considerable structural damage occurs.
- 11. Very rarely experienced; accompanied by widespread damage."

#### POPULAR PUBLICITY ON DIPHTHERIA

The following editorial comment from the New York Times of September 22 is an excellent example of appealing popular medical education in the daily newspapers:

More than a million children under 10 years in the entire city have not yet been immunized, but the preventive treatment for 333,000 has reduced the number of cases and the number of deaths each 57 per cent for the first eight months of this year compared with the corresponding period of 1929.

"Mothers and fathers may allow themselves to think that their child must be safe, partly because such a terrible thing as death from diphtheria could not happen, and partly because so many children have been immunized that the danger has already been greatly lessened. But if they have their child's welfare at heart they make cer-

tain of his safety by having the first of the three antitoxin injections made at once.

"Children who were treated last Spring are now immune for life. It takes six months for the antitoxin to develop its full strength in the child's system. Doctors have pointed out that there are no reasonable obstacles in the way of immunization of every child in the city immediately. The treatment is not dangerous nor unpleasant in its after-effects. It is safe, easy to obtain and inexpensive. Most of the 12 000 physicians in the city have agreed to administer the course for \$6. The family doctor, knowing the child and taking an interest in the family, is the man to do the work for most people. For those who cannot afford the fee there are fifty-nine Baby Health Stations where a child may be immunized without charge."



## BOOK REVIEWS



SYMPTOMS OF VISCERAL DISEASE: A Study of the Vegetative Nervous System in Its Relationship to Clinical Medicine. By Francis Marion Pottenger, A.M., M.D. Fourth Edition. Octavo of 426 pages, illustrated. St. Louis, the C. V. Mosby Company, 1930. Cloth, \$7.50.

This work is a successful attempt to show how pathological changes in one organ affect other organs and the organism as a whole through the medium of visceral nerves. The study of the vegetative nervous system furnishes the essential facts to understand the manner in which body activities, both physiologic and pathologic, express themselves.

He shows very clearly the interdependence of the visceral nerves, the endocrine secretion and the ionic content of the body cells. Many clinical conditions are explained as due to alteration in neurocellular mechan-

ism.

In part two the relationship between the vegetative nervous system and the symptoms of visceral diseases is shown.

Under inflammatory diseases he classifies symptoms as follows:

1. Symptoms due to toxemia (general symptoms);

2. Symptoms due to reflex action;

Symptoms due to disease process itself; and may include

4. Symptoms which appear as a result of nervous and endocrine imbalance; e.g., respiratory, circulatory, metabolic and psychic symptoms. The relative stability or excitability of nerve cells of different divisions of the sympathetic and parasympathetic often differ in the same as well as in different individuals in health and in disease.

In part three the author discusses the sympathetic, parasympathetic and spinal reflexes of the different viscera.

That the book has been well received is evidenced by the fact that it has now reached the Fourth Edition, bringing the subject matter up to date and adding a new chapter on "Pharmacologic and Clinical Tests for Sympathicotonia and Parasympathicotonia."

GEORGE I. SCOVNER.

HEMORRHOIDS: The Injection Treatment and Pruritus Ani. By LAWRENCE GOLDBACHER, M.D. Octavo of 205 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$3.50.

This little monograph is somewhat revolutionary in its ideas. The paper, print and illustrations are excellent. A 5% solution of phenol crystals in Wesson oil is advocated. The author's usual dose is 10 c.c. for large hemorrhoids and pruritus ani. Good results are claimed without ill effect.

claimed without ill effect.

For pruritus ani, the injections are made both within and external to the sphincter.

Henry F. Graham.

THE MECHANISM OF THE LARYNX. By V. E. NEGUS. M.S., London, F.R.C.S., England. Octavo of 528 pages, illustrated. St. Louis, The C. V. Mosby Company, 1929. Cloth, \$13.50.

It is hardly possible in a brief review of this exceptional work to do more than refer to the great number haustive research.

The reader must be impressed with the fact that up to the appearance of this volume relatively little data publication.

The complex mechanism of the larynx in man has been finally established by Negus through his untiring efforts in tracing the development and function of corresponding organs through nearly all the known forms of lower animal life. This necessitated an intimate knowledge of the habits and environment of hundreds of different animals from the very corners of the earth.

As a logical result of his extensive observations many accepted theories and principles were replaced by en-

tirely new and authentic facts.

Information has been gathered from a great amount of material which Negus employed in his studies of comparative embryology and anatomy. This work is most unique and instructive.

Such correlated functions as respiration, olfaction and deglutition are fully explained in the respective chapters.

Consideration of the evolution of the defensive mech-

anism of the larynx is most illuminating.

The wealth of data relative to the mechanism of phonetics will undoubtedly react as a revolutionary influence in the art of voice culture. This should prove of practical value in the correction of certain speech defects.

The usefulness of this monograph will certainly not be limited to laryngologists. Dr. Negus in his modest manner has presented himself as a ranking naturalist. His book is a masterpiece, the product of a labor of love.

HARRY MEYERSBURG.

A TEXTBOOK ON ORTHOPEDIC SURGERY. By WILLIS C. CAMPBELL, M.D., F.A.C.S. Octavo of 705 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1930. Cloth, \$8.50.

There are some textbooks which the medical public await with eagerness. This favorable anticipation is warranted because of an author's known skill and versatility in practice, because of his reputation as a teacher and because of the value of his previous shorter writings. Such a book is this Textbook on Orthopedic Surgery, by the President-Elect of the American Orthopedic Association.

Hardly could one find a better definition of the subject than Dr. Campbell has given: "Orthopedic Surgery is that branch of general surgery which deals with diseases and injuries of the bones, joints, muscles, fascias and the nervous system which impair function and cause

deformity at any age."

Like the construction engineer, the author builds his subject from the ground upward. Thus, whether in the chapters on examination or in those dealing with description and treatment, the presentation is first of the foot, then of the ankle, the knee, the hip, and so on. In dealing with each condition, this book presents the usual order of definition, description and treatment. It reflects the writer's large experience in choosing between the forms of treatment available. Although himself an operator who has added valuable procedures to the surgery of the reconstruction of disabled and deformed parts of the body, Dr. Campbell herein weighs carefully, in dealing with all of his subjects, the three leading principles of treatment which have given orthopedic surgery the leading place it holds today—support by apparatus, stimulation of function by corrective gymnastics and other forms of physio-therapy and correction of deformity and reconstruction of physical parts by operation.

Because of the orderliness of arrangement of the subjects, the clearness of the style of writing and bringing the known knowledge up to date. Dr. Campbell has made, in this book, a valuable contribution to Orthopedic Surgery.

WALTER TRUSLOW.

OTOLOGIC SURGERY, By SAMUEL J KOFETZKY, M.D., F.A.C.S. Second Edition revised Octavo of 553 pages, illustrated New York, Paul B Hoeber, Inc., 1929 Cloth, \$800

The author has made concise descriptions of opera tions the main topic of his book, as is indeed suggested in the title of the work. It has become to the student and the young operator a sort of cado mecum for re peated reference for perfecting technique of operations on the ear But, fortunately the writer has given a condensed and carefully considered opinion as to his reasons for operating-the indications in other words which would lead the surgeon to operate or to withhold his hand As to the still debated question as to what constitutes a chronic middle ear suppuration or at least one presenting need for mastoid operation simple or radical, the author leans to the opinion such a measure is desirable in (1) a history dating from the exanthamata, in diphtheria (2) middle ear tuberculosis, (3) in children the subject of previous miliutrition, (4) presenting perforations of the membrane tympani extending to and involving the marginal annulus tympanicus or presenting necrotic attenuations or active necrosis of the ossicles, fetid discharge and profound loss of hearing and in cases in which prolonged treatment has failed to bring about a cessation of the discharge from the car

This is an example and one of the most important examples of the methods of the book. The question of whether a mastoid operation is needed why it is needed and the question of the stage in the disease at which to operate are among the very important problems of otology. The number of cases of mastoiditis brought to the otologist in the later and last stages of the disease are now rarely seen. The need of urgency is much less frequent than years ago, when operation for mastoiditis was a new thing. Today the operation may as a rule watch his cases and determine with much greater accuracy than formerly the cases which may progress to cure with other methods than operation upon the mastoid, likewise, to judge when and why a mastoid operation is imperative.

THE HARVEY LECTURES Delivered under the auspices of the Harvey Society of New York Series 24 1928 29 Octavo of 216 pages Baltimore Williams & Wilkins Co. 1930

For the practitioner two of the chapters in this series should be of particular interest

The ever controversial topic of the pathogenesis of tuberculosis is again revived informan and bowne tuberculosis is considered, the theoretical reasons for recommending BCG vaccine are advanced, the rarity of the marital transmission of tuberculosis is discussed as well as the interesting paradox of hypersensitiveness and immunity as evidenced by a positive tuberculin test

Levaditi is convinced that the treponemicidal action of bismuth is superior to other antisyphilitic agents

Other topics include calcium and phosphorus metabolism constitution and disease experimental nephritus, and the nature of ultrafilterable viruses

EMANUEL KRIMSKY

RECENT ADIANCES IN PREVENTIVE MEDICINE By J F C HASLAM MC M D Octivo of 328 pages illustrated Philadelphia P Blakiston's Son & Company, 1930 Cloth, \$3.50

Doctor Haslam as Director of Library Services, London School of Hygiene and Tropical Medicine, has unusual familiarity with the literature of preventive and hygienic medicine. His book is a masterly summarization of the technicalities of his subject, and enumerities more than 400 bibliographical references. The publication will prove a gold mine for the research worker and the physician who desires accurate technical information.

To Doctor Haslam, preventive medicine means more than sanutation. His present work details the relationship of eugenics, maternal and child care, milk, atmospheric conditions industry and immunization to public lightly.

The book contains 30 supporting charts and statistical tables

FREDERIC DAMRAU

Handbook of Bacteriology for Nurses By Harry W Carry, A B M D Third revised and enlarged Edition Octavo of 282 pages illustrated Philadelphia, F A Davis Compuny, 1930 Cloth \$2.25

An excellent presentation of bacteriology for the nurse. The doctor who is a little rusty on bacteriology would find its perusal worth while. The book is simply and clearly written and well illustrated (forty three engravings and one colored plate). There are questions appended to every chapter. May be rated as a standard book of its class.

A C J

Testicular Grafting from Aie to Man Operative Technique Physiological Manifestations, Histological Evolution Statistics By Street Voronoff and George Alexandrescue. Translated by Theodore C Merritt MD Octavo of 125 pages, illustrated London Brentano's Ltd, 1929

In this book Voronoff records his matured views on the subject of testicular grafting, bised upon an experience of 475 cases. Statistics are offered which classify as successes only those cases which have shown persistent physical and mental improvement over a period of five years. Operative technic is discussed physiologic manifestations are described and histologic evolution. A C I

THE MEDICAL MUSEUM Modern Developments Organization and Technical Methods Based on a New System of Visual Teaching By S H DAUKES, O B E, W D Octivo of 183 pages, illustrated London, The Wellcome Foundation, Ltd 1929

This book is not merely a theoretical contribution to the improvement of museums in general and medical museums in particular, but a description of practical achievement based upon theory and vision

The author is precise clear and his obviously devoted much study, skill and care to a subject on which this book stamps him as an expert. Having in the first chapter discussed the functions of a medical museum and made a plea for reform and for a wider outlook, Dr. Daukes proceeds in subsequent chapters to describe and discuss the details of the new system of visual teaching on which the ideal museum is based.

This is followed by appendices dealing with the application and development of the system with types of buildings, walls screens cases libels, illustrations and technical details of preserving

In conclusion there is a very hography of technical museum

page illustrations of screens sections and specimens which are most helpful as providing practical evidence of the soundness and practicability of this new system of visual teaching

The letterpress is in large easily read type and the typography gives an ur of distinction to the publication which is further enhanced by the technical perfection of the photographs of difficult subjects and the high quality of the half tone reproductions

Everyone interested in museums whether in regard to construction development control or use should read and study this book. Having done so there will be a natural desire to see its methods developed in actual practice which fortunitely is possible for all those who can use the Wellcome Museum of Medical Science 33 Gordon Street London England of which Dr Daukes is Director

## 卿

## OUR NEIGHBORS



#### COMMITTEE ON PUBLIC HEALTH OF MICHIGAN

The September issue of the Journal of the Michigan State Medical Society contains the reports of the committees to be given at the annual meeting. September 15, 16 and 17. The Committee on Public Health makes excuses for its inactivity and says:

"We ask for your indulgence in a certain lack of actual constructive work for the past year, calling attention to the fact that a new chairman and a practically new committee were called upon to act. It has been a somewhat inactive committee for several years, and yet we feel that there is a lot of necessary constructive work that should be given their earnest attention this coming year.

"This committee has usually been closely associated with the State Board of Health in any cooperative movement between that body and the medical fraternity of Michigan. The past year has called for no such action. We have at present a new Commissioner of Health for our State, who may, or may not, feel the necessity of cooperation with us. In case such action should arise, however, we shall be ready to lend any aid that is necessary."

The committee then discusses two questions and proposes to ask the House of Delegates to give it the authority and money to send a questionnaire to each county society asking for an opinion as to how to conduct an examination of pre-school children, and how the societies can carry on a campaign for anti-diphtheria work. The report says: "Our first problem is that of the annual examination of pre-school children or the so-called summer round-up as conceived by the national order of Parent-Teacher Associations which has a strong constituency in the State of Michigan.

"This organization has as one of the principles

of the order, the examination of children of pre-school and school age. As carried out in Michigan, outside of a few communities, the work has been improperly organized, non-constructive due to lack of proper records and follow-up work, and a burden to the local medical men who have been called on for examinations without a clear knowledge of what it's all about.

"Your committee asks that this representative body, the House of Delegates of the Michigan State Medical Society, grant your health committee the necessary permission and expense to carry on a questionnaire investigation and research of this problem."

The questionnaire will inquire about the attitude of the county societies toward the following methods of making the examinations of pre-school children:

- 1. Leave them to family physicians.
- 2. Board of Education to have doctors.
- 3. Volunteer doctors to do the work free in clinics.
- 4. Physicians to make the examinations in their offices at prices to be agreed upon.
- 5. All children bring blank forms to be examined free by family doctors.

The questionnaire about immunizations covers nearly the same points.

The defect in the plan seems to be that the questions are put to physicians who have had little or no experience in the activities, and know little or nothing about them. A better plan might be that the State Committee undertake each method with selected county societies that agree to try them. Then a definite answer could be made,—possibly several answers.

#### HONORING THE LIVING IN MAINE

The following editorial is from the August number of the Maine Medical Journal:

"The Journal plans to introduce from time to time to its readers members from our honorary list—men who have practiced medicine fifty years and more are well worth meeting. We cannot pay too much respect to such lives, and we believe that we should not wait until their course is run to do them honor. Life praise. It is fitting to express to our honorary

members something of the inspiration which we derive from continued association with them.

"The Journal office wishes to have a photograph of every member of the Association—no man knows what the night may bring to pass. You may wake to fame and fortune or you may lie down at eve to everlasting rest. In any case, the Journal would like your pic-

(Continued on page 1190-adv. xiv)

### DETOXIFYING INTESTINAL BACTERIA

WHEN the use of Soricin (purified sodium ricinoleate) as a detoxifying agent was first suggested, Larson of the University of Minnesota opened up an entirely new method of combating infection.

Detoxification with Soricin was applied first in dentistry, where it has afforded brilliant results in the treatment and prevention of oral infection in the mouth. The use of a detoxifying agent in medicine and dentistry is based upon its ability to render pathogenic organisms non-pathogenic, and to detoxify their toxins. This prevents the absorption of toxins from the focus of infection and the consequent development of secondary infections.

Detoxification has been studied by Cesari, Cotoni and others at the Pasteur Institute in Paris, who have reported that their experiments confirm Larson's work. More recent investigation has revealed the

fact that detoxification is as applicable in the treatment of infections of the intestinal tract as it is in the control of mouth infections.

For the past two years Morris, Dorst and others have studied experimentally the use of Soricin in the bowel and have now reported their results fully in current medical literature. Their clinical studies show that Soricin, when given by mouth, affords prompt relief in colitis and a number of other diseases of the intestinal tract. The experimental work so far com-' pleted justifies the further clinical study of this important drug by the medical profession.

If you are interested in the work of these investigators, we would be glad to send you, free of charge, a supply of Soricin, together with complete clinical information. THE WM. S. MERRELL COMPANY, CINCINNATI, U. S. A.

Please mertion the IOURNAL when writing to adservices

12



## Performing a Difficult Job

in a most satisfactory way

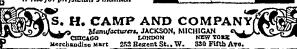
Designed for relief of scrotal hernia—this garment performs its work better than any belt or truss on the market.

It hugs the body closely, following the groin line. Beneath—a fitted, resilient pad protects the ruptured part. Perineal straps fitting close to the side of the leg hold the pad firmly. No slipping from place. No irritation. The CAMP PATENTED ADJUSTMENT, lacing at back, pulling from lower front, governs tightness and pressure.

A support affording decided comfort to the patient. In different body heights, all sizes. Sold at the better drug and surgical houses.

Write for physician's manual





The Cardiologist's Choice



Pil. Digitalis

(Davies, Rose)

Physiologically tested leaves made into physiologically tested pills.

Convenient, uniform and more accurate than tincture drops.

Prescribe "original bottle of 35 pills" which protects the contents from exposure from the time of manufacture to the time of administration. This further insures dependability of action.

Each pill contains 0.1 gram, the equivalent of about 1½ grains of the leaf, or 15 minims of the tincture. Sample and literature upon request.

DAVIES, ROSE & CO., Ltd.
Pharmaceutical Manufacturers, BOSTON, MASS.

(Continued from page 1188)

ture. Mail it today to the Journal office, 22 Arsenal Street, Portland, Me.

"In this number we present Dr. James Alfred Spalding, of Portland, one of our honorary members, who speaks for himself in a characteristic manner in a sketch entitled 'Some Curious End Results.'

"The sketch referred to was an address by Dr. Spalding before the Maine Medical Association in June, 1930. Dr. Spalding described the end result of his experience with a lady and a man, both of whom came to pay a bill:

"'I spoke to the lady, who wanted to know how much money she should pay me for her account, and I said, "I will take all that you have got." She went with me into the other room and settled the account, but when I walked out with her, Mr. Bartlett had disappeared. Later on, I wrote to him and asked why he did not wait. He wrote and said: "I send you a check for your little bill. I wasn't going to let you have all the money I had got, the way you took it out of that lady."

"Dr. Spalding described an ear case with an unexpected result:

"'A woman consulted me at the Maine General Hospital for a terrible noise behind the ear. She was much distressed and wanted to know if anything could be done for it. More as a joke than anything else, I told her I would give her some ether, drill a hole in the bone, and let the noise out. The operation went off to our perfect satisfaction. She never had any more noise in that ear, and ten years later it had not returned."

## A HEALTH EXAMINATION IN VIRGINIA

The Virginia Medical Monthly for August reprints a very brief article on a Periodic Health Examination, written by H. L. Willett, Jr., Associate Director, Gorgas Memorial Institute, Washington, D. C. The article is one of a series, and reads as follows:

"I have just had my annual health audit and because people constantly ask what that means, I am going to use myself as an illustration. This is what happened.

"I walked into the office for my appointment and gave the doctor my health audit blank, carefully filled out. That included such matters as diet, sleep, exercise, weight, habits—the things he needed to know in order to get an adequate picture of me. There was just one special 'symptom' I wanted to talk about, an occasional lameness. The doctor made a note of it.

(Continued on page 1192- adv. 121)

## FELLOWS' SYRUP

#### ITS FORMULA

combines Mineral Foods and Synergistic Agents.

#### ITS POSOLOGY

One to two teaspoonfuls after meals.

#### ITS EFFICACY

is such that under its influence one observes a rapid increase of appetite and a marked elevation of tone.

FELLOWS MED. MFG. CO., INC. 26 Christopher St. New York, N. Y.



ATONY

Samples on Request

DEBILITY

**CONVALESCENCE** 

DEMINERALIZATION

## "STORM"



## The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliac Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.
47 West 47th Street New York City

A general solicitation for Directory advertisements in the next issue of the

## Medical Directory of New York, New Jersey and Connecticut

is now under way.

We request our members to send to the Advertising Department of the Directory names of firms making bids for their business, so they may be approached for advertising contracts.

Committee on Publication

(Continued from page 1190-xiv)

"Then I discarded some clothes, lay down on the table. Eyes, teeth, sinuses, ears, throat, lungs, heart—he looked and listened and tapped from top to toe, dictating comments to his secretary. The lameness came in for a good deal of study of how I could bend and twist. Blood pressure, pulse, blood count, urine analysis. Everything was carefully recorded.

"By the time I was dressed the reports were typed and on his desk—the health blank, what I had told him, what he had found, what the laboratory tests showed. Then he analyzed them.

"'Internally sound, no further tests needed. Now about your diet. You'd better—' just a few simple suggestions. 'You don't exercise enough'—and a few more suggestions. 'About your lameness. I'm going to let it go a month. If it troubles you again I will have it x-rayed. But no use incurring that expense unless we have to. Just—' and again a simple explanation of muscles and their care.

"Then came the remark that struck me most.
"'After I've examined you a few times I'll know something about you. Diagnosis on a practical stranger (I only recently moved to Washington and met him) is always difficult. Next year and the next we'll compare your report with this year's. In the meantime watch the diet and exercise, and call me if anything ever seems to be wrong.'

"It took me only ninety-five minutes and now I know that I am still in good shape (yesterday I only thought and hoped so); I know a man to whom to turn in an emergency; I understand better why doctors sometimes hesitate to take responsibility for sick people who are strangers; I know I shall go back next year because the more I see of these health audits, the clearer it becomes that it saves time, trouble and money to have bad symptoms detected before they become chronic or dangerous."

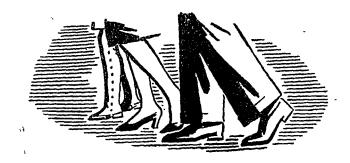
#### FEE SCHEDULE IN MICHIGAN

The Committee on Civic and Industrial Relations of the Michigan State Medical Society, in its annual report, discusses a fee schedule for workmen's compensation work as follows:

"Simultaneously with the recommendation of the Civic and Industrial Relations Committee that an industrial fee schedule for compensation cases be proposed and adopted in this State, the Michigan 'Association of Industrial Physicians and Surgeons, at its annual meeting, also made this same recommendation. Your chairman had a conference with the president of the latter organization, Dr. Gorsline, who has agreed to cooperate with your committee in making an im-

(Continued on page 1194-adv, vviii)

20



## Who is your Patient?

MAN or woman? Adult or child? A very necessary question when you prescribe a remedy for constipation—unless it is Agarol the original mineral oil and agar-agar emulsion with phenolphthalein. Then you need to give thought only to the dose. And that is simple. Begin with a tablespoonful for adults and a teaspoonful for children, at bedtime. Reduce the dose as improvement takes place.

No excess of mineral oil to make adjustments of the dose necessary. An emulsion as fine as it can be made that mixes thoroughly with the intestinal contents, carries unabsorbable moisture to them and makes evacuation easy and painless.

Besides, it gently stimulates peristalsis, and thereby makes the result certain and reeducation of the bowel function possible.

One tablespoonful at bedtime

—is the dose

Final decision on the true worth of Agarol rests with the physician. We will gladly send a twin package, with literature for trial.

AGAROL for Constipation

WILLIAM R. WARNER & COMPANY, Inc. :-: 113 West 18th Street, New York City

## "STORM"



## The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliae Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.

47 West 47th Street New York City

A general solicitation for Directory advertisements in the next issue of the research

(Continued from page 1190-xiv)

"Then I discarded some clothes, lay down on the table. Eyes," teeth, sinuses, ears, throat, lungs, heart—he looked and listened and tapped from top to toe, dictating comments to his secretary. The lameness came in for a good deal of study of how I could bend and twist. Blood pressure, pulse, blood count, urine analysis. Everything was carefully recorded.

"By the time I was dressed the reports were typed and on his desk—the health blank, what I had told him, what he had found, what the laboratory tests showed. Then he analyzed them.

"'Internally sound, no further tests needed. Now about your diet. You'd better—' just a few simple suggestions. 'You don't exercise enough'—and a few more suggestions. 'About your lameness. I'm going to let it go a month. If it troubles you again I will have it x-rayed. But no use incurring that expense unless we have to. Just—' and again a simple explanation of muscles and their care.

"Then came the remark that struck me most.
"'After I've examined you a few times I'll know something about you. Diagnosis on a practical stranger (I only recently moved to Washington and met him) is always difficult. Next year and the next we'll compare your report with this year's. In the meantime watch the diet and exercise, and call me if anything ever seems to be wrong.'

"It took me only ninety-five minutes and now I know that I am still in good shape Lucation I only thought and home whom to the state of the state of

## PYRIDIUM MARK

Phenylazo-alpha-alpha-diamino-pyridine hydrochloride (Manufactured by The Pyridium Corp.)

## For the treatment of urinary infections

May be administered orally or applied locally.

Non-toxic and non-irritative in therapeutic doses.

Marked tissue penetrative power.

Rapidly eliminated through the urinary tract.

Send for literature

MERCK & CO. INC.

Rahway, N. J.

#### OBJECTIVES OF THE FLORIDA MEDI-CAL ASSOCIATION

The June issue of the Journal of the Florida Medical Association contains an editorial by President, Dr. J. C. Davis, of Quincy, which consists, principally of an address given by him at, a health conference held at the call of Governor Doyle Carlton, Dr. Davis first called attention to the economic loss from sickness as follows:

"I believe that the medical profession of the State of Florida realizes its individual and collective responsibilities in the matter of promoting public health. In a state famous for its exposition of the superlative in modern civilization, we should be rid of the waste and

inefficiency due to disease.

"Let us figure for a moment the partial cost to the State of Florida of preventable deaths due to the lack of appropriation of funds for the activities of the State Board of Health for laboratory facilities and the maintenance of additional trained workers in the field. There were 470 deaths in 1929 from malaria, a preventable disease. Thus estimating each life worth \$5,000, we would have a loss of \$2,350,000. Further estimating, there are two hundred cases of malaria for each death and for each case there is an average of five days total disability, considered at a minimum average of \$1.00 per day earning capacity giving us a cost of \$470,000. This amount added to the death cost would give a total of \$2,820,000 for malaria alone. The loss to the state of mothers during childbirth for 1928 was 280. Two thousand deaths of infants under one year and premature births and deaths from injury at birth totalling 669 were also recorded during that year. These figures are appalling when we realize that 50 per cent of these deaths were due to ignorance, negligence or poverty and the majority of cases due to negligence may be properly classed under ignorance. This reveals that much educational work is needed under department of child hygiene, and public health nursing."

The President then set forth the objectives of the State Association as follows:

"First: We must endeavor to educate our state legislators as to the necessity of the appropriation of sufficient funds for the State Board of Health to place as many health units throughout the state as they deem necessary to cope with the situation.

"Second: We should further cooperate by aiding in every way possible the State Board of Health in carrying out its program.

"Third: As an association we should inform our communities as to the vastly improved (Continued on page 1196—adv. xx)

#### Here is a Calcium-

## immediately assimilable that tastes like chocolate peppermint

and that makes "medicine time" a treat, important when your patient is young. The therapeutic agents in Olajen are present in this radically different vehicle (resembling a creamy peppermint chocolate) in colloidal dispersion—important for you, because

Clinical results and the rapid improvement of patients placed on Olajen show definitely that absorption and utilization of its constituents take place very rapidly and effectively.



renders valuable aid as a reconstituent

MALNUTRITION, SIMPLE AND SECOND-ARY ANEMIAS, CONVALESCENCE, IN CONDITIONS CHARACTERIZED BY CAL-CIUM AND OTHER MINERAL DEFI-CIENCY.

It has given excellent clinical results as an adjunct in the treatment of

INFECTIONS OF THE RESPIRATORY TRACT SUCH AS BRONCHITIS, GRIPPE, COLDS, ETC.

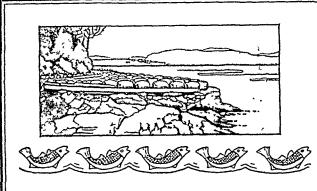


You will want to try the full-sized 8-oz. jar offered for the acid test in your own practice.

Send us your card or prescription blank for full-sized 8-oz. jar.

#### Olajen, Inc.

451 West 30th Street New York City



### Doctor:—

## Should your patient prescribe for himself?

If you wish your patient to have the full benefit of your knowledge and 'experience specify by name the brand of Cod Liver Oil you prefer. The clarity and purity of Nason's, its pleasing flavor and high vitamin potency, are your assurance that in every case where Nason's Cod Liver Oil is prescribed, it will please and benefit your patient.

#### High Vitamin Potency + Palatability

The vitamin potency of Nason's Palatable Norwegian Cod Liver Oil is warranted to be not less than 1000 vitamin A units per gram and not less than 150 vitamin D units per gram. Each lot is biologically tested.

Accepted by Council on Pharmacy and Chemistry, A. M. A.

## Nason's Palatable - Norwegian

Cod Liver Oil

The Better Tasting Kind

Ken

Pharmace



TA	ILBY-N	ASON C	OMPAN	Y	
ndall	Square	Station,	Boston,	Mass.	
eutico	ıl Manuj	facturers	to the Pr	ofessions 905.	of
Mean	ine and	Pharmac	y since l	905.	

Gentlemen:—You may send me (without charge) sample bottle of Nason's Palatable Cod Liver Oil.

Name	•••••••••••••••••••••••••••••••••••••••
Address	

My Druggist's Name .....(N.Y.J. 10-30)

(Continued from page 1195-adv. xix)

and more beneficial services which our health departments can render adequately supported. This may be done through the columns of the newspapers and magazines, the lecture platform, the pulpit, the school and every other agency of publicity, to spread the propaganda against disease. Fathers and mothers can easily be interested in any campaign in the name of health on behalf of their children. The people should not have the prevailing attitude towards doctors that puts a preminum on disease rather than health, that a doctor is just an expert to be called in an emergency, rather than a promoter of health.

"Fourth: We should cooperate with the health units in conducting physical examinations of the school children. Conducting free clinics for the examination of children before school age, for the treatment of children unable to employ a physician and the removal of physical defects prejudicial to health.

We should educate the laity and "Fifth: again our legislators as to the difference between the well-trained physician and the cults. They should be further taught that no medical or scientific achievement has ever originated with the cults. Many of our preventable deaths are due to patients falling into the hands of the cults until the last ray of hope is gone. This will continue to go on until we can establish laws, as in the Basic Science Act, that will require an examination in the fundamental principles of disease before any school is permitted a license to practice its method of healing. To a layman, a doctor is just a doctor regardless of whether he has had ten years of training or a short course from a mail order house, or a mercenary school teaching only spinal manipulation.

"Let me say in conclusion that if our legislators were endowed with the keen insight and sense of duty to our health program as our Honorable Governor Carlton, there would be no occasion for this meeting here today and this state of ours would be outstanding in health, happiness and prosperity."

## JOURNAL OF THE RHODE ISLAND MEDICAL SOCIETY

The Committee on Publication of the Rhode Island Medical Society made the following report at the annual meeting of the Society on May 21, 1930:

"The scientific and literary policy of this Journal is maintained by the publication of such papers as are read before this and allied societies, when obtainable; and by individual contri-

(Continued on page 1198-adv. xxii)

## NOW Whites COD LIVER OIL CONCENTRATE

formerly COD-LIV-X

gives you for infant feeding, both essential Vitamins A and D, in one palatable wafer, biologically standardized in dosage.

Compare for Potency and Accurate Dosage, (see Fig. i), for Biological tests more rigid than that of the U.S.P. (see Figs. 2 and 3). Then as a prophylactic against respiratory and other infections, as a nutritional supplement, an antirachitic or wherever you would prescribe Cod Liver Oil, test WHITE'S COD LIVER OIL CONCENTRATE—and again compare.





Vitamin D potency of each batch tested by that amount of White's C'LO Concentrate required to produce a continuous linear deposit of calcium salts on the metaphyseal cartilage (epiphyseal border of the metaphysis) of the proximal end of the left tibia, when fed daily for a 10 day period

Each wafer represents not less than 250 vitamin A and 100 vitamin D units According to N N R a tablet made from a C L O Concentrate must contain 200 USP units per tablet or other dosage unit. White's C. L. O. Concentrate wafers are 50 unitshigher than this requirement



Vitamin A potency of each batch determined by the complete healing of xerophthalmia in rats, in addition to the weight gain test required by USP.X



Complimentary graphic weight gain chare with full instructions for mothers gains their cooperation-affords you definite record of results.

COD LIVER OIL CONCENTRATE

Formerly COD-LIV-X

HEALTH PRODUCTS CORPORATION Newark, N. J. 113 North 13th Street

Heatth Products Corporation
113 N 13th St, Newatk, N J
Please send me\_complimentary weight
can charts and free clinical text stipply of White's
Cod Laver Oil Concentrate.

i 11 D -----



## Goes the Blood Pressure

To produce safe, sure and sustained reduction of blood pressure, no single drug can equal a synergistic combination of approved vasodilators.

Such a combination is Natrico, which contains Sodium Nitrite, Potassium Nitrate and Nitroglycerin with the synergist, Crataegus Oxyacantha.

"Very distinct and easily demonstrable service is rendered by Crataegus in atherosclerosis associated with high blood pressure, and in essential hypertension," write Solis-Cohen and Githens (Pharmacotherapeutics, Materia Medica and Drug Action, 1928, p. 1306). "It will not, of itself, lower blood pressure, but it aids in maintaining the lower level brought about by other means."

Actual sphygmomanometer readings attest the value of Pulvoids Natrico in the symptomatic treatment of hypertension.

## PULVOIDS NATRICO

Enteric, Sugar Coated Dark Green Color

THE DRUG PRODUCTS CO., Inc., 26-02 Skillman Avenue, Long Island City, New York

- □ I enclose \$5.00, for which send me 1000 Pulvoids Natrico, postpaid.
   □ Send me free copy of "High Blood Pressure, Its Diagnostic Importance, Its Efficient Treatment."
- ☐ I dispense and want your free catalogue.

Name	٠.				٠.		 ٠.	-	٠.		٠.	• •		٠.		•	•	٠.		•	
Street				_			 _				 								 		

City ..... State,...........

(Continued from page 1196-adv. xx)

butions other than these, supplemented by such editorials as may be indicated by the medical and political problems arising in our special environment and upon the horizon of our medical observation. This latter department is supported (presumably) by a board of editors who are each requested to submit six editorials each year. This is a cooperative, supposedly inflexible agreement, and should have the earnest support of all associates, as any deviation from this tends to disrupt our power of self expression, embarrasses the editor, and is not suggestive of good faith.

"Should the contingency of non-operation become definite, it would invite the alternative of doing away with the Board of Editors and editorials, and of the Journal becoming a colorless and voiceless record of purely literary contributions and clippings and would appear a step backward.

"In the more material aspects of our publication, we endeavor to avoid commercialism, carrying sufficient advertising matter only to defray expenses with a reasonable surplus for possible emergencies; this last, through the aggressive and seemingly tireless energy of our business manager, we continue to be able to do. During the year 1929 we received from all sources \$4,355.00, and disbursed (including the \$500 to the Society) \$4,524.00, our bank balance saving us from a deficit.

"We may, however, consider ourselves fairly prosperous and our independent status unaffected."

The remark about "our independent status" probably refers to the suggestion made several years ago, that the New England Medical Journal be made the common organ of the medical societies of all the six states of New England. At present it represents Massachusetts and New Hampshire. The states of Maine and Rhode Island have their own organs, but Vermont and Connecticut do not seem to support any state organ.

#### DISABILITIES TABLE IN WISCONSIN

The Industrial Commission of Wisconsin held four conferences with physicians between March and June, 1930, on the subject of the valuation of typical disabilities. The discussions were full and led to a nearly unanimous opinion among the doctors. While physicians are free to make other estimates, yet the Commission will require evidence that its estimate is inequitable. The table is as follows:

(Continued on page 1200-adv. xxiv)

luu so admorticare



# is the best vehicle for all prescriptions.

BECAUSE IT

contains no sugar is neutral in reaction is compatible with all drugs

disguises unpleasant tastes promotes drug absorption also aids digestion

Let all your prescriptions containing fluid drugs read:

"Peptenzyme Elixir q.s.ad."

REED & CARNRICK, Pioneers in Endocrine Therapy, Jessey City, N. J., U. S. A.

Please mention the JOURNAL when writing to advertisers

## PHILLIPS Milk of Magnesia

## THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz., 12 oz., and 3 pt. Bottles.

## THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London

# LIVER EXTRACT LEDERLE

A VERY palatable, highly concentrated fraction of liver for the treatment of Pernicious Anemia. Efficiency established by more than two years of clinical trial.

Physician's sample and literature on request.

LEDERLE LABORATORIES

NEW YORK

#### COST OF JOURNAL OF NEW JERSEY

The official transactions of the House of Delegates of the Medical Society of New Jersey at its annual meeting June 11-14, 1930, are printed as a supplement of the Journal of September, and contain the following financial report of the Publication Committee:

#### RECEIPTS

Balance on hand May 31, 1929	555.25
\$323.72)	11 035 78
0020.74)	42.15
Subscriptions (extra)	
Sale of Journal (extra copies)	9.97
Bills Receivable	711.75
Cash on hand June 1, 1930	509.91
Subscriptions Account-Society Mem-	
bers	2,541.00

TOTAL ..... \$15,405.81

#### **EXPENDITURES**

Commissions paid (Cooperative)\$	827.54
Commissions paid (Coöperative)\$ Amount of Commissions O.K.'d local	
canvassers	438.20
Discounts paid	234.23
Chairman's Salary	500.00
Chairman's Expenses	137.83
Printing and Mailing of Journal	
O.K.'d 1	2.868.45
Reprints O.K.'d	171.00
Index	135.00

OTAL ..... \$15,312.25

#### COMPARATIVE STATEMENT

**	1928-1929	1929-1930
Advertising receipts	10,113.99	\$11,035.78
Subscription (regular)		2,541.00
Subscriptions (extra)	34.50	42.15
Sale of Journal	28.44	9.97
Printing & Mailing Journal	11,693.21	12,868.45
Reprints	198.00	171.00
Commissions	861.86	1,265.74
Discounts	210.97	234.23

#### SUMMARY

Amount of advertising secured by Cooperative.\$4,372.10
Amount of advertising secured locally 4,845.99
Amount of discount and commission allowed
Coöperative
Amount of discount allowed locally to adver-
tisers 47.05
Amount of Commission O.K.'d local canvassers. 438.20
Total amount of advertising 9,218.09
Total cash receipts from all sources 8,134.59
Total amount paid Treasurer 8,222.12

The transactions also carry an analysis of the Journal's expense as follows: The publication of the Journal, that is to say, printing and mailing and other expenses of the Publication Committee, has cost each man out of his \$15, \$2.32. The editorial salary, that is to say, counting that as half of his total compensation, \$1.90, making the cost of the Journal \$4.22 to each man.

## DEPENDABLE TONICS

For Intravenous Use IRON ARSENIC and GLYCERO-PHOSPHATE

COLLOIDAL IRON with ARSENIC Ampul No. 107 Fitch, 5c.c.

For
Intramuscular Use
IRON
ARSENIC
PHOSPHORUS
with
STRYCHNINE
Ampul No. 50 Fitch, 1c.c.

## William A. Fitch Inc.

Manufacturing Chemists

100 West 21st Street New York, U. S. A.

Specialists in the Manufacture of C. P. Standardized Sterile Solutions for Intravenous and Intramuscular Injections

#### ANNUAL MEETING IN PENNSYLVANIA

The eighth annual session of the Medical Society of the State of Pennsylvania will be held in Johnstown, October 6-9, 1930. The scientific program is printed in the August issue of the Pennsylvania Medical Journal and covers ten pages, while that of the New York State Society fills only four pages. One reason for the greater length of the Pennsylvania announcements is the inclusion of an abstract of nearly every paper. These abstracts are unusually well written and informative. For example, the first nmber on the program reads.

"Diphtheria Immunization (15 minutes) Henry J. Benz, Pitts-Outline. Why should burgh we immunize? Diphtheria morbidity and mortality statistics Pennsylvania. Experience gained by massed work. Results given to the medical fraternity and to the public. Methods and material used; Horse serum toxin - antitoxin, serum toxin-antitoxin, and toxoid (Ramon). Results with each of the above as to reactions: Anaphylaxis and final immunity findings by Schick Test. Who is responsible to conduct diphtheria immunization campaigns-private physicians health departments?"

The program committee is making a serious attempt to maintain a time schedule in the sessions, as is shown by the assignment of definite lengths of time for each paper, and of definite hourly periods within which the papers must be given. The following announcement was also printed five times in the program:

"Note—The ringing of the bell, announcing the beginning, the division, and the conclusion of each 55-minute period, is beyond the control of any officer of the Section. Ample warning of this fact, with frequent reference to time allotted, has been given all on the program.

A well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially if

## Itoland Water

is used. Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



## POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York City

## New York Post-Graduate Medical School and Hospital

### DERMATOLOGY and SYPHILOLOGY

including practical instruction in the diagnosis and treatment of diseases of the skin, syphilis and cutaneous cancer; embracing special syphilotherapy, physical therapy, topical therapy, mycology, pathological histology, and internal aspects of cutaneous medicine. ¶Under the direction of Dr. George Miller MacKee. ¶These courses are adapted to the needs of the practitioner of medicine as well as the specialist. ¶Licensed physicians in good standing are admitted to these courses. ¶Enrollment is from six weeks to six months, and instruction is continuous throughout the year. ¶For those desiring a thorough education in dermatology, a course of two years may be arranged for.

For further information and descriptive booklet, address

THE DEAN, 302 East 20th Street

**NEW YORK CITY** 

## Aurora Health Farm

Mendham Road, MORRISTOWN, NEW JERSEY

Beautiful country; elevation 700 ft., only one hour from New York. Open all year. Diet, electro-therapy and hydro-therapy. Personal medical supervision. Suitable for convalescence, compensated heart lesions, hypertension, rheumatism, diabetes, anemia, etc. Homelike atmosphere. No bed-ridden, contagious or mental cases.

Robert Schulman, M.D. Medical Director Adolph Weizenhoffer, M.D. Associate Physician

Telephone-MORRISTOWN 3260

#### $Dear\ Doctor:$

What would you do if those who advertise in this Journal should suddenly go out of business?

Would you like to grow your own medicinal plants?

Or go to the blacksmith shop to get your instruments made? Or shred lint and tear up your old sheets to make surgical dressings?

Would you like to go without anti-toxin—for of course you could not make it?

· You are dependent on our advertisers for the means of practicing medicine.

Patronize them.

THE PUBLICATION COMMITTEE.

## As a General Antiseptic

in place of

TINCTURE OF IODINE

Try

## Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein) 2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

It does not burn, irritate or injure tissue in any way.

## Hynson, Westcott & Dunning

Baltimore, Maryland

### CREST VIEW SANATORIUM

GREENWICH, CONN.

(20 Miles from Grand Concourse, or 25 Miles from Grand Central Station)

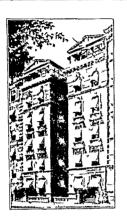
F. St. CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to. Charmingly located, beautifully appointed; in the hilly country 1½ miles from L. I. Sound, where the air is tonic. Easy, quick drive from N. Y. City. Physician's cooperation invited on cases. Families who must travel leave invalid or elderly relatives with us in fullest confidence. Truly homelike; no institu-

tional appearance, beyond nurses' uniforms. Committments seldom necessary. (Disturbing cases, addicts, cancer and tuberculosis, are not desired.) Senile, infirm, gastric, cardiac, post-paralytic, and invalid types accepted—besides mildly mental elderly. \$25-85 weekly. N. Y. office, 121 East 60th St. Tel.: Regent 8587; hours 11—1.

OR, TEL. 773 GREENWICH Established 35 Years

#### For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives

Physicians are invited to be in attendance on their patients Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium Located directly across from Central Park in one of New York's best residential sections

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

#### CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST
Between 89th and 90th Streets

New York City

Telephone Schuvler 0770

## THE NEW YORK POLYCLINIC

MEDICAL SCHOOL AND HOSPITAL

(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

## EYE, EAR, NOSE and THROAT

For Information, Address

MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, NEW YORK CITY

## New York Post-Graduate Medical School and Hospital

### DERMATOLOGY and SYPHILOLOGY

including practical instruction in the diagnosis and treatment of diseases of the skin, syphilis and cutaneous cancer; embracing special syphilotherapy, physical therapy, topical therapy, mycology, pathological histology, and internal aspects of cutaneous medicine. ¶Under the direction of Dr. George Miller MacKee. ¶These courses are adapted to the needs of the practitioner of medicine as well as the specialist. ¶Licensed physicians in good standing are admitted to these courses. ¶Enrollment is from six weeks to six months, and instruction is continuous throughout the year. ¶For those desiring a thorough education in dermatology, a course of two years may be arranged for.

For further information and descriptive booklet, address

THE DEAN, 302 East 20th Street

**NEW YORK CITY** 

## Aurora Health Farm

Mendham Road, MORRISTOWN, NEW JERSEY

Beautiful country; elevation 700 ft., only one hour from New York. Open all year. Diet, electro-therapy and hydro-therapy. Personal medical supervision. Suitable for convalescence, compensated heart lesions, hypertension, rheumatism, diabetes, anemia, etc. Homelike atmosphere. No bed-ridden, contagious or mental cases.

Robert Schulman, M.D. Medical Director Adolph Weizenhoffer, M.D. Associate Physician

Telephone-MORRISTOWN 3260

### Dear Doctor:

What would you do if those who advertise in this Journal should suddenly go out of business?

Would you like to grow your own medicinal plants?

Or go to the blacksmith shop to get your instruments made? Or shred lint and tear up your old sheets to make surgical dressings?

Would you like to go without anti-toxin—for of course you could not make it?

You are dependent on our advertisers for the means of practicing medicine.

Patronize them.

THE PUBLICATION COMMITTEE.

## As a General Antiseptic

in place of
TINCTURE OF IODINE
Try

## Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein) 2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

It does not burn, irritate or injure tissue in any way.

## Hynson, Westcott & Dunning

Baltimore, Maryland

### CREST VIEW SANATORIUM

GREENWICH, CONN.

(20 Miles from Grand Concourse, or 25 Miles from Grand Central Station)

F. St. Clair Hitchcock, M.D., Proprietor

Elderly people especially catered to. Charmingly located, beautifully appointed; in the hilly country 1½ miles from L. I. Sound, where the air is tonic. Easy, quick drive from N. Y. City. Physician's cooperation invited on cases. Families who must travel leave invalid or elderly relatives with us in fullest confidence. Truly homelike; no institu-

tional appearance, beyond nurses' uniforms. Committments seldom necessary. (Disturbing cases, addicts, cancer and tuberculosis, are not desired.) Senile, infirm, gastric, cardiac, post-paralytic, and invalid types accepted—besides mildly mental elderly. \$25-85 weekly. N. Y. office, 121 East 60th St. Tel.: Regent 8587; hours 11—1.

OR, TEL. 773 GREENWICH
Established 35 Years



#### ··INTERPINES"

GOSHEN. N. Y.



#### PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-QUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt

DR C A POTTER

DR E A SCOTI

#### FOUR GABLES

TOWANDA, PA.

Telephone 89

Home Strictly Private Located in Alleghany Mountains grounds Sun Parlors and Verandas clusively for weak babies and chil also deformed and crippled children Large Ex-

Visiting Physicians Charles Reed, M.D., - Phillip Schwartz, M.D.

Superintendent M. E. White, R.N.

#### WHITE OAK FARM PAWLING, DUTCHESS COUNTY, NEW YORK

Estab 1913 by the late Dr Plavins Packer Legaled in the foothills of the Berkshires, naty miles from New York City on the Harlem Division of the New York Central R For men and women who are nervous and mentally ill Capacity 15 Built around our own flower and exectable gardens and dairy outdor employment encouraged Attractics single rooms, or suite, or separate cottage as preferred

H E Schorr, M. D. Physician in Charge H. P. Dawe, M. D. Associate Physician Telephone Pawling 29

HERRY W ROGERS, M D , Physician in Charge HELEN J ROGERS, M D

#### DR. ROGERS' HOSPITAL

Under State License 345 Edgecombe Ave at 150 St, N Y C.

Mental and Neurological cases received on voluntary application and commitment. Treat ment also given for Alcoholtem and Drug addiction Conveniently located. Physicians may visit and cooperate in the care of their patients.

Telephone, Edgecombe 4801

#### Dr. Barnes Sanitarium STAMFORD, CONN

A private Sanitarium for Mental and Nervous Diseases Also Cases of Gen eral Invalidism Cases of Alcoholism Accepted

A modern institution of detached buildings situated in a leautiful park of fifty acres commanding superb views of Long Islani Sound and surrounding hill country Completely equipped for secunific treatment and special attention needed in each individual case. Fifty minutes from New York City Frequent train service

For terms and booklet address F H BARNES, MD, Med Supt

Telephone Connection

### WEST HILL

HENRY W LLOYD, M D

West 252nd St and Fieldston Road Riverdale, New York City

B Ross Nainn, Res Physician in Charge

Located within the city limits it has all the advan Located within the city timins it has all the author tages of a country sanitarium for those who are ocrous or mentally ill In addition to the main building there are several attractives cottages located on a ten acre plot Separate buildings for drug and on a ten acre plot Separate buildings for drug and sleoholic cases Doctors may visit their patients and direct the treatment Under State License

Telephone: KINGSBRIDGE 3040

#### WESTPORT The Westport Sanitarium CONN.

A Private Institution for the Care and Treatment of Nervous and Mental Diseases Large private grounds Rogenite surnessligs Modern appointments. Separate buildings for Patients dealing special standing Single seem or suite Hydrolterspettie apparatus. Terms reactable New York Office 121 Zast 604 Zt., 1st and Int Wednesdays only, from 1 to 3 P. M Tel. Regard 161)

Dr. P. D. Ruland, Medical Superintendent Westport Conts

#### BRIGHAM HALL HOSPITAL

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiene Founded in 1855

Beautifully located in the historic lake region of Central New York. Classification special attention and individual care

Physician in Charge Henry C. Burgess, M D.

#### BREEZEHURST TERRACE DR HARRISON'S SANITARIUM

For Nervous and Mental Disesses and Alcoholic Addiction

Beautiful surroundings Thirty minutes from Pennsylvania Station New York

For particulars apply to DR S EDWARD PRETZ, Physician in Charge

Whitestone, L. I. N Y Phone Flushing 0213

#### **HALCYON REST** JOSEPHINE M LLOYD

105 Boston Post Road, Rye, N. Y

Henry W Lloyd, M D Hulda Thompson, R N Attending Physician Supervisor

TELEPHONE RYE 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mertal cases accepted Special attention to Diets.

Hydro-therapy, Ultra Violet and Albine Sun rays, Diathermy, Massage, Colonic irrigation.

Superintendent | Inspection invited Send for illustrated Phone Westport 4 | booklet.

#### The VEIL MATERNITY HOSPITAL

WEST CHESTER, PENNA. Former address, Langhorne, Pa.

Strictly Private Absolutely Ethical Patients (ICLUSION) accepted at any time during gestation Open to Regular Practitioners Early entrance advisable



For Care and Protection of the BETTER CLASS UNFORTUNATE YOUNG WOMEN

Adoption of balies who erranged for Rates reasonable reached on the Interuphen and Penns and the Lincoln Highway Twenty miles southwest of Priladelphia. Write for boosles

THE VEIL

licase mention the SOUPYAL when writing to advertises

#### 1930

### PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	.H. L. Nelms, Albany	.F. E. Vosburgh, Albany
ALLEGANY	.H. K. Hardy, Rushford	.L. C. Lewis, Belmont	G. W. Roos, Wellsville
BRONX	. J. H. Gettinger, N. Y. City	I. J. Landsman, N. Y. City.	.J. A. Keller, N. Y. City
BROOME	.J. J. Kane, Binghamton	.H. D. Watson, Binghamton.	C. L. Pope, Binghamton
CATTARAUGUS	.L. E. Reimann, Franklinville. .C. F. McCarthy, Auburn	W. B. Wilson Auburn	I R Sieson Auburn
CHATITATIONA	F. J. McCulla, Jamestown	F. Rieher Dunkirk	.F. I. Pfisterer, Dunkirk
CHEMUNG	.J. S. Lewis, Elmira	.C. S. Dale, Elmira	.J. H. Hunt, Elmira
CHENANGO	.E. A. Hammond, New Berlin	.J. H. Stewart, Norwich	.J. H. Stewart, Norwich
CLINTON	A. S. Schneider, Plattsburg	.L. F. Schiff, Plattsburg	.F. K. Ryan, Plattsburg
COLUMBIA	.D. R. Robert, New Lebanon Ct.	L. Van Hoesen, Hudson	L. Van Hoesen, Hudson
CORTLAND	. D. B. Glezen, Cincinnatus C. S. Gould, Walton	W. M. Thomson Delhi	W M Thomson Delhi
DUTCHESS-PUTNAM	S. Gould, Walton	H. P. Carnenter, P'ohkeensie	.H. P. Carpenter, P'ghkeepie
ERIE	.W. T. Getman, Buffalo	L. W. Beamis, Buffalo	A. H. Noehren, Buffalo
ESSEX	. C. N. Sarlin, Port Henry	.L. H. Gaus, Ticonderoga	L. H. Gaus, Ticonderoga
FRANKLIN	. E. S. Welles, Saranac Lake	.G. F. Zimmerman, Malone	.G. F. Zimmerman, Malone
FULTON	.B. E. Chapman, Broadalbin	A. R. Wilsey, Gloversville	J. D. Vedder, Johnstown
CREENE	.C. D. Pierce, Batavia	W. M. Popp. Cotal-11	P. J. Di Natale, Datavia C. F. Willard Catabill
HERKIMER	. V. M. Parkinson, Salisbury Ct	W. B. Brooks Mohawk	.A. I. Fagan, Herkimer
JEFFERSON	.F. G. Metzger, Carthage	.W. S. Atkinson, Watertown.	.W. F. Smith, Watertown
KINGS	.L. F. Warren, Brooklyn	.J. Steele, Brooklyn	J. L. Bauer, Brooklyn 🝈
LEWIS	.G. O. Volovic, Lowville	F. E. Jones, Beaver Falls	F. E. Jones, Beaver Falls
LIVINGSTON	.R. A. Page, Geneseo	E. N. Smith, Retsof	E. N. Smith, Retsof
	.L. B. Chase, Morrisville W. A. Calihan, Rochester		
MONTGOMERY	La V A Bouton Amsterdan	W. R. Pierce. Amsterdam.	S. L. Homrighouse, Amsterdam
NASSAU	.L. A. Newman, Pt Washingto	nA. D. Jagues, Lynbrook	.A. D. Jaques, Lynbrook
NEW YORK	.G. W. Kosmak, N. Y. City	.D. S. Dougherty, N. Y. City.	.J. Pedersen, N. Y. City
NIAGARA	.G. L. Miller, Niagara Falls	.W. R. Scott, Niagara Falls.	W. R. Scott, Niagara Falls
ONEIDA	H. F. Hubbard, Rome	W. Hale, Jr., Utica	.D. D. Reals, Utica
ONUNDAGA	.H. B. Pritchard, Syracuse .C. W. Webb, Clifton Springs	L. W. Enegartner, Syracuse	D. A. Ficalina Shortsvilla
ORANGE	.S. L. Truex, Middletown	H. I. Shelley, Middletown	.H. I. Shelley, Middletown
ORLEANS	.D. F. MacDonell, Medina	.R. P. Minson, Medina	.R. P. Munson, Medina
OSWEGO	A. G. Dunbar, Pulaski	. J. J. Brennan, Oswego	J. B. Ringland, Oswego
OTSEGO	G. M. Mackenzie, Cooperstow	n.A. H. Brownell, Oneonta	F. E. Bolt, Worcester
RENSSEI AED	E. A. Flemming, Rich. Hill. C. H. Sproat, Valley Falls	. E. E. Smith, Kew Gardens	O. F. Kinloch Trov
RICHMOND	C. R. Kingsley, Ir. W. N. B'o'	't I. F. Worthen, Tomnk'sv'le.	.E. D. Wisely, Randall Manor
ROCKLAND	J. W. Sansom, Sparkill	. W. J. Ryan, Pomona	D. Miltimore, Nyack
ST. LAWRENCE	S. J. Cattley, Ogdensburg	S. W. Close, Gouverneur	C. T. Henderson, Gouverneur
SARATOGA	W. H. Ordway, Mt. McGrego	r.H. L. Loop, Saratoga Springs	W. J. Maby, Mechanicville
SCHOHARIE	N. A. Pashayan, SchenectadyE. S. Simpkins, Middleburg.	H. I. Odell Shaper Springs	J. M. W. Scott, Schenectady
SCHUYLER	John W. Burton, Mecklenburg	g.F. B. Bond Burdett	Lex. Becker, Cobleskiii
SENECA	A. J. Frantz, Seneca Falls	R. F. D. Gibbs, Seneca Falls	.R. F. D. Gibbs. Seneca Falls
STEUBEN	G. L. Whiting, Canisteo	R. J. Shafer, Corning	R. J. Shafer, Corning
SUFFOLK	A. E. Payne, Riverhead	. E. P. Kolb, Holtsville	G. A. Silliman, Sayville
TIOGA	C. Rayevsky, Liberty F. Terwilliger, Spencer	W A Moulton Candor	W. A. Moulton 'Conden'
TOMPKINS	D. Robb, Ithaca	W. G. Fish. Ithaca	W. G. Fish. Ithaca
ULSTER	E. F. Sibley, Kingston	F. H. Voss, Kingston	C. B. Van Gaasbeek, Kingston
WARREN	F. Palmer, Glens Falls	W. W. Bowen, Glens Falls.	W. W. Bowen, Glens Falls
WASHINGTON	R. E. La Grange, Fort Ann	i. S. J. Banker, Fort Edward	R. C. Paris, Hudson Falls
WAYNE	R. G. Stuck, Wolcott	H Ratte Vontage	D. F. Johnson, NewarkR. B. Hammond, White Plains
WYOMING	W. J. French, Pike	.H. S. Martin. Warsaw	H. S. Martin. Wareaw
YATES	G. H. Leader, Penn Yan	W. G. Hallstead, Penn Yan.	W. G. Hallstead, Penn Yan

Vol. 30, No. 18

September 15, 1930

Pages 1077-1142

\$3.5

# New York State Journal of Medicin

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E 103rd St., New York City



Entered as second-class matter July 5, 1907, the Post Office at New York & You derroact of March 3, 1879. Acceptance for modified at special rate of postage provided for m. S. in 1103. Act of October 3, 1917. a thoriz, on July 8, 1918. Copyright, 1930. by it Medical Society of the State of New York.

TABLE OF CONTENTS PAGE IV

THE CONTROL OF THE PROPERTY OF

Starch-Free Food Variety



These and many other appetizing, starch-free foods are easily made in the patient's home from

### LISTERS DIETETIC FLOUR

Strictly Starch Free

Self-rising

Carton Listers Flour (one month's supply, enough for 30 bakings) \$4.85

lsk us for the name of the Lister Depot near you - Ideartised only to the physicians

Lister Bros., Inc., 41 E. 42nd St., New York

#### MEDICAL DIRECTOR ENTS, SECRE,

President -... E. Cornii ...H. K. HMEDICAL DIRECTORY OF NEW YORK, NEW JERSE

.....J. J. KaCONNECTICUT contains 910 pages of text relating to the ind

......C. F. M doctors. It also has 48 pages of advertisements containing the a

J. S. Leements of 58 dealers and institutions on whom physicians dep

.....A. S. S. rvice and supplies, from abdominal supporters to X-ray appara

.....D. B. nize them whenever possible. They are reliable and appreciative

COMMITTEE ON PUBLICATION

...... C. N The list of advertisers in the 1929 edition follows. .....E. S. ...B. E

Camp, Sherman P.

..... D. Meminal Supports and Binders

NAM..A. Soʻ 

V. Kamp, Sherman P. F. Donovan, Cornelius Low Surgical Co., Inc.

MacDougall Ambulance Service

L. Pomeroy Company
G. Storm, Katherine L. M.D.
United Orthopaedic Appliance Co.

Holmes Ambulances

..... [Ambulance Service

... Artificial Limbs Low Surgical Co., Inc.
Marks, A. A., Inc.
Pomeroy Co.

Belts, Supporters

Braces

Corsets

Camp, Sherman P.

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc.

Linder, Robert, Inc.

Linder, Robert, Inc.

Low Surgical Co., and,
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopnedic Appliance Co.,

Low Surgical Co., Inc.
Pomeroy Company
Schuater, Otto F., Inc.
United Orthopaedic Appliance Co.,

Pomeroy Company United Orthopaedic Appliance Co.,

....E

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc.

Elastic Stockings

Pomeroy Company United Orthopaedic Appliance Co.,

Flour (Prepared Casein) Lister Brothers, Inc.

Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

Leg Pads

Camp, Sherman P.

Mineral Water

Kalak Company

Orthopaedic and Surgical Supplies

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

Pharmaceutical

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Reat Norris Registry Sahler Sanatarium

Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

Radium

Radium Emanation Company

Registries for Nurses

Carlson, Irene M. New York Medical Exchange Norris Registry for Nurses Nurses Service Bureau Official Registry Paychiatric Bureau Riverside Registry

Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace Central Park West Hospital Crest View Sanatorium Halcyon Rest Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium
White Oak Farm Hough, Frank L.

Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

Trusses

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopaedic Appliance Co.

Wassermann Test Bendiner & Schlesinger

Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

# ANTIPHLOGISTINE

has been recognised as an appropriate adjuvant in Roentgenotherapy. X-rays are considered to be the most useful single therapeutic agent in the hands of the dermatologist for the treatment of Eczema and other persistent Skin Affections, but they may prove disappointing when used to the exclusion of local adjuvants.

A satisfactory application wherever inflammation and congestion are present.



For thirty-six years it has served the Profession faithfully and well.

Antiphlogistine,
by relieving itching
and pain and, at the same
time, softening and soothing
the indurated tissues, is a valuable
agent in skin diseases treated with X-rays.



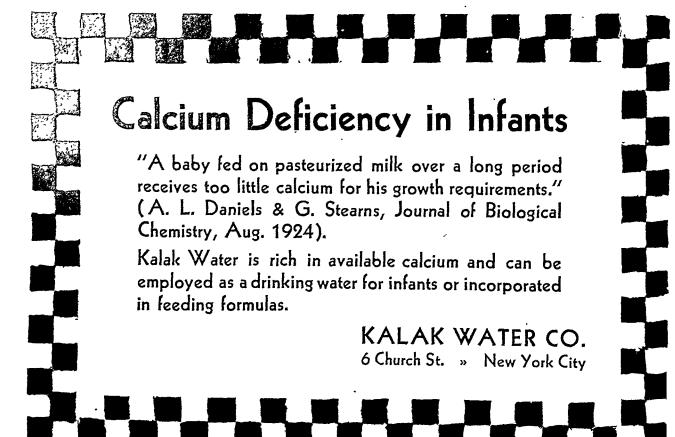
THE DENVER CHEMICAL MFG. CO. 163 Varick Street, New York, N. Y.

You	may	send	me	sample	of	Antiphlogistine	for	clinical	trial,	together	with
				١.		literature.		•			,

			2 F		_
Name				м.	ν
144///	 	 			

# TABLE OF CONTENTS-SEPTEMBER 15, 1930

ORIGINAL ARTICLES	LEGAL
Bronchiectasis, An Analysis of 51 Cases—By W. W. Priddle, M. D., Toronto, Canada	The Doctor as an Executor
Freatment of Intra-Oral Cancer With Special Reference to Radium Therapy—By Douglas Quick, M.B. (Toronto), New York, N. Y	LONDON LETTER
York, N. Y	European Tour, Society of Surgeons, U. S. A
A Case of Haemopneumothorax of Uncertain Etiology—By Arthur H. Terry, Jr., M. D., New York, N. Y	NEWS NOTES
A Redemy for Fee-Splitting Among Doctors—By George Fletcher Chandler, M.D., F.A.C.S., Kingston, N. Y	Committee on Economics 1121 Public Relations Survey, No. 15—Oswego County 1122 The British Medical Association 1123 Graduate Fortnight 1125
, , , , , , , , , , , , , , , , , , , ,	DAILY PRESS
EDITORIALS  Dispensing Information	Child Psychology (2 cartoons)         1126           Illness a National Problem         1126           Unburnable Money         1127           The Deaf and Dumb         1127           Rabies in New York City         1127
MEDICAL PROGRESS	BOOKS
Transitory Paralyses and Angina Pectoris	Book Reviews
The Exhausted Child1112	OUR NEIGHBORS
Rectal Ether in Whooping Cough       1112         Effects of High Fat Feeding       1113         Vitamins A and D in Bone Tuberculosis       1113         Thoracic Stomachs       1114         Morbus Coxae Senilis       1114         The Child's Heart in Health and Disease       1114         The Psychoneuroses in Ceneral Practice       1115         Subacromial Bursitis       1115	Annual Meeting of New Jersey





# THE BATTLE OF THE GERMS



ARMFUL putrefaction in the colon cannot take place under normal conditions, because Nature provides the right soil for the growth of friendly protective germs—notably the B acidophilus and B bifidus

Where putrefaction exists, as evidenced by intestinal flatulency and foul smelling stools, carbohydrate is needed to enable the protective organisms to gain the masters

The ordinary carbohydrates (sugar and starch), however, which form the bulk of our daily food, are not suited to this purpose because they are absorbed in the small intestine

Not so lactose and dextrin, which combined in the form of

# Lacto-Dextrin

(lactose 73%---dextrin 25%)

provides an ideal colon food for promoting the desired change in the intestinal flora

Lacto-Dextrin is a food with a medicinal effect. Its use has been fully described in the scientific presentation, "The Intestinal Flora" Let us send you a copy of this book, together with trial package of Lacto-Dextrin

Mail Us This Coupon Today

The

# BATTLE CREEK FOOD COMPANY

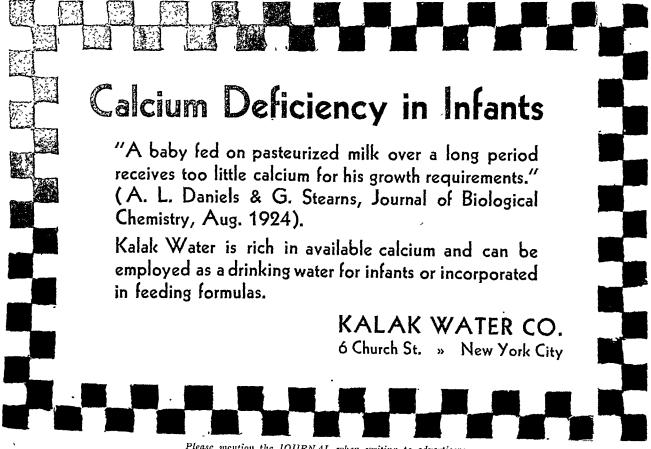
Dept. NYM-9, Battle Creek, Michigan

Please send me, without obligation, a trial package of Lacto-Dextrin and a copy of the book, "The Intestinal Flora."

Please ment on the JOURN IL when a vit of to advert sees

# TABLE OF CONTENTS-SEPTEMBER 15, 1930

ORIGINAL ARTICLES	LEGAL
Bronchiectasis, An Analysis of 51 Cases—By W. W. Priddle, M. D., Toronto, Canada	The Doctor as an Executor
Freatment of Intra-Oral Cancer With Special Reference to Radium Therapy—By Douglas Ouick, M.B. (Toronto), New	LONDON LETTER
York, N. Y	European Tour, Society of Surgeons, U. S. A
A Case of Haemopneumothorax of Uncertain Etiology—By Arthur H. Terry, Jr., M. D., New York, N. Y	NEWS NOTES
A Redemy for Fee-Splitting Among Doctors—By George Fletcher Chandler, M.D., F.A.C.S., Kingston, N. Y	Committee on Economics
	DAILY PRESS
### EDITORIALS  Dispensing Information	Child Psychology (2 cartoons) 1126 Illness â National Problem 1126 Unburnable Money 1127 The Deaf and Dumb 1127 Rabies in New York City 1127
	BOOKS
MEDICAL PROGRESS	Book Reviews1128
Transitory Paralyses and Angina Pectoris	OUR NEIGHBORS
Rectal Ether in Whooping Cough	Annual Meeting of New Jersey



# Rheumatic Diseases

Arthritis, Sciatica, Lumbago, Neuritis, and Gout Treated Exclusively.

Painstaking diagnosis and therapy as indicated: complete clinical laboratory and department of physiotherapy.

HANNON LODGE is centrally located and fully equipped. Only rheumatic patients accepted. All treatments under careful and constant medical supervision. Reports available to referring physicians, who may at all times retain contact with patients. A completely equipped pathologic laboratory supplements diagnoses and treatments. Specially trained staff. Limited accommodations are carefully restricted. Reservations necessary in advance. Inspection cordially invited.

120 acres of woodland privacy; 800-ft. elevation with 20-mile view. 42 miles from New York. Tastefully furnished and beautifully landscaped. Accommodations to meet the requirements of patients, single rooms or suites.

RUSSELL L. CECIL, M.D.

Medical Director

JOHN Dep. CURRENCE, M.D.
Asst. Medical Director



Snannon Lodge Bernardsville, N.J.

Complete information, rates, treatments, etc., gladly sent upon request to the Medical Director.

PAUL G. ISKE, M.D.
Resident Physician

# Summer Diarrhea

The following formula is submitted as a means of preparing suitable nourishment in intestinal disturbances of infants usually referred to as summer diarrhea:



This mixture contains proteins, carbohydrates and mineral salts in a form readily digestible and available for immediate assimilation.

The need for protein is well understood as is also the value of mineral salts, which play such an important part in all metabolic processes. Carbohydrates are a real necessity, for life cannot be long sustained on a carbohydrate-free diet. It should also be stated that the predominating carbohydrate in the above food mixture is maltose—which is particularly suitable in conditions where rapid assimilation is an outstanding factor.

Further details in relation to this subject and a supply of samples of Mellin's Food sent to physicians upon request.

Mellin's Food Company

Boston, Mass.

# For the Scalp and Skin\_

# EURESOL

Council Acceptea

EURESOL, resorcinolmonoacetate, used in lotions and salves, in acne and dermatitis, but particularly in diseases of the scalp, dandruff, itching, and falling hair.

DOSAGE AND APPLICATION: Applied as a scalp tonic in 2 to 5% alcoholic solution. In other skin diseases it is used as a paint, pure or diluted with acetone, or as a 5 to 50% ointment.

Literature, formulae and samples from

BILHUBER-KNOLL CORP., 154 Ogden Ave., Jersey City, N. J.

"A Very Remarkable Addition To Our Equipment For Dealing With Suppurative Processes" B. M. J. 1920 11 745

# Collosol Manganese

In the treatment of deep-seated coccogenic infections, boils, acne, carbuncles, psoriasis, etc.

Supplied in ampoules 0.5 c.c. and 1.0 c.c. for intramuscular injection and 4-oz., 8-oz. and 16-oz. bottles for oral use.

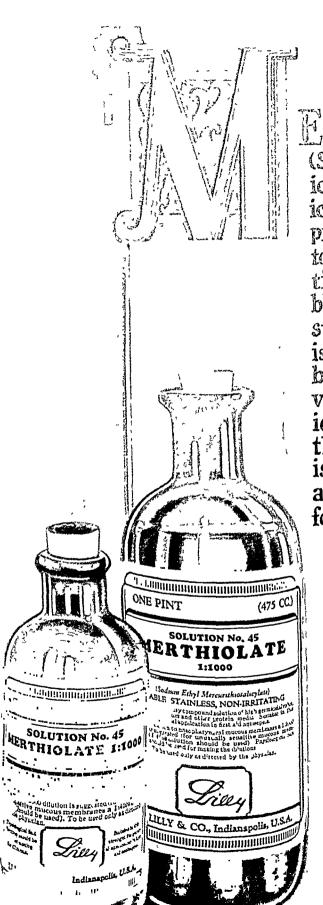
Full details will be found in our booklet "Collosol Manganese" sent on request.

Crookes Laboratories, Inc.

145-7 East 57th Street

New York City





FRIHIOLATE

(Sodium Ethyl Mercuri Thiosalicylate) is a new mercurial germicide and antiseptic, potent in the presence of organic matter, nontoxic in effective concentration, non-hemolytic for red blood cells, colorless, non-staining stable in solution. Merthiolate is effective in such dilutions as to be economical. Merthiolate ad vertising is restricted to the medical field. Order Merthiolate through the drug trade in 1:1000 isotonic solution in four-ounce and one-pint bottles. 🗃 Send for sample and further information.



ELI LILLY AND COMPANY

INDIANAPOLIS ... U. S. A.



# Not one need suffer

The results already attained in the fight to eradicate diphtheria prove that by applying the scientific knowledge and resources at the command of physicians not one child need die from this dreaded childhood disease—not one need suffer.

The educational work of the campaigns must be continued by physicians. Now, when children are returning to schools—when the Diphtheria Incidence Curve begins its upward climb is the time for immunization of all unprotected children.

In the struggle against disease, the House of Squibb has for many years offered to the medical profession a complete line of biological products, the finest that science, skill and painstaking care have been able to produce. It provides efficient service to Boards of Health and Clinics—serves communities as well as individual physicians.

A booklet giving complete information regarding Squibb Diphtheria Products will be sent upon request—just address Professional Service Department, E. R. Squibb & Sons, 745 Fifth Avenue, New York.

# SQUIBB DIPHTHERIA PRODUCTS

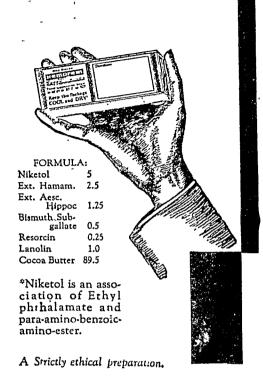
Diphtheria Antitoxin Squibb --For prophylaxis and treatment.

Diphtheria Toxin for Schick Test
— To determine susceptibility to
diphtheria.

Diphtheria Toxin-Antitoxin Mixture—For active immunization of susceptible persons against diphtheria. Prepared from the sheep.

Diphtheria Toxoid Squibb (Anatoxin Ramon) a non-toxic product for active immunization against diphtheria.

# E-R-SQUIBB & SONS. NEW YORK MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.



# HEMOREM SUPPOSITORIES

arrest rectal pain and discomfort

ìn

HEMORRHOIDS—PRURITUS ANI—AFTER EXPLORATORY OR SURGICAL INTER-VENTION IN THE ANAL REGION

The rapid and prolonged analgesic effect of Hemorem is due to the presence of 5% Niketol\*—a new local anesthetic of very low toxicity and particularly effective by absorption through the mucous membranes. Its other ingredients exert a palliative and antiphlogistic action.



NIKETOL, Inc. M. You may send me Hemorem suppositories.	literature	and professional samples of
	Street_	City

37 West 47th Street, New York, N. Y.



# AMENORRHEA DYSMENORRHEA MENORRHAGIA

# HORMOTONE

which is a combination of tonic hormones from thyroid, pituitary, suprarenal and gonads, has been used with success as a glandular aid in menstrual conditions.

G. W. CARNRICK CO.

20 MT. PLEASANT AVENUE

NEWARK, NEW JERSEY

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 18

NEW YORK, N. Y.

September 15, 1930

# BRONCHIECTASIS, AN ANALYSIS OF 51 CASES\* By W. W. PRIDDLE, BA., M.D., TORONTO, CANADA

RONCHIECTASIS has long been recognized as a clinical entity. The condition was first noted by Laennect in 1819 who described two cases. In recent years, because of the assistance of lipiodol and of the better understanding of the pathogenesis, bronchiectasis, especially in its milder form, has been much more frequently diagnosed. Certain more or less definite physical findings together with a good history have enabled us to make a clinical diagnosis of bronchiectasis with a reasonable degree of certainty. In selecting this group of 51 cases, those with associated tuberculous lesions have been purposely omitted.

Frequency. Jex-Blake17 (1920) reported the incidence of bronchiectasis in hospital cases as 1.9 per cent. He pointed out that this figure was probably inaccurate due to the difficulty in diagnosing milder forms of the disease and he regarded an estimate of 5 per cent as nearer Lemon19 found dilatation of the bronchi in 4 per cent of all children admitted to the Mayo Clinic from 1920 to 1925. Among the patients on the adult general medical wards of the Buffalo City Hospital during the period of this investigation an average of 7 per cent were definitely diagnosed as suffering from bronchiectasis. This occurrence is relatively high due to the fact that it was taken during the fall and early winter months when the complications of this condition were more prone to occur and brought the patients to the hospital.

Age of Incidence. In a series of over 100 cases reported by Jex-Blake<sup>17</sup> the highest incidence was between 40 and 60 years of age, although many cases occurred between the ages of 10 and 40. Acland<sup>1</sup> found bronchicctasis most frequent during the age period of 10 to 40 with a few cases occurring after the latter age. Osler<sup>22</sup> recorded that it was most frequent between the ages of 20 and 40.

In the group reviewed by Elliott, <sup>12</sup> there were 7 children and 33 adults. An analysis of 51 cases on the service of Dr. Allen Jones showed:

Age of Incidence	Number of Cases	Percentage
10-20	3	5.9
21-30	10	19.6
31-40	5	9.8
41-50	15	29.4
51-60	12	23.5
61- <b>7</b> 0	3	5.9
over 70	3	5.9

Thus the largest number (52.9 per cent) occurred between the fortieth and sixtieth

\* Age of Onset. Riviere,24 Sergent 27 and Pottenger25 have pointed out the frequent onset of bronchiectasis in childhood. Pottenger25 considered bronchiectasis beginning past middle life to be rare unless of tuberculous origin. The following table represents the age of onset in this series:

Age of Onset	Number of Cases	Percentage
under 20	11	21.6
21-50	27	52.9
51 and after	9	17.6
not determined	4	7.8

If the earlier histories of the patients could have been obtained, it is probable that the percentage of cases beginning before the age of 20 (21.6 per cent) would have been much higher. More than half (52.9 per cent) gave a history of onset between the twenty-first and fiftieth year. The nine cases (17.6 per cent) commencing after 50 years of age had an associated occupational fibrosis when observed in hospital.

Sex Incidence. Anderson stated the proportion in his experience was 5 males to 1 female, Jex-Blaker reported 59 per cent of males in the clinical cases and 80 per cent of males in those coming to autopsy. In our

۶

<sup>\*</sup> From the Medical Service of Dr. Allen Jones, Buffalo City Hospital, Buffalo, N. Y.

series, there was an incidence of 41 males and 10 females. This may be partially explained by the associated occupational fibrosis in a number of the male patients, but even omitting these cases, there remained a preponderance of males in the series.

Corrigan<sup>10</sup> (1838) believed Pathogenesis. that cirrhosis of the lung was the cause of A few years later Charcot<sup>9</sup> bronchiectasis. pointed out that bronchiectasis was a sequel of broncho-pneumonia which destroyed the muscular and elastic coats of the bronchi. Around these ideas has grown up the most generally accepted view of the pathogenesis of this disease. However, Sergent<sup>27</sup> recently referred to the teachings of Bard that bronchiectasis was always the result of congenital dilatation which might remain latent for years and that superimposed infection brought this condition into the foreground. There are well recognized, but rarer forms of bronchiectasis that are definitely congenital, the fetal and the atelectatic. In the fetal form the large bronchi and branches show dilatations of cyst formation in their walls or one large cyst communicating with several smaller ones. atelectatic form, the bronchi become gradually widened as a result of developmental defect or collapse of pulmonary parenchyma shortly after birth. Riviere<sup>24</sup> encountered two such cases in his series. It was notable that Lemon<sup>19</sup> had no cases of this kind in his series, of juvenile bronchiectasis.

However, the more common and consequently the more important form is the so-called "acquired type." This appeared to be the end result of a multitude of disease processes in the bronchi, lungs and pleura. For practical purposes the many causes might be summed

up as follows:

# (1) Within the bronchus

- 1. In the lumen: foreign bodies, such as follow tooth extraction and tonsillectomy<sup>17</sup>, <sup>13</sup>, <sup>1</sup>
- 2. In the bronchial wall
  - a. Acute infectious diseases as measles, whooping cough, diphtheria and influenza<sup>19, 24</sup>
  - b. Pneumonia
  - c. Acute and chronic bronchitis
  - d. Syphilitic peri-bronchial fibrosis and stenosis<sup>13</sup>
  - e. Tuberculosis
- (2) External to the bronchus
  - 1. Pulmonary fibrosis (from any cause, notably occupational).
  - 2. Collapse
  - 3. Pleural adhesions, thickened pleura and empyema<sup>13</sup>
  - 4. Pressure on the bronchus, as in aneurysm, neoplasm and diseased glands<sup>17, 13, 1</sup>

An acute condition of bronchiolectasis was described by Carr<sup>6</sup> (1891) which in the experience of Jex-Blake<sup>17</sup> was most common in fatal cases of broncho-pneumonia.

The incidence of bronchial obstruction in cases of bronchiectasis was usually quite high in post mortem cases. Jex-Blake<sup>17</sup> met with this condition 37 times in his series of 105 patients coming to autopsy but this was probably due to the fact that these cases were rapidly fatal. In living subjects, the percentage was less. Elliott<sup>13</sup> encountered only 14.4 per cent in his series. There was no incidence of this type in our group of 51 cases.

Riviere<sup>24</sup> and Sergent<sup>27</sup> were strong advocates of the theory that bronchiectasis was formed on the basis of a juvenile broncho-Riviere21 claimed that it was pneumonia. often possible to detect dilatation of the bronchi following an attack of broncho-pneumonia and to find after subsequent attacks permanent fibrosis and bronchiectasis at the base of the lungs. He believed that many of the so-called broncho-pneumonias in adults were only the exacerbations in a damaged lung of antecedent infection from a previous attack. This indeed appeared to be the etiology in a considerable percentage of cases in our series. Certainly a large majority of the cases in childhood could be traced to the occurrence of an acute pulmonary condition which was followed by chronic bronchitis or to one in which the disease began almost immediately following the acute attack. In a group of children Lemon<sup>10</sup> noted that all cases were of this type, of which 16 per cent followed pneumonia. Riviere<sup>25</sup> found in his study that all but 2 cases were directly traceable to an acute infection of the respiratory tract. In over one third of these, bronchopneumonia, was the exciting cause. Findlay14 reported that all but three cases in his series could be traced to acute pulmonary disease. As has been pointed out by Lord<sup>21</sup> and Boggs<sup>4</sup>, influenzal infections seemed to be the etiological factor in a number of instances. Wargas poisoning has been suggested as another cause and seemed to be the factor in one case observed by Elliott13 and in one of the cases reported in this paper.

Much attention has been paid of late to the part played by accessory sinus disease in the causation of bronchiectasis. Symes<sup>28</sup> and Adams<sup>2</sup> believed that a large percentage of cases were caused by this group of infections. Webb and Gilbert<sup>29</sup> reported 3 cases and stated that they found it to be the etiological factor in a large number of patients. Bilateral empyema of the antra appeared to be the most frequent associated condition. They concluded that if free pus escaped, direct inhalation was a possible route. If there were no drainage of

pus, direct lymphatic absorption might be responsible. Lemon<sup>19</sup> recorded the fact that 32 of his 46 cases gave a history of disease of the ear, nose or throat.

In the 51 cases embodied in this study, the onset could be traced as follows:

Number	of	Per-
Condition Cases		centage
Recent pneumonia	7	13.7
Pneumonia in past history	б	11.8
Influenza	7	13.7
Upper respiratory infections of		
childhood	4	7.8
Chronic bronchitis (including 2 cases		
of occupational fibrosis)	5	98
Asthma and bronchitis	1	2.0
War-gas poisoning	1	2.0
Insidious onset (including 7 cases		
of occupational fibrosis)	14	27.4
Sudden onset (cause obscure)	5	9.8
History not obtainable	ı	20
•		

In all the acquired forms, two factors appeared to be at work, (1) infection of the bronchial wall causing a weakening of the supporting structures, (2) some dilating force, whether it was pressure from within as in coughing, traction from without by pleural adhesions, contraction of a fibrosed lung or collapse of the pulmonary parenchyma. These two factors seemed to be present in every case. It has been difficult to produce bronchiectasis experimentally by obstructing the bronchus. In these cases it was believed that dilatation did not accur until the bronchus had first been weakened by the super-imposed infection. When the patient coughed and the intra-pulmonary pressure was raised, the bronchial wall dilated at its most vulnerable spot. However, it was conceivable that in the cases of pulmonary fibrosis the contraction of the intervening fibrous tissue caused primary dilatation of the bronchi by traction. Subsequently secondary bronchial infection completed the lesion of bronchiectasis.

The fact that the bronchi have no complete cartilaginous rings and that the amount of cartilage in each ring gradually diminishes as the branches become smaller might be significant in the pathogenesis.

Pathology. Because of the wide variation of pathological lesions that might lead to bronchiectasis, the associated findings at post mortem were extremely variable. A division into the following types has been made: (1) cylindrical, (2) fusiform, (3) globular, and (4) moniliform or beaded. In the cases in this series that came to autopsy the moniliform type was frequently noted in the milder degrees associated with an occupational fibrosis. The

dilated bronchial tubes themselves in early cases showed very little involvement except for redness and edema of the mucous membrane. On the other hand in the later stages they might be sclerosed and tortuous with greatly thickened walls. In these cases the mucuous membrane was usually pale and moth-eaten in appearance or replaced entirely by fibrous tissue in certain areas. The dilated tubes contained only small quantities of mucopurulent material in milder cases while they were frequently filled with thick pus in the more advanced lesions. The microscopic examination of tissue from this series of cases demonstrated that the surrounding pulmonary parenchyma might be either comparatively healthy, the seat of active infection, or even markedly fibrosed. Few or many divisions of the bronchi were affected, in a few cases the involvement being quite diffuse. In some instances the disease was observed to be limited to one lobe; in others it was unilateral or bilateral in its distribution. The dilatation of the small bronchi in some cases was so extensive as to give a honey-combed appearance.

Pleural adhesions were present in the large majority of cases particularly over the site of the lesions. Pleurisy was noted in eight of the nine cases coming to autopsy. Amyloid disease was met with occasionally in long standing cases as was noted by Jex-Blake<sup>17</sup> in six of 103 autopsies on patients with bronchiectasis.

Situation of Lesion in the Lung. The situation of the lesion was of considerable significance in the diagnosis of bronchiectasis and for this reason has been considered separately. Jex-Blake17 in 108 autopies found the disease to be bilateral in 47 cases, all the lobes being involved in 18 instances. The left lower lobe was the most frequent site of the disease but the right lower lobe was quite commonly affected. Findlay16 found that the left lower lobe was the seat of the disease in children 16 times in 25 cases. Elliott13 observed lower lobe involvement in all patients and in many the lesion was in the upper lobes as well. In the 51 cases reported in this study the location was as follows:

Ni	umber of	Per-
Situation	Cases	centage
Both lower lobes	. 20	39.1
Both lower lobes (more in left	) 11	21 5
Both lower lobes (more in right)	. 8	15.6
Both lower and right middle lobes	. 1	2.0
Left upper and left lower lobe	s l	2.0
Both upper and left lower lober (mostly right upper)	S	2.0

Right middle lobe	1	2.0 2.0 7.8
Diffuse (more in right upper lobe)	1	2.0
Diffuse (more in right lower lobe)	1	2.0
Diffuse (more in left lower lobe)	1	2.0

Although bronchiectasis might be present anywhere in the bronchial tree it was more often basal. As has been pointed out by Riviere,<sup>25</sup> in those cases having their origin in the damaged lung following broncho-pneumonia, it was possible for the lesion to occur in any place which had been the seat of a primary infection.

With a careful history, the pa-Diagnosis. tient's complaints could often be traced back to an acute pulmonary infection, frequently Following this acute broncho-pneumonia. disease the symptoms of cough and frequent expectoration did not clear up as usual, but persisted as a tenacious bronchitis. Histories were frequent in which acute episodes occurred from time to time simulating a milder form Riviere<sup>24</sup> pointed out of the original disease. that it was often possible to trace the clinical findings in a patient through several attacks of broncho-pneumonia until permanent fibrosis and bronchiectasis had developed. these attacks the patient might feel well but the signs elicited over the damaged lung tissue did not entirely disappear. If a proper history were not obtained when the patient was first seen, the diagnosis might be obscured and the condition frequently called pulmonary tuberculosis.

In the cases due to obstruction by a foreign body a history such as tonsillectomy or tooth extraction was important in drawing the physician's attention to the pathological condition present. The history of the complaint was often much longer than that given in tuberculosis and dated to childhood in many instances. With symptoms beginning in middle life one should look for a history pointing to occupational fibrosis. This was-encountered in 9 instances.

The symptoms varied widely in regard to, (1) the nature and extent of the lesion, (2) the adequacy of the drainage, and (3) the severity of the superimposed infection. Often the patients were seen for the first time during one of the complications of the disease. Thus eleven cases were seen in an attack of bronchopneumonia. It was only by means of a good history and subsequent study of the acute attack that the diagnosis could be established. Except for these acute episodes, providing the

lesion was draining well, they gave no history of toxicity such as might be evidenced by night sweats, chills and fever, tachycardia and marked loss of weight. They felt quite well and lived a moderately active life. There was no appreciable loss of weight in 24 per cent of the cases reported. In the more toxic cases comprising 14 per cent of this group, the loss of weight varied from 15 to 40 lbs. over a period of 6 weeks to 10 years. Only six of the non-fatal cases gave a history of night sweats.

The most common complaints were cough The patient frequently and expectoration. stated that he had suffered from these complaints for years but that only recently the sputum had become profuse. Often the cough preceded for some time the onset of expectoration but not infrequently they appeared together, following an acute pulmonary infection. In 43 cases the average duration of the cough was six years and five months. In two instances there was no history of cough and in six others the history was indefinite on this point. In 23 cases cough and expectoration began simultaneously. In others these symptoms started insidiously later in the course of the disease or rather suddenly as an acute attack which caused the patient to seek medical aid. The cough was typically spasmodic occurring usually in the morning after a restful sleep and resulting in expectoration of most of the sputum. However, it might persist throughout the day and even be sufficiently severe to keep the patient awake during the night. A large amount of fetid sputum has been a prominent symptom in textbook descriptions of bronchiectasis. As has been pointed out by Riviere,24 by Sergent,27 and by Lemon,18 the sputum is not necessarily large in amount or malodorous and may be either mucoid, mucopurulent or hemorrhagic. Only six of 35 cases reported by Elliott<sup>13</sup> had fetid expectoration. The average amount of sputum was one to three ounces in 24 hours and in 2 cases, there was none. In our group a fetid odor from the sputum was noted in 15 cases and the average amount was from two to four ounces per day.

Hemoptysis as a symptom of bronchiectasis has been rightly much stressed of recent years as it was formerly believed to be almost pathognomic of tuberculosis. Osler<sup>22</sup> reported a 17 per cent and Jex-Blake<sup>17</sup> a 90 per cent incidence in post-mortem cases. Burrell<sup>5</sup> noted 29 per cent with hemoptysis of a pint or more of blood, 20 per cent with two to six ounces and 32 per cent with blood-streaked sputum. Elliott<sup>18</sup> reported pulmonary bleeding in 12 of 35 cases. In our series, 12 cases gave a history of hemoptysis, the largest amount being four

ounces which was repeated several times Henderson<sup>16</sup> reported a case of the so called dry type of bronchicctasis in which 18 hem-

orrhages occurred

Dyspnœa was not a prominent symptom and when present usually indicated the existence It occurred in 18 cases of of a complication our series. In 10 per cent of these occupational fibrosis was a complication Dyspnœa was present in seven of the patients who died from the effects of the disease and in one with an advanced lesion Cyanosis was noted only in the late and subsequently fatal cases Pain in the chest was a very common complaint Pleurisy was most frequent over the site of the lesion and was often of assistance in directing the physician's attention to that area of the chest Pleurisy was present in 41 of the cases reported

The temperature in patients with a moderate degree of bronchicetasis was quite noteworthy It remained normal or had only an occasional rise to 99 or 100 degrees in cases with marked symptoms and abnormal signs. However, in those that did not drain well, the temperature was higher and this was also true of more advanced cases and those with complications. The pulse and respiratory rate in patients with uncomplicated lesions and good drainage remained approximately normal. The average hemoglobin estimate in this series was 77 per cent. The average leukocyte count in uncomplicated cases was 9,930 with 73 per cent of polymorphonuclear leukocytes.

Examination of the sputim was of great importance to eliminate a diagnosis of tuber-culosis. Repeated examination proved negative in all our cases in which sputim was obtainable. In those in which the sputim was a amined for other bacteria, the one significant point was the wide variety of organisms found

Clubbing of the fingers was a frequent finding especially in the cases of longer duration. With the exception of lung abscess, which is a much less common disease, clubbing of the fingers was most frequent in bronchiectasis. This was noted in 27 cases and probably was present in a larger number. Except in well advanced cases, the patient was usually well.

nourished and did not appear ill

The physical signs in the chest were mostly basal. When the dilated tubes were empty, the findings varied considerably from those when they were filled. The persistence of pathological changes in the same area was most important. On inspection, diminished excursion of the affected side was seen in some cases. Lemon¹o stated that in children with much pleural involvement a curvature of the spine towards the affected side might occur. On percussion slightly impaired resonance was most frequently encountered. Occa

sionally the percussion note was dull if the tubes contained much fluid. The mediastinum was sometimes displaced to the affected side in long standing lesions. On auscultation in uncomplicated cases the breath sounds were frequently diminished and rarely bronchial in character The presence of medium and coarse rales heard over a certain area of the chest, usually basal, was the most constant finding These varied considerably in the same patient and at times were absent They were often heard only after the patient coughed A pleuial rub in the same area was frequently noted Medium and coarse moist rales were heard at some time during the patient's stay in the hospital, in 49 of the 51 cases

In 47 cases, the clinical diagnosis of bronchiectasis was made from the history and physical examination alone, in one other case the diagnosis was suspected. Four patients who previously had been diagnosed as suffering from pulmonary tuberculosis in spite of repeated negative bacteriological reports proved to be bronchiectasis. The diagnosis in one

of these was confirmed at necropsy

Bronchoscopic examination by the technique of Chevalier Jackson was a valuable aid in diagnosis. It was especially useful in climinating the presence of foreign bodies strictures and obstructions from any cause. By this method the extent and location of the trouble and the patency of the affected bronchus could be determined.

Roentgenography as in any chest condition was a real aid but could only be used in conjunction with the clinical findings Elliottial Elliottial great stress on the value of stereoscopic roentgenography in diagnosis Lemon<sup>19</sup> reported that in his group of cases, 29 plates out of 71 showed evidence of bronchiectasis. In this series the r-ray department made a positive diagnosis in 64 per cent of cases

As has been pointed out by Sergent<sup>27</sup> the absolute diagnosis of bronchiectasis can only be made by the use of lipiodol injection. However, this should only be used after the abovementioned methods have been carefully considered. Lipiodol not only aided in diagnosis but gave an accurate picture of the nature and

extent of the lesion

Complications The most common complications of bronchiectasis noted in the litera ture were broncho pnemonia chronic fibrous pleurisy, pulmonary abscess and gangrene empyema, cerebral abscess and less frequently septic pericarditis meningitis chronic arthritis and amyloid disease Lemonia found cyidence of renal disturbance in a large percentage of cases in children

Patients with bronchiectasis were particularly prone to all infections of the respiratory tract and attacks of bronchitis were fre

the most serious complication. There were 10 instances reported by Lemon<sup>19</sup> in 63 cases of bronchiectasis occurring in children. the series of Jex-Blake17 broncho-pneumonia accounted for death in 31 per cent of the patients. In our group, 10 cases were complicated by broncho-pneumonia, three of which proved fatal. Lung abscess has been a much dreaded complication because of its high mortality. Jex-Blake17 recorded three such instances and five of gangrene of the lung. It was present in two of the cases in our series and was suspected as a complication in other patients on the service in which it was impossible to demonstrate bronchiectasis clinically. Empyema was noted by Jex-Blake<sup>17</sup> in 17 patients. We found it in one case which rapidly proved fatal, in spite of surgical intervention. Cerebral abscess has long been stressed as a complication. This was encountered by Jex-Blake<sup>17</sup> in 15 instances. He also reported one case of meningitis. In our series, meningitis complicated by broncho-pneumonia was present in one patient to which no other cause could be assigned at necropsy. Chronic fibrous pleurisy was found in 4 of our cases. Three others had rather marked arthritis dating from sometime after the beginning of the bronchiectasis.

Lemon<sup>20</sup> has demonstrated in Prophylaxis. dogs how the aspiration that occurs during anesthesia can be lessened by keeping the patient in the Trendelburg position. It has been suggested by Riviere<sup>25</sup> that aspiration might similarly occur when the protective mechanism breaks down in severe illness, delirium and alcoholic intoxication and particularly when the patient vomits. Prevention lies in keeping the patient's head lowered under such conditions. This is especially important in patients with an already damaged lung in which added infection is to be feared. Care in avoiding aspiration in tooth extraction and in tonsillectomy would eliminate some instances of the disease. In patients who are known to have a damaged lung as from a previous attack of broncho-pneumonia or pleurisy every possible effort should be made to protect them from the possibility of a further infection. Infection of the upper respiratory tract such as sinus disease and oral sepsis should be eliminated.

Medical Treatment. When the pathological lesion of bronchiectasis was definitely established, the patient could not be permanently cured by medical measures but his symptoms might be alleviated so that he could carry on a useful life.

In our experience, postural drainage was a simple and important method that could not be too strongly emphasized. Good results

quently encountered. Broncho-pneumonia waswere obtained if the patient cooperated in every detail. When advanced cases were encountered and the bronchi were continually filled with secretions, the cavities were gradually emptied by posture until the patient was able to lie flat. As soon as the condition of the patient allowed he was instructed each time he coughed to assume the position in which his cavities emptied best and attempt to empty them completely. When patients were out of bed a convenient posture consisted in leaning over a chair and expectorating the secretions into a container on the floor. Schaefer<sup>26</sup> recommended in localized lesions of the base of the lung that the patient remain in the horizontal posture two hours after the usual morning expectoration. When he became accustomed to this position, the foot of the bed was elevated. This method has been used in our service with apparent benefit in Burrell,<sup>5</sup> in children. recomsome cases. mended expectorants and an occasional emetic as an aid in the drainage of the cavities.

The bronchoscope has been very useful in the field of treatment. Foreign bodies and obstruction from stricture or granulation could be removed by bronchoscopic methods. Weekly bronchoscopic drainage caused some patients who did not improve with postural drainage to show marked improvement. Eight of this series were treated by bronchoscopic drainage. Of these, I died two weeks later from cardiac decompensation. The other 7 all showed improvement which was marked in 3 cases. Two of these with a moderate degree of bronchiectasis were discharged with cessation of expectoration. The other was extremely toxic on general treatment and appeared so weak that he was considered dangerously ill. With the beginning of bronchoscopic drainage he showed a steady improvement, gained in weight and was walking about the ward raising but three ounces of sputum each Yankauer30 reported good results by irrigation with normal saline solution through a specially constructed bronchoscope.

The English School as represented by Acland,1 Burrell,5 Jex-Blake17 and Riviere25 laid great stress on the value of inhalation of creosote vapors. They believed that the fetidity was rapidly diminished and the amount of sputum much reduced. There has been little in the American literature on this subject. The procedure was described by Chaplin8 in 1895. Creosote in capsules has long been recommended in the hope that the excretion of the drug through the lungs would be of benefit. The practical value of this is questionable.

Davies11 suggested the frequent use of mouth washes and nasal antiseptics in patients who expectorate large quantities of sputum as a prophylaxis against the sinusitis and glossitis that are prone to occur.

Surgical Treatment When the above measures have failed to give relief, more radical procedures must be considered Little will be said here as to the surgical treatment of bronchiectasis and reference is made to the excellent articles of such men as Guibal, Archibald and Sauerbruch Edwards12 has made a survey of the possibilities of surgery in The principles of surgical bronchiectasis treatment were well outlined by Riviere25 as follows: (1) improve the drainage, (2) close suppurating cavities, (3) extirpate diseased areas. The methods mentioned were. (1) pneumotomy, (2) pneumothorax, (3) phrenic evulsion, (4) thorocoplasty, (5) lobectomy

Attention has been called to the necessity of early diagnosis if much benefit is to be expected even from these radical measures. Artificial pneumothorax, the only one of these methods attempted on the medical wards, was of use in early cases only and in order to avoid the possibility of pyopneumothorax was restricted to those in which the lesion was well removed from the periphery of the lung. A consideration of the pathology will indicate how useless it is to attempt such a procedure when the disease is complicated by pleural adhesions or by bronchial and peribronchial fibrosis. One case in this group treated by pneumothorax was only slightly improved

Summary 1 Bronchiectasis was diagnosed at the time of this investigation in 7.1 per cent of all cases on the adult medical wards of the Buffalo City Hospital.

2. The greatest number of instances occurred

between 40 and 60 years of age

3. The onset occurred under 20 years of age in 21 5 per cent of cases and after fiftieth year in 179 per cent of the patients.

4. Males were affected 4 1 times as frequently

5 In a large percentage of cases the disease commenced after attacks of acute pulmonary infection in childhood. Certain instances followed pulmonary fibrosis, chronic respiratory infections and war gas poisoning The two most important factors in the production of the lesson were (a) infection of the bronchial wall weakening the supporting structures, (b) some dilating force, either pressure from within as in coughing, or traction from without the bronchus such as produced by pleural adhesions and pulmonary fibrosis

6. There was a wide variation in the type of lesion found in the bronchus and in the surrounding pulmonary parenchyma The lesions were usually basal and more frequently on the left.

7. A history of previous pulmonary infection and occupational fibrosis was of importance in the diagnosis. An analysis has been made of the usual symptoms.

8. Medium and coarse moist râles heard over an area at the base of the lung, frequently only after the patient had coughed, were the most constant signs noted Bronchoscopic examination, roetgenography and lipiodol injection have been discussed. In 47 cases clinical diagnosis was made by the history and physical findings alone.

The most common complications were broncho-pneumonia, chronic fibrous pleurisy and pulmonary abscess, less commonly empyema,

meningitis and arthritis

10 Prevention of aspiration during anesthesia, care in tooth extraction and tonsillectomy and avoidance of infection in patients with damaged lungs have been stressed

11. Postural drainage and bronchoscopic drainage have given good results in the treat-

ment of the disease in our experience

BIBLIOGRAPHY

1 Acland, T D Bronchiestasis Practitioner 1902, 68, 379 422 2 Adams, J Bronchiectasis of Inhalatory Origin, Lancet, 1927, 1027

Carr, J. W. Bronchiectasis in Young Children, Practitioner
 Cecil R. L. Textbook of Medicine, W. B. Saunders Co.,
 P. Bollow, B. Saunders Co.,
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chaplin, A. Remarks on the Treatment of Foetid Expectora
 Chapling of Properties of Propert

p 137]
9 Charcot, J M Clinical Lectures on the Diseases of Old Age,
William Wood Co., 1881, p 209
10 Corrigan, D J On Cirrhosis of the Lung, Dublin I Med
5ci. 1818, 13, 266 286
11 Davies, I J Bronchicetasis Brit Med J 1920, i, 767
11 Edwards A T Surgical Treatment of Phihass and Bronchieses of Phihase and Bronchieses of Phihase and Bronchieses of Phihase Agents Agents of Phihase Agents of the Bronchi Med Rec., 1920, 98, 23, 14 Findley, L Actiology and Diagnosis of Bronchiectasis in Childhood, Laucet 1927, i, 1027

North Amer, 1926 10, 531 551
20 Lemon, W S Aspiration, Arch. Surg., 1926, 12, 187 211
21 Lord, F T Certain Aspects of Bronchial Pulmonary and
Pleural Disease, J Am Med Asin. 1916, 67, 1981 1984
22 Osler, E, and McCrae, T Principles and Practice of Medicine. D Appleton Co., 1922, 9th ed., p. 615
23 Pottenger, F M Fonts of Differential Diagnostic Value
in Fulmonary Absects, Bronchiectasis and Tuberculosis Explana
tion of Cuse of Difference in Ausculatory Emilings, Am J Med

Sci , 1919, 158, 502 chiectasis, Brit Med

ivances in Treatment 26 ii, 1102 1106 Bronchial Disease,

Internat Clin 1926, ii. 20 44

28 Syme, W. S. Discussion Royal Medico-Chirurgical Society of Glasrow, Lancet 1927, 1 1028

29 Webb, G. B. and Gilbert, G. B. Bronchiectasis and Bronchitta Associated with Accessory Sinus Discase, J. Am Med. Assn., 1921, 76, 714

29 Yarkauer, S. Bronchiectasis from the Standpoint of the Bronchiectasis of the Standpoint of the Jacket 1916, 103, 257

# A SIMPLE DIETETIC SYSTEM FOR USE IN METABOLIC DISORDERS By I. JESSE LEVY, M.D., NEW YORK, N. Y.

From the metabolic service of the City Hospital and the Medical Service of Sydenham Hospital, New York.

ment of patients with metabolic disturbances is widely recognized. In diabetes it is considered indispensable. In the metabolic disorders incident upon cardiac decompensation, particularly with edema, in the nephritides and nephroses, and in obesity, its value is equally great, but has been generally less well appreciated. This has resulted in a deplorable tendency toward vague injunctions to the patient against particular foods, or slipshod suggestions of diets which cover a wide range of caloric content and distribution of foodstuffs. Dietetic management of this type is valueless to the patient and misleading to the physician.

The chief desiderata in the construction of metabolic diets are known caloric content and distribution of carbohydrate, protein, and fat, and in some cases known fluid or salt content. The construction of such diets is not easy. Even in the hospital, with special kitchens and the assistance of trained dietitians, numerous sources of error appear. Without constant vigilance and thorough administrative organization no reliability may be attached to the diets. In the home the difficulties are much greater, dependent as they are on the intelligence and cooperative faculties of the patient and his household.

To meet these needs the author devised many years ago a simple system for constructing diets which has been in constant use in office practice and hospital follow-up for ten years, with the most satisfactory results. It is based on a Key Chart (Table I) in which similar foods have been grouped so that varying quantities have similar distribution of protein, carbohydrate and fat. From this chart, diets of any caloric value or any desired distribution of foodstuffs may be derived. The manner in which this is done will be shown by illustrations given below.

In hospital practice the food is weighed for greater accuracy. At home, household measures are substituted. Because of the variability of the latter, it is best to use standard household measures such as are now readily purchased in five and ten cent stores.

# Salt-Free\_List

Fruits: oranges—apples—grapefruit.

Cereals: oatmeal—farina—shredded wheat—puffed rice.

Cream: sweet. Butter: sweet.

Sugar. Eggs.

Bread: salt free. Fresh vegetables.

Nuts: peanuts—fresh walnuts.

# KEY CHART-TABLE 1

Article of Food	Quantity per Portion	Weight	Protein	Carbo- hydrate	Fat	Calories
Breads White Rye Loeb's Gluten Loeb's Aerated Lister's Diabetic. Uneeda Biscuit, Soda. Educator Soda Cracker	Whole Loaf	30 26 10 30 14 12 3	3 3.5 15 4 1	16 16 2.5 6	  4 2 1	76 76 24 120 84 49
EGGS Whole Egg Yolk Only White Only	1 1 1	50 18 32	7 3 4	 	6 6	82 66 16
Butter	2 level teaspoons	10	, .		9	81
Milk Products Whole Milk. Skimmed Milk. Buttermilk. Whey. Koumiss. Cream—Average. Cream—Heavy.	1 glass	220 220 220 130	7 7 7 2 4 1 1	11 11 11 · 10 7 1	. 9 1 1 3 6 10	153 81 81 57 71 62 98

## KEY CHART-TABLE 1-Continued

	KEI CHARI-I.	ABLL IC	ontinued			
Article of Food	Quantity per Portion	Weight	Protein	Carbo- hydrate	Fat	Calories
CEREALS .	-, ,,,,					
Oatmeal, cooked thin Farma, cooked thin Force Cornflakes Grapenuts Shredded Wheat Macaroni, cooked	5 heaped tablespoons 6 heaped tablespoons 5 heaped tablespoons 1 cup 2 heaped tablespoons 3 of a Biscut 2 heaped tablespoons	125 150 18 20 20 20 100	3	15		72
2. Oatmeal, uncooked Puffed Rice Farina, uncooked	3 tablespoons 4 heaped tablespoons 1 heaped tablespoon	15 11 12	2	10		48
MEATS		1				
1. Roast Beef Steak Tenderloin Lamb Chop 2.	Average portion Average portion 2 small or 1 large	100 100 100	20		25	305
Roast Ham 3.	Average portion	100	25		10	190
Steak Mutton Chicken, lean Pork Chop, lean	Average portion	100 100 100 100	25		5	145
4. Bacon	4 Slices, cooked, fat free	20	3		15	147
Fish		1				1
1. Salmon	Average portion	100	20	İ	10	170
2. Halibut Mackerel Cod Haddock Whitefish		100 100 100 100 100	20		5	125
Bluefish 3. Clams and Oysters	Average portion 6	100 80	6	3		36
VEGETABLES						
1. Celery Cauliflower Cabbage Cucumbers Lettuce Endive String Beans	3 small stalks 4 heaped tablespoons 4 heaped tablespoons 6 thm shoes 4-5 leaves 4-5 leaves 2 heaped tablespoons	55 120 100 50 50 50 60	1	1		8
String Beans 2: Spinach Tomatoes Onion Carrots Beets Asparagus Mushrooms Butterbeans, Wax Turnips	2 heaped tablespoons 1 average size 1 3 tablespoons 2 tablespoons 8 stalks—6" long 5 medium 1 heaped tablespoon 2½ heaped tablespoons	80 100 50 100 50 120 45 20 50	2	4		24
Corn on Cob Green Peas Lima Beans	1 small ear 5 heaped tablespoons 3 tablespoons	100 90 60	5	18	1	101
4. Potato, White Potato, Sweet Rice, Boiled	l average size 1 small 1½ tablespoons	130 80 150	1	36		160

# KEY CHART-TABLE 1-Continued

KEY CHART—TABLE 1—Continued						
Article of Food	Quantity per Portion	Weight	Protein	Carbo- hydrate	Fat	Calories
FRUITS-FRESH						
1.	_		}			
Orange	1 small	180				
Grapefruit	½ small	150	ļ	} }		}
Apple	1 average	150 120	<b>[</b>	[ [		1
PearCantaloupe	1 small	300	1	15		64
Pineapple	3 small slices	150	1	1 10	••	1 0*
Peach	1 large	200	1			
Strawberries	1 cup	150		1 1		,
Watermelon	very large slice	350		i i		
Blueberries	½ cup	80				
Blackberries Cherries	½ cup	$\begin{array}{c} 125 \\ 80 \end{array}$				ļ
Raisins	8 large	25	ļ	] ]		,
Huckleberries	3/4 cup	80	}	1		
2.	' I					
Figs	2	40	2	25	• • • •	108
Banana	1 large	220				ł
3. Dates	10 large	65	2	45		188
Prunes	5 large	70	_	1 20		
	9	_			1	1
Nurs		35	6	-	22	242
Brazil	4-5 8 large	35		5	22	242
Hickory	35	35				ł
Almonds	20 large	30	1			ļ
Q	_					
CHEESE Group No. 1			1			Ì
American	1 cubic inch	20				
Camembert	1½ teaspoons	30	{			{
Cream Full	1 cubic inch	20	6		7	87
Limburger	1 cubic inch	20	1	1		ł
Roquefort Swiss	1 cubic inch	20 20				İ
Group No. 2	I blice, thin	20			-	
Cottage	4 level tablespoons	60	12	3		60
Sugars			ł			
Cube	1	7	1	7		28
Domino	1	6		6	• •	24
Granulated	1 heaped teaspoon	10	1	10		40
Honey Maple Syrup	1 tablespoon	30 30		$\begin{array}{c c} 24 \\ 22 \end{array}$	• •	96
Maple Dyrup	1 tablespoon	30		24	••	00
Miscellaneous			1	1		l
Wheat Flour	1 tablespoon	7	$\frac{1}{2}$	5	• •	24
Cornstarch		6 10	3	7	• •	12 28
Green Olives	1 large		::	i	ż	22
Beef Juice	½ cup	1	6	1	ĩ	33
Gelatine		10	9	1		36
Chocolate (Bitter) Cocoa		30	$\frac{4}{2}$	9	14	178
Olive Oil	1 tablespoon	10 13	1	4	$\frac{3}{13}$	51 117
Tomato Catsup	1 tablespoon	]		3	1	12
French Dressing	1 dessertspoon	11				72
(4 tablespoons olive oil 1 tablespoon vinegar	}	}	}			}
1 tablespoon vinegar 14 teaspoon salt-pepper					•	
Mayonnaise Dressing No. 1	1 tablespoon	21	1	<u></u>	20	184
(2 eggs—2 cups olive oil.	•	1 .				
1 tablespoon vinegar,			1			
salt, pepper, mustard) Mayonnaise Dressing No. 2	1 tablespoon		1	1	10	94
(1 egg, 1½ cups vegetable			+		10	24
oil, ¼ teaspoon salt.			[	1		
3 tablespoons vinegar)						1
Special Dressing (Substi- tuting mineral oil for	-[	1	1			
olive oil)			1			4
				· · · ·	• • •	

Note: If canned vegetables are substituted they must be boiled three times, the water discarded each time.

#### Purin-Free List

Milk, eggs, butter, cheese, white bread, cereals, cornstarch, cooked green vegetables, sugar, maple-syrup, jams, fruits.

### Diabetic Diets

Diets to meet any requirement of diabetic patients may be constructed from the Key Chart (Table 1), supplemented by special recipes. Several illustrations are given below. The accuracy of these diets has been tested by repeated clinical trial. In cases in which the carbohydrate toleration is closely limited, slight changes in the diet, such as the addition of 10 grams of carbohydrate produce the expected change in the urinary sugar. The errors which might arise from the use of household measures or from minor variations in values of the articles of food placed in the same group, are consequently negligible. These diets are also being used with perfect assurance of safety in cases which require insulin.

Typical illustrations are given below. These are a 40-gram carbohydrate diet with equal distribution of carbohydrate (Table 2), a 70-gram

carbohydrate diet with equal division (Table 3) and unequal division for use with insulin in cases in which only two injections daily are desired (Table 4). For this purpose the noon-day meal is limited to 10 grams of carbohydrate. Other combinations may be arranged with equal facility.

## Nephritic Diets

In the nephritides and nephroses control of the protein intake is as important as control of the carbohydrate intake in diabetes. It is generally necessary to give diets in which the protein content is accurately measured. The amount of protein allowed is determined by the protein toleration. This is ascertained in the same manner as the determination of the carbohydrate tolerance in diabetics. The index of the limit of protein tolerance is elevation of the blood nitrogen. Protein toleration differs from glucose toleration, however, in one important respect. Unlike the blood sugar the blood nitrogen level does not become stabilized for several days after changes in the protein intake.

In studies of protein toleration and in treatment of nephritics, "low protein" diets are very often employed, but I have found them entirely unsatisfactory. It is absolutely essential to know the exact amount of protein in the diet. Further-

TABLE 2

A 40-Gram Carbohydrate Diet, 1,400 Calories and Equal Division of Carbohydrate in Three Meals

ARTICLE OF FOOD	Protein	Carbo- hydrate	Fat	Calories
BREAKFAST Loeb's Gluten Bread—1 portion* Butter—1 portion. Uneeda Biscuits—1 portion. Sweet Cream—2 portions. Cup Weak Coffee or Tea  LUNCH Loeb's Gluten Bread—1 portion. Butter—2 portions. Eggs—2 Vegetables Group No. 1—2 portions.	3.5  2 6.5 3.5  14 2	2.5  2 13.5 2.5 	9 1 20 30 30	350
Vegetables Group No. 2—I portion. Uneeda Biscuits—1/2 portion. Sweet Cream—I portion. D-Zerta if desired. Cup Coffee or Tea  DINNER	$\underbrace{\frac{\overset{\scriptstyle \circ}{\overset{\scriptstyle \circ}{}{}{}{}{}{}{}{\overset$	2 4 4.5 1	0.5 10 40 5	513
Loeb's Gluten Bread—1 portion.  Butter—2 portions. Meat, Fowl or Fish—1 portion. Vegetables Group No. 1—2 portions. Vegetables Group No. 2—2 portions. Sweet Gream—1 portion Cup Plain Bouillon if desired. D-Zerta if desired	3.5 20 2 4 1 30 5	2.5	18 10	518
TOTAL	60	41	108.5	1381

<sup>\*</sup>The quantities per portion are given to the patient in a printed form which is abstracted from the Key Chart-(Table 1).

TABLE 3-A 70-GRAM CARBOHYDRATE DIET, 1,700 CALORIES, WITH EQUAL DIVISION OF CARBOHYDRATE

Article of Food	Protein	Carbo- hydrate	Fat	Calories
BREAKFAST Loeb's Gluten Bread—1 portion Butter—2 portions Egg—1 Bacon—1 portion Cream—1 portion Uneeda Biscuits—½ portion Fruit Group No. 1—1 portion Cup Coffee or Tea	7 3 1 0.5	2.5   4.5 15 23	18 6 15 10 0.5  49.5	602
LUNCH Loeb's Gluten Bread—1 portion.  Butter—2 portions.  Egg—1. Cream—1 portion. Uneeda Biscuits—1 portion. Vegetables Group No. 1—2 portions. Vegetables Group No. 2—2 portions. D-Zerta if desired. Cup Tea or Coffee if desired	7 1 1 2	2.5  1 9 2 8 	18 6 10 1  35	473
DINNER Loeb's Gluten Bread—1 portion Butter—2 portions.  Meat, Fowl or Fish—1 portion Vegetables Group No. 1—2 portions. Vegetables Group No. 2—2 portions. Cream—2 portions. Uneeda Biscuits—1 portion D-Zerta if desired. Cup Coffee or Tea	20 2 4 2	2.5  2 8 2 9 23.5	18 10  20 1 49	665
TOTAL	68	, 69	143.5	1740

TABLE 4—A 70-Gram Carbohydrate Diet, 1,850 Calories With Unequal Division of Carbohydrate For Use With Insulin

Article of Food	Protein	Carbo- hydrate	Fat	Calories
BREAKFAST Loeb's Gluten Bread—1 portion Butter—2 portions Egg—1 Uneeda Biscuits—1 portion Bacon—1 portion Cream—2 portions Fruit Group No. 1—1 portion Coffee  LUNCH Loeb's Gluten Bread—1 portion Butter—2 portions Egg—1 Cream—1½ portions Vegetables Group No. 1—2 portions Vegetables Group No. 2—1 portion D-Zerta if desired, Cup Coffee or Tea if desired	3 2 1 17.5 3.5 	2.5  9  25 28.5 2.5  1.5 2 4 10	18 6 1 15 20  60  18 6 15  39	724
Loeb's Gluten Bread—1 portion Butter—2 portions. Meat, Fowl or Fish—1 portion. Vegetables Group No. 1—2 portions. Vegetables Group No. 2—2 portions. Cream—2 portions. Fruit Group No. 1—1 portion D-Zerta if desired, Cup Coffee or Tea	$ \begin{array}{c} 2 \\ 4 \\ 2 \\ 1 \\ \hline 32.5 \end{array} $	2.5  2 8 2 15 29.5	18 10  20  48	680
TOTAL	66	68	147	1859

more it should be emphasized that not all cases of nephritis require limitation of the protein. The error of using a low protein diet when there is no disturbance of nitrogen metabolism is to be deprecated as much as the indiscriminate use of unmeasured diets.

- 1. Nephritic Milk: It is often desirable to use a liquid diet in cases in which the protein toleration is very low. For this purpose I employ a milk preparation from which the casein has been removed by coagulation with junket. The recipe for this "nephratic milk" is given in the special recipes. The caloric value of this diet is increased by the addition of lactose. glasses per day with 25 grams of lactose added to each glass supply 1,530 calories divided as follows: Protein, 18 grams, carbohydrate, 216 grams; fat, 66 grams. The caloric value may be further increased by addition of cream. Smaller quantities of this preparation may also be used to supplement other low protein diets. I have found nephritic milk invaluable in the treatment of cases with nitrogen retention incident upon true kidney insufficiency.
- 2. 25-Gram Protein Diet: This diet is employed in the treatment of cases of nitrogen retention due to glomerulonephritis or other renal

- or extra-renal causes. It is very often effective in reducing the blood nitrogen level when socalled "low protein" diets have failed. This is so generally true that recently this diet has been used as a diagnostic test of kidney function.
- 3. 80-Gram Protein Diet: This diet is employed when the protein tolerance is fairly good Similar diets with lower or higher protein content may also be devised. For study of renal function a 100-gram protein diet or even higher may be used.
- 4. Salt-Free Diet: The salt-free diet has great value in the treatment of some types of edema. notably when due to cardiac decompensation. It must be prepared from a restricted selection of foods which contain a minimum of salt. The "salt-poor" diets which are in general use, very often fail to accomplish the desired results When salt-free diets are substituted, clinical improvement is often immediate. Apparently, the efficiency of the diet depends upon the thoroughness with which salt has been eliminated from the In order to accomplish this purpose, saltfree bread and butter must be substituted for ordinary bread and butter. Fresh vegetables or canned vegetables which have been boiled three times to remove the salt, must be used Cream is

TABLE 5-A 25-GRAM PROTEIN DIET, 1,900 CALORIES

Anticle of Food	Protein	Carbo- hydrate	Fat	Calories
BREAKFAST Unceda Biscuits—1 portion	1 2 3 1	9 2 15 15 10 51	1 9 20  30	502
Fruit Group No. 1—1 portion Jam, Jelly or Honey—1 tablespoon Cream—1 portion. Sugar—1 teaspoon. Cup Coffee or Tea	1 4 4 1 1 1 1 1 1	9  8 36 15 24 1 10	1 18  10. 	717
Uneeda Biscuits—1 portion  Butter—2 portions  Cereal Group No. 1—1 portion  Cream—2 portions  Fruit Group No. 2—1 portion  Coffee or Tea—Sugar, 1 teaspoon	1  3 2 2 2 8 26	9 15 2 35 10 71 225	1 18 20  39 98	667

substituted for milk. No meats, fowl or fish are allowed. The complete list of salt-free food is

given in Table 1. Although not absolutely saltfree, the salt content in these foods is minimum.

TABLE 6
An 80-Gram Protein Diet, 2,100 Calories

ARTICLE OF FOOD	Protein	Carbo- hydrate	Fat	Calories
Breakfast Bread, White or Rye—1 portion. Butter—2 portions. Cereal Group No. 1—1 portion. Fruit Group No. 1—1 portion. Cream—2 portions. Coffee or Tea—1 teaspoon Sugar.	3  3 1 2 	16  15 15 2 10	18	610
Lunch Bread, White or Rye—1 portion Butter—2 portions Eggs—2. Vegetables Group No. 1—2 portions Vegetables Group No. 2—2 portions Cheese—2 portions Uneeda Biscuits—1 portion Tea or Coffee—1 teaspoon Sugar	3 <sup>9</sup> 14 2 4 12 1 	16  2 8  10	18 12  14 1	
DINNER Bread, White or Rye—2 portions. Butter—2 portions. Meat, Fowl or Fish—1 portion. Vegetables Group No. 1—2 portions. Vegetables Group No. 4—1 portion. Fruit Group No. 1—1 portion. Tea or Coffee—1 teaspoon Sugar.	20 2 4 1	45 32  2 36 15 10 95	45 . 18 . 10 	729 ————————————————————————————————————
Total	78	198	. 111	2103

# Obesity Diets

The essential requisites of diets for use in reduction of weight are low caloric value and sufficient protein intake. Theoretical considerations place the latter at 2/3 of a gram of protein per kilogram of body weight. From 50 to 80 grams of protein fulfill all possible re-

quirements. The higher figure is probably more desirable.

Several precautionary measures are deserving of special consideration. In diabetic diets only group No. 1 or group No. 2 vegetables and group No. 1 fruits are employed. The other vegetables may be substituted in reduced portions but the

TABLE 7

A SALT-FREE DIET WITH 50 GRAMS OF PROTEIN AND 2,150 CALORIES

	· · · · · · · · · · · · · · · · · · ·			
. ARTICLE OF FOOD	Protein	Carbo- hydrate	Fat	Calories
BREAKFAST Salt-Free Bread—1 portion Sweet Butter—1 portion Sweet Cream—2 portions Cereal, Group No. 1—1 portion Fruit, Group No.1—1 portion Coffee—1 teaspoon Sugar	2 3 1	16  2 15 15 10 58	9 20   29	529

# TABLE 7-CONTINUED

ARTICLE OF FOOD	Protein	Carbo- hydrate	Fat	Calories
LUNCH Salt Free Bread—1 portion Sweet Butter—2 portions Eggs—2 Vegetables Group No 1—2 portions Vegetables Group No 2—2 portions Frut, Group No 1—2 portions Sweet Cream—2 portions Coffee or Tea—1 teaspoon Sugar	3 14 2 4 2 2	16 2 8 30 2 10	18 12 20	
DINNER Salt-Free Bread—1 portion Sweet Butter—2 portions Sweet Cream—2 portions Vegetables Group No 3—1 portion Vegetables Group No 4—1 portion Fruit, Group No 1—1 portion Coffee or Tea—1 teaspoon Sugar	27 3 2 5 4 1	68 16 2 18 36 15	50 18 20 1	830
Total	15 51	97 223	118	799 2158

possibility of error generally precludes their use in the low protein diets no ments are employed lecause of the variability or the values of the different meats which would introduce an appreciable error. The food groups which are used in the low protein diets are those in which gross

error from variations in protein content are not likely to occur, namely, the vegetable, fruit and cereal groups

The most serviceable bread used in diabetic diets is gluten bread. The values given in the Key Chart are for the brand prepared by Loeb's

TABLE 8-A DIET WITH 950 CALORIES AND 80 GRAMS OF PROTEIN

ARTICLE OF FOOD	Protein	Carbo- hydrate	Fat	Calones
BREAKFAST Loeb's Gluten Bread—I portion Fruit Group No 1—I portion Egg—I Coffee with a little milk  Lunch Loeb's Gluten Bread—I portion Egg—I Cheese Group No 1—2 portions Vegetables Group No 1—2 portions Vegetables Group No 2—I portion Fruit Group No 1—I portion Fruit Group No 1—I portion Tea—Lemon if desired	3 5 1 7 11 5 3 6 7 12 2 1 27 5	2 5 15 17 5 2 5 2 4 15 23 5	6 6 14	170
Ons ish—1 portion ortions ortions ortions ortions With Lemon Juice Only portion	7 20 2 4 6 1 40 79	5 2 8 3 15 33 74	10	382 936

Diabetic Bakery in New York City. Only one preparation of gluten bread is used because of the variability of carbohydrate content in different brands. Gluten bread is also of value in the low caloric diet used for reduction of weight, because of its high protein content. Salt-free bread is supplied by the Cushman Bakeries in New York City.

Special recipes should be resorted to only after the patient has become accustomed to the use of the diet list. The diabetic desserts add variety to the diets. The nephritic desserts are devised to add caloric value without increasing the protein content.

# Special Recipes for Diabetic Diets

1. Diabetic Custard:

1 egg.

1/4 gr. saccharine.

Salt.

½ cup water.

½ cup cream (8 tbsp.).

1/4 tsp. vanilla or almond flavoring.\* (Virginia Dare).

Beat egg slightly, add saccharine and very little salt. Heat cream and water to the scalding point and add slowly to eggs. Strain into 3 small custard cups, dividing the mixture equally. Each portion may be flavored differently.

Value: Each cup or 1/3 recipe. Protein 4, carbohydrate 2, fat 15, calories 159.

- 2. D-Zerta Jelly (plain): Dissolve contents of 1 envelope of D-Zerta; in 1/2 measuring cup (8 tbsp.) of boiling water. Stir well and set away to cool. Value: Protein 2, carbohydrate 0, fat 0, calories 8.
- 3. D-Zerta: Dissolve contents of 1 envelope of orange D-Zerta in 1/2 measuring cup of boiling water (8 tbsp.). Stir until entirely dissolved. Set in cool place. When jelly begins to set, fold in 2 tablespoons of whipped cream. Allow to harden.

Value: Protein 3, carbohydrate 1, fat 10, calories 102.

4. Snow Pudding: Dissolve 1 envelope of lemon D-Zerta in 1/2 measuring cup of boiling water (8 tbsp.). When cold and still liquid, whip with a small revolving beater to the consistency of whipped cream, folding in 2 beaten egg whites, and let stand until firm.

Protein 10, carbohydrate 0, fat 0, Value: calories 40.

5. Almond Cake:

3 eggs.

4 thsp. brown almonds, ground (10 almonds to 1 tbsp.).

Pinch salt and baking powder.

Virginia Dare flavoring.

Separate eggs. Beat yolks with nuts. Add powder and flavoring. Lastly, fold in stiffly beaten whites. Bake in slow oven.

Value: ¼ cake, protein 8, carbohydrate 3,

fat 16, calories 188.

6. Lister's Diabetic Bread:

1 box Lister's flour. Value: Protein 32, Carb. 0, fat 0.3, calories 131.

1/4 tsp. salt.

Separate the yolks from the whites of the Add salt to whites and beat with egg beater until stiff. Beat the yolks with an egg beater until thick and lemon colored. Mix beaten egg whites and beaten yolks together for 1 minute. Fold flour in the beaten eggs (to fold, sprinkle or shake the flour), 1/4 box at a time over the beaten eggs. Mix with the egg beater. Pour the mixture into the Lister Bread Tin which has been slightly buttered on the bottom. Place in slow oven and bake for 40 minutes. Remove from the tin when entirely cool.

Whole bread, protein 53, carbohy-Value:

drate 0, fat 18, calories 374.

Special Recipes for Nephritic Diets

7. Nephritic Milk Drink:

Whey, 1 glass.

2 tbsp. heavy sweet cream.

Whey is prepared as follows: Dissolve 1 junket tablet in one pint of milk, heated until warm. Stand until thickened and then heat until whey separates. Drain through cheese cloth.

Value: Protein 3, carbohydrate 11, fat 11,

calories 155.

8. Nephritic Custard.

1 yolk only, 1 tsp. sugar, 1 tbsp. cornstarch.

½ cup cream (8 tbsp.)

½ cup water.

1 tbsp. orange juice.

Mix cream and water. Add yolk beaten slightly with sugar and cornstarch. Add orange juice. Bake in 3 small custard cups until set or boil until thick.

Value: 1/3 recipe, protein 2, carbohydrate 8, fat 15, calories 175.

9. No. 1 Blanc Mange:

2½ tsp. cornstarch.

3/4 tbsp. sugar.

4 tbsp. heavy cream.

6 tbsp. water (1/3 cup). Virginia Dare flavoring.

<sup>\*</sup> Note: Virginia Dare extracts, sugar-free: lemon, orange, almond, celery, can be obtained in many grocery stores. For further information address Garrett & Co., 10 Bush Terminal, Brooklyn, N. Y.

† D-Zerta gelatine, sugar-free, can be obtained in several flavors in a number of drug stores. Manufactured by Jello Co., LeRoy, N. Y.

Add water to the cream. Heat in double boiler. Add cornstarch moistened in cold water and sugar. Cook until well thickened. Add Virginia Dare flavoring if desired and chill.

Value: Protein 2, carbohydrate 30, fat 20,

calories 308.

## 10. No. 2 Blanc Mange. (As above).

If fruit from group No. 1 is added, then values are: Protein 3, carbohydrate 45, fat 20, calories 372.

#### 11. Raisin Cake:

34 cup sugar. 1/2 box seedless raisins.

Juice of 1 orange (fill cup to 34 with water).

2 thsp. butter.

2 tbsp. maple syrup.

Bring the above ingredients to a boil. and add 11/2 cups flour and 3/4 tsp. soda dissolved in water. Pour in special tin. Bake in slow oven.

Values: Recipe, protein 21, carbohydrate 543,

fat 37.5, calories 2594.

1 slice, 1/2" thick, protein 1.5, carbohydrate 40, fat 2.5, calories 188.

(One slice is equivalent to 3 portions of fruit group No. 1).

12. Fudge:

I cup sugar. ½ cup cream. 2 tbsp. butter. Pinch salt. Vanilla, as desired. Cocoa, 3 tbsp.

Mix all ingredients. Boil until a little forms a soft ball when dropped in cold water. Cool and beat until thick. Pour in buttered pan and let harden. Divide into 20 pieces. Each piece contains protein 0.5, carbohydrates 10, fat 3.5, calories 73.

#### 13. Gelatine recipe:

1 tsp. granulated gelatine. 11/2 tbsp. cold water. 14 cup cream, whipped. I tsp. lemon juice. 1 tsp. sugar, 1 fruit group No. 1, chopped fine.

1/4 cup boiling water,

Soak gelatine in cold water. Dissolve in boiling water. Add lemon juice, sugar and chill until it is the consistency of heavy molasses. Stir in fruit pulp, fold in whipped cream and chill.

Values: Protein 4, carbohydrate 36, fat 15, calories 295.

## Special Recipe for Obesity Diet

14. Low Caloric Custard:

1 cup skimmed milk. 1 whole egg. 1 white of egg only.

Virginia Dare flavoring.

Beat whole egg and white slightly. Add saccharine. Add all to milk. Add flavoring, Bake in 3 small custard cups until set.

Values: 1/3 recipe, protein 5, carbohydrate

4, fat 1, calories 45.

A very important advantage of this diet system is that after a short use of the diet list patients become sufficiently accustomed to it so that they may often dispense with the printed instructions.

#### Conclusions

A simple system for the preparation of diets is presented with illustrations of its adaptability to use in the treatment of diabetes, nephritis and The availability of a practical method makes possible the wider application of dietetic control in metabolic disturbances.

#### BIBLIOGRAPHY

Atwater, W. O., and Bryant, A. P.: "The Chemical Compositions of American Food Materials," U. S. Dept. of Agriculture Bulletin, No. 28 (Revised Edition), 1906.
 Locke, E. A.: "Food Values," 1917, D. Appleton & Co.

# TREATMENT OF INTRA-ORAL CANCER WITH SPECIAL REFERENCE TO RADIUM THERAPY\*

# By DOUGLAS QUICK, M.B. (TORONTO), NEW YORK, N. Y.

N making an appraisal of the present value and adaptability of radium in the treatment of malignant diseases of the mouth, it may first be well to call attention to a number of generally accepted facts.

1. Practically all of our clinical experience with radium has been acquired during the past

fifteen years.

2. The present conception of radium is, for the most part, based on two factors, the first, individual case experiences, many of them naturally unhappy; the second, the three to five-year end-results, a group discounted by the fact that the cases being appraised were treated by inexperienced methods of three to five, or more years ago.

3. During this past year rather unusual advance and improvement in methods of technical radium application and dosage have been made. These prove nothing statistically, as yet, and probably mean very little to the casual observer, but, they do mean a great deal to those of us engaged intimately in the work and seeing the changing results of treatment from month to month.

4. Radium must not be regarded in any sense as a specific in the treatment of cancer. It is the exception rather than the rule to see a case of mouth cancer, at least, taken care of entirely by radium to the exclusion of other associated measures, that is, if all possible advantages are accorded the patient.

5. A certain number of the failures from irradiation during the past fifteen years must quite properly be charged up to the accumulation of

experience.

6. A certain number of failures during this period also should quite properly be charged up to the operator and not to the agent itself. I refer to inadequate radium supply, inadequate dosage, and failure to take advantage of the most up-to-date knowledge of the problem at any given time.

7. The palliative benefits of irradiation are unquestioned. In a large number of cases symptoms have been relieved entirely, or in part, for a worth while period and operative surgery has been relieved of the burden and responsibility for cases that were obviously beyond its scope.

8. Radium has contributed, in intra-oral cancer, as elsewhere, very definitely toward the renewed histological and biological study of malignant diseases. Further advances are dependent quite as much upon study along these lines as upon further knowledge of the physical and technical radium problems.

In reviewing our progress of the past fifteen years, we note first that surface applications of radium for the serious treatment of cancer within the mouth, were discontinued in our own Service as far back as 1917. In only three cases of tongue cancer were we able to bring about a complete and permanent regression of the disease by these surface applications. Two of these patients are still well; the other died in 1929 of carcinoma of the bladder, in no way associated with the mouth lesion.

From 1917 to 1925, results improved through the use of the unfiltered emanation seeds, or "bare tubes" as they were called. The only thing to be said in favor of these implants is that better results were obtained through their use than by other measures then available. The pain and tissue necrosis attendant upon their use, however. were severe.

In 1925, Dr. Failla, Director of Bio-physical Laboratories at the Memorial Hospital, was able to replace these unfiltered emanation tubes by gold emanation tubes. These latter have the advantage of filtering out the softer and more caustic radiation, leaving only short wave-length gamma rays to affect the tissues about the im This technical improvement added a plants. decided therapeutic advantage by permitting much more intensive dosage with less local inflammatory reaction, must less tissue necrosis, and a relative decrease in the pain attendant upon treatment. There has been a gradual trend to much heavier dosage brought about through the factors just mentioned and also by means of additional experience in the use of high-voltage x-rays for external application.

During the past three years we have had the advantage of four grams of radium element in a single container for external irradiation. This, also has contributed toward increasing both the quantity and quality of our external applications for those patients who have been fortunate

enough to be treated by this means.

Recently, progress has been made in the direction of accurate dosage measurements. My associates, Drs. Martin and Quimby, have measured by accurate physical means and by mathematical calculation, the exact amounts of irradiation delivered to the tumor-bearing area in a large series of successfully treated cases so that they have been able to calculate in terms of erythema doses, the number or percentage of erythemas necessary, apparently, for the successful treatment of various histological types of growth. (I am assuming that it is generally known that the more embryonal types of growth are more sensitive to radiation while the more

<sup>\*</sup>Read before the Medical Society of the County of New York, December 23, 1929.

adult types are more resistant) Drs Maitin and Oumby have found that the intensity of dosage necessary for the successful treatment of most epidermoid carcinomas ranges between six and ten skin erythema doses within the tumorlearing area delivered in a period of two to three weeks. The variation in percentages or in number of erythemas depends upon the histological type of growth in question. The embryonal transitional cell carcinoma, or lympho epithelioma, of the nasopharynx or hypopharynx requires the minimum treatment, as far as epidermoid carcinomas are concerned; while squamous carcinoma, on the other hand can rarely be counted upon for complete regression with much less than ten till erythemas

Furning the information thus gained to account, it has been possible, knowing the histological type of growth and the size and relative location of the tumor-berring area, to calculate in advance the exact amount of irradiation considered necessary for the treatment of a given case and to decide the most accurate as well as the most economical means of delivering this predetermined amount of irradiation to the tissues in question.

This greater accuracy naturally renders the whole problem of treatment more complicated, but it is most essential. However, it should be understood that we make a distinction between mathematical accuracy and the treatment of can cer mathematically. At no time has judgment and good, substantial, old-fashioned practice of medicine been more necessary in deciding nicely many of the problems which arise in the individual cases than in doing just this sort of work

With this conception of the complicated factors attendant upon treatment by irradiation, it readily becomes apparent that the problem is at least one for a group, if not indeed, for an institution rather than an individual alone, and that in this group, the physicist plays a very important part

It may be well to state here that the treatment of cancer must be regarded as a surgical problen and must be approached as such. It holds no place for the radium "technician," mexperienced in general surgery, with a mediocre knowledge of the general problems of cancer and with usually a very incomplete radium equipment There is little if any place, in my judgment, for the radium renting agency. The various problems for the treatment of the individual case are such that it is seldom possible to meet all of the requirements to best advantage by a skeleton of portable equipment. It is questionable, furthermore, if such work ought to be attempted as an occusional problem or as a side-line to general surgical practice

The actual application of radium, other perhips than external application, is strictly speak-

mg, a technical surgical procedure 1-radiation is a very necessary complement to complete irradiation in most of the cases but should be under surgical supervision Operative surgery is far from being supplanted in the treatment of intraoral cancer but, in our opinion, we believe that for the treatment of the primary growth particularly, it is complementary to the irradiation is our opinion that irradiation should be depended upon for control and eradication of the tumorbearing area but that for drainage and for access to certain otherwise maccessible tumor bearing areas, as in carcinoma of the maxillary antrum. and for secondary invasion of the laws by new growth, operative surgery must be resorted to

In the neck, on the other hand, the relationship between irradiation and surgery is somewhat different For the treatment of cervical nodes we have followed a very different plan from the generally accepted one of routine block dissection, for the past twelve years. Our gen eral procedure is a combination of irradiation with surgery in certain of the cases The principle followed has been the same throughout the entire period, with certain changes, based on additional and new experience made from time to During the past few years we have been increasing the intensity of our external irradia-In certain types of cases with operable neck nodes, experience has taught us to rely entirely on irradiation and refrain from neck dis-These are the embryonal types of epidermoid carcinoma which Dr Ewing has chosen to term transitional cell carcinoma, a term embodying a somewhat larger group than the lympho epithelion as of Schmencke and Regaud. We have noted, clinically, that these transitional cell growths are more radio-sensitive than the more adult types of epidermoid carcinoma and we believe that they have done better when treated by external irradiation and by radon implantation than by irradiation plus complete neck dissection

Our indication now for complete unilateral neck dissection is limited to the adult type of epidermoid carcinoma with palpable metastatic node, or nodes, the capsule presumably intact, with unilateral involvement only and with good prospects as far as the primary growth is concerned. Surgical exposure with gold tube radon implantation is resorted to in addition to external irradiation in the embryonal type epidermoids and in all other cases where the node capsule has been perforated by the disease. With these various changes dictated by additional experience, the treatment of cervical netistases, however, is still a combination of irradiation and surgery.

The problem, as we view it, both in the mouth and in the neck, is still a surgical one calling for a good deal of operative surgers but with radium in our opinion, playing the major role

# TREATMENT OF INTRA-ORAL CANCER WITH SPECIAL REFERENCE TO RADIUM THERAPY\*

# By DOUGLAS QUICK, M.B. (TORONTO), NEW YORK, N. Y.

N making an appraisal of the present value and adaptability of radium in the treatment of malignant diseases of the mouth, it may first be well to call attention to a number of generally accepted facts.

1. Practically all of our clinical experience with radium has been acquired during the past

fifteen years.

2. The present conception of radium is, for the most part, based on two factors, the first, individual case experiences, many of them naturally unhappy; the second, the three to five-year end-results, a group discounted by the fact that the cases being appraised were treated by inexperienced methods of three to five, or more years ago.

3. During this past year rather unusual advance and improvement in methods of technical radium application and dosage have been made. These prove nothing statistically, as yet, and probably mean very little to the casual observer, but, they do mean a great deal to those of us engaged intimately in the work and seeing the changing results of treatment from month to month.

4. Radium must not be regarded in any sense as a specific in the treatment of cancer. It is the exception rather than the rule to see a case of mouth cancer, at least, taken care of entirely by radium to the exclusion of other associated measures, that is, if all possible advantages are accorded the patient.

5. A certain number of the failures from irradiation during the past fifteen years must quite properly be charged up to the accumulation of

experience.

6. A certain number of failures during this period also should quite properly be charged up to the operator and not to the agent itself. I refer to inadequate radium supply, inadequate dosage, and failure to take advantage of the most up-to-date knowledge of the problem at any given time.

7. The palliative benefits of irradiation are unquestioned. In a large number of cases symptoms have been relieved entirely, or in part, for a worth while period and operative surgery has been relieved of the burden and responsibility for cases that were obviously bound its seek

for cases that were obviously beyond its scope. 8. Radium has contributed, in intra-oral cancer, as elsewhere, very definitely toward the renewed histological and biological study of malignant diseases. Further advances are dependent quite as much upon study along these lines as upon further knowledge of the physical and technical radium problems.

In reviewing our progress of the past fifteen years, we note first that surface applications of radium for the serious treatment of cancer within the mouth, were discontinued in our own Service as far back as 1917. In only three cases of tongue cancer were we able to bring about a complete and permanent regression of the disease by these surface applications. Two of these patients are still well; the other died in 1929 of carcinoma of the bladder, in no way associated with the mouth lesion.

From 1917 to 1925, results improved through the use of the unfiltered emanation seeds, or "bare tubes" as they were called. The only thing to be said in favor of these implants is that better results were obtained through their use than by other measures then available. The pain and tissue necrosis attendant upon their use, however, were severe.

In 1925, Dr. Failla, Director of Bio-physical Laboratories at the Memorial Hospital, was able to replace these unfiltered emanation tubes by gold emanation tubes. These latter have the advantage of filtering out the softer and more caustic radiation, leaving only short wave-length gamma rays to affect the tissues about the im This technical improvement added a plants. decided therapeutic advantage by permitting much more intensive dosage with less local inflammatory reaction, must less tissue necrosis, and a relative decrease in the pain attendant upon treatment. There has been a gradual trend to much heavier dosage brought about through the factors just mentioned and also by means of additional experience in the use of high-voltage x-rays for external application.

During the past three years we have had the advantage of four grams of radium element in a single container for external irradiation. This, also has contributed toward increasing both the quantity and quality of our external applications for those patients who have been fortunate

enough to be treated by this means.

Recently, progress has been made in the direction of accurate dosage measurements. My associates, Drs. Martin and Quimby, have measured by accurate physical means and by mathematical calculation, the exact amounts of irradiation delivered to the tumor-bearing area in a large series of successfully treated cases so that they have been able to calculate in terms of erythema doses, the number or percentage of erythemas necessary, apparently, for the successful treatment of various histological types of growth. (I am assuming that it is generally known that the more embryonal types of growth are more sensitive to radiation while the more

<sup>\*</sup> Read before the Medical Society of the County of New York, December 23, 1929.

of the United States, speak of the high mortality attending childbirth. It is a subject that should demand our careful consideration especially when we reflect that such casualties fall upon women in the prime of life and usefulness, and are often preventable.

In discussing this subject, I shall contrast the advantages and disadvantages of home vs. hospital childbirths under the following topics: Delivery room preparation, Childbirth emergencies, Infections, Nursing service, the physician's attitude, the patient's attitude, and the financial cost.

## 1. DELIVERY ROOM PREPARATION:

Most of the preparation for the delivery can be arranged with equal thoroughness in the home or in the hospital. A sterile obstetric package containing cotton balls, a gown, sheets, leggings, gloves, towels, gauze, and umbilical tape should be ready. The bed may be raised to the level of a delivery table by placing it on blocks. A lead light is a common article in most homes or the doctor may make that a part of his obstetric equipment. scissors, clamps, and other instruments required by the doctor can be sterilized and kept in a sterile towel during the labor. Other articles including a scale to weigh the baby, make the equipment in the home exactly as one would expect to find it in the hospital.

A home delivery conducted with haphazard methods and with little or no preparation is certainly a relic of old midwifery and should have no place in modern obstetric practice nor should it be compared to hospital obstetrics. Gas oxygen equipments for the relief of pain are now a common convenience in the hospitals but seldom used in the homes. To my mind that is a serious drawback for home deliveries. Most mothers dislike painful childbirths and any method which can be used with safety to the mother and child is certainly a blessing. In my experience the inhalation of a few breaths of gas oxygen mixtures at the time of the painful contraction will always relieve pain and even put the mother to sleep for a few sec-The recent hypodermics and rectal treatments advocated by Dr. Gwathmey can be used to relieve pain for the home as well as hospital cases, but I do not think that this method is applicable to every case as is Gas Oxygen. Another valuable use for the oxygen part of the gas oxygen apparatus is to resuscitate the asphyxiated baby.

# 2. CHILDBIRTH EMERGENCIES:

Rarely a labor is of such a short duration that the baby is born at inopportune places as en route to the hospital or delivery room. It may occur on the elevator or stretcher.

Such emergencies may also occur in one's

own home. I once attended a patient who had precipitated her full term baby at home in the lavatory bowl without medical attendance. These events are very rare and the best we can say is that the patient is less shocked if she is in her own home rather than hospital surroundings. On the other hand if she is at the hospital, the lacerations often resulting from such rapid deliveries can be more promptly repaired in an accurate manner.

No doctor can positively predict whether a given patient will or will not have a post partum hemorrhage occasionally of a terrific nature. Rarely fatal maternal shock terminates a delivery or the baby may need resuscitative medicines and the prompt activity of at least three trained assistants. We know that such emergencies do occur and must admit that they can be far better treated at the hospital where there is an elastic supply of equipment and trained personnel.

## 3. INFECTIONS:

One of the chief setbacks to the general hospital as a place for childbirths is the possibility of infection from other patients or diseases about the hospital. This danger is not so positive when one is delivered at home or in a strictly isolated maternity. The carriers of infection in the general hospital are doctors, internes, nurses, hospital employees and bacteria in the air. Using the words of Dr. Young,2 "In a hospital catering for mixed cases the opportunities for the leakage of sepsis from infected to clean cases are so numerous and insidious that an iron discipline of segregation is the first essential. An infected case otherwise can scatter the seeds of sepsis from receiving to labor room or theatre and thence to the ward in the process of contaminating tables, bed linen, basins, floors, bed pans, instruments, hands and gowns of the staff and so on. At the time when admission and labor rooms are working at high pressure, the damage done within a few busy hours may be enormous."

Quite often a nurse or an interne in a general hospital will assist in the care of maternity patients hardly long enough to understand the technic, when they are transferred to other parts of the institution. This condition makes it more difficult for those in charge to use proper technic in caring for such patients.

Another objectionable feature which is prone to cause infection in the general hospital is the fact that the doctors who use the delivery room are very loosely organized and no standard method or technic of delivery is in use. Each physician has his different method of preparing the patient for delivery and as a result the nurses are confused, unfamiliar with any routine and necessarily less efficient. My cases of

post partum infection are more numerous among hospital than among home confinements.

Dr. Mary De Kruif's from a study of 370 deaths of primiparous patients states that sepsis ranks slightly higher among hospital booked cases as a cause of death than among home deliveries. In one of the general hospitals where I worked, there were 17 of a group of 38 consecutive primiparous patients who had an elevation of temperature of 100 or over on two or more consecutive days following the delivery. There were three from a group of 37 consecutive multiparous patients who likewise showed an elevation of temperature on two or more successive days. I might add that these patients were cared for by 18 different staff doctors.

Dr. De Lee<sup>4</sup> has stated that the full surgical dignity of obstetrics is not being thoroughly realized in most general hospitals. He also writes<sup>5</sup> as follows: "Since carelessness, ignorance, and frailty are human faults, natural barriers must be placed between the danger and the patient." In other words, when a prospective mother is confined, she should not be placed on the same floor or in a room adjacent to infectious surgical or medical cases.

When a childbirth occurs at home, the patient has merely to resist her own family of micro-organisms and not those of other patients. I believe it is far more important to have surgically clean childbirths at general hospitals than at the homes of the patients because the patient has not developed an immunity to the bacteria about such institutions, that are foreign to her organism.

The maternity service of the general hospitals where I have worked seem to be the most neglected part of the hospital. The nurses caring for maternity cases use the same utility rooms that are used for infectious cases. Two hospitals have the delivery room on a different floor from the labor room. If the elevator does not work the patient must walk up stairs at the end of her labor. An occasional overflow of ward maternity patients will be cared for on the open medical ward.

Tears of the vagina and perineum are often satisfactorily repaired after home deliveries without infections but it is quite difficult to repair a torn cervix in the home without subsequent infection.

With the advancing knowledge of medical science, we have come to realize the significance of old, torn, scarred or infected cervices in the development of a later cancer formation. According to Dr. F. C. Walker<sup>6</sup> of Indiana, "To-day, there are living in this country thousands of women who have cervical lesions that will become definitely malignant and terminate

fatally within the next three years." In view of this it seems quite advisable for the obstetrician to examine and promptly repair the deep tears of the cervix but this cannot be done in the home without danger. The neglect of this procedure may necessitate a subsequent hospitalization of the patient a few months or years after the baby is born.

# 4. NURSING SERVICE:

If the patient has a special nurse at home who is trained in aseptic technic, it may not be necessary for the obstetrician to bring along his registered nurse for the normal cases. I believe that in order to make a comparison of hospital and home childbirths it is absolutely necessary for at least one person to be at hand during the delivery other than the doctor, who understands operating room cleanliness.

When maternity patients are admitted to a general hospital and cannot afford a special nurse who devotes all of her time to the baby and mother, they are cared for by the nurses on general duty. Many of these nurses have had too little experience in the proper care of such patients and are not closely supervised due to the manifold and varied duties of the supervisors. Further these nurses are called upon to care for patients (not maternity) who may be of an infectious character.

The ideal nursing service for the maternity patient is a full time nurse who does not care for any other patients and we must admit that this service is more often secured in the home than in the general hospital.

# 5. THE PHYSICIAN'S ATTITUDE:

Every one knows that a doctor can take care of two or more patients with much less expenditure of time and energy if they are in the same hospital than if at different parts of the city.

Many details of preparation for the delivery and after care are provided by the hospital. In the home, the responsibility of such details falls upon the physician. I believe that the patient should expect to pay her physician a higher fee for home childbirths than those at the hospital, because they require more of his time, energy and responsibility.

The physician knows that when a patient is in the hospital her pulse, temperature and other details are recorded on the chart at frequent intervals and he can be aware of her condition almost at a glance. This is not true in the home. Furthermore in addition to the nurse's record, the physician may call upon the resident hospital doctor for assistance without expense. This likewise is not true with home

I do not insist that the nurse attending home

a lot to do to care for the infant and mother in a home where seldom things are, as convenient as at the hospital

#### 6 THE PATIENT'S ATTITUDE

It is a pleasure to know that most people realize that the hospital is an institution very well equipped to care for the sick. More and more prospective mothers are seeking the hospital as a place to have their baby and not that alone but as a place to rest and recuperate after the tedious long months of writing.

I think we physicians should stress the importance of freedom from home cares and the necessity of being away from the annoyance of older children during the first two weeks after the new arrival. Our patient's attitude must be friendly toward the hospital She must know that even though the hospital routine is not like her home, yet it is for her own good While she is at the hospital, her confidence must be gained and any annoyance as regards service, noise or food must be known and corrected. Only in this way can we expect the apprehensive patient to feel mentally at ease as she would were the childbirth to occur in her own home

#### 7 FINANCIAL COST

In Troy the total cost for the first ten days' general hospital care of maternity patients who are on the ward service averages \$50.00. This includes all usual charges such as fees for delivery room, laboratory, dressings, care of the baby, etc. Each additional day after the first 10 days, costs about \$3.50 per day.

Patients who desire private rooms, pay \$65.00 and upward for the first ten days care found \$4.50 and upward per day for thought day. The price varies with the

location of the room

one compares these prices with the of livery in the home, especially when obe employed at the prevailing test of crivith a cook or house maid it into the critical state ideal place for a children with a cook or house maid it into the consideration of the critical state ideal place for a children with a cook or house maid in the physician for the extra preparation and a sponsibility of the home delivery.

It is interesting to note the opinion of a few or obstetricians of this country in regard childbirths in the home. Dr. John J. Gill' is the igo believes that deliveries may be suctily conducted in the home and that intertions rarely occur Dr Harry S Fist\* of Los Angeles also believes that home deliveries can be made safe but that care and preparation are required Di A B Davis of New York says that it is possible to care for any case in the home that can be cared for in the hospital Dr J B De Lee of Chicago also thinks it is possible to give proper care to a maternity patient in the home Dr B C Hirst of Philadelphia refuses to take patients unless they go to the hospital Dr J W Williams of Baltimore also limits his work to hospital deliveries Dr P B Bland thinks better work can be done in a hospital

#### SUMMIRS

Home and general hospital childbirths are discussed with reference to proper preparations, obstetrical emergencies, infections, nursing services, the physicians' and patients' attitude and the relative financial cost. It is obvious from this article that except for the possible greater frequency of infection in the general hospital and the limited ability of the nursing service for patients unable to afford a full time nurse, that the general hospital is a more advantageous place for a childbirth

Home childbirths are desirable and successful when there are no complications and when the patient does not want the maxium relief from her pain. In as much as it is impossible to always predict complications, general hospital childbirths insure greater safety.

It is also obvious that the defects pointed out can only be overcome by absolute isolation of maternity from other patients and by closer supervision of employees and hospital technic

#### BIBLIOGRAPHY

- 1 Yoff i, I V Puerperal Sepsis Medical Journal of Institution, April 14th, 1928
- 2 Young, James A Scheme of Maternty Nursing Co ordinating Ante-Natal, Domiciliary and Hospital Treatment, Edinburgh Medical Journal, June, 1929, p 95
- 3 De Kruf, Mary F A Study of 370 Deaths of Primpara, N E Journal of Med, Dec 27th, 1928, p 1302.
- 4 De Lee J B Modern Hospital Year Book, 6th Ed, 1926, p 67
- 5 De Lee, J B Maternity Wards of General Hospitals, Modern Hospital Magazine, March, 1927
- 6 Walker, F C Cancer of the Cervix Uters, Journal of Indiana State Medical Association, Sept 1929
- 7 Gill John J Obstetrics in the Home, Illinois Medical Journal, July, 1925, p 38
- 8 Fist Harry S Obstetries in the Home, California and Western Medicine, Jan., 1928, p. 208

# A CASE OF HAEMOPNEUMOTHORAX OF UNCERTAIN ETIOLOGY

By ARTHUR H. TERRY, JR., M.D., NEW YORK, N. Y.

HE literature on haemopneumothorax is comprised of four cases, two rapidly fatal, and two with recovery.

The first, a young man, reported by G. N. Pitt, M.D. in 1900, was seized with sudden pain in his right shoulder, rapid collapse and signs of blood and air in the chest. A tube was inserted in the chest with removal of blood and air. Death ensued the same day. Autopsy revealed no TBC and the only abnormality was a pleural adhesion with an emphysematous bulla.

The second case of fatal haemopneumothorax of uncertain origin, reported by H. D. Rolleston, M.D., in 1900, was also a young man who was seized with pain in his right shoulder and abdominal pain with rapid collapse. At first, peritonitis was diagnosed but the second day there were signs of pneumothorax. The chest was tapped with removal of blood and air. The general condition did not improve and the patient died eight days from onset.

A careful autopsy revealed no lung rupture, no TBC, no leakage from pulmonary artery, normal glands of the chest, normal intercostal and internal mammary arteries, no signs of scurvy in the joints and no evidence of source of blood or air into the pleural cavity.

The third case of haemopneumothorax, reported by R. Doria in 1928, was also a young man who was seized with pain in his right shoulder and shortness of breath. A diagnosis of hydropneumothorax was made and 400 cc. of air removed. Eight days later, because of increasing pain and dyspnea, 200 cc. of bloody liquid was removed. The intra pleural pressure was found to be negative. Bloody liquid was removed several times and replaced by nitrogen to prevent further bleeding. The patient recovered in about three months and was well two years later.

A fourth case of spontaneous haemopneumothorax, reported by L. M. Hurxthal in 1928, was also a young man previously well who was seized with pain in his right shoulder, shortness of breath, pallor without cyanosis. His abdomen was rigid, the pulse was 120, and the blood pressure was 80/70. Blood and air were found in the right chest. On the third day 2400 cc. of venous-like blood was removed from the chest and replaced with an equal amount of air. This relieved the symptoms and stopped the cough. This procedure was repeated once, a week later, and the patient soon recovered and was also well after an interval of four months.

These four cases all began with a sudden onset of pain in the right shoulder, dyspnea and collapse. Two were rapidly fatal and careful autopsies failed to reveal the cause of the blood and air in the chest. One recovered with the removal of blood and replacement by nitrogen and the fourth, who was evidently a more severe case, also recovered by the removal of large amounts of blood with the replacement by air.

A fifth case is now presented, not only because of its rarity but also because of its severity and recovery due in part to the use of the oxygen tent.

# PRESENTATION OF CASE

History. Present illness: E. K., age 34, suddenly seized with pain in left shoulder region, dyspnea, cold perspiration and weakness so that he was brought to the Beekman Street Hospital in a taxi, October 19, 1928.

Past: No TBC but five years ago an attack of pleurisy with prompt recovery.

Personal history: Habits normal except for three cups of coffee and considerable tobacco.

Family history: Good with no tubercular tendencies.

Examination on admission: Young man, rather thin, very pale, acutely ill, lying in bed, eyes normal except that pupils are small from a hypodermic of morphine. Throat and teeth normal, chest long and thin walled moving symmetrically on both sides. Lungs hyperresonant, no adventitious sounds. Heart normal except that the sounds are heard more medial to the sternum than usual. Blood pressure 110/65.

The next day, October 20, 1928, the lungs are clear, temperature 98, blood pressure 160/90.

Urine normal. Wassermann, negative. October 21, 1928. Blood pressure 125/90.

Temperature normal.

October 22, 1928. Systolic blow at apex. Pain gone. A pleuropericardial rub was heard to the left of xiphoid, heard in recumbent position, disappearing on sitting up. Allowed home. Diagnosed neurosis of the heart. Temperature 98, pulse 70, respiration 20.

# READMISSION

Admitted October 22, 1928. Discharged January 8, 1929.

Diagnosis: Haemopneumothorax.

Left the hospital today but on the way home in a taxi was seized with another stabbing pain similar to the one for which he was previously admitted, so promptly returned to the hospital in the evening.

Patient dyspneic, somewhat cyanotic, pulse 80, regular, pleuropericardial rub gone, but no note

of other change in physical signs.

October 23, 1928. 5:30 A.M. Seized with another sharp attack of precordial pain radiating to the back. Patient extremely ill in a cold sweat, respiration 30, finger tips cyanosed, lips colorless.

Unable to swallow. Heart racing between 120 and 130. At this time it was noticed that although his left chest moved with respiration, there was an entire absence of breath sounds on this side and tactile fremities was absent. Only anterior examination was made on account of patient's poor condition. On later examination, left chest expanded a little but was tympanitic.

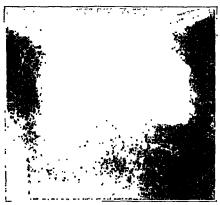


Plate 1
Left Haemopneumothorax

Fremities diminished on left, bronchophony left axilla. Dullness left base. No rubs or rales. Apex of heart not felt. The sounds were best heard just to the left of ensiform. X-ray showed left pneumothorax, left lung partially collapsed but held out like a tent (See Plate 1), with fluid lower ½ left chest.

Impression, hydro pneumothorax, left; possibly

nulmonary TBC.

October 24, 1928. Because of increasing dullness in left chest, needle was inserted and four-teen ounces of blood removed. Condition much worse; dyspneic, pale and apprehensive. Pulse racing between 140 and 170. Respiration 40. Transfusion of 500 cc. Diagnosis, Haemopneumothorax.

October 25, 1928. Condition possibly better but dullness in chest increasing. Temperature 100. Pulse 120. Respiration 25. Question as to whether he has not bled more intrathoracically.

October 26, 1928. Left chest does not expand with inspiration and in front is dull below the third space in mid clavicular line and dull from apex axilla down. Upper part of left chest hyper resonant. No coin sound. The voice sounds over lower part of left chest accompanied by metallic tinkle, characteristic of air and fluid.

October 27, 1928. Worse. Dyspnea, air hunger, taking deep breaths with his mouth wide

open. Pulse 120 to 140. Pale, sweating, apparently insufficient breathing capacity. Condition critical. Question of tapping. If no tap is done, patient will probably die in a few hours from respiratory failure. If tap is done, he may bleed more. Therefore, thoracentesis was done. 530 cc. of dark red bloody fluid mixed with air. Immediate improvement. Respirations easier.

Improvement was transitory—thirty minutes later dyspneic and definite air hunger. Pallor extreme. Cyanosis not noted, probably because

of extreme pallor.

Oxygen tent was erected—50% to 60% concentration. Patient's condition improved almost at once. Respirations still rapid but not labored. Pulse 120.

October 28, 1928. Temperature 101½, pulse 100, respiration 24. Patient easily aroused. Says he feels fine. No pain. Breathing without effort. Definitely improved. In changing oxygen tank, patient immediately extremely dyspneic and anxious. Relieved by resuming oxygen.

October 29, 1928. Considerable improvement. Lips red. If there is no further intrathoracic

accident, patient should recover.

October 30, 1928. Oxygen tent discontinued during the day, condition good. Pulse 100. Tent resumed at night as respirations increase, he looked anxious, pulse 110. With resumption of the tent, there was instantaneous improvement in the patient's condition.

October 31, 1928. No oxygen in the daycomfortable day. Resumed oxygen at night as



PLATE 2

Blood fiding most of left chest

patient complained of room seeming close and breathing was difficult.

November 1 to 4, 1928. Patient doing well and comfortable. Oxygen administered in decreasing amounts, frequency and concentration.

November 5, 1928. Entire left chest flat. No

more oxygen necessary.

November 12, 1928. Left chest resonant from clavicle to fourth space in left anterior axilla line. Apex under nipple. Steady improvement.

November 15, 1928. Posteriorly dull to flat from apex to base, but breath sounds come through very well. No rales at either apex. Temperature 99, pulse 90, respiration 20. There has been a gradual defervescence of temperature to normal today.

November 19, 1928. Clinically improved. Chest clearing slowly. Moderate resonance an-

teriorly, dull posteriorly.

Improved anteriorly, November 22, 1928. more resonant and more breath sounds. Posteriorly, more resonance, good fremities, faint breath sounds.

November 30, 1928. Apex in space four, two inches left of mid sternal line. Anteriorly, chest resonant. Posteriorly, chest more resonant than previously but still dull to flat from above down. Bronchophony below angle of left scapula. No coin sound or metallic tinkle on shaking. Steady improvement.

December 3, 1928. Signs the same. (See

Plate 2.)

December 13, 1928. Left chest expands a little more and there is increasing resonance be-



PLATE 3 Convalescent Haempneumothorax

hind, but breath sounds are heard only as low as angle of scapula.

December 31, 1928. A little pain on deep respiration, otherwise O.K. (Plate 3.)

January 5, 1929. No more pain. Temperature remained normal, Pulse remained 85, Respiration remained 20.

January 8, 1929. Patient discharged from hospital to convalescent care at home.

January 5, 1930. Patient returns to hospital by request for re-examination. Has married and returned to work, feeling well. Looks healthy, chest resonant, lungs clear, heart normal, temperature normal, pulse rapid—rate 110, due in part



PLATE 4 Recovery

to excitement incident to re-examination. X-ray of lungs normal. (See Plate IV)

# LABORATORY REPORTS

X-ray. October 24, 1928, x-ray shows almost complete left pneumothorax with fluid level to one inch above the angle of the scapula. Right lung free from disease.

November 5, 1928, left lung filled, entirely ob-

scured, probably by fluid.

November 14, 1928, and November 26, 1928, x-ray shows collection of fluid occupying the space about the semi-expanded lung. (See Plate

December 4, 1928. No change in .r-ray. December 10, 1928 and December 28, 1928. Very little change in shadow. (See Plate 3.) Urinalysis—normal.

Red Blood Count. As low as 2,700,000 with hemoglobin 60%, gradually increasing to 3,740.-000 with hemoglobin of 75%.

White Blood Cells. Increased to 14,700 on October 27, 1928 with polymorphonuclears 89%, gradually returning to 8,000 with a normal differential on discharge.

## COMMENT

There are very few cases of haemopneumo-, thorax reported.

This patient, who seemed to be dying from lack of lung capacity, was apparently saved at once by the use of the oxygen tent.

#### A REMEDY FOR FEE-SPLITTING AMONG DOCTORS\*

By GEORGE FLETCHER CHANDLER, M.D., F.A.C.S., KINGSTON, N. Y.

TT is astonishing how few among the lasty understand what fee-splitting is. gent, well informed people when they hear the word almost invariably ask me what it means. To such I usually explain it as follows:

"When a doctor has seen a patient and diagnosed the case as one needing a specialist, he sometimes sells his patient, unbeknown to the unsuspecting victim, to the highest bidder. In other words, Dr. A calls upon Dr. B, a specialist, and by a secret arrangement with him it is understood that the large fee charged by the latter shall be split between them, and Dr. A shall receive a goodly proportion of it for having sent him the case. The patient and his family have no information of this and take it for granted that the specialist is chosen for his ability. Therefore he is accepted in good faith."

This practice is a vicious one because men who are not thoroughly grounded in their work can start out as specialists by making arrangements with physicians to whom they offer one half or even three quarters of the fee in exchange for a case. They therefore build up their practice at the expense of the patients.

The best surgeons will not do this. Dr. A for money deliberately risks his patient's life by sending him to an unscrupulous operator

who will divide the fee.

This custom sprang up in the profession many years ago with the advent of high prices charged by specialists, just as bootlegging became common following the Volstead Act.

That the practice is in general use is recognized by the American College of Surgeons, which requires every man taking the degree of Fellow to sign a pledge making it a point of honor to abstain from such division of fees.

During the last fifteen years hospitals have increased throughout the United States at a most astounding rate owing to the fact that better work can be done where there is every facility, and because family life of the old type is disappearing. Nearly everybody works, and consequently there are few people left at home to care for the sick; whereas in a hospital the patient can get constant attention and expert care.

The advent of mechanical transportation with its attendant accidents and the accidents of industrial workers as a result of machinery, are other reasons for the necessity of hospitals.

In the old days most hospitals had a regular staff, and physicians not on this staff might

\* Read at the meeting of the Albany County Medical Society, Inly, 1930.

send patients in but could not operate there themselves nor treat them. Such hospitals were called "closed hospitals" and many such still function, but the majority of the hospitals today are open to any physician to go there and treat his patient or to operate. While this is seemingly an equitable thing, it still has its bad points for it has developed what we might call "over-night specialists.

Communities have drives to raise money for building and maintaining hospitals. who have given their money for this purpose naturally feel that they should have the right to select their own doctors to treat them while they are in the institution. In such communities where any doctor has the entree and the use of the hospital, young men may start doing surgery without adequate preparation and often buy their way to a practice by fee-

splitting.

All hospitals that are registered under the Hospital Standardization of the American College of Surgeons compel the physicians making use of the hospital, as well as those on the staff, to sign a pledge against the splitting of fees. This has helped, but the pernicious practice goes on in spite of the pledge. In fact the hospital itself offers opportunities for camouflaging the abuse.

For example, the doctor sending in the patient may work in the same hospital as the operator, and he can pose as an assistant by washing up, putting on an operating gown and cap, and then standing around during the operation. After the operation is over, he goes out to the patient's relatives with the surgeon and talks as though he had really assisted. In some cases the operator even allows him to assist though he is not well trained, and through some slip in his aseptic technique, the patient becomes infected and may die. More often he has a stormy convalescence or an infected wound, and his stay in the hospital may be days longer than it should be with consequent more expense to him; or he may never be well afterwards because of rupture or adhesions resulting from the infection. At best, a bungling assistant slows up the operation to the disadvantage of the patient. For an operator to take on such a man as an assistant at the risk of the patient's life is nothing short of criminal.

It is not an easy thing for one physician to accuse another of fee-splitting, for it is often very hard to prove. The doctor who receives the money from the specialist will obviously not mention it. Neither will the surgeon.

The practice has been insidiously built up. Years ago drug stores used to give a percentage to some physicians who were not of the best character for sending them prescriptions. Truss manufacturers and belt manufacturers formerly did the same thing; but this practice has been gradually abandoned and rarely will any self-respecting doctor or druggist countenance such a procedure nowadays.

Up to this point I have said nothing but what is already well known to all doctors and to many laymen. These things have been discussed in medical societies and in medical magazines and have of late found their way into publications read by the people at large. But never as yet have I heard nor have I read one practical suggestion as to a remedy for this abuse

Standardization of Fees of Specialists:— I am proposing an agreeable remedy which will stamp out the evil, please the patient, and finally even prove of benefit to the one who administers it. This remedy is the standardization of fees.

Fee-splitting is undoubtedly the result of high prices charged by specialists, and the two evils are inextricably united. High fees have made surgery and specialty work very attractive to young doctors who wish to attain prosperity early in life, and we therefore have a surfeit of so-called specialists who are not properly trained and are lacking in experience, while that backbone of the medical profession, the family doctor, is fast losing his importance. This is a calamity!

The real specialist who has become one through years of training and hard work in his own line, who confines himself exclusively to his specialty, is perhaps entitled to a good fee and does not stoop to any method of buying a practice from his brother practitioner.

Let me make it clear that I am not against specialism in medicine. A man may have given long study to a certain part of the body and be an authority on certain ailments, but I maintain that his advice is not necessary in all cases. Eighty-five percent of all the people who consult a doctor are going to get well anyway, and the general practitioner is perfectly capable of diagnosing and treating them. Among the other fifteen percent, the advice of a specialist may often be necessary or at least of great benefit, but to ship every emergency case to a specialist is an economic waste.

Hospitals and colleges and doctors alike are thinking too much about their own advantage and their own benefits and not enough about the patient. It seems to me that the sick person is the one to be considered first. His pocket-book as well as his ailment should be given consideration. In the present mode of procedure he may be sent to one man to have his skin examined, to another for his kidneys,

and to the third for his operation. When he is finally restored to health, he has no money left to educate his children and is too discouraged to begin life over.

The theory upon which high prices are based is that a man should pay according to his means. In other words, the rich man is charged a large fee while the man of moderate means gets the services for much less, and the poor man gets it free.

After a time a surgeon or specialist in any line gets in the habit of receiving large fees, and it is very hard for him to consider small ones at all; and so he usually charges more than he should.

It is argued that the surgeon does so much free work that the rich should average up the doctor's income by paying heavily. There is something radically wrong in this reasoning.

A rich man may buy antique rugs for his home, paintings by famous artists, exquisite porcelains for his table, and priceless jewels for his wife. The poor man knows well that he cannot afford these things, and so he contents himself with the comforts that are in keeping with his income; but when it comes to necessary operations and treatment by surgeons and specialists, there is no such thing as doing without these for economy's sake, and there is no market for different grades of work.

An operation is an operation, and a rich man by paying ten thousand dollars does not get any better operation than the poor man who pays fifty dollars. Neither is the body of a rich man any more delicate to work on than the body of a poor man. No surgeon, however mercenary he may be, will do poor work on a living patient. It is to his advantage to do the best he can, and no matter how unethical a doctor may be, he is honest in his endeavor to save human lives.

The result of an operation cannot be guaranteed as the repair of furniture can be. A chair may be repaired or replaced and the guarantee made good; but no matter how well a surgeon does his work, the patient may possibly die. The material used in operating on the rich man is no better than that used on the poor man. Neither are the instruments any better nor can the surgeon hurry through the job. It takes just as long or short a time to remove a tumor whether the patient be rich or poor.

It is argued that if a rich man should die, it will hurt the doctor's practice more than if he were a poor man, because the latter is not so well known. I do not believe this to be so, for everyone knows that death comes at some time in spite of all human endeavor, so that the practice of a surgeon does not suffer

through a fatal outcome. In fact possibly the best physicians and surgeons have the highest death rate, because they have the hardest cases brought to them to take advantage of their skill.

Fees should be standardized. If the rich man felt that he wanted to pay more than this, he could, at the doctor's suggestion, give to the hospital where the work is done. He could help a surgeon by giving him better equipment, thus helping the community and the less affluent patients. The rich are doing this now, but they could do more of it and lighten the burden for the ordinary individual who pays the doctor often more than he can afford and

gives to a hospital as well.

If a man devotes himself entirely to surgery after years of apprenticeship during which he has gradually broken away from general practice, then he is worthy to be called a surgeon; he has more time than the general practitioner, and will do enough surgery at reasonable fees to make an excellent living. High fees are not necessary to make good money. Henry Ford's idea is a good one,—a volume of work at moderate fees. A surgeon certainly can do five hundred operations a year, and if his average is a moderate fee for a major operation, his income at the end of a year will be a very good one as incomes go in the United States. Also he would not pauperize so many people. Those of moderate means would pay a fair fee, and those too poor to pay could still have their surgery done for nothing just as it is now.

What the standard fee should be is hard to say. It would depend of course on the community in which a surgeon practices. In the larger cities it would necessarily be higher

than outside.

In many communities the majority of the people are in modest circumstances. They wish to pay for their medical work, just as they wish to pay for their groceries. Such people are too proud to have a member of their family go to the hospital as a free case, feeling toward such an arrangement exactly as they would toward having the city send them a ton of coal. They want to pay; and often the high fee charged by the specialist they employ lays upon such a family a debt which is a heavy burden. These people are entitled to services at a price within their means.

As an excuse for outrageous fees we hear a great deal about doctors not being paid at all for their work,—and it is true. I think figures state that there is an approximate loss of about forty percent of accounts on the books. It seems to be Nature's law that there should be a great loss in all production. This is manifest when we see the number of blossoms on an apple tree and realize how few come to fruit.

Only a small percentage of the energy of coal transformed into steam can be applied to machinery. The same with the force in gasoline. Grocers lose money. Tailors lose money. In fact every occupation that a man is engaged in shows some loss in collections. Only the salaried man knows exactly the amount of money he will get for what he does.

Since this is a universal rule in business and in Nature, why should it not obtain in the professional field? It would seem that if specialists charged more reasonable prices, they would realize more on their accounts, and lower their percentage of poor bills because more patients would be willing to pay for doctor's services if the charge were within

their means.

Approximately ninety percent of all people in this world are decent and honest, grateful for a doctor's services, and glad to pay what they can afford; ten percent do not intend to pay and won't pay; another ten percent intend to pay but find themselves unable to do so; but the percentage on collectible accounts should be eighty percent good, and would be if fees were lower.

A word now for the doctor who has treated a family for years. In the event of a surgical case it is he who has made the diagnosis, taken the responsibility of the decision, convinced each and every member of the family of the necessity of a surgical procedure. Is it fair that this man should refer his patient to a surgeon who does his work in a brief time. and then charges such an enormous fee that the patient sometimes has to mortgage his home to pay it? The family doctor has to wait for his modest remuneration until the burden of the other debt is removed. He waits sometimes for years before his bill is paid, and sometimes forever. It is no wonder that the splitting of the surgeon's big fee seems to him something of a fair decision.

So many men are posing as surgeons today and attempting to do surgery that the competition is too great and there is not enough paying surgery to go around. Surgeons who should be doing nothing else, therefore do general work as well and so encroach upon the general practitioner. Such men usually do not excel because no man can serve two masters well. If surgeons devoted themselves exclusively to surgery and charged reasonable fees, the family doctor would not have them in competition with his own work and would consequently not encroach on the operative

Today the question of the high cost of medicine has become one of the most pressing with which the American public has to deal. If the physicians are not careful, they are

field.

going to find that insurance companies, who are already showing signs of interest, will insure individuals and families against sickness. It is already being done in California, to my knowledge, and eventually these insurance companies will hire the less successful physicians to look after the families and will engage unscrupulous men, who may be clever, to do their surgery. The hospitals are open and who shall say that they may not work there? They will work regular hours for the insurance companies at a salary, and have time for golf and other things just as the business man has. This condition is almost certain to come as a direct result of high prices. It will be a great blow to the medical profession, for the dignity of the profession will go and a poorer class of men will take up the work.

Of course there are always doctors who will rise above the common herd, and there may be a few great men of medicine even if insurance becomes a general thing. Possibly wealthy people will not take out such insurance and may wish to hire physicians of their own selection. Then fees will go higher and higher, and gradually this will be one of the factors that will tend to bring about only two classes of people in America,—the so-called rich class, and the so-called poor class. Our great middle class will go, and with it goes the keystone of the arch which holds up our democracy.

Should surgeons and specialists lower their fees and charge the rich man a moderate fee, and a fee within the scope of the man of smaller means, making all fees practically standard for operations, the specialists could make a splendid living by limiting their work to their own specialty and the family doctor who would do general work only would come back, and also have a good income. Insurance of health would not then seem to be

the paying proposition for the insurance companies which it now appears to them.

Young men who wish to become surgeons or specialists would then work under some master until they were thoroughly equipped, and could eventually limit themselves to their specialty.

Then, too, the free clinics would not be used by people who can well afford to pay a moderate fee. Today, municipalities and hospitals, churches and lodges, give their time and money for the care of individuals, many of whom are able to pay and should pay a moderate fee, but are instead getting something for nothing.

It seems logical to me that the best way to stop fee-splitting is the standardization and lowering of fees so than expert surgical service may be within the reach of everyone except the extremely poor who will get it for nothing. Then the medical profession could go back to the better plan of having family physicians who are capable of diagnosing and handling the bulk of their practice without extraneous aid, and make an excellent living thereby. And should the services of a specialist be indicated, the family doctor can recommend a man in whom he himself has confidence, and who will not drain the financial resources of the patient sent to him.

Such a specialist will not need to split fees to get his work, and in time the surgeon who charges the moderate fee will be recognized as the man who holds the supremacy in his own field.

Thus fee-splitting, a cancer in our profession, will be cured by the remedy of moderate fees, and the public, who is the patient, will be benefited, while the family doctor will again come into his own and hold in the American heart and home the place he deserves.



Volume 30 Numl er 18 1107

#### WHAT ORTHOPEDIC CONDITIONS THE GENERAL PRACTITIONER HAS TO LOOK FOR IN A PERIODIC EXAMINATION'

By SAMUEL W BOORSTEIN, MD, FACS, NEW YORK, N Y

TN general, the orthopedic examination can be divided into tour parts. I irst. Inspection of the patient while dressed-stanling sitting and walking Second Inspection of the patient while undressed-standing, sitting and on the Fourth Testing the Third Palpation

ability to perform normal motion

The examination is begun while the patient is standing, using 'inspection and pulpation" We order the patient to walk, to sit down and get up, and bend down to pick up objects from the We then order him to perform certain floor motions, watching him performing these motions, also palpiting the limbs while these are performed so as to test the proper muscle tone and cause of limitation of motion if any

We examine the patient on the table while he lies on his back, and on the tice Where a defect is present, we resort to measurements with the

tape measure

#### Inspection

On inspection, while the clothing is on, we learn at once the relation of weight to height A patient may not be too stout according to the normal ratio, still the inspection proves, that, due to partial abnormality, he is, and vice versa

We then look at his attitude Does he keep the head straight? If not, is it a torticollis or defect in vision? Has he any tremors or abnormal motions of the limbs? How are his shoulders? Are they on the same level? Are the hips on the same level? Even through the clothing, one can tell As a matter of fact, the tulors and dressmakers frequently find that they cannot fit the dress properly due to mequality of hips or We also observe his spine to see shoulders whether he is round shouldered or if a lateral curvature is found. Is there i tilt of the entire body to one side? Are the shoes turned over to a side? Bow legs and knock knees can also be recognized, it the patient stands with teet parallel and together

We order the patient to walk and we watch his gait. Normally a person bears the weight momentarily on the heel, then upon its outer border, the heel is then raised and the weight is put on the The body is then lifted over the tips of If he hmps, make a note of it and examine more carefully when he is undressed Tell the patient to bend down and pick up objects from the floor A normal person does it quickly, even when the knees are straight. Have the patient then sit down and get up. The evidence of tremor or abnormal motion indicates neurological complication and should be referred to him

Read as part of a symposium on Peri he Health Examitation before the Bronx County Medical Society in December 26, 1929

This in general covers the examination while patient is dressed We order the patient to undress It is of advantage to watch the patient undress hunself, as in this manner the physician is able to see whether he uses the limbs properly When undressed we again resort to inspection and palpation, beginning at the top

Inspection while standing. We can notice any deformity, observe joint contour, (i e the joints have a normal shape which is designated as joint contour), swelling of any part or atrophy, co or

of the limbs

Deformities noticed (1) On face asym Torticollis metry (2) Neck (3) Eleva tion of one shoulder or scapula (4) The curves of the spine In general there is a well defined lordosis (bending forward) in the lumbar region with a rounded kyphosis (bending back) in the dorsal region. In some, however, one finds the kyphosis markedly exaggerated constituting the round shoulders in mild cases or spondylitis de formans in the severe cases The lordosis is exaggerated in the bad posture cases. The change in the abdominal tone found in viscaroptotic cases diminishes the normal physiologican intraabdominal pressure (5) Real determities of the spine as scoliosis or gibbus (a kniickle), found in tuberculosis of the spine or old fracture of vertebral bodies (6) A tilt of the spine as found in sacro iline is at once noticed (7) The chest Is there a funnel or depressed is inspected chest? Even in malposture of the spine, the backward flexion of the dorsal spine embarrasses the respiratory excursion of the ribs and thus diminishes the vital capacity of the thorax (8) In women, especially obese girls, it is advisable to pay attention to the mammary glands Frequently they are too large and weigh on the shoulders causing round shoulders and pain Often one breast is on a lower level and should be suspended by a special binder (9) The position of the arm elbow and hand should next be looked to Is there any swelling or atrophy of one side as compared to the other? One has to keep in mind that normally both sides of the body are symmetrical and a lack of symmetry usually indicates an abnormality. One, of course, has to remember that the right arm and forearm normally are somewhat stouter. Is there any defect of the fingers? (10) The hips standing attitude may reveal a prominence of one hip over the other, a difference in the height of ant sup spine, a flexion of the thigh and assump tion of positions tending to relieve the affected limb of its share in weight bearing is readily observed. The list to one side is also more distinctly brought out (11) The knees changes in joint contour are easily recognized

Deformity as knock knee or hyperextension of knee is seen at a glance. Atrophy of thigh and swelling of knees. (12) Feet . . . relation of long axis of the foot to the leg. Normally a line drawn through the middle of the patella and leg, if prolonged, must fall in the middle of the second toe. If it falls inward of the first toe, we know that the foot is turned out or everted, hence a weak or flat foot. This is a more reliable criterion than that of wet tracing of the sole of the foot to determine the height of the longitudinal arch. The prominence of the inner malleoli show weak feet and not weak ankles. Hallux Valgus and varicose veins are also readily discovered. Of course looking at both legs and feet one sees the relative size.

While patient is still standing, we inspect the color of extremities. Besides local redness found in acute inflammatory conditions, the hands may show marked blueness which disappears on raising. This may indicate cervical rib. The color of the feet are important. If they show a blueness or deep red which later, on raising, blanche quickly—thrombangitis obliterans should be suspected.

Calluses and corns can easily be seen. The ordinary corns are on the dorsal or lateral surfaces of toes. Those on plantar aspect are frequently papillometa, the so called "seed warts."

#### Palpation

On palpation, one determines whether the muscles are flaby or have good tone. The surface temperature can be felt best by using the dorsal aspect of the examiner's hand. The pulse in the dorsalis pedis should be examined if the toes show redness or blueness. If there is any swelling, ascertain whether it is bony, fluidy or capsular.

#### Motion

The patient is then ordered to walk and his gait indicates whether or not there is a limp. Close observation will show whether the limp is in the ankle, knee or hip.

The same is true of ordering the patient to sit down and get up. You can recognize whether he favors one joint or another. Does he sit squarely on the chair? Or on rising, does he have to support himself with his hand?

While sitting, flex the hips on the abdomen, first with flexed knees, then with extended. In many cases of sacro iliac, this can not be done.

The patient is then ordered to pick up an object from the floor to note whether the spine bends or is held rigid. You may have him bend the spine to either side, extend it (or move it back) to see whether the spine moves with perfect freedom in all directions.

We then have the patient move both the upper extremities simultaneously, then the lower. If you remember all the motions that each joint has, you can have the patients go through the same motions swiftly. One should remember that in any joint or capsular disease, all the motions of the joint will be limited. If some of the motions are free and others limited, the trouble is not in the joint proper. By watching both sides, you can see the difference. If there is a limitation, examine at once to see whether it is due to bony block. This is ascertained by the sudden stoppage of the movement. When the stoppage is due to spasm or to adhesions, the stoppage is gradual. One also watches for hypermobility of any joint.

The patient is put on the table and the motion of the ankles, knees and hips, especially of the abdomen are tested. The patient is ordered to rise from lying position to the sitting position, without help. This will show whether he has good power in the abdominal muscles.

While on the back, the glands can be examined to exclude glandular enlargement. Also any tender points of the body discovered.

If there is a shortening, the limbs have to be measured. The following measurements are required:

R.A.: Distance from right anterior-superior spinous process of ilium to internal malleolus.

L.A.: Distance from left anterior-superior spinous process, etc.

R.U.: Umbilicus to right internal malleolus.

L.U.: Umbilicus to left internal malleolus. R.T.: Circumference of right thigh.

L.T.: Circumference of left thigh.

R.K.: Circumference of right knee.

L.K.: Circumference of left knee. R.C.: Circumference of right calf.

L.C.: Circumference of left calf.

R. Arm and R. Forearm.

L. Arm and L. Forearm.

An examination of this kind should take fifteen to twenty minutes. Of course when the physician does his general examination at the same time, it will not take more than ten additional minutes as some of these tests are naturally used for his other examinations.

#### NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication, DANIEL S. DOUGHERTY, M.D......New York

Editor-in-Chief-ORRIN SAGE WIGHTMAN, M.D...... New York Executive Editor-Frank Overton, M.D............Patchogue Advertising Manager-Joseph B. Turis......New York

Business and Editorial Office-2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writers.

#### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephane, Atwater 7524

**OFFICERS** 

the second control of the second control of				-	.,	. 4* 6
	** *		4 '1 4			· · ·
Company of the state of the sta		•			1	
Speaker-John A. Card, M.D.	. Poughkeepsie	Vice-Spe	rakerGrore	E W. Corr	ıs, M.D	Jamestown

TRUSTEES

JAMES F. ROONEY, M.D	Part of the second	
CHAIRMEN, STANDING COMMITTEES	CHAIRMEN, SPECIAL COMMITTE	ES

Group Periodi Nurse -NATHAN B. VAN ETTEN. M.D.....

PRESIDENTS, DISTRICT BRANCHES

1 11231221113, 213	INOT PRAISE
First District—George B. Stanwix, M.D	Sixth District-George M. Cady, M.D

#### SECTION OFFICERS

Medicine—John Wyckoff, M.D., Chairman, New York; David A. Haller, M.D., Secretary, Rochester,
Swigery—Charles W. Webs, M.D., Chairman, New York; David A. Haller, M.D., Secretary, Rochester,
Swigery—Charles W. Webs, M.D., Chairman, Rowing; Anthur M. Whight, Scretary, New York,
Obliterics and Gynecology—Onlow A. Gordon, Jr., M.D., Chairman, Brooklyn; Gedes H. Bonnerond, M.D., Secretary, Utica,
Pediatrics—Masshall C. Pears, M.D., Chairman, New York; Douglas, P. Annold, M.D., Viete-Chairman, Rivillao; Brewster C. Doubt,
M.D., Secretary, Syracuse.
Sys. Egg., Nose and Throat—Conrad Blerns, M.D., Chairman, New York; Richard T. Atkins, M.D., Secretary, New York,
Public Health, Hygiene and Sanitation—Arthur T. Davis, M.D., Chairman, Riverbead; Frank W. Laidlaw, M.D., Secretary, Middletown,
Newrology and Psychiatry—Norle R. Clambers, M.D., Chairman, Syracus; Invind J. Sanos, M.D., Secretary, Brooklyn,
Dermaiology and Syphilology—Earl D. Osdore, M.D., Chairman, Buffalo; Leo Spiegel, M.D., Secretary, New York.

Office at 15 Park Place, New York. Telephone, Barclay 5550

Counsel-LORENZ J. BROSNAN, ESQ.

Consulting Counsel-LLOYD P. STRYKER, Esq.

Executive Officer-Joseph S. LAWRENCE, M.D., 100 State St., Albany, Telephone Main 4-4214. For list of officers of County Medical Societies, see August 15th issue, advertising page xxii.

#### DISPENSING INFORMATION

The Medical Society of the State of New York is the clearing house of information regarding the activities of county medical societies. The State Society deals with problems of a state-wide nature, such as the development of agreements with the State Department of Labor regarding medical services to injured workmen. It is necessary that information regarding all forms of society activities be given to members of county societies as soon as possible after their occurrence.

It seems to be the opinion of the leaders of the State Society that this Journal is satisfactory as to its contents of information; but that to get the members to read the news pages of the Journal carefully may require some special devices, such as weekly bulletins and personal letters from committee chairmen. But the most effective means of inspiring members to seek information is their personal contact with field workers of the State Society, such as the officers of the District Branches.

### PRESIDENTIAL COMMENTS ON CURRENT EVENTS-NO. 6

Conferences of Medical Leaders: With the beginning of September there will be a general resumption of the activities of organized medicine throughout the state. In addition to four of the District Branch meetings that occur in September there will be the usual conference of the Secretaries of the County Societies, and for the first time state-wide conferences of the chairmen of the Public Relations, Economic, Standing, and Special Committees. A major purpose of these new conferences is to give to these keymen an opportunity of becoming acquainted with what each state committee is doing and what each county committee is undertaking to do. An effort is being made in this way to develop an understanding as a whole of what is being undertaken by the State Society and have it conveyed to the County Societies so clearly that there will be increased cooperation this year.

There will be an effort made throughout the year to keep alive an understanding of the relationship that each county bears to the whole program. It is apparent that there is no way to do this better than by conference.

A Weekly Bulletin: The next step is to think out a method of efficient publicity. This could be done by a Weekly Bulletin, to be issued every Saturday morning so that on Monday it would be in the hands of about ten per cent of the membership of the State Society actively engaged in carrying on the work. There is at present no method of prompt distribution of information to the men who are doing the Society's work, and no efficient way of quickly securing the Society's opinion.

I would particularly like to draw attention to the lack of up-to-day-of-occurrence medical news publicity for the officers and committeemen. This publicity should be put into such shape that it can be passed on later to the county societies for information. A great lack in organized medicine in this state is simply quick information of what is going on. We already attempt to do this in the Legislative Bulletins each winter.

A Bulletin would have to be edited with conciseness, clearness, frankness, without any statement of theory, with as little individual opinion as possible, and greater than all, with promptness. A Bulletin would not have to conform to the editorial standards, now by common consent and approval imposed on a medical journal.

A second result that would flow from prompt medical publicity to our own membership would be the increased opportunity of obtaining prompt opinion on any subject. A great defect in getting medical things done nowadays is in the difficulty in getting medical men to unite their opinions. Long established individualism will sooner or later have to be overcome if the profession is going to solve its own problems before it is too late, and to meet new obligations imposed by the social trends of the times.

I know of nothing so likely to bring about an understanding of what is meant by a readjustment of relationships to social needs as conference and publicity. As a whole, the profession does not seem to understand the power of unanimous opinion. All efforts to bring about beneficent advances are more or less opposed by individuals or small groups who do not possess adequate information of what it is all about.

Medical men do wonderful things in the face of great disasters, but when it comes to constructive effort to solve their own problems and determine their relationship to public interest, some will disagree in spite of an overwhelming majority. If the medical profession would thrash out problems, and when conclusions are reached, support them to the extent of one hundred per cent, it would get everything that it needs.

My own observation and experience as an officer or committeeman for several years convince me that the greatest factor in not reaching unanimous conclusions is lack of information. I am aware that I may be starting something, but the idea of a Bulletin is not new and I am only taking up an idea that has been presented before. There is always danger whenever one steps out of the beaten pathway; but how else can we find new pathways? Just because things have always been done in one way is no reason why they cannot be done better in another way. Just keep in mind that the Legislative Committee has published a Bulletin during the Legislative Session for years, and that the Public Relations Committee last year took its first step toward better publicity by sending out personal letters to keymen in County Societies. The chairman of the Economic Committee proposes to do this for his Committee this year. Business economy compels a combination of these efforts.

A discussion of these points will have its value in arousing interest.

WILLIAM H. Ross.

#### THE NEWER MEDICAL STANDARDS

Medical ethics, as well as the law, require that a physician shall give the best scientific treatment that is available at the time and place of his treatment. A physician, for example, must have an x-ray photograph of every one of his fracture cases.

The same principle applies to the practice of medicine by county medical societies. The people expect the medical profession of the county to advise the community regarding public affairs in which health is involved. Moreover, every individual physician is jealous of his exclusive right to give an opinion on every health problem, whether it be of a public on a private nature.

The officials of every municipality, from the hamlet and the town up to the State, are confronted with demands for action in problems involving health; and they naturally turn to the local physicians for advice. They may ask the opinion of only one physician who does not represent his colleagues. Then, too, the problem may be one requiring investigation and study. Physicians have therefore developed the practical plan that the county medical society shall

act as the medical profession in giving advice to municipalities and the public.

Community medical problems are as definite and uniform as the prevailing diseases of individuals in New York State. Certain public health movements are under discussion in every municipality, among them being immunizations against diphtheria, the physical examination of school children, and the prevention of tuberculosis. There are also universal problems of health administration, such as the employment of county public health nurses and the establishment of county departments of health

The officers of the Medical Society of the State of New York are earnestly seeking to inspire the members of county societies to take action in regard to public medical problems in

their own communities.

When a family doctor is confronted with a condition with which he is not familiar, he seeks the advice of a consultant. The State Medical Society is the sympathetic consultant to every county society that will accept its advice and assistance.

#### LOOKING BACKWARD

#### This Journal Twenty-five Years Ago

Reorganization: Twenty-five years ago the two State Medical Societies of New York had almost completed their plans for union into a single organization, which became effective on December 9, 1905. There had been much had feeling and many antagonisms, some of which were expressed in the following letter printed in this Journal of September, 1905:

"I have not acknowledged acceptance of service of notice of proposed amalgamation because I am not in favor of it. Nothing is to be gained, and it is a great injustice to those noble men who have made the Association what it is and who have been the means of opening the eyes and 'broadening the ideas' of the old State Society regarding eligibility to membership. There is nothing to hinder them joining the Association if they want and if they do not, they are not worthy of notice should they not unite with all others to further good medical legislation. I shall be very much crestfallen if the Association goes out of ex-

istence and I shall consider that all is again under the control of the old Society bureauracy."

Commenting on the letter the JOURNAL con-

"It would facilitate matters a great deal if each member of the Association would acknowledge acceptance of service of notice, without causing undue trouble or annoyance. This refusal of acceptance of service by a member, simply means that the matter may be carried into the courts, and may bring about a large expense and litigation, which is absolutely unnecessary. It seems to us that the refusal of acceptance of service and notification is puerile and absolutely beyond the idea of what medical men should consider the true fraternal spirit. Therefore, we are sorry that our correspondent sees fit to take such a gloomy view of the earnest work of our Committee."



# MEDICAL PROGRESS



Transitory Paralyses and Angina Pectoris. —Dr. L. Gravier of Lyons recalls the fact that temporary paralyses are not very uncommon in cases of hyperpiesis, and that most authors are in accord in ascribing these to spasm of the cerebral arteries. Indeed, there would seem to be no other possible explanation, especially in view of the analogous spasm of the retinal arteries as seen by the ophthalmoscope. The author has seen and studied a number of cases of temporary paralysis of which one of special interest was associated with attacks of angina pectoris. The patient, a woman 66 years old, had a moderate hypertrophy of the heart and for the past two years had had a progressively increasing blood pressure of 170-85, 175-90, and 180-100. For three years she had had attacks of angina pectoris of classical causation-overeating, wind, cold, psychic disturbances — which yielded readily to amyl nitrite and nitroglycerin. November, 1928, she suffered an attack of complete left-sided hemiplegia with aphasia (she was left-handed) which lasted 40 minutes and then disappeared completely. From that time the paralytic attacks recurred frequently, as often as two or three times every day. The paralyses, sometimes hemiplegic, sometimes monoplegic, never lasted more than 40 minutes, and often only 10 or 15 minutes. There were never any tonic or clonic convulsions, or loss of consciousness. In the meanwhile she had frequent anginal attacks-seven or eight a week. Under a course of antispasmodic treatment the attacks of paralysis ceased though the anginal crises persisted. thor groups this case with others of association of angina with Raynaud's disease, intermittent limping, and angiospasm of the retinal arteries. Aubaret, indeed, has given the name of ocular angina to this last named condition. The author concludes from the study of these various associations that angina pectoris is always to be regarded as due to coronary angiospasm, whatever the underlying lesion, whether aortitis, periaortitis, or even pericarditis, or mediastinal compression.—Archives des Maladies du Coeur, June, 1930.

The Exhausted Child.—Richard C. Clarke, who has made a special study of exhaustion and its effects on children, finds that the exhausted child is a far commoner phenomenon than it used to be, and that the condition is insufficiently recognized by the medical profession, by parents and by educators.

It is a condition in which there is general motor atony, of both the voluntary and involuntary muscles. The most obvious and dramatic sign is that the child maintains its upright position by the bony and ligamentous system rather than by muscular tone. The standing position of the child is the most important clue to its mental and physical health, Other signs are hyperextension of the elbow when the arm is extended and prominence of the scapular wing. Although the majority of these children are inherently nervous, some are not. Symptoms referable to the cardiovascular system are common and important, and depend upon the atony of the autonomic nervous system. Anorexia, capricious appetite, and other disturbances of the alimentary system are common. The exhausted condition is produced by the far too strenous life which these children lead. It is common among all classes, some of the worst cases being found among the children of the rich. It is curable by mental and physical rest. The whole system of "upbringing" must be modified, and the school work adjusted to the child's capacity. Early bed, midday rests, no parties or cinemas in term time, and as quiet a life as possible are all obvious precautions. These children take fats badly. The most suitable diet is mainly carbohydrates with the addition of glucose.—The Lancet, July 26, 1930, ccxix, 5578.

The Effectiveness of Rectal Ether in Whooping Cough and Its Comparison with Other Methods of Treatment.—W. Ambrose McGee emphasizes the importance of making use of two simple and reliable aids which are available for the early diagnosis of whooping cough, namely, the bacteriological examination and the white and differential blood counts. In a series of 150 cases, a positive diagnosis of pertussis was made in 64 instances from white and differential counts together with the suspicious cough. The average leucocyte count was 19,273. In 14 cases diagnosed as negative from signs and symptoms and the differential blood count, pertussis failed to develop. In the treatment of whooping cough McGee has had far more favorable results from the rectal use of ether than from vaccines, ephedrine hydrochloride, or cough sedatives. The percentage of effectiveness of rectal ether increased with the age of the patients. Children in private homes improved more rapidly than those in institutions. The usual dose was one drachm of equal parts of ether and olive oil

administered twice daily in the majority of cases. A No. 18-20 French catheter and a glass funnel were employed in passing the mixture by gravity into the rectum As a rule the rectal ether was administered for from five to twelve days, according to the response of the patient. The combination of other therapeutic agents with ether gave no better results than ether alone. This treatment caused a greater reduction of leucocytes per day than did any other method. Ether per rectum shortens the course of pertussis and greatly ameliorates its severity. The favorable results are probably due to the antispasmodic action of ether caused by its slow excretion into the pulmonary alveoli and the constant bathing of the respiratory mucous membrane with a weak solution of ether.—Southern Medical Journal, August, 1930, xxiii, 8.

Some Physiological and Clinical Effects of High Fat Feeding .- Harold L. Higgins summarizes the results in 41 cases of epilepsy treated with the ketogenic diet at the Massachusetts General Hospital. This diet apparently cures only about one-quarter of the patients. The effect of the ketogenic diet in epilepsy has been ascribed to the sedative action of acetone, to hypoglycemia, to acidosis, to the diminution of diurnal variations in the blood chemistry, to the diminution of fluid in the body tissues, and to changes in the bacterial flora. The author is inclined to believe that a combination rather than any one factor alone relieves the epilepsy. He describes experimental work which shows that the stools are more acid when the patient is on a ketogenic (high fat) diet. With this diet there is no change in the type of intestinal bacteria. The nitrogen of the stool, however, is very much lower, and bacteria account for from 50 to 80 per cent of the fecal nitrogen. There is less nitrogen because there are fewer bacteria. There is more intestinal bacterial activity when the patient receives a carbohydrate-rich diet than when he has a high fat diet. Next to starvation, the high fat diet keeps the intestinal bacterial activity at a Therapeutically, Higgins recomminimum, mends the high fat diet as a means for climinating intestinal toxemia, but instead of giving as much fat as the ketogenic diet requires, he finds that equal quantities of fat and carbohydrate are usualy sufficient to produce the desired effect. The epileptic brain is a wet brain. If this edema could be overcome, the patient should be relieved of his seizures. The common method of dehydrating the body are by fasting and withholding sodium chloride. A low carbohydrate diet also causes loss of body fluid. Apparently the body is better able

to overcome infection if there is no edema. and dehydration of the body is employed in certain conditions, such as certain types of poliomyelitis and encephalitis. Children on a ketogenic diet seem to be less frequently and less severely sick with the common respiratory infections. A similar condition is seen in the diabetic; as soon as he is sugar-free, his tendency toward infection diminishes. On the basis of these observations Higgins recommends the omission of candy and the limitation of sugars and starches as a prophylaxis against colds, though it is not necessary to limit the carbohydrate to the extent required by the ketogenic diet .- New England Journal of Medicine, July 24, 1930, cciii, 4.

Treatment of Bone Tuberculosis by Large Amounts of Vitamins A and D.-C. Lee Pattison states that the work of Mellanby and Gree, which has demonstrated the potent action of vitamin A on bacterial infection in animals, and their suggestive results obtained by treating cases of puerperal sensis with preparations rich in vitamin A, made it seem probable that the value of cod-liver oil as a therapeutic remedy in tuberculosis is really due to its vitamin content. He has, therefore, made observations to see whether the exhibition of much larger doses of vitamin A than those usually given in cod-liver oil would hasten the healing process in this disease. It was also decided to increase vitamin D in the diet as well as vitamin A. Two preparations were employed, both containing a large quantity of vitamin A, and one of them having a high vitamin D content in addition. A series of 43 patients were given large doses of these preparations, while 35 patients having similar degrees of infection and bone invasion were given 10 c.c. of cod-liver oil daily. Those to whom the special vitamin was given received very much more vitamin A than the control group. The clinical condition of the patients and the x-ray appearance of their affected bones were carefully recorded for some months before and during the test period. The tabulated results show that of the 43 patients having the vitamin preparation, 32 were improved clinically while 11 were not; in 25 of these 43 cases the x-rays showed arrest of the disease or increased calcification, while in 18 there was no evidence of such improvement. Of the 35 patients taking cod-liver oil, 25 were clinically improved and 10 were not. In 18 cases the x-rays indicated progress toward cure, while in 17 there was no such progress. Thus it seems that, under the conditions of the investigation, the use of preparations containing large amounts of vitamins A and D was of little more curative value than that of codliver oil.—British Medical Journal, August 2. 1930, ii, 3630.

Thoracic Stomachs.—A. Wilfred Adams, writing in the British Medical Journal, August 9, 1930, ii, 3631, presents a comparative study of pharyngeal pouch and cardiospasm, and reports three cases of these conditions. Ræntgenography, after the ingestion of an opaque meal, makes the diagnosis of these intrathoracic enlargements easy and convincing. They are liable, however, to pass unrecognized owing to their remoteness in the depths of the chest. They are found in the upper and lower ends of the gullet. In shape and in relation to the parent gullet, they resemble aneurysms, such as occur in the adjacent aorta. The upper enlargement is saccular and the lower fusiform in outline. Common to both is the important feature that the site of origin corresponds with a transition stage in the alimentary transport. During deglutition the food is squeezed from the mouth into the pharyngeal funnel, and here it is handed over to the involuntary peristalsis of the gullet. It is very probable that a neuromuscular dysfunction at the susceptible transition point in the gullet raises the pressure of the ingesta. The effect expresses itself by different forms of dilatation. The inherent weakness in the posterior aspect of the hypopharynx produces a hernia of the mucosa. By contrast, in the epiphrenic region, the esophageal walls respond to the hypertension within by a typical uniform dilatation and hypertrophy. spasm is a potent element in these cases, at least in the earlier stages, is evident from the sudden relief of obstruction, onward passage of food, and relief of pain. In pharyngeal pouch two-stage diverticulectomy is the best remedy. while cardiospasm, in the earlier stages will respond to mere dilatation with bougies, which is best done with the aid of the radiographic screen. Where this fails, Mikulicz's digital dilatation, by means of a gastrostomy, is necessary and effective. Dilatation with the hydrostatic bag of Plummer is objectionable because of the danger of rupturing the esophagus, and if this accident occurs it cannot be repaired at the time as when the open method is employed.

Morbus Coxæ Senilis.—Dr. L. Duvernay of Aix-les-Bains, in a contribution to the Patrik Haglund Festschrift of Acta Chirurgica Scandinavica, June 18, 1930, subjects this condition to a critical review in order to determine its nature and etiology. In the first place, he says, it is characterized by a marked change of form of the hip-joint. The femoral head bears no resemblance to the normal, the coty-

loid cavity is no longer present or is transformed into a nearly plane surface; the capsule, greatly elongated, is ossified for about its entire length, forming a hollow sphere enclosing more or less completely the modified head of the bone; variously shaped osteophytes surround the articulation and project bays of ossification into the neighboring fibrous and muscular tissues. Here is to be found an answer to the question why such changes seldom occur elsewhere than in the hip. The author points out that congenital dislocations of the shoulder or knee are non-existent or very rare, but are not uncommon of the hip; that scapula vara never occurs, but coxa vara does occur not infrequently, and that osteochondritis is more common in the hip than in any other articulation. Senile hip-disease is therefore not a pathological entity but is a pathological complex due to a subacute arthritis of various causation attacking a congenitally malformed hip-joint.

The Child's Heart in Health and Disease.— L. Hamilton enumerates physiological normalities in the child's heart. which, if found in the adolescent heart, might possibly be classified as disease. During the first six weeks of life there is a definite auricular enlargement which is physiologically normal. The pulmonic second sound acquires 'a booming character which tends to increase until after the second year. Murmurs and thrills may be apparent during the first few weeks of life, but these should soon disappear. During the first few days there may be various types of intermittent pulse, and sinus irregularities are frequently found. There is also the natural tachycardia of childhood. majority of congenital abnormalities are compatible with normal life, granted the child obtains normal care. Of acquired heart diseases the most important are the groups with rheumatic fever, chorea, tonsillitis, and those of "growing pains." The earliest signs resulting from these diseases are slowing of the heart, or an excessive and persistent tachycardia found early, a dropped beat (not a premature beat), complete transient heart block, enlargement of the heart, development of murmurs pericardial effusion, and at times friction rubs. The symptoms of more serious heart involvement may be any or all of the above, associated with increased temperature, leucocytosis, restlessness, irritability, dyspnea, gastric symptoms, cough, and marked and rapidly developing anemia. The universal treatment should be ultra conservative, the time of rest depending not only on the severity of the original disease, but on the amount of possible heart hurt. Salicylates are probably the most important of all medical

methods of treatment. Small's serum or vaccine is a valuable adjunct. Hamilton has used this cardio-arthritides serum and vaccine in some 12 cases of rheumatic fever and chorea, and finds it a valuable addition especially it used early in the disease. Convil scent care is of the utmost importance and is often not given due consideration. The heirt must be trained and strengthened by progressive activity. In all infectious diseases, care should be taken not to overstimulate the heart. Digitalization in diphtheria should be limited to the exceptional, rather than the usual case.—Irelates of Pediatries, July, 1930, xlvi, 7

The Psychoneuroses in General Practice. -Lawrence W. Lunt says the general practitioner is likely to regard neurotic patients as the weaklings of humanity and not worth spending much time on. He must recognize that the neuroscs are true sicknesses just as much as appendicitis and pneumonia, and as such it is distinctly a function of medicine to care for and treat them. While it is true that a neurosis is frequently started or continued by a definite or an obscure pathological somatic condition, the wise physician does not emphasize the physical aspect of the case, since many invalids are made by undue emphasis on disorders of physical function must approach the neurotic case with the least possible antipathy or prejudice. When he concludes that the condition which primarily needs treatment is a neurosis, a search must be made for the emotional cause. The physician must be alive to the far-reaching rôle the emotions play in everyday life, and particularly how, when disturbed, they directly affect the bodily mechanisms By sympathetically gaining the patient's confidence, the doctor must get him at the earliest possible moment to tell fully and freely what has happened in his life, and this is most important in young people and children. The sooner the problem is brought into the open the more favorable the chance for solution There seem to be three factors which cause most of our malfunctioning, namely, fear, the mating impulse, and selfassertion. The doctor must be prepared to explain misconceptions in regard to these in a manner suited to the mentality that is to receive the explanation. After having explained the normality that has become functionally disordered, the next step is reorganization Here the doctor must show the way, furnish the mitiative and push until restitution is certain. The process of reorganization is that of getting the patient to discard fallacious beliefs and techniques and to show him, by examples from his own and others' behavior, how he can respond in a more effectual way. A proper

schedule of daily activities must be arranged, with work of some sort, not too much rest, appropriate exercise and recreation, and medicine used only when honestly needed. The general practitioner who shows a genume interest in and tolerance for patients suffering from neuroses is a tremendously effective psychiatric outpost and prevents no small number of nervous breakdowns—New England Journal of Medicine, August 14, 1930, cm., 7.

Physical Therapeutic Treatment of Subacromial Bursitis.-George E Deering states that his prediction, made in 1916, that physical therapeutic means would be found to absorb the calcium deposits that occur in the bursa in some of these cases has proven true There are five stages or complications for consideration in treating this condition, though they are rarely all found in one case. These conditions are. (1) the acute stage with adhesions forming, (2) adhesions contracting. adhesions stretching; (4) atrophy, and (5) calcium carbonate and amorphous fat deposits in the bursa. In order to apply intelligent therapy it is most important to visualize the pathology throughout the comse of treatment Focal infection, trauma, exposure, or faulty metabolism must be corrected. Convective heat in the form of light or infra-red, together with diathermy and massage, are used in every case, except that diathermy is unnecessary in the development of atrophied muscle. In all cases, except rarely m the acute stage, vibratory massage should be a part of the treatment. Convective heat precedes each treatment. In the acute stage some form of restraint or immobilization is often necessary. The radiant heat and light followed by diathermy are each given for twenty to thirty minutes. In the second stage, that of contracting adhesion, chlorine ionization for its resolvent effect has proved most efficacious. In the third stage, that of stretch ing adhesions, in addition to the above measures, forcible manipulation, especially abduction, as well as active, passive, and resisted exercises, followed by massage, are used. Convective heat and conversive heat in the form of diathermy are always used when deposits appear, and are followed by chlorine ionization For muscle atrophy, the electric currents that produce contraction of muscle are employed, the sinusoidal, the static, or the faradic. Deering describes the technique in detail and emphasizes the importance of an understanding of orthopedic measures and also of the five distinct massage movements which produce different physiological effects -Physical Therapentics, July, 1930, xlvm, Z.



# LEGAL



#### THE DOCTOR AS AN EXECUTOR

By LORENZ J. BROSNAN, ESQ.
Counsel, Medical Society of the State of New York

In making a will, many people, because of the confidence which they have in doctors, designate their physician or a friend in the medical profession as either one of or their sole executor. The designation, if accepted by the one designated and confirmed by the court's decree, carries with it the honor and distinction attaching to the recipient of such confidence and the emoluments termed "commissions" which are approximately two percent of the gross estate, but it also carries with it duties and liabilities. While it is impossible to treat the duties and liabilities exhaustively, your counsel will briefly consider the same in two distinct classifications: (1) The liability of an executor for holding investments, bonds, stocks, etc.; (2) the liability of a passive executor for the acts or omissions of his coexecutors.

In order to best understand the liability of an executor, we must look to the nature of an executorship. An executor is a person charged by law with the duty of administering an estate of a deceased leaving a will. He is either named as executor in the testator's will, or designated as such by another under a power so to do given by the will.

An executor derives his authority primarily from the will in which he is so named. The interest of every executor in his testator's estate is, therefore, what that testator gives him in the will. It is an interest of the highest fiduciary character, because upon an executor devolves the duty of carrying out the intention of the person who designated him—and at a time when such person is not able to direct the operations. Since the executor is selected by the testator principally because of the faith the testator has in him, the executor cannot delegate to others the authority accorded him by the will. This proposition of law was promulgated by Denio, C. J. when he wrote:

"An executor or trustee to whom a power has been given in a will may not delegate his judgment and discretion in the execution of the power\* \* \*."

Thus it can be seen that the nature of such duty is purely personal and peculiar to the person so clothed with the authority and not anyone else.

While the executor has the negative duty of in no way delegating the authority received under

the will, there also devolves upon him a positive duty of using reasonable skill, prudence and judgment in the exercise of his testamentary powers. The test which is applied by the courts is whether an honest man of ordinary diligence and reasonable prudence would have so acted in the management of his own affairs and in the handling of his own property. While the courts expect only a reasonable amount of diligence and prudence from an executor, yet they are quick to impose a liability by surcharging the executor for any loss to the estate caused by his failure so to act, irrespective of his good faith.

In a recent New York case, a will authorized the executor to invest in securities other than those recognized by law as legal securities for the investment of trust funds. Accordingly, the executor sold certain railroad bonds which had been entrusted to him under the provisions of the will, and invested the proceeds of the sale in bonds of a steamship corporation which had been organized only a short time. This corporation later failed and, while it was conclusively proven that the executor acted in good faith, nevertheless the court surcharged him with the loss resulting from the disastrous investment. The court in its opinion said:

"However much sympathy we may feel for the executor that he should have been lured into making such an investment while acting in good faith, no such sentiment can ripen into prudence or fair business judgment. He (the executor) elected to dispose of securities of soundness and established reputation (i.e., the railroad stock mentioned above) and invest in the speculative and unknown (the lately formed steamship company), and it cannot be for these infants to lose by reason of his error of judgment, which lacked ordinary business acumen, however honestly intended. It is my conclusion that the executor should be surcharged with the sum invested in the bonds of the ...... .. Steamship Corporation, together with interest thereon."

In a later case the courts have held that even a provision relating to holding investments or selling them without personal liability does not relieve the executor from care and responsibility regarding such investments. Again the courts have said:

"It does not follow that because prudent men may and often do conduct their own affairs with the hope of growing rich, and therein take the hazard of adventures which they deem hopeful, trustees may do the same; the preservation of the fund and the procurement of a just moome therefrom are primary objects of the creation of the trust itself, and are to be primarily regarded."

While this statement was directed towards trustees, the rule so stated would apply with equal force to an executor who by the terms of the will is obligated to hold and myest the estate

or any part thereof.

THE LIABILITY OF A PASSIVE EXECUTOR FOR ACTS OR OMISSIONS OF HIS CO-EXECUTORS

With respect to the representation and management of their decendent's estate, co-executors are regarded in law as one person, and consequently the acts of one of them in relation to the regular administration of the estate are deemed to be the acts of all, inasmuch as they have a joint and entire authority over the whole property. As has been said in an early New York case:

"If a man appoint several executors, they are esteemed in law as but one person representing the testator, and the acts done by any one of them which relate to the delivery, gift, sale or release of the testator's goods are deemed the acts of

all."

It would seem to follow from this principle that they have the power of joint and several agents of one principal, and that any act done or performed by one within the scope and authority of his agency is a valid exercise of power and binds his associates. One executor is bound to exercise vigilance to protect the funds of an estate if the circumstances are such as to create a doubt as to their safety, and he is responsible for a loss resulting from the waste or maladministration of his co-executor where he could have prevented the same and by his negligence failed to

do so. In other words, the passivity of an executor will weigh heavily against him when any loss is incurred by the estate resulting from the negligent mismanagement of it by the co-executor. A business man, for example, familiar with the values of property and accustomed to making investments, is not justified in leaving the entire management of an estate over which he is a coexecutor in the hands of his co-executrix without supervision or inquiry, she being a woman unacquainted with business and whose time is occupied with domestic duties. It has been held to be no excuse that the passive executor was apparently justified in replying on the integrity of his associate, even though testator had justification for such repose of confidence. We might very easily analogize this situation to that of a busy physician named as executor in a will and who, relying on the good faith, judgment and prudence of his co-executors, permits them to manage the estate-which management might prove disastrous to the doctor.

To sum up the foregoing: If you are designated as an executor, you are under no legal obligation to accept the appointment; if you do accept it, you are bound to carry out the terms of the will so far as the condition of the estate permits. In so doing, you must manage the estate in the manner that an honest man of ordinary intelligence and reasonable prudence would act in managing his own affairs and handling his own property; and if acting as executor in conjunction with others, you may be liable for their acts and should, therefore, make it your business to know what the others are doing in administering the estate. A good rule is this: Either do not accept the appointment or, if you do, then become and remain an active executor in touch with the management of the estate until a final decree of the court is obtained approving your acts as such.

#### CLAIMED NEGLIGENCE IN SETTING OF FRACTURED RADIUS AND ULNA

In this case the plaintiff called at a hospital for emergency treatment and gave a history of having injured his right arm while cranking an automobile.

The plaintiff was examined by the defendant physician. Arrangements were made for the administration of a general anaesthesia for the purpose of reducing the fracture. Prior thereto, however, x-rays were taken of the arm, and in conjunction with the x-rays and the examination, a diagnosis was made of a fracture of the radius and a fracture and dislocation of the ulna. The fractures were set and anterior and posterior splints applied examination and posterior splints applied ex-

tending from the metacarpal joint to the elbow. X-rays were taken after the setting of the fractures which showed the bones in good position. The patient then went home and thereafter called upon the defendant physician. The plaintiff was advised to exercise the fingers and thumb. He continued to call upon the defendant physician at stated intervals for examination. Approximately one week after the injury the arm was in good condition and felt better.

Ten days after the original injury the patient complained of a somewhat painful condition about the middle of the forearm. X-

rays were taken which indicated that the arm at the points of fracture and dislocation were satisfactory. The patient continued under observation and treatment for the following two weeks during all of which time the original splints were left in position. Four weeks after the first treatment the original splints were removed and smaller and lighter splints applied. The patient was examined from time to time during the next two weeks and the arm re-bandaged.

Approximately six weeks after the original injury all splints were removed and bandage applied. At that time the patient was making a good recovery but was not discharged. never returned for further advice or treatment.

About two months after the last date of treatment the defendant physician called upon the patient and upon examination it was found that there was a slight bowing at the radius at the seat of the fracture. Arrangements were made for the patient to call at the physician's office, which appointment was not kept.

Thereafter, the patient consulted another physician who upon examination stated that he found that the radius was broken at the iunction of the middle with the lower third: that the ulna was not fractured; that the frag-

ments had united in a state of rotation; and that the patient was unable to rotate the hand into a position of supination. Arrangements were made by this second physician for an operation for the purpose of allowing the hand to rotate into a position of supination. This physician also contended that he found the wrist dressed in the supinated position; that it was drawn into the position of pronation, in which he found it, by the contraction of the interosseous muscles, and that the pressure of the sling in which the arm had been suspended during the process of ossification had gradually caused the misplacement.

Some time after this operation by the second physician, an action was commenced by the patient against the first attending physician, which in due course came on for trial. The plaintiff, however, did not make out a prima facie case in law and was unable to establish that his condition was in any way due to the neglect or unskillfulness of his first attending physician. The complaint was therefore dismissed at the close of the plaintiff's case, without making it necessary for the defendant to take the stand or present any proof to contest the defendant's case. The action was thereby terminated in favor of the defendant physician.

#### CLAIMED NEGLIGENCE IN REDUCING A FRACTURE OF THE ARM

In this case, the plaintiff, a neurotic old lady, entered the office of the doctor and complained of a fracture in the arm, which arm had been fractured some time prior to that visit and which had received, as she claimed, negligent care from another physician. She was unusually vindicative in her remarks relative to the care and treatment she received from the physician and immediately impressed the doctor as a very irritable and intolerant person.

Upon examination there was disclosed a fracture of the right radius at the lower end of the wrist with a little swelling and deformity. It is interesting to note that during her prior treatment by the other physician she would under no circumstances acquiesce to x-ray treatment. Shortly thereafter she was prevailed upon by the defendant physician that an x-ray was the most efficacious means of determining the true extent of the fracture, and pursuant to this advice, she reported at a hospital for x-ray treatment.

The x-ray revealed a Colles fracture of right radius; marked displacement backwards of lower fragment showing a silver-fork deformity of the right wrist. Styloid process right ulna also fractured. It was decided that an operation should be performed. A traction

and extension with manipulation at the point of fracture was performed. Also assistance in counter-extension at the elbow. Then a Colles splint with upper and lower compartments was applied and her arm placed in a sling. Shortly thereafter another x-ray for position was taken and so favorable was the development of the injured member that thereafter she was treated at the office of the defendant physician. Close and regular examinations disclosed no swelling or blueness, and the patient made no complaint of pain. In fact the condition of the arm progressed so favorably that within two weeks after the operation, alcohol rubs and passive massages were given to the patient by the doctor. In about ten days, before the doctor had discharged her, the patient of her own accord failed to present herself for the customary treatment and while her condition was progressing rapidly and favorably, nevertheless, it did not warrant a termination of medicinal treatment.

Approximately eight months later, the defendant during that period having neither seen nor heard anything of the plaintiff, received a summons and complaint acquainting him with the fact that legal proceedings were being instituted against him by his former patient for

alleged malpractice in the treatment of the arm in question. The plaintiff recited that as a result of the failure of the defendant to reduce the dislocation from which the plaintiff suffered, the injuries became worse and that upon the refusal of the defendant to further treat the plaintiff she was obliged to and did procure another surgeon to operate upon her wrist and restore the bones to their proper place

The case was noticed for trial and appeared upon the calendar from time to time, but

before the action was reached it was marked off at the plaintiff's instance and no steps were ever taken by her to restore said case to the calendar Subsequently the defendant moved to dismiss the complaint for lack of prosecution, but before an occasion for the machinery of the law had presented itself, the plaintift entered into an agreement with the detendant whereby the action was discontinued, without costs, thus terminating the case in the doctor's

#### DEATH OCCASIONED BY AN ADMINISTRATION OF ANAESTHESIA

It appears that in this case an infant while playing, injured her finger to such in extent that the parents decided the injured member needed medical attention and they forthwith brought the child to a doctor

Upon examination it was discovered that the finger was badly contracted and that an operation was necessary to which the mother consented Arrangements were made at the hospital which was subsequently named as co-defendant in this action. A week later the child was brought to the hospital for the operation. An anæsthetic was administered by one of the internes of the hospital and the operating doctor then cut the skin which contracted the finger straightened it out and then raised the subcutaneous skin on the girl's loin, making a tunnel and sewing the skin to the finger Then he put on a plaster of Paris bandage around the lom and finger, thus holding the finger in position on the loin, with the skin attached to the finger

The infant was under the anasthesia about twenty-five minutes and recovered from it without any ill effects, remaining in the hospital without anything unusual occurring, and the finger remained bound to the loin

About two weeks after the operation had been performed, the operating doctor who had been in constant attendance, decided to release the finger from the loin and cut away the graft which showed so good a union that he had the child taken to the operating room where an interne of the hospital, conclusively proven to have been experienced in the administration of anæsthesia, delivered the anasthesia. The operating doctor then proceeded to remove the plaster of Paris bandage and cut away the finger from the loin and proceeded to attach the flap to the finger After he had been working on the finger for ap proximately one-half hour, during which time the child appeared to be taking the other normally and without any sign of cyanosis, the doctor noticed the child had stopped breathing. He

immediately called the attention of this fact to the doctor who had administered the anæsthesia who pulled the mask off the child's face and to gether with the operating doctor prepared to resuscitate and revive the child. Artificial respiration, injections of adrenalm and massage were all attempted but the child did not respond. The defendant doctor then cut into the child's abdomen, cut the diaphram and reached up and massaged the infant's heart with his hand. He also injected adrenalin into the heart but it was of no avail and the child did not survive. The defendant doctor claimed that he had examined the child's heart and lungs when she was first brought to his office, and the hospital records also prove that the heart and hing condition was such as to permit the administration of aniesthesia Also before the second operation from which she never recovered, he had examined the infant and at that time also appeared to be normal and a safe person to whom such administration of anæsthesia could be given. Neither the doctor who operated nor the doctor who gave the anæsthesia could advance any explanation as to why the child went out under the ether anæsthesia

Thereafter, the father of the child instituted legal proceedings naming as co-defendants the doctor who performed the operation and the hospital whose agent administered the anæsthesia A general denial to all the allegations in the complaint was entered by both the doctor and the hospital The case was subsequently noticed for The counsel for the defendant prepared a defense of both the doctor and the institution The institution was eleemosynary in its nature and therefore not liable unless for gross and willful negligence

On the date that the case came up for trial, the defendants appeared with their witnesses, but Judgment therethe plaintiff did not appear

fore was entered dismissing the complaint and terminating the action in favor of both the hospital and the doctor



# LONDON LETTER



European Tour, Society of Surgeons, U.S.A.: One night this week I attended a function which formed a fitting close to a European tour undertaken by the Society of Surgeons of the United States of America. Mr. Herbert Paterson gave a reception to the travellers and their ladies, and I found myself face to face with many who had welcomed me on my visits to America. How the old questions stumble out and how eagerly we wait for the reply! Is So and So still working? Does this one still continue his delicious conversational ritual during his operations? Has that one been as seriously ill as we heard, and is he all right again? And through it all the memories flood back. One remembers one's host, not as a great surgeon with an international reputation, but as a genial giant with a gift for a good story. One mingles with a crowd of students at a great university and is surprised that they are so little different from one's own; one drives into the country as the sun is setting and the thought comes "why it is just like Hertfordshire." "When are you coming back again?" they ask me. Yes, that is the prob-We know the value of travel in other countries, but we do not do enough of it. Our holidays are short and we are too much inclined to say "Oh, let's get away from the shop for a time!" And so we pack our bag and hie away to some spot where we can forget medicine and the ills that flesh is heir to. But this meeting with old friends has roused in me the old unrest, and it may not be long before I am able to link up my old friendships.

Royal College of Surgeons: Looking at the grey stone façade of the Royal College of Surgeons in Lincoln's Inn Fields one would think that nothing had changed or could change, but the year that has passed has been a busy one. The alterations have taken place on the two upper floors, high above the Library and the Museum. These floors have been almost transformed to provide additional laboratories for research. It has long been a matter of concern to the Council of the College that they could offer but inadequate accommodation to those wishing to carry out anatomical and pathological investigations, and as they had no scholarships

many promising researches had to be abandoned. But the difficulty has now been practically over-I was fortunate enough to find Sir Arthur Keith at a moment when he could spare me a short time to show his treasures. We drifted naturally to the Museum and Sir Arthur fell to demonstrating some of the new arrivals. showed me a collection of sixteen skulls, brought from a cave in the Province of Cuzco in Peru, of Pre-Incan people who had all been trephined during life, other specimens of disease, bone disease, the liver of an unfortunate baby who died at 10 months old of melanotic sarcoma inherited from its mother who died of the disease, and many others. Sir Arthur is a fascinating guide and the time passed all too quickly, but he had to go, and I made my way up to the new depart-The alterations were completed in six months, just in time to accommodate the new research scholars, who will take up work shortly as the result of the gift of three scholarships given by Lord Beaverbrook, Lord Melchett and Mr. Bernhard Baron. These scholarships are of the value of £500 a year, and the real worth of them cannot be estimated. Taken in conjunction with the acquisition of Darwin's old home at Down, Kent, which will be developed as a School of Experimental Research, it may well be said that research at the College of Surgeons has taken on a new lease of life, and Lord Moynihan may well look back with satisfaction upon the term of his Presidency. We must all congratulate the President on his re-election to office for the fifth year, the more so as it will give him the opportunity of carrying still further his aspirations for the future of the College. One wonders whether there is any better way in which a wealthy man can help Science than in the founding of these Scholarships. The annual report of the Trustees of the Beit Memorial Fellowships for Medical Research is just to hand and makes fascinating reading. These Fellowships have now been in operation for 20 years, and originated from a gift of £230,000 by Sir Otto Beit. During these 20 years 138 Fellows, including women, have been elected, and already we find among former holders of Scholarships names which are household words in medicine.

J. M. CARSON, F.R.C.S.



### NEWS NOTES



#### COMMITTEE ON ECONOMICS

The Standing Committee on Economics of the Medical Society of the State of New York consists of the following members:

Dr. George F. Chandler, Kingston, Chairman.

Dr. E. A. Vander Veer, Albany.

Dr. Edwin MacD. Stanton, Schenectady.

Dr. William L. Bradley, Manhattan.

Dr. John L. Bauer, Brooklyn,

This committee held its first meeting on June 16, 1930 in Albany, and conferred informally with representatives of the Department of Labor of New York State, and of the insurance companies engaged in compensation work. The object of the conference was to ascertain the points of view of government officials and insurance carriers in their relation to physicians who treat injured workmen. That these relations have been unsatisfactory was shown at a public forum conducted by the Medical Society of the County of New York on the evening of Friday, February 15, 1929, an abstract of which was printed in this Journal of April 15, 1929, page 456. The subjects discussed then included the grievances of both the doctors and the insurance companies; and each party pointed out the defects of the other.

Workmen's compensation is conducted under the Workmen's Compensation Law which requires that whenever a physician treats an injured workman, certain specific duties shall be performed by physician, the State, and the Insurance Carrier. The nature of these duties are set forth clearly and concisely in an article entitled "The Workmen's Compensation Law" by James N. Vander Veer, M. D., Albany, N. Y. This article was published in this Journal on April 1, 1929, page 395.

The physicians, officials and carriers present at the conference of June 16 reached informal agreements on all the points of dispute.

It was agreed that physicians should make out the required forms of notification and report every case promptly,—especially the form called C-4; and that they would supply additional information promptly and submit their bills in an itemized form. The insurance carriers recognized the justice of the principle of a broad interpretation of what constitutes an engagement to treat an injured workman; and offered to recognize the claims of any physician who treats a patient in good faith, and complies with the requirements of the law.

In order that both the carriers and the physicians might have standards for judging disputed points, two measures were suggested:

- 1. Each County should have a voluntary committee composed of representatives of both the physicians and the carriers, which should be a committee of arbitration to settle disputes between doctors and the insurance companies.
- 2. A fee bill should be adopted, so that the carriers might have a standard by which to judge the justness of the doctors' charges. Such a fee bill was drawn up after the meeting.

The conference demonstrated that physicians, insurance carriers, and government officials are ready to develop a plan of action which shall be satisfactory to all parties; and also that every difficulty may be readily adjusted by further conferences.

The second meeting of the Committee on Economics was held on Friday, September 5, in the building of the New York Academy of Medicine, and was attended by physicians only. The tentative agreements developed at the meeting of June 16 were discussed. It was felt that these agreements should be developed in the counties of Greater New York first, and then extended throughout the entire State.

Reference was made to the fee bill proposed by the Colorado State Medical Society in dealing with cases under the Colorado Workmen's Compensation Law. This list is printed on page 816 of this Journal of July 1, 1930. It is higher than the proposed New York list in some items, and lower in others.

The committee also discussed methods of publicity, including a weekly bulletin to be sent to leaders in every County Society in order to give them prompt information of what takes place ir the State Society.

#### PUBLIC RELATIONS SURVEY NO 15-OSWEGO COUNTY

The following is a brief review of the work now being conducted in Oswego County, with special emphasis on the cities of Oswego and Fulton.

1. A city welfare station and a city welfare nurse in Oswego and Fulton are maintained to offer free service to families who need instruction in hygienic care of the home and children.

2. Closely associated with the city welfare stations mentioned are the pre-natal clinics held

one afternoon a week.

3. The county maintains a tuberculosis nurse whose duties are to visit families among whom the disease has occurred, to determine the causes, and suggest measures to correct the conditions. Hospital provision is made for the treatment of patients coming under the County nurse's observation, when such provision cannot be made by the patient's family.

4. In Oswego County the Parent-Teachers' Associations have done considerable work in supplying free milk to poor, undernourished children. They have also cooperated with the local Red, Cross Societies and with women's clubs in the campaigns against diphtheria and smallpox.

5. Every summer the County maintains a Health Camp for poor and undernourished chil-

dren.

- 6. The State maintains in Fulton a Child Hygiene Station and pre-natal clinic for the unique and special purpose of serving as a training station for State welfare nurses. In groups of four or five, nurses are sent here every three months to receive this special type of training which consists largely of giving pre-and post-natal care and instruction for mothers both at the clinic and at their homes. The work is largely educational in nature.
- 7. In connection with the training station maintained in Fulton by the State, the State sends two specialists once a month to conduct clinics for children with manifestations of mental deficiencies, and for crippled children, respectively.
- 8. The City of Oswego maintains a clinic for venereal diseases.

#### General Discussion

The County of Oswego has witnessed a general industrial depression during the past ten years. Unemployment has far surpassed that of any year before the war. The incomes of physicians have been reduced accordingly. There has been also an increase in the number of physicians in Oswego County. Much of the progress in public health work that has been made has resulted from the activities of the medical profession of the County.

Presented with this report is a statistical sur-

vey of the morbidity and mortality rates for children under one year in Oswego County, in the City of Oswego, and the City of Fulton. These were obtained through Miss Brown, who is in charge of the State Hygiene Station located in Fulton whose activities have been previously mentioned. The report shows that the mortality rates from nearly every cause have decreased in Fulton since the establishing of the State Stations. These figures are a sufficient indication of the great value of the State Hygiene Station to the City of Fulton. The people of Fulton, particularly the physicians, have cooperated in helping the State nurses and clinicians.

#### RECOMMENDATIONS

1. The work being done by the State Hygiene Station and Clinic in the City of Fulton to be continued and if possible expanded

continued and, if possible, expanded.

2. A similar station to be established in the City of Oswego with a branch station in the village of Pulaski. Such a station might be either supported by the State or County, or both.

3. The several activities in the County should be conducted with a view to bettering the cooperation between the various agencies.

- 4. Further stress should be placed on the preventive measures which are in general use now in the County.
- 5. More drastic steps should be taken in the future to insure toxin-antitoxin campaigns against diphtheria, and vaccination campaigns against smallpox.
  - 6. Require by law that all milk be pasteurized.
- 7. Greater effort should be made to improve the water supplies and sewage disposal methods in rural districts.
- 8. The excellent work being done by the County against tuberculosis should be continued.
- 9. The County should establish a Dental Clinic meeting alternately in Oswego and Fulton
- 10. The orthopedic survey should be expanded to include the entire County with a view to cooperative measures being taken between the State orthopedic clinic at Fulton, and the County, and the medical profession in the treatment and care of crippled children.
- 11. An extensive policy of publicity should be adopted to inform the people of the opportunities offered them by the various agencies at work. The importance of immunization against diphtheria and vaccination against smallpox should be stressed. Through this means only can the public soon become aware of the work that is now being done and of its great importance to their welfare and happiness.
- 12. The physicians in the localities where clinics are being held, or will be held in the future,

should offer their services for a very small consideration to be paid by the County. In this manner it is possible that a permanent service in several fields of medicine will be at the disposal of the public who cannot afford regular treatment.

Some tables of Vital Statistics are appended Frank E Fox, MD,

Chairman Committee on Public Relations and Public Health for Oswego County

#### FULTON CITY, DEATHS UNDER ONE YEAR

	Total		L Communicable Diseases		Respiratory Diseases		Gastro- Intestinal Diseases		PREMATURE BIRTH		Congenital, Debility, Malformations, Injuries at Birth, AND OTHER CAUSES PECULIAR TO EARLY INFANCY		ALL OTHER CAUSES	
	No	Rate*	No	Rate*	No	Rate*	No	Rate*	No	Rate*	No	Rate*	No	Rate*
1924 1925 1926 1927 1928 1929†	26 19 27 14 19 11	76 5 56 7 91 2 49 8 67 1 46 6	1 2	29	1 4 2	2 9 13 5 7 1	5 5 4 5 3	14 7 14 9 13 5 17 8 10 6	10 4 11 2 7	29 4 11 9 37 2 45 8 24 7	6 6 4 3 9	17 6 17 9 13 5 10 7 31 8	3 4 4 1	8 8 11 9 13 5 3 6

#### FULTON CITY

	Births	Births STILLBIRTHS		Scarlet Fever			Dipht	HERIA	SMALLPOY		
,		Number	Rate*	Cases	Deaths	Cases	Deaths	Immunizations	Cases	Deaths	Vaccinations
1924 1925 1926 1927 1928 1929 1930	340 335 296 281 283 236	11 16 13 8 11 18	31 3 45 6 42 1 27 7 37 4 70 9	12 3 2 1 52 4		5 5 1 3 11	2	256 1,181	21		1

#### OSWEGO CITY, DEATHS UNDER ONE YEAR

	Total		Communicable Diseases		RESPIRATORY DISEASES		Gastro- Intestinal Diseases		Premature Birth		Congenital Debility, Malformations, Injuries at Birth, and Other Causes Peculiar to Carly Infancy		ALL OTHER CAUSES	
	No.	Rate*	No	Rate*	No	Rate*	No	Rate*	No	Rate*	No	Rate*	No	Rate*
1924 1925 1926 1927 1928 1929	42 31 39 28 20 46	91 9 67 1 89 9 64 1 48 9 114 1	2 2 2 2	4 3 4 6 1 6	5 1 3 5 3	10 9 2 2 6 9 11 4 7 3	4 9 5 1 2	8 8 19 5 11 5 2 3 4 9	10 5 13 4 2	21 9 10 8 30 0 9 2 4 9	15 11 9 12 10	82 8 23 8 20 7 27 5 24 4	8 3 7 4 3	17 5 6 5 16 1 9 2 7 3

Infant mortality rate per 1 000 live births.

<sup>†</sup> Provisional data. Deaths under one year by cause not yet available.

<sup>1</sup> Scarlet Fever and Diphtheria rate to June 1 1930 Smallpox to June 18 1330.

#### OSWEGO CITY

		STILLBIRTHS		Scarlet Fever			Dipнт	HERIA	SMALLPOX			
	Births	Number	Rate*	Cases	Deaths	Cases	Deaths	Immunizations	Cases	Deaths	Vaccinations	
1924 1925 1926 1927 1928 1929† 1930‡	457 462 434 437 409 403	23 19 19 20 23 14	47.9 39.5 41.9 43.8 53.2 33.6	17 11 10 14 45 203 4	i	31 6 4 1 73 7 2	1 5	1,072 313 313 2,408	12		7,258	

#### OSWEGO COUNTY, DEATHS UNDER ONE YEAR

Total		Communicable Diseases		Respiratory Diseases		Gastro- Intestinal Diseases		PREMATURE BIRTH		Congenital Debility, Malformations, Injuries at Birth, AND Other Causes Peculiar To Early Infancy		ALL OTHER CAUSES		
	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*	No.	Rate*
1924 1925 1926 1927 1928 1929†	108 103 99 70 78 94	72.9 72.0 75.6 54.3 63.6 83.1	1 3 4 4 7	0.7 2.1 3.1 3.1 5.7	14 12 14 13 5	9.5 8.4 10.7 10.1 4.1	15 18 13 10 9	10.1 12.6 9.9 7.8 7.3	30 20 33 13 20	20.3 14.0 25.2 10.1 16.3	30 33 21 22 33	20.3 23.1 16.0 17.1 26.9	18 17 14 8 4	12.2 11.9 10.7 6.2 3.3

#### OSWEGO COUNTY

		STILLBIRTHS		Scarlet Fever			Dipht	HERIA	Smallpox			
	Births	Number	Rate*	Cases	Deaths	Cases	Deaths	Immunizations	Cases	Deaths	Vaccinations	
1924 1925 1926 1927 1928 1929† 1930‡	1481 1431 1310 1290 1227 1131	63 63 58 47 56 47	40.8 42.2 42.4 35.2 43.6 39.9	64 55 50 62 86 370 32	1 1  2	47 16 19 14 95 13 4	1 1  1 8	1,072 1,710 3,092 3,312	7 1 51		7 16 626 329 76 8,251	

<sup>\*</sup> Stillbirth Rate per 1000 births including stillbirths.
† Provisional data. Deaths under one year by cause not yet available.

<sup>‡</sup> Scarlet Fever and Diphtheria rate to June 1, 1930; Smallpox to June 18, 1930.

#### THE BRITISH MEDICAL ASSOCIATION

The British Medical Journal of July 19 contains the announcement and program of the ninety-eighth annual meeting of the British Medical Association to be held in Winnpeg, Canada, August 26-29, in connection with the sixty-first annual meeting of the Canadam Medical Association. The two Associations have been in close affiliation since 1924. The British Medical Association has met twice before outside of the British Isles—in Montreal in 1897, and in Toronto in 1906.

The scientific meeting consists of fourteen sec-

tions, including one on the history of medicine. An Indian pageant and a skating carnival are named as special events in which the overseas doctors will be interested. The program lists the National Temperance League, the Medical Missionary Breakfast, a Military Luncheon, and a Civic Lunch.

A feature of the program is a page on "Hints on Travel in Canada." This page is an example of the attention to essential details which are found in British medical journals. The editors consider it their duty to inform the English physicians regarding matters which are done differently in America. The article states for example:

"Shoes are not placed outside the doors in Canadian hotels or private houses, but are cleaned by bootblacks in the barber shops or small bootblack shops scattered throughout the city. A hotel valet will press and clean visitors' clothes overnight. In the majority of private houses in Canada only one maid is kept, and there are therefore many small services which cannot be rendered as they are in England. Morning tea is not a custom of the country, but most guests will find they are offered it, and it can always be arranged for at the hotels.

"Nearly all rooms in Canadian hotels have connecting bathrooms, and soap is always provided in trains and hotels without extra charge. The telephone is used for rapid communication, and every firm, and nearly every private individual, has a telephone in Canada. Telegrams are never sent locally. Letters to the British Isles and the United States take a two-cent stamp.

"It is customary in Canada for women to proceed through the Pullman car to the dressing-room in a dressing-gown, and a little practice will help travellers to become quite expert in dressing, and undressing in their berths. They need have no fear of sleeping in these curtained niches; the linen is absolutely clean and sanitary, and each traveller is quite unseen by the other occupants of the car."

#### GRADUATE FORTNIGHT

There has been a gratifying response to the invitation issued by the New York Academy of Medicine to physicians generally that they attend the Graduate Fortnight conducted by the Academy, October 20th to 31st, inclusive, as described on page 1056 of the September first issue of this Journal. Admission tickets to the afternoon clinics listed on the program are likely to be exhausted unless applications are made promptly; but the Academy will supply information regarding similar clinics to be held in other hospitals besides those on the regular program.

The afternoon clinics and the evening lectures of the Graduate Fortnight are free to all physicians.

The information service of the New York Academy of Medicine regarding opportunities for graduate study is unique. New York City is a great medical center where physicians from all over New York State and the nation are welcomed with cordiality. The services of the Academy are well known to all physicians living in the Metropolitan area; but they are equally at the disposal of visiting physicians.

September 15, 1930 1126



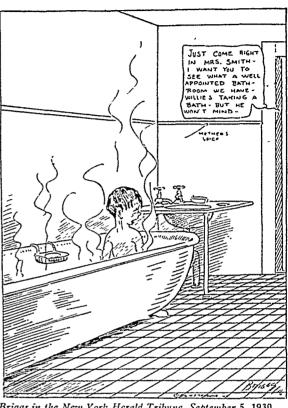
# THE DAILY PRESS



#### CHILD PSYCHOLOGY



Briggs in the New York Herald Tribune, March 30, 1930



Briggs in the New York Herald Tribune, September 5, 1930

#### ILLNESS A NATIONAL PROBLEM

Ex-President Coolidge usually writes three paragraphs daily for the New York *Herald Tribune*, but on August 11th he wrote four on good health, as follows:

"Good health is one of our chief national assets. Yet, in spite of all the progress that has been made in the science of hygiene, the yearly losses in this country from the ravages of disease run into many hundreds of millions of dollars.

"The discouraging feature of the situation is that much of this is needless. With the present knowledge of medicine, surgery and dentistry and the possibilities of preventive measures, oftentimes illness is only personal carelessness.

"People give altogether too little attention to

their health. They neglect to get sufficient fresh air and exercise. They are not careful enough They overstrain their physical of their diet. and nervous systems, with disastrous results.

"Because illness makes us a liability to ourselves, our family and our community, we all have a personal obligation to keep well. neglect the health is one of the most wasteful things a person can do. It is a violation of a While both state and national moral duty. agencies are alert to preserve health, the real success of all their efforts lies in the vigilance of the individual. If we would all think and try to live healthful lives we would greatly increase the power of the nation."

#### UNBURNABLE MONEY

Doctors with an inclination to economic problems will be interested in the following editorial comments in the New York *Times* of August twelfth:

"The claims put forward for Germany's new currency are hauntingly reminiscent of the boasts of collar advertisements: 'Will not wilt, crack, shrink or wrinkle.' The new paper money, it is said, will not burn, tear or crumple.

"The money will be made non-inflammable by spraying it with a metal. If it becomes the general fashion to fireproof paper money in this way, some of our most cherished expressions

will have to go. The rich will no longer have 'money to burn,' and the extravagant will not be able to offer the excuse that their money 'burns a hole in their pockets.' And to 'run through money' which is non-tearable would be impossible.

"The new issue will be ready some time this Fall. Germans armed with a wad of bills that will not burn, tear or crumple may find their money lasting well, even under the wear and tear of a Christmas shopping season. But perhaps money will yet have to be made non-spendable."

#### THE DEAF AND DUMB

The New York Times of September 8 carried the following editorial which will be of practical interest to physicians:

"Those who live in the world of which Helen Keller is the best known to the seeing and hearing are estimated to number more than 2,000, including those who have lost both sight and hearing in age. There are 715 of the Helen Keller type in the United States and Canada, though few, if any of them, have had the fortune to be led by the hand of such teachers as she has had.

"Deaf-blind pupils are refused, generally, by schools for the blind on account of their deafness and by schools for the deaf on account of their blindness; so they are left in their would of darkness and silence, with no sensory guides except touch, vibrations, taste and smell—and the kindly leadings of members of their families.

"The teachers who can instruct this most neglected class in the whole civilized world must be of the most highly qualified type. It used to be said of Mrs. Macy that the marvel of her communicating with Helen Keller's mind was as great as that of her pupil's response.

"A report recently made by two experts under the auspices of the Volta Bureau for the Deaf recommends that there should be a national institution exclusively devoted to the general welfare of the deaf-blind, and that each State commission for the blind should make it its special duty to avail of such help and advice as this central 'clearing house' can give and then see to it that its own doubly handicapped are delivered from the 'all-devouring dragon of loneliness.' Some are mistakenly placed in institutions for the feeble-minded simply because their minds have not been reached."

#### RABIES IN NEW YORK CITY

The New York Times of September 11 has the following instructive editorial on rabies:

"A little girl died of rabies in Brooklyn last nonth. She had been bitten in the face by a stray dog a few weeks earlier. Unfortunately, the wound was not cauterized with nitric acid, and, despite urging by the Health Department, the child was not given anti-rabic immunization.

"The case is the only human fatality due to rabies recorded in this city this year. Last year and the year before there were two deaths, in 1927 six, in 1926 one.

"Every year thousands of persons are bitten by dogs, and the department does its best to check up on each case. With an average of about twelve thousand bites reported annually, 465 dogs were found rabid in 1927, 255 in 1928, 157 in 1929, and 56 so far this year.

"Rabies remains a real danger, the department declares in its latest bulletin, though fortunately the number of dogs found rabid seems to be decreasing. Prompt canterization with fuming nitric acid is regarded as even more important than immunization."



# BOOK REVIEWS



POSTURE AND HYGIENE OF THE FEET. By PHILIP LEWIN, M.D. 16mo of 47 pages, illustrated. New York and London, Funk & Wagnalls Company, 1929. Flexible leather, \$.30. (National Health Series.)

"Posture and Hygiene of the Feet" is one of the National Health Line of booklets sponsored by the National Health Council composed of the leading health organizations of the country. Philip Lewin is a most practical sort and has incorporated in this book a great mass of common sense thought about foot care and comfort. You wouldn't think it could be made interesting, but that is exactly what he has done. There isn't a paragraph of superfluity, no long verbiage of theory, just the thing for laymen or physicians who wish to add a few more orderly arranged facts to their storehouse of useful knowledge.

Donald E. McKenna.

An Introduction to the Study of the Nervous System. By E. E. Hewer, D.Sc., and G. M. Sandes, M.B., B.S. (Lond.). Octavo of 104 pages, illustrated. St. Louis, The C. V. Mosby Company, 1929. Cloth, \$6.50.

In this volume the authors have attempted to present the principles of neuro-anatomy and physiology as an introduction for students and physicians interested in learning clinical neurology.

The first portion of the text deals with the microscopic anatomy of the spinal cord and brain. The second part deals with the physiology of the central nervous system. There is also a chapter on the cerebrospinal fluid.

The text is abundantly filled with diagrams, illustrating the various anatomic facts. Detailed discussion has been purposely omitted to avoid confusing the student. The aim throughout has been simplicity and directness.

For the student or physician interested in a reference text to refresh his memory on the elemental anatomic and physiological considerations of the central nervous system, this work is admirably suited.

STANLEY S. LAMM.

AIDS TO DERMATOLOGY AND VENEREAL DISEASE. BY ROBERT M. B. MACKENNA, M.A., M.B. 16mo of 236 pages. New York, William Wood and Company, 1929. Cloth, \$1.50.

This book of 236 pages is distinctly a pocket edition designed to give a few of the highlights of dermatological and venereal diseases. There are about thirty-five pages devoted to venereal diseases, two of which deal with chancroid, five with gonorrhea, and the balance with syphilis, including congenital syphilis, tabes and paresis.

E. Almore Gauvain.

Synopsis of the Practice of Preventive Medicine As Applied in the Basic Medical Sciences and Clinical Instruction at the Harvard Medical School. Octavo of 194 pages. Cambridge, Harvard University Press, 1929.

This book is based on the course of preventive medicine as given at the Harvard Medical School. Its method of presentation is rather unique in that it deals with every conceivable specialty as units, and tells the student what each can offer from the standpoint of prevention.

thus not the especially encouraging features is that it thus not where the student's time with meaningless hypo-

thetical preventive measures which only serve to engender in him an unwarranted skepticism. For example: "We have too little accurate data as to the causation of the chronic diseases and consequently we are more at a loss when it comes to considering their prevention"—or—"Owing to our ignorance of the etiology of the various malignant diseases our prophylactic measures are of necessity purely empirical." And so the student is introduced to the truths of medicine without introductory apologies.

There is just one paragraph, namely, on the topic of Status Lymphaticus, which is not entirely clear to the reviewer. Routine x-ray examinations of the chest are recommended to all children under twelve before being anesthetized, in the hope of discovering large thymus glands and thereby reducing them by x-ray therapy. Are large thymus and status lymphaticus identical?

EMANUEL KRIMSKY.

A TEXTBOOK OF THE PRACTICE OF MEDICINE. By Various Authors. Edited by Frederick W. Price, M.D. Third Edition. Octavo of 1871 pages. London and New York, Oxford University Press, 1929. Cloth, \$11.50. (Oxford Medical Publications.)

This edition brings up to date an excellent work on the practice of medicine including sections on the diseases of the skin, diseases of the nervous system and psychological medicine. Although the book contains 1871 pages, the use of thin paper makes the volume of convenient size. Many new articles have been added, among them Lead Tetra Ethyl Poisoning, Basal Metabolism, Vitamins, Megacolon in Adults, Thrombo-Angiitis Obliterans, and a number on affections of the heart and kidney. The section dealing with clinical electrocardiography is quite full for a general work.

There are undoubtedly many advantages in having different writers participate in a book which is as wide in scope as this one, which contains a wealth of information and justifies the opinion of its editor that it will continue to be a credit to the London School of Medicine.

W. E. McCollom.

THE TREATMENT OF VARICOSE VEINS OF THE LOWER EXTREMITIES BY INJECTIONS. By T. HENRY TREVES-BARBER, M.D., B.Sc. 12mo of 120 pages. New York, William Wood and Company, 1929. Cloth, \$2.25.

It is refreshing to have offered to us, from an English source and from a London viewpoint, the story of the injection treatment of varicose veins. The author, in a monograph of about 120 pages, covers the entire subject from the anatomy of the disease to the complications of treatment.

The entire exposition is characterized by temperate statements and justifiable conclusions. We believe that he has repeated the errors of his forbears in some of his statements on the physiology of circulation in varicose disease. His deductions on the relation of varicose veins to septicemia perhaps would not find acceptance among gynecologists.

His therapy by the injection method is practically limited to the use of one solution, sodium chloride. He does not pretend to tell the results of therapy by other methods, although he mentions them in passing. His enthusiasm for the treatment has enabled him to produce a treatise which reads well and which is convincing.

ROUERT F. BARBER

A MANUAL OF MIDWIFERY FOR STUDENTS AND PRACTITIONERS BY HENRY JELLETT BA MD, and DAYID G MADILL, BA, MB BCh Fourth Ldition Octayo of 1281 pages, illustrated New York William Wood and Company, 1929 Cloth \$10.00

A book of over 1200 pages to be reviewed properly demands pages instead of paragraphs and the reviewer in this instance can but point out that this taxbook is thorough to a degree, well illustrated and affords easy and interesting reading. The illustrations for the most part are good and line drawings play a promittent part

Naturally, some of the methods advocated and some of the treatments proposed will not meet with universal approval

That, however, is true of any book worth-

The reviewer feels that this edition must be in the hibrary of every specialist, and can carnestly recommend it to the student if for no other reason than for the chapters dealing with the physiology of pregnancy, labor and puerperium GWP

Aibs to Orthopedic Surgery By Eric A Crook, MCh, FRCS I6mo of 232 pages illustrated New York, William Wood and Company 1929 Cloth, \$150

As a youth quiz compends were highly esteemed, as a senior it is difficult to appreciate their value. However the great accumulation of ficts of which the medical student must become cognizant in order to obtain his degree of necessity demands certain short cuts. As such an abbreviation the reviewer has no quirrel with this manual. It presents an excellent arrangement of subjects enlarging on the more important and classifying them logically.

OUTLINE OF PREVENTIVE MEDICINE FOR MEDICAL PRAC TITIONERS AND STUDYNTS Prepared under the Aus pices of the Committee on Public Health Relations, New York Academy of Medicine 12mo of 398 pages New York, Paul B Hoeber, Inc, 1929 Flexible leather, \$\$ 00

This is a book that every physician should get, read, annotate and keep for reference in the second of medical diagnosis arranged in departments written by specialists who clearly display not only their own fields as specialists, but they present their chief interests in relation to the affairs of the whole body. This gives ground for the hope that specialism in medicine is be coming less egocentric and more catholic.

The book treats of preventive medicine. This is perhaps the first successfully to do so, for standard books on 'Preventive Medicine' are devoted largely to saintation. The volume published by the Medical Society of the County of New York on the 'Periodic Health Examination 1925 was the pioneer of the modern movement and the prototype of the prevent volume. But although it reached all the members of the Medical Society of the County of New York it was not placed on the general market and it his now become largely of listorical interest. The volume by Fish and Crawford on "How to make Periodic Health Examinations' by MacMillan in 1927 has less clinical discussion but much more about the practical method of conducting a Health Examination

The pamphlets of the Kings County Medical Society, the Massachusetts State Medical Association (Garland) and the American Medical Association have given good service in the premises. The present volume gives announcement and pledge of the fact that the epoch of preclinical medicine is here and going forward. Its progress is assured by the increasing knowledge of the public in the fields of medical foreight, and the demand

of the public on the medical profession for this service in a modern manner

Medical practice changes perceptibly with each decade The advance is continual and fluctuating, but sure M'uny if not most physicians are continually left a little or more than a little behind Some get too far ahead and others, of course, stray

For those who would keep in line and go forward a study of this volume will give a vision of the new preclinical point of view and some instruction in its method C WARD CRAYPTON

HYPERTENSION AND NEPHRITIS BY ARTHUR M FISH-BERG M D Octavo of 566 pages illustrated Phila delphia, Lea & Febiger, 1930 Cloth, \$6 50

The author has presented an excellent resume of our present knowledge of hypertensive and renal diseases and supports his statements by a careful hibliography at the end of each chapter. This is a valuable feature of the book as the literature of the subject is extensive and scattered.

In the opinion of the author the simple specific gravity test is the best method available at present for studying the functional capacity of the kidneys and a simple tech inque of applying the test is given which can be easily used outside of the hospital

The term 'hypertensive encephalopathy' is used to include the group of cerebral phenomena as headache convulsions coma, and other evidences of focal or diffuse disturbance of the brain. This cerebral symptom-complex is stated to be correlated with arterial hypertension and not always with glomerulo nephritis or uraemia. The primary pathogenetic factor is believed to be the cerebral anemia resulting from arterial contraction. Edema of the brain may or may not be present

The subject of hypertensive retinities is fully discussed and the description of essential hypertension is particularly good

The author has previously written some excellent ar ticles dealing with these subjects and the present volume is a sound and comprehensive treatise

W. E McCollon

THE CARE OF THE NOSE, THROAT, AND EAR. By W STUART LOW FRCS, Eng Second Edition 12mo of 88 pages illustrated London, Bailliere Tindall & Cox, 1929

This handbook of but 88 pages discusses in elementary fashion the structures and functions of the nose, throat, and ear, as well as their clinical applications. It also deals with certain theoretical topics of a controversial nature, and quotations from the text may best serve to illustrate them

- 1 'Many people blow the nose improperly. They pull the nose about with the handkerchief and so tend to deform it'
- 2 In the treatment of nasal catarrh there is one practical point to be noted, viz, with regard to handkerchiefs, those made of paper should be substituted for the usual linen handkerchief
- 3 'Hay fever is very common in America where the habit of heating the air in houses is usual"
- 4 'The large majority, if not all cases of astlima, are dependent upon some obstruction or disturbing condition of the nasal cavity'
- 5 For the prevention of throat ailments it is most important to attend to the cleansing of the teeth tooth powders are not so good as some of the powder is liable to be inhaled and so irritates the throat"
- 6 If the hair has been lost a nighten should be worn. Its use helps the crannil circulation warms the head and is a distinct assistance in overcoming head noise. 7

# 鑁

# OUR NEIGHBORS



#### ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

The annual meeting of the Medical Society of New Jersey held on June 11-14, is discussed editorially in the Society's August Journal as follows:

"The recent Annual Meeting of the State Medical Society was highly successful in many respects, and only to a very limited degree is there anything about which to complain.

"The failure to hold a scheduled Saturday morning session, due to inability to raise a quorum, was unfortunate because it necessitated passing on much work to the Board of Trustees that should have been performed by the Delegates. It does look as if it would be wise to abandon efforts to hold a final session on Saturday, and to have an extra meeting of the House of Delegates late Friday afternoon to complete the business transactions of the convention.

"General attendance was also disappointing this year. Through each of the past six years there has been a steady increase in registration of attendance, until it had exceeded 1,000, but this year there was a marked falling off—the total being something more than 800, and the number of member-physicians but 388 as compared to 500 at the 1929 meeting. Various reasons may be given in explanation of this decrease of more than one hundred, but we fear that one of the principal reasons is to be found in verification of the prediction that abolition of "permanent delegates" would have that effect.

"Why is it that one county was represented by only two members; another by three only; and these counties not the most distant ones from the place of meeting? When one con-

siders the amount of time, thought and energy put into preparation for the annual convention and the excellence of the program arranged; and, further, considers the fact that the convention deals with a series of problems that vitally affect the professional and business success of each and every member; an attendance of only 15% of the entire membership needs an explanation, and the attendance of so small a number from even the smallest county in the state (measured by number of physicians) seems inexplicable. Have the majority of members so little interest in these annual meetings as scanning of the registration list seems to indicate, or, are they so well pleased with the conduct of the society and the work of its officers that they are satisfied to leave complete management of their affairs to the few who more or less regularly attend?

"Within a few days after adjournment of the 1930 convention, the new President, Dr. George N. J. Sommer, had announced the appointment of all Standing. Committees for the next fiscal year. Dr. Sommer has also inaugurated the plan of inviting all three of the Vice-Presidents to attend regularly all sessions of the Welfare Committee. For several years past the First Vice-President has been regularly included in the Tri-state Medical Conference, and recent Presidents have frequently. but irregularly, invited their representative First Vice-Presidents to other important meetings or to joint visits to county societies, but President Sommer is taking a further step in advance for training the men 'in line' to prepare for duties likely to fall some day upon their shoulders.'

#### ACTIVITIES OF THE IOWA STATE MEDICAL SOCIETY

The annual address by Dr. J. H. Peck, President of the Iowa State Medical Society, at the seventy-ninth annual session on May 14-16, which is printed in the June Journal sets forth what the president considers the major activities of the Society, and says:

"The House of Delegates last year authorized the organization of a Woman's Auxiliary to our State Society. A goodly number of counties have organized and arranged inter-

esting, worthwhile programs. The Auxiliary can render valuable assistance, especially politically and legislatively, and deserves our support and encouragement.

"The fine spirit of cooperation with the Iowa Federation of Women's Clubs has culminated in a contest between their districts for the highest percentage of their members who have had periodic health examinations during the current year. This attitude on the

(Continued on page 1132-adv. xii)

"In Rickets, Tetany and Osteomilacia



The standard of vitamin D potency (100 times that of Cod Liver Oil) set by Mead Johnson & Co., in 1927 for Mead's Viosterol in Oil, 100 D (originally Acterol) is now the standard accepted by both the Wisconsin Alumni research Foundation and the Council on Pharmacy and Chemistry, American Medical Association.

Specify the American Pioneer Product— MEAD'S Viosterol in Oil, 100 D— Mead Johnson & Co , Evansville, Indiana In Rickets, Tetany and Osteomalacia-



The clinical experience which safely settled the question of activated ergosterol dosage was obtained under fellowships established by Mead Johnson & Co., at five leading universities. This rich experience is behind every bottle of Mead's Viosterol in Oil, 100 D (originally Acterol)—the American Pioneer—Council-accepted.

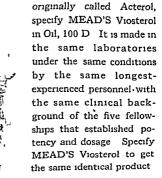
Specify the American Pioneer Product— MEAD S Viosterol in Oil, 100 D— Mead Johnson & Co, Evansville, Indiana

### To get the identical product,

MEAD'S VIOSTEROL,
COUNCIL ACCEPTED
Licensed by Wisconsin
Alumin Research Founda
tion Supplied in 5 cc and
50 cc, bottles with stand
ardized dropper Patients
find the large size
economical Due to the
recent change in name, it
is now necessary to specify
Mead's to get the Ameri

FOR RICKETS, TETANY AND OSTEOMALACIA

can pioneer product



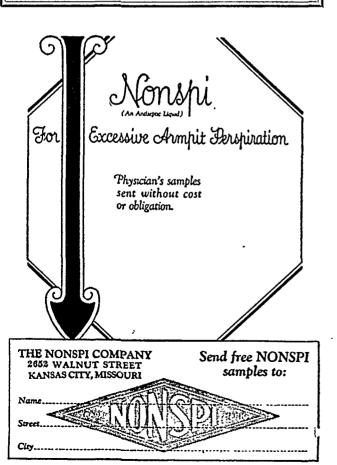
MEAD JOHNSON & CO. EVANSVILLE, IND

# The Physician's Gymnasium

M cGOVERN'S is often referred to as "the physician's Gymnasium" because so many doctors send their patients here. Through investigation, they have found that McGovern's is the one gymnasium that bases its exercises and athletics solely upon the physician's diagnosis of the patient's individual condition.

We'll be glad to send any physician a guest card so that he may see, for himself, our facilities for carrying out his orders.

jovern's (for men and women) 41 East 42nd St., at Madison Ave. New York City



(Continued from page 1130)

part of 60,000 Iowa club women has attracted a vast amount of favorable comment and should be a mighty stimulating factor in the more general acceptance of this approved project of our National body. A more simplified, standardized examination blank and an adequate, uniform fee will do a great deal to promote an annual physical check-up of all

their membership. "The responsibility for lay health education through a speakers bureau, news service, radio broadcasting, etc. belongs to our Society. The speakers bureau has already begun to function in a limited way but, with a departmental secretary soon to be placed in charge, it promises to become a very important feature of our work. Physicians in the past have neglected a real civic duty—that of dissemination of scientific, medical knowledge through recognized ethical channels of education. The trained voice has a wonderful opportunity. We have planned to supply speakers on various medical and health subjects, furnishing them outlines of speeches and visual aids; such as maps, charts, lantern slides and movie reelsin fact everything except the voice.

"Several series of articles on health topics to be furnished the lay press are in process of This avenue of education has preparation. been used to some extent in our State but the educational value in the mind of the public has not been appreciated. This material is to be so carefully edited and distributed that no objection to its use may possibly arise. Radio broadcasting has been so abused that, until the air is entirely cleared of the present vicious advertising from certain stations, scientific medical talks should not be broadcast. Lay people are becoming more 'health conscious' and we must be prepared to do our part in

directing their medical education.

"We are enjoying unusually pleasant relations with the official bodies of our State, namely: The State Department of Health and the State University, College of Medicine, as well as the numerous voluntary organizations which have a more or less definite health pro-These contacts are so important that there should be a special committee constituted to preserve and foster this favorable position of leadership. Thus, a Public Relations Committee in the State Society should be the liaison agency to actively direct all health programs, preventing duplication of effort, broadening the scope of preventative medicine and making medical science the basis of health propaganda.

"Another proof that the modern physician will not be satisfied with abstract generaliza-

(Continued on page 1133-adv. xiii)

(Continued from page 1132-ad- ru)

tions drawn from an abundant literature is the unprecedented success of post graduate medical education in the recent demonstrations at Waterloo and Mason City Clinical instruc tion has proven so popular in Iowa as else where, that a very serious problem has arisen as to how the demand can be met Our State University must refuse the increasing number of requests for medical extension owing to the lack of trained personnel, which really means lack of finances to provide highly qualified teachers for extramural post graduate courses, and at the same time carry on the required under-graduate instruction and care for the patients in the University Hospital We have started something which we are under moral obligation to finish This very obvious desire on the part of the general practitioner to profit by instruction in the advances of medical science is most encouraging, and if he will accept it so eagerly when brought to him and served in an attractive manner, some means must be devised whereby these courses shall be continued, and eventually enlarged Such service is not an experiment but a thoroughly proved The State Society has here an out standing opportunity to advantageously expend a portion of their surplus funds

"The chest clinics conducted so extensively for more than ten years by the Iowa Tubercu losis Association afford a splendid illustration of a valuable and appreciated contribution of a voluntary health agency to the Iowa physicians. More than three hundred such clinics have been held and more requests are now received than can be filled with the limited, available funds and the present staff of clinical control of the present staff of clinical

cians "

#### A DISTRICT SOCIETY MEETING IN KENTUCKY

The first article in the Kentucky Medical Journal of July is an account of a district meeting which reads as follows

"Those county societies whose interest is waning would do well to have their secretaries attend one of the meetings of the Cumberland Villey Medical Society, which embraces the counties of Laurel, Whitley, Bell, Kno, and Harlan In these counties there are 106 doctors of whom 86 were present at this meeting

"Through the untiring efforts and leader-ship of its president, Dr J G Foley, and its secretary, Dr O P Nuckols both of Pineville, one of the best and most inspiring meetings of this association was held in Williamsburg and Corbin, on May 7th—In preparing for

(Continued on page 1134-adv vit)

Please ment on the JOI

# Make this thirty-day therapeutic test



Take any two similar cases in which mal nutrition or malassimilation of mineral elements is a factor—prescribe for one Olyjen only (We will supply the test quantity required gratis)

For the other control case use a different form of therapy

After 30 days compare clinical results and blood calcium. We are willing to abide by your own results in the claims advanced for Olajen.

#### Why?

Simply because Olajen has demonstrated its clinical value in such conditions so conclusively and sometimes so surprisingly that we prefer to have you judge clinically than from any theoretical advertising

And the taste—creamy peppermint chocolate—will remove any objections to regularity on the part of the patient



#### THE FORMULA

Olajen cortains per 8 oz
Calcium lactate 12 gr
Iron phosphate 12 gr
Sodium phosphate 12 gr
Potassium Bi Tartrate 12 gr
Lecithin 4½ gr

in a colloidal sutritue base

OLAIEN INC 451 W 30th St. New York City Send me free a full sized 8 oz. Jar Olajen for the 30 day test. Will probal

Olajen, Inc. 451 W 30th St New York City

M D Street City

talen senting to licer sera

# Dispensing

When dispensing or prescribing, physicians must depend upon the integrity of the manufacturer whose products they use.

Woven into every product of our laboratory is a complete understanding of the responsibility we assume when those products are offered to the medical profession.

MUTUAL PHARMACAL COMPANY, INC.

107 North Franklin, Syracuse, N. Y.



(Continued from page 1133-adv. xiii)

this meeting, the officers cooperated with the Young Men's Christian Association in Corbin and supplied a speaker on Public Health in every school in Corbin. In Williamsburg prior to the meeting, a speaker addressed the Cumberland College and the graded schools on the prevention of Scarlet Fever, and as a result of this, 800 students volunteered the Dick Test for Scarlet Fever. Free posters were distributed in both towns advertising the Scarlet Fever Clinic and the Heart Clinic.

The program included a demonstration of the Dick Test for Scarlet Fever and a Heart Clinic for the students of Cumberland College at which 650 cases were examined. The ac-

count continues:

"A ten-course dinner was served in the Gentry Hotel and Dr. J. G. Foley gave the presidential address. The society then reassembled in the Christian Church and Drs. Hayes Davis and Irvin Abell, of Louisville, discussed the medical and surgical treatment of ulcer. Drs. E. F. Horine and O. P. Nuckols gave a lantern-slide talk on heart disease, followed by exhibition of six cases showing various heart lesion. Dr. L. L. Terrell, of Corbin, gave a very fine paper on 'Jake Leg,' assisted by physicians in Corbin. These physicians have had more cases of 'Jake Leg' paralysis due to Jamaica Ginger than any other physicians in the United States. They exhibited 15 clinical cases and it was most distressing to see these fine young men partially paralyzed over night from drinking this abominable concoction.

"Through the courtesy of Parke-Davis Company, of Detroit, two moving pictures were shown on the preparation of biologicals on a

day-light screen.

"Dr. J. D. Allen, of Louisville, gave a most interesting chart demonstration of the new Schilling Blood Count. This blood count is probably one of the most valuable contributions to clinical diagnosis that has been discovered in recent years, and so favorably impressed were the doctors with Dr. Allen's talk that they requested he present this paper at the State Meeting in Bowling Green."

The Woman's Auxiliary is described as follows:

"Mrs. Buck, the president of the Whitley County Medical Auxiliary, was hostess of the day. The meeting was called to order at the residence of Mrs. H. H. Tye, with 35 members present. In honor of Mrs. Irvin Abell and Mrs. Hayes Davis, a luncheon was served at the Gentry Hotel, after which the ladies of Williamsburg arranged an automobile ride through the Narrows to Jellico, Tenn., where

(Continued on page 1135-adv. xv)

(Continued from page 1134—adv. xiv) a tea was given by Mrs. Harkness and Mrs. Hefferman."

An evening banquet was described as fol-

lows:

"At 6:30 o'clock a motor cavalcade composed of the Mayor and City Commissioners of Corbin, arrived in Williamsburg to escort Dr. and Mrs. Irvin Abell, Dr. and Mrs. Hayes Davis, Dr. E. F. Horine, and Dr. J. D. Allen, to Corbin, where a banquet was served to all the visiting physicians. Dr. Abell addressed the citizens of Corbin and Cumberland Valley Medical Society at the Hippodrome, on the 'Value of Public Health.' A 75-piece orchestra, composed of the young men and women from the various schools of Corbin, also gave a musical program.

"The fine attendance at this meeting in which the public of both Williamsburg and Corbin participated, demonstrates that if any secretary will give the time and labor to arrange a good meeting as did Doctors Foley, Nuckols, Moss and Terrell, scientific medicine and public health will reach every fireside in

Kentucky.

"After the meeting Mr. and Mrs. Calvert, of

Corbin, entertained the visiting guests untithe Louisville train left at 12:30 A. M.—'The end of a perfect day.'"

#### TRI-STATE CONFERENCE, OPINION IN PENNSYLVANIA

The August issue of the *Pennsylvania Medical Journal* gives the following editorial opin ion of the Tri-State Medical conference held in Philadelphia, on May 24, and reported in the NEW YORK STATE JOURNAL OF MEDICINE of July first:

"The subject for discussion was 'Medical Practice Acts, State Boards, and Licensure in the Healing Arts.' The paper was presented by Dr. Ross V. Patterson, dean of the Jefferson Medical College, and was based upon nearly 25 years of daily experience and contact by Dr. Patterson with these various activities.

"As stressed by Dr. Patterson, state boards of medical examiners are not well constituted or organized to direct medical education, but their function appears to deal with the granting of licenses, prosecuting, discipline, etc. It

(Continued on page 1136-adv. xvi)



# Yes...the children

THEY need alkaline medication more often perhaps than adults. Summer diarrhea, cyclic vomiting, rickets, infectious diseases, all call for it.

You can give it to them to suit their taste by using Alka-Zane. Palatable in itself, it can be added to milk, or fruit juices, after effervescence has subsided.

Final decision on the true worth of Alka-Zane rests with the physician. We will gladly send a twin package, with literature, for trial.

Alka-Zane is a granular, effervescent salt of calcium, magnesium, sodium and potassium carbonates, citrates and phosphates.

Dose, one teaspoonful in a glass of cold water.

WILLIAM R. WARNER & CO., Inc. 113 West 18th Street, New York City Alka-Zane
for Acidosis

N. Y. State J. M. September 15, 1930



in a most satisfactory way

Designed for relief of scrotal hernia-this garment performs its work better than any belt or truss on the market.

It hugs the body closely, following the groin line. Beneath—a fitted, resilient Beneath—a fitted, resilient pad protects the ruptured part. Perineal straps fitting close to the side of the leg hold the pad firmly. No slipping from place. No irritation. The CAMP PATENTED ADJUST-MENT, lacing at back, pulling from lower front, governs tightness and governs tightness and pressure.

A support affording decided com-fort to the patient. In different body heights, all sizes. Sold at the better drug and surgical houses.





# Vounds-NJURIES

The neglect of a simple wound or minor injury may prove serious and even endanger the life of the individual.

The increased use of Tetanus Antitoxin indicates the more general employment of this product by physicians as a precautionary measure against the development of Tetanus.

Its prompt application is urged in all wounds where earth has been forced deep into the tissues.

Tetanus Antitoxin Lederle, is a potent, refined and highly concentrated product. It is supplied in syringes ready for immediate use.

For Prophylaxis - 1500 Units Syringes contain & For Treatment — 5000 Units 10000 Units 20000 Units

#### LEDERLE LABORATORIES

INCORPORATED

New York

(Continued from page 1135-adv. xv) would seem that the time is ripe for a revision of the medical acts governing all the state boards of medical examiners and their organization. The medical profession must take a very active part in these revisions and reor-

ganizations. "Dr. Patterson states 'that professional boxing is better regulated in the Commonwealth of Pennsylvania than is the practice of medicine, and that considerably more money is at the disposal of the boxing commission for the enforcement of its regulations than is placed at the disposal of the board of medical exam-

"In regard to reciprocal relations existing between state boards, Dr. Patterson believes that 'the issuance of a license should depend upon the qualifications of applicants; and not the existence of an agreement the results of a bargain between two boards. Bargaining with consequent retaliatory measures of reprisal is unfair to applicants and not in the interests of the public welfare.' The deplorable condition now existing between Pennsylvania and New Jersey for the past several years was cited, and the hope was expressed that the Pennsylvania Board would soon find a way to eliminate this unfortunate situation.

"It was of particular interest to the Pennsylvania group to hear Dr. John E. Jennings of Brooklyn state, 'that of the boys who come to us for internship and for practice, those who are the best educated and properly trained come from Philadelphia.' This is a great tribute to the medical schools of Philadelphia.

"It is also of interest to note in the discussion of the paper, almost unanimity of opinion of almost all the featured topics. The Grievance Committee of New York State has shown commendable results, and such a committee surely should be operative in all states."

#### EXCHANGE OF ADVERTISEMENTS IN WEST VIRGINIA

The West Virginia Medical Journal of July contains the annual report of the officers of the West Virginia State Medical Association. That of the Committee on Professional Relations described an advertising campaign as follows:

"About four years ago the Kanawha Medical Society and one or two other county societies throughout the state engaged in a newspaper advertising campaign upon what we called the 'Pay Your Doctor First' idea. This campaign was fairly successful. Kanawha Medical Society inserted a quarter-

(Continued on page 1137—adv. xvii)

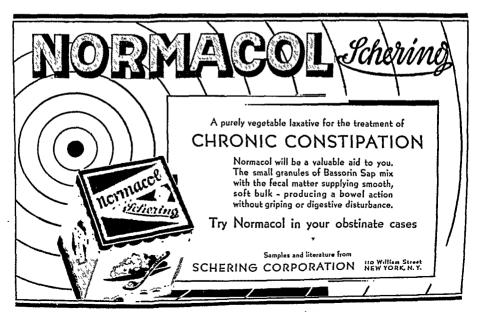
(Continued from page 1036-adv. xvi)

page advertisement each Sunday in the Charleston Gazette for a year, asking the general public to take care of their doctor bills along with their other financial obligations. I think the other county societies followed the same plan. The only objection to the plan was the rather excessive cost for the newspaper advertising campaign, which was paid through a proportionate assessment on each doctor. When the time came to collect for the advertising it was decided not to continue the campaign further."

From this experience the State Society developed a unique plan of the exchange of advertisements with other Journals, which is described as follows:

"We started to work on this same plan with the idea of transforming it into a state-wide campaign. The two publications having statewide circulation are the West Virginia Review and the Wild Life League Journal, West Virginia Wild Life, with a combined circulation of approximately 50,000 copies per month. Mr. Savage approached both of these publications on the subject of an exchange of advertising space with the West Virginia Medical Journal. Both publications were agreeable to such an exchange, and the rest was easy. We simply prepared our advertising copy for the Review and the Wild Life journal and sent it in. It now runs regularly in these two magazines, and, in return, the West Virginia Medical Journal carries Review and Wild Life advertisements in whatever space is available.

"The question might arise as to just what is the worth of such an advertising campaign. The very nature of this question implies that the campaign does have some worth. If it does have merit, then it is worth while, for it doesn't cost the doctors anything and it doesn't cost the Association anything. The advertising space given up by the Journal is known as 'filler' space; i.e., the space that is left over after all paid advertising is inserted. Your committee feels that the campaign has considerable merit, and that this service to the profession is well worth while."



# The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

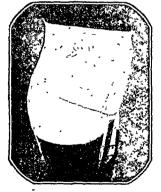
> 305 Lexington Avenue New York City Tel. Ashland 3563

DAY AND NIGHT SERVICE

Registered Nurses
Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions

## "STORM"



# The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliae Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.
47 West 47th Street New York City

## PREVENTION OF DIPHTHERIA IN NEW JERSEY

The July issue of the Journal of the Medical Society of New Jersey contains an announcement by the New Jersey Committee for the Prevention of Diphtheria that the Committee would disband after three years' work; and would recommend that the immunizations be turned over to family doctors, and that emphasis be placed on the preschool child. The announcement reads:

"The Committee has developed, as a means of carrying on its work, a statewide organization composed of a group of interested and representative physicians as chairmen of units in each of the twenty-one counties. It would seem a needless sacrifice to allow these committees to disband without in some way making use of them in continuance of the immunization program in New Jersey.

"The big point appears to be the working out of practical ways among physicians themselves for applying these protective methods in their own or in group practices. This committee, therefore, definitely recommends to the State Medical Society that it formulate through the county medical societies a plan whereby they, in cooperation with the county committees established by this organization, shall combine to keep this problem constantly before the profession and, by studying methods applied in other states and large cities, work out methods in New Jersey which will enlist the active support of every open-minded physician in the State. If clinics be found necessary, let the county societies organize and man them.

"The educational activities carried on by the twenty-one committees and the local units established by them must also be continued. These efforts must, as in the past, be actually conducted in local communities. No central state committee or other state agency can with propriety undertake to promote a local program, though it may render valuable assistance both in initiating and suggesting plans and in providing actual help. No effort, however well-meaning and useful it may be, which is carried on strictly by physicians, will meet the need. A constant stream of educational publicity must be promulgated and to that end the following is suggested:

"A certain amount of literature on prevention of diphtheria—pamphlets, circulars and posters—remains in the possession of the committee either at its central distribution office, 21 Walnut Street, Newark, or in some of the county headquarters. It is recommended that such of this material as carries only the name of the State Diphtheria Committee or other non-commercial organization be forwarded to the State Department of Health for such use as it may deem wise and that the balance be distributed to selected local health de-

(Continued on page 1139-adv. xix)

(Continued from page 1138-adv 12111)
partments which could be expected to dispose of

it advantageously."

A letter to be sent to each physician by the State Department of Health was prepared by Dr. H. O. Reik, Executive Secretary of the Medical Society of New Jersey. The letter says:

"The committee had become convinced that immunization of the pre-school child is the point at which efforts for successful control of diphtheria must now be applied. This can only be effectively done, without resort to extension of public clinics, through physicians in private practice. In terminating its active campaign, the general committee is definitely placing responsibility for protecting pre-school children in the hands of family physicians. Immunization of school children has already been accepted by educational authorities as routine practice, and the State Health Department, together with local departments and interested agencies, school people, voluntary health workers, nurses and others, is being asked to continue the educational campaign, encouraging parents to bring children to doctors for this treatment. Our obvious duty as physicians is to be prepared now, not only to apply immunization procedures but to urge in every suitable way that our clients have their children protected in this manner. The state-wide campaign committee believes that it has accomplished the task assigned at the organization meeting and should now gracefully retire, leaving final abolition of the disease to physicians and their own organization."

## FUNCTIONS OF THE WEST VIRGINIA MEDICAL JOURNAL

Dr. W. E Vest, President of the West Virginia State Medical Association tells of the functions of a State Medical Journal in the President's page of the June issue of the West Virginia Medical Journal, as follows:

"The functions of a state medical journal differ considerably from those of a purely scientific periodical. It should, of course, present the original work of the membership; but this, especially in a state of small communities and few medical centers, is necessarily of limited

volume.

"Probably the greatest value to the profession it serves lies in the fact that it affords a medium of expression for the membership of the local component societies. It is true that much of the matter presented at the county meetings is of no specific permanent worth, but if the author realizes that his effort stands a reasonable chance of appearing in print, he studies his subject much more thoroughly and is decidedly more careful in his

(Continued on page 1140-adv xx)

## Mager & Gougelman, Inc.

FOUNDED 181

108 East 12th Street

New York City

Specialists in the manufacture and fitting of

## Artificial

Eyes

Selections on request

90 State Street......Albany, N. Y.

230 Boylston Street......Boston, Mass.1930 Chestnut Street.....Philadelphia, Pa.

Charitable Institutions Supplied at Lowest Rates



## Orthopedic and Surgical Appliances

Catalogue and

Literature

Application

Established

## ROBERT LINDER

Incorporated

148 EAST 53rd STREET NEW YORK CITY

Telephones { Plaza 7378

# The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

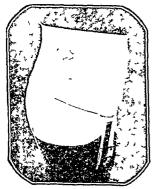
> 305 Lexington Avenue New York City Tel. Ashland 3563

DAY AND NIGHT SERVICE

Registered Nurses
Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions

## "STORM"



# The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacrolliac Articular

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker 1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.
47 West 47th Street New York City

## PREVENTION OF DIPHTHERIA IN NEW JERSEY

The July issue of the Journal of the Medical Society of New Jersey contains an announcement by the New Jersey Committee for the Prevention of Diphtheria that the Committee would disband after three years' work; and would recommend that the immunizations be turned over to family doctors, and that emphasis be placed on the preschool child. The announcement reads:

"The Committee has developed, as a means of carrying on its work, a statewide organization composed of a group of interested and representative physicians as chairmen of units in each of the twenty-one counties. It would seem a needless sacrifice to allow these committees to disband without in some way making use of them in continuance of the immunization program in New Jersey.

"The big point appears to be the working out of practical ways among physicians themselves for applying these protective methods in their own or in group practices. This committee, therefore, definitely recommends to the State Medical Society that it formulate through the county medical societies a plan whereby they, in cooperation with the county committees established by this organization, shall combine to keep this problem constantly before the profession and, by studying methods applied in other states and large cities, work out methods in New Jersey which will enlist the active support of every open-minded physician in the State. If clinics be found necessary, let the county societies organize and man them.

"The educational activities carried on by the twenty-one committees and the local units established by them must also be continued. These efforts must, as in the past, be actually conducted in local communities. No central state committee or other state agency can with propriety undertake to promote a local program, though it may render valuable assistance both in initiating and suggesting plans and in providing actual help. No effort, however well-meaning and useful it may be, which is carried on strictly by physicians, will meet the need. A constant stream of educational publicity must be promulgated and to that end the following is suggested:

"A certain amount of literature on prevention of diphtheria—pamphlets, circulars and posters—remains in the possession of the committee either at its central distribution office, 21 Walnut Street, Newark, or in some of the county headquarters. It is recommended that such of this material as carries only the name of the State Diphtheria Committee or other non-commercial organization be forwarded to the State Department of Health for such use as it may deem wise and that the balance be distributed to selected local health de-

(Continued on page 1139-adv. xiv)

#### MEDICAL SOCIETY DISCI-PLINE IN RHODE ISLAND

The report of the Secretary of the Rhode Island Medical Society to the House of Delegates printed in the July issue of the Rhode Island Medical Journal, describes an unusual case of disciplining a member of the Society. The charges were that the member testified in three suits of malpractice brought by patients against three physicians. The doctor in two instances gave testimony as an expert in orthopedic surgery, but in the third case the court rejected his claim to be an expert. It was further alleged that he made repeated examinations of one patient without the attending doctor's consent.

After the County and State Societies had investigated the case, the doctor under charges wrote the following letter to the council of the State Medical Society:

"Having heard the charges preferred against me by other Fellows of this Society of unprofessional and unethical conduct toward them, I take this means of expressing my regret for entering into the cases. I admit it was injudicious for me to have entered into these cases.

"In the case against Dr. R....
my sympathy for the man, I
now believe, misled me. In the
case against Dr. W. in the light
of knowledge subsequently obtained, I know I was wrong. In
the case against Dr. F., I sincerely believed that the patient
was sent me in the proper manner by the U. S. Veterans'
Bureau, Medical Department,
but I as freely admit that the
subsequent taking of x-rays was
improper.

"To give further assurance to this Council, I will promise not to allow myself to appear in Court unless subpœnaed by the Court, and in that event I will not allow myself to be qualified as a medical expert, e-cept in x-1ay. I further agree that if I

A well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially if

# foland Water

is used. Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York City fail to observe any of these promises I shall be automatically dropped from membership in the Rhode Island Medical Society."

The Council met on April 25, 1930 and unanimously took the

following action.

"Resolved, that Dr. K. (the defendant doctor) is found guilty of the charge of unprofessional and unethical conduct as preferred by the Woonsocket District Medical Society; that the Society censure Dr. K for said conduct; that Dr. K's further membership in the Society be made contingent upon the observance of the promises made in his letter to the Council; and further recommends that a digest of the proceedings of the Council be published in the Rhode Island Medical Journal as part of the proceedings of the Society."

## GROUP INSURANCE IN RHODE ISLAND

The August number of the Rhode Island Medical Journal contains the reports of several officers, presented at the annual meeting on May 21, 1930. The Committee on Group Insurance reported as follows:

"It would seem desirable, if such is the situation, that this Defense Committee be reappointed, with not only competent membership, but also a membership who would be interested in this large field of activity, and that it begin active functioning.

"Recent experiences of one of our District Societies might have had a different history had such a committee been in active service during past time.

"We learn from the I. S. Fidelity and Guaranty Company that 124 of our members are now tovered by the Group Insurcovered by the number is a ance. While this not represent beginning, it does not represent the number of our members who then tumber of our the from the fidelity of the fide

Please mention the JOURNAL when writing to necessaria

## CLASSIFIED **ADVERTISEMENTS**

Classified ads. are payable in advance. To avoid delay in publishing, remit with order. Price for 40 words or less, 1 insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening. No charge to employers. Established 1896. AZNOE SERVICE is National, Superior. AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

### SANITARIUMS—FOR SALE

We have a number fully equipped, some partially so, and properties that can be made suitable; New York, New Jersey, Connecticut. Send for list and give number of rooms wanted for patients (approximately), also location derised. Address Swift Realty Co., 196 Market Street, Newark, N. J.

## FOR SALE

Western New York. General practice. Town of 5,000. Beautiful 12-room house including offices. Acre of landscaped lawn. Marvelous opportunity, industrial and insurance work transferable. Price \$10,000. Terms. Owner specializing Oct. 1. Address Box 143, N. Y. State Journal of Medicine.

127 West 79th Street—Clifton Apartment Hotel Splendid transportation facilities. Physician or specialist to share ideally laid out private suite with ethical dentist. Private street and hotel entrances. Furnished waiting room. Reasonable rent. Phone Endicott 7500.

## A BUILDER THAT IS EFFEC-TIVE AND PALATABLE

With the better understanding of the physiologic functions and the chemistry that has developed during the past 10 or 15 years has come the realization that in a great many conditions therapy should aim at building up, at supplying nature with the various building stones she may lack, rather than at the whiplash effect of pharmacal dynamic action. One of the best builders of its type is known as Olajen, which furnishes essential mineral salts in combination with lecithin, the importance of which in intermediate metabolism is being more and more appreciated. Moreover, Olajen has a very definite advantage over other calcium applications because it actually has a deli-cious taste. Its unusual form like a creamy fudge with a delightful pep-permint flavor makes Olajen a particularly appropriate prescription for children and nervous patients who take it practically as a pleasant refreshment rather than a necessary and therefore unpleasant medicine.

The manufacturers, Olajen, Inc., 451 West 30th Street, New York City, will send complete literature and a full-size 8-oz. jar for clinical trial on request. See page xiii.—Adv.

## AMPOULES PHYSIOLOGICAL BUFFER SALTS

(Hartmann's Solution)

In disease, factors may operate in such a manner as to overcome the acidbase regulatory mechanism and lead to serious changes in the body fluids which are often spoken of as acidosis, alkalosis, or dehydration. These factors are loss of gastrointestinal secretions, caused by vomiting, diarrhea and fistula, and circulatory or renal insufficiency.

When several factors are operating simultaneously the resultant acidosis or alkalosis may be a very complex one, and it is only by careful and repeated chemical examination that it can be known what is actually taking place.

As the result of careful studies Dr. A. F. Hartmann of St. Louis has developed the Physiological Buffer Salts Solution whose effect is that of the combined administration of solutions administered heretofore; namely, physiological saline solution, Ringer's solution, and sodium bicarbonate solution.

The Hartmann Combined Solution has been used routinely in the St. Louis Children's Hospital in the treatment of acidosis, alkalosis, or dehydration for more than a year, and a chapter of Dr. William McKin Marriott's book,

Infant Nutrition, explains its use fully.
Dr. Hartmann's Solution, mentioned by Dr. Marriott, is supplied to the drug trade in sterile ampoules by Eli Lilly and Company.—Adv.

#### SCOPE OF SEDATIVE THE MEDICATION

W. Wolf, in the Memphis Medical Journal, May, 1930, writes of the importance of sedatives and hypnotics in the treatment of symptoms of ovarian and thyroid disturbance as observed during the menopause. Various classes of sedatives are discussed and placed in four groups, the bromides, synthetic organic compound, the barbituric acid derivatives and the true narcotic, opium group. In his cases of climacteric disturbances the bromides and opium derivatives do not find favor and some of the synthetic compounds not barbiturates, thus chloral, are ruled out as unnecessary. This group, however, yielded the most desirable of the sedatives, namely, Bromural, monobromisovalery-lurea, which the author preferred to the barbital derivatives, and to bro-

"We have found Bromural a happy bituric acid derivatives. It usually takes effect gently and without tangible sensation of oncoming hypnosis, an important point to overcome the frequent mental opposition to taking sedatives on the part of the patient."

The indications for sedatives are given as general nervousness, chronic and of indeterminable etiology, insomnia, spastic conditions, circulatory types of neurasthenia, emotional hypertension Adv.

and glandular conditions producing a lowered threshold of stimulation, such as parathyroid deficiency, hyperthyroidism, ovarian insufficiency, etc. Sedatives, and in particular Bromural, are suggested not only to directly relieve symptoms but also to keep the patient comfortable until other measures are applied and become effective. See page viii.—Adv.

## THE MODIFICATION OF POW-DERED MILKS GOVERNED BY THE SAME RULES AS COW'S MILK

When physicians are confronted with undependable fresh milk supplies in feeding infants, it is well to consider the use of reliable powdered whole milks such as the well-known Mead brand. Such milk is safe, of standard

composition and is easily reliquefied.
Under these conditions, Dextri-Maltose is the physician's carbohydrate of choice just as it is when fresh cow's milk is employed.

The best method to follow is first to restore the powdered milk in the proportion of one ounce of milk to seven ounces of water, and then to proceed building up the formula as usual. See page xi.—Adv.

#### DIET READJUST-DIABETIC

Some foods cannot be allowed in diabetic diet at all and others only sparingly. This means a readjustment in dietary habits that is difficult for the patient and trying for the physician. Practically all of the restricted foods may be duplicated by using Lister's Flour. Each of these starch and sugarfree foods looks and tastes like the food that it replaces in the diet. With the variety of foods, possible through the use of Lister's Flour, the patient is satisfied. There is no temptation to "cheat" and the case is better kept unisfied. der control. Some of the Lister foods are:

Bread, Biscuits, Cheese Biscuits, I Biscuits, Drop Cakes, Cookies, Cake, Charlotte Russe, Lady F
Bread Puddir Bread
Bread, Spice Crust, Pie Meringue, Salmon Fluff Ca French tising pa

The cise fo busy c see w carrie

Thpr. . . McC his " nnd ried

#### Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases Also Cases of Gen-eral Invalidism. Cases of Alcoholism Accepted,

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country Completely equipped for scientific freatment and special attention needed in each individual case. Fifty minutes from New York City Frequent train service.

For terms and booklet address F. H BARNES, M.D., Med Supt. Telephone Connection

## River Crest Sanitarium

Astoria, Queens Borough N. Y. City Under State License

IOHN JOSEPH KINDRED, MD. Consultant WM ELLIOTT DOLD, M.D., Physician in Charge FOR NERVOUS AND MENTAL DISEASES FOR NERVOUS AND MENTAL DISEASES including committed and voluntary patients, sice holic and narcetic habitus A Homelske private retrient, versionoling the city Located in a beau tiful park. Thorough classification Essily acceptibe via lateratore, BMT and Scood Ave "L." Complete bydrotherapy (Barach), Electricity Missange Amsements Arts and Craftis Sop, etc.

Attractive Villa for Special Cases Moderate Rates

New York City Office, 666 Madison Ave., corner of 61st Street hours 3 to 4 P M Telephone Regent 7140 Sanitarium Tel 'Astoria 0820' By Interborough BMT, and Second Avenue L

## WEST HILL

HENRY W LLOYD, M D West 252nd St and Fieldston Road Riverdale, New York City

B Ross Naina, Res Physician in Charge Located within the city limits it has all the advan Located within the city limits it are an one un-tages of a country sanitarium for those who are nerrous or mentally ill In addition to the main building there are several attractive cottages located on a ten acro plot "eparate buildings for drug and on a ten acro plot Ceparate buildings for drug and alcoholic cases Doctors may visit their patients and direct the treatment Under State License

Telephone KINGSBRIDGE 3040

## **HALCYON REST**

JOSEPHINE M LLOYD 105 Boston Post Road, Rve. N. Y.

Henry W Lloyd, M D Hulda Thompson, R N Attending Physician Supertisor

TELEPHONE RYR 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted Special attention to Diets

Hydro-therapy, Ultra Violet and Alpine Sun rays, Diathermy, Massage Colonic strigation. Inspection invited Send for illustrated booklet

The charge for this space on a 24 time order is \$6.67 per Insertion.

HENRY W ROGERS M.D., Physician in Charge HELEN I ROGERS, M D

### DR. ROGERS' HOSPITAL

Under State License

345 Edgecombe Ave at 150 St., N Y C Mental and Neurological cases received on voluntary application and commitment Treat ment also given for Alcoholism and Drug addiction. Conveniently located Physicians may visit and cooperate in the care of their patients

Telephone, Edgecombe 4801

## BRIGHAM HALL HOSPITAL

Canandaigua, N. Y. A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiene Founded in 1855

Beautifully located in the historic lake region of Central New York. Classification, special attention and individual COLE

> Physician in Charge Henry C. Burgess, M. D

## WHITE OAK FARM PAWLING, DUTCHESS COUNTY, NEW YORK

Estab 1913 by the late Dr. Havins Lacker Located in this foothills of the Berkshires sixty miles from New York City on the Harlem Division of the New York Central R. R. For men and women who are nervous and mentally ill Capacity 15. Built arou il our own flower and vegetable gardens and dairy out loor employment encouraged Attractive single rooms or suite or separate cottige as preferred.

H E. Schort, M D., Physician in Charge H P Dawe, M D, Associate Physician Telephone Pawling 20

### CREST VIEW SANATORIUM GREENWICH, CONN

(25 Miles from N Y City)

F ST CLAIR HITCHCOCK, M D , Proprietor

Elderly people especially catered to Charmingly located, beautifully appointed.

Fresh egetables year round

Senility, Infirmities, Nervous Indigestion, \$25 85 weekly No addicts

Established 35 years Tel. 773 Greenwich

60 Advertisers have taken space in this issue of your Give them your business suhen possible

University of Buffalo School of Medicine Requirements for admission Two years of college work including twelve semester hours of chemistry, eight semester hours each of physics and hology, sax semester hours of English, and a modern foreign language modern foreign language. Ample facilities for the personal Theoremse fully equipped.

study of cases

Address: SECRETARY, 24 HIGH STREET, BUFFALO, N. Y

## The VEIL MATERNITY HOSPITAL

WEST CHESTER, PENNA. Former address, Langhorne, Pa

Strictly Private Absolutely Ethical Patients SECLUSION accepted at any time during gestation Open to Regular Practitioners Early entrance advisable



For Care and Protection of the BETTER CLASS UNFORTUNATE YOUNG WOMEN

Adoption of babies when arranged for Rates reasonable Located on the interurban and Penna R R and the Lincoln Highway Twenty miles southwest of Philadelphia

Wr te for bonklet THE VEIL WEST CHESTER PENNA

12 3

Please mention the JOBRY 41 when writing to edications

# 50% faster—

# WAPPLER X-Ray Intensifying Screens

THINK of the wonderful improvement you could make in the diagnostic value of your radiographs by using intensifying screens having a 50% greater speed factor than any available heretofore!

Imagine the sharpness in radiographs of moving organs which this increased speed would make possible!

... and the wonderful contrast that could be obtained by using lower kilovoltage without any increase in your customary exposure time!

Consider the advantages of reducing those long exposure times you now have to use in radiographing heavy body parts!

... and the economy of longer useful life of X-Ray tubes!

Wappler Intensitying Screens are, conservatively, at least 50% faster over the entire range of kilovoltage ordinarily used in radiography. Yet in spite of their extraordinary speed, they are free from grain and lag. They are unusually durable, and are not adversely affected by X-Rays, heat or

humidity. They are pliable and their mirror-like surface is easily cleaned.

The coupon below will bring you interesting and valuable information regarding the surprising way in which these screens facilitate the making of superior radiographs. Mail it today!

## WAPPLER ELECTRIC COMPANY, Inc.

Affiliated with the Westinghouse X-Ray Company, Inc.

General Office and Factory, Long Island City, N. Y. Show Room, 173 East Eighty-seventh Street, New York City

	Wappler Electric Company, Inc., Dept. G. Long Island City, N. Y.
	Please send detailed information regarding Wappler Intensifying Screens.
	Name
	Address
4	CityState

## The Modification of Powdered Milks Governed by the Same Rules as Cow's Milk

whole milks such as Mead's or the well-known Klim brand. Such milk is safe, of standard composition, and is easily reliquefied.

Under these conditions, Dentri-Maltose is the physician's carbohydrate of choice just as it is when fresh 4 cow's milk is employed.

The best method to follow is first to restore the powdered milk in the proportion of one ounce of milk to seven ounces of water, and then to proceed building up the formula as usual.

-In Rickets, Tetany and Osteomalacia-



② The clinical experience which safely settled the question of activated ergosterol dosage was obtained under fellowships established by Mead Johnson & Co., at five leading universities. This rich experience is behind every bottle of Mead's Viosterol in Oil, 100 D (originally Acterol)—the American Pioneer—Council-accepted.

Specify the American Pioneer Product— MEAD'S Viosterol in Oil, 100 D— Mead Johnson & Co., Evansville, Indiana

LA LIZACAL PROGRAMA DE CONTROL DE CONTROL MANDE ANT AND THE CONTROL PROGRAMMENT OF THE CONTROL PROGRAM

## The PHYSICIAN'S POLICY is MEAD'S POLICY

Besides producing dependable Infant Diet Materials such as Dextri-Maltose, and maintaining a model laboratory devoted exclusively to research, Mead Johnson & Company for years have been rendering physicians distinguished service by rigidly adhering to their well-known policy, namely:

"Mead's Infant Diet Materials are advertised only to physicians. No feeding directions accompany trade packages. Information in regard to feeding is supplied to the mother by written instructions from her doctor who changes the feedings from time to time to meet the nutritional requirements of the growing infant. Literature is furnished only to physicians."

Every physician would do well to bear in mind that in this commercial age, here is one firm that instead of exploiting the medical profession, lends its powerful influence to promote the best interests of the medical profession it so ably serves.

Please mention the IOURNAL when writing to advertisers

PARKE, DAVIS & CO. DETROIT, MICHIGAN

والمرسيدة المستند

MEDICAL SERVICE BULLETIN ON

## THIO-BISMOL

Bismuth, in suitable chemical form, ranks next to arsphenamines as an antisyphilitic agent. form of Thio-Bismol (sodium bismuth thioglycollate) it is taken up promptly and completely from the site of injection (the muscle tissues), reaching every part of the body within a short time with rapid therapeutic effect.

The injections cause a minimum of tissue damage, for Thio-Bismol is not only water-soluble but tissue-fluid-soluble, differing in this respect from other bismuth preparations. The intramuscular injection of Thio-Bismol causes,

as a rule, little or no pain.

Not the least important factor in Thio-Bismol therapy is the cooperation of the patient; the injections are so well borne and their effects so manifest that the patient is more than willing to continue the treatment for the necessary length of time.

Thio-Bismol, alone or in conjunction with arsphenamine, produces rapid therapeutic improvement, demonstrable by serologic tests and regression of lesions.

Accepted for N. N. R. by The Council on Pharmacy and Chemistry of the A. M. A.

Boxes of 12 and 100 ampoules (No. 156), each ampoule containing one average adult dose (0.2 Gm.—3 grs.) of Thio-Bismol, to be dissolved as needed, in sterile distilled water, a sufficient amount of which is supplied with each package.

FOR FURTHER INFORMATION PLEASE ADDRESS MEDICAL SERVICE DEPARTMENT, PARKE, DAVIS & CO., DETROIT OR ANY BRANCH OFFICE:

NEW YORK

KANSAS CITY

CHICAGO

BALTIMORE IN CANADA. WALKERVILLE

MONTREAL

MINNEAPOLIS NEW ORLEANS

WINNIPEG

SEATTLE

# <sup>1</sup>ADON



Technic of Application Outlined in

"RADON THERAPY IN MALIGNANT TUMORS

FACE, LIP, TONGUE AND TONSIL"

(Send for copy)

## **GOLD RADON IMPLANTS**

RADON COMPANY, Inc., 1 East 42nd St., New York

Telephones: Vanderbilt 2811-2812

bι

# enlin's

Approved by the A. M. A. Council on Pharmacy and Chemistry

There is only one way of convincing you just how reliable Cheplin's really is-and that is a trial in your next case of:

## **Chronic Constipation or Mucous Colitis**

Cheplin's B. Acidophilus is cultivated in milk, its best Medium (owing to the presence of 5% lactose), and this, combined with the careful selection of each strain of seed, produces a maximum concentration of viable B. Acidophilus. Hence, maximum results!

For additional information send your name and address for a reprint from the Boston Medical and Surgical Journal on the Acidophilus therapy together with SAMPLE and name of DISTRIBUTING DAIRY in your city.

CHEPLIN BIOLOGICAL LABORATORIES, Inc. Syracuse, N. Y.

#### INDEX ADVERTISERS TO

RULES-Advertisements published in the Jouanal must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted

ARTIFICIAL EYES Mager & Gougelman, Inc	Page v xvi	Crest View Sanatorium Halcyon Rest Interputes River Crest Sanatarium Dr. Rogers' Hospital Sahler Sanitarium West Hill Sanitarium	xix xix xix xix xix	Nonspi Co. Olajen, Inc. E. R. Squibb & Sons Schering Corp. Upsher Smith Co. William R Warner & Co, Inc.	PAGE XIV ix VII XII XIII
COLLEGES AND SCHOOLS Sydenham Hospital University of Buffalo	XIX XX	MISCELLANEOUS Classified Advertisements	XX XIX	RADIUM	zvii

#### Bancroft School ..... DIETETIC FLOUR McGovern's Gymnasium, Inc. ..... Registry for Nurses ......

Lister Bros., Inc. ......

		Veil Maternity Hospital xx	SURGICAL APPLIANCES, INSTRU- MENTS, SYRINGES, THERMOM-
FOODS			
attle Creek Food Co	ıii	PHARMACEUTICAL PREPARATIONS	Robert Linder, Inc.
tend Tenderen & Co	1	Dilluban Knott Corn	NODEL TO A CO X

a joinson a co irriirr			VIII	Genta Tichana	
lin's Food Co	4	G. W. Carnrick Co	vi.		
		Cheplin Blological Labs., Inc	-1	·	
		Contract aboratories, Inc.		•	
HEALTH RESORTS AND		Denver Chemical Mig. Co		AND WATERS, BATHS	
HUALTH RESURTS AND		Dentity of the contraction	-	111111111111111111111111111111111111111	

Granger Calcium Products, Inc.

## ger & Gougelman, Inc.

FOUNDED 1851

0 Madison Avenue

New York City

Specialists in the manufacture and fitting of



Eyes

Selections on request

230 Boylston Street.....Boston, Mass.

1930 Chestnut Street.....Philadelphia, Pa.

Charitable Institutions Supplied at Lowest Rates

## Dependable Products

Tablets
Elixirs
Syrups
Solutions
Tinctures
Ointments
Mixtures
Spirits

AT COST-SAVING PRICES

Write for Catalogue

MUTUAL
PHARMACAL CO., Inc.
107 North Franklin Street
SYRACUSE NEW YORK

## Mellin's Food



## A Milk Modifier

Mellin's Food is not simply a "sugar," for it contains mineral salts and protein in addition to the carbohydrates, maltose and dextrins. In consideration of the fact that Mellin's Food is not composed of sugar entirely—the actual carbohydrate content being 80% of the total composition—4 level tablespoonfuls of Mellin's Food to each 16 ounces of any dilution of milk will furnish an amount of added carbohydrates sufficient to maintain body heat and energy. This quantity of Mellin's Food is equivalent to the addition of from 1 to 2 ounces of sugar per day, the minimum and maximum amount of sugar usually advised by physicians for the full day's feeding of the normal infant.

Mellin's Food supplies the need for sugar but it accomplishes more than this by making the curd of milk soft and flocculent and by adding important salts for bone building.

Mellin's Food should therefore be considered as A General Milk Modifier applicable in the modification of milk in any form—certified, pasteurized, evaporated, dried or acidulated—always suitable in preparing nourishment for the bottle-fed baby and in successful use by physicians for a period of more than sixty years.

Telephones: 2 Ounces by Measure = 100 Calories

# Newspaper rsyl day Life-By Louis | Brugman MD Toyrucus Practical Conclusions Drawn from One Thousand Forceps Deliveries-By H J Stander MD Baltimore, Md Medical Medals—By Robert Latou Dickinson MD New York N Page 1

EDITORIALS Thirty Years of Age Presidential Comments on Current Events—No 12 In Memoriam Dr W B Snow This Journal 25 Years Ago—Patent Medicines and Nostrums MEDICAL PROGRESS

Clinical Significance of Tubercle Bacillemia Unapparent Dystrophies

Volume 30

1486

t Virginia torado (adv jalth in South Carolina (adv page xiv An Ad Il to & Opinion from Massachusetts

(adv page xv) Bids for Printing in Indniana Medical Movies in Oklahoma Medical Movies in Virginia Health Examination of Peddlers in Iowa (adv page xvi) adv page zviii) (adv page zviii

S) the dog N WEIGHBURE AND THE

## "Feed a Cold"

Perhaps there was some justification for this old therapeutic axiom, but there is no doubt as to the value of the more recent dictum which emphasizes the importance of alkalinization in the treatment of respiratory affections in general.

For a safe, effective and palatable method of securing alkalinization without upsetting the stomach or tending toward alkalosis, try

### KALAK WATER

the strongest alkaline water of commerce. Kalak Water is an antacid - not a laxative.

> KALAK WATER CO. 6 Church St. » New York City

Please mention the JOURNAL when writing to advertisers

tion and cannot be pure and their pates sold a the wa glad t lans and their patro · has no mplimentary ex

atı

138 Fm.

٠٠٠٠ ٢٥ "-"

str, ıs

iı ADVERTISING DEPARTMENT Volume 30 curately Specify Mead  $\mathbf{E}$ is now conducting the Radon business of the (3) the dog: CICVE-129 9W 16 Forms. Nied in Two city ct rem on Monkey (elest nitoinmA gniwods sdqs18 Photomicro. *130*1300 often requir a TONI Ð, combination al known to pro-Wphosphates and 's a to normal health and a feeling or well being.... Dew-Tone and Port will also be found valuable in post-operative cases and for those who suffer from the wasting diseases .... Dewey's Dew-Tone and Port has no sales distribution and cannot be purchased in any store . . . It is only sold direct to physicians and their patients . . . We shall be glad to send you, a complimentary sample upon request & Sons Comm 138 Fulton St., N.

# UTIPHLOG TIME

djuvant in Roentgenobeen recognised as an approß be the most useful
therapy. X-rays are considse hands of the dersingle therapeutic agentnent of Eczema and
matologist for the Affections, but they
other persistent ointing when used to
may proves of local adjuvants.

the exc

isfactory ap whereve?. ation 41t. n are



For thirty-six years it has served the Profession faithfully and well.

Antiphlogistine,
by relieving itching
and pain and, at the same
time, softening and soothing
the indurated tissues, is a valuable
agent in skin diseases treated with X-rays.

## **~**

THE DENVER CHEMICAL MFG. CO. 163 Varick Street, New York, N. Y.

send me sample of Antiphlogistine for clinical trial, together with

### HARRY F. WANVIG

Authorized Indemnity Representative

٠ŧ

The Medical Society of the State of New York

80 MAIDEN LANE

NEW YORK CITY

TELEPHONE: JOHN 0800 0801

## THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND COLLEGE

(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

We Announce

## FOR THE GENERAL SURGEON

a combined surgical course comprising

GENERAL SURGERY GYNECOLOGICAL SURGERY

TRAUMATIC SURGERY PROCTOLOGY

ABDOMINAL SURGERY THORACIC SURGERY

ORTHOPEDIC SURGERY UROLOGICAL SURGERY

GASTRO-ENTEROLOGY LABORATORY

X-RAY DIAGNOSIS

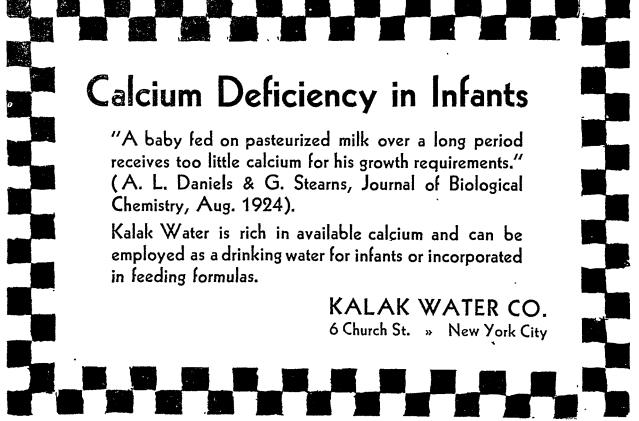
CADAVER COURSES in all branches of Surgery SPECIAL COURSES in all Medical and Surgical specialties

For Information, Address

MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, NEW YORK CITY

## TABLE OF CONTENTS—SEPTEMBER 1, 1930

ORIGINAL ARTICLES	LEGAL
re Operative and Post-Operative Treatment of Hyperthy- roidism—By William Barclay Parsons, Jr., M.D., New York, N.Y	Insurance Policy—Distinction Between Accident and Disease. 1050 Claimed Failure to Repair Laceration Sustained During Delivery
Diabetes Insipidus. A Case Report—By Frederick Williams, MD, New York, N. Y	NEWS
M.D., New York, N.Y	Conferences of County Representatives
This Journal 25 Years Ago-City Doctors in the Country 1045	
MEDICAL PROGRESS	BOOKS
Paul's Cutivaccine       1046         K Ray Treatment of Chronic Arthritis       1046         ntestinal Obstruction       1047         Food Poisoning Due to Eggs       1047         Allergic Migraine       1048         Freatment of Hay Fever       1048         Eyelids in Epidemic Encephalitis       1048         Arterial Pressure in Its Clinical Aspects       1049         The Fibroses of the Heart       1049	OUR NEIGHBORS  House of Delegates in Illinois



## DIET QUESTIONS have GELATINE ANSWERS

# BE EXACT WHEN PRESCRIBING "GELATINE"

A great many physicians are prescribing Knox Sparkling Gelatine for cases in which diet is an important factor as a preventive or corrective. Some physicians, however, merely prescribe "Gelatine."

There is such a great difference in gelatines that it is very necessary to designate the kind of gelatine

For example, our attention has just been called to a case for which a physician prescribed "gelttine in the diet of a diabetic When indications of acid developed it was learned that the patient had unwittingly been using a ready flavored jelly powder containing about 85% sugar, 2% acid flavoring, 12% gelatine and coloring matter

To guard against such errors, it is a wise precaution to stipulate Knox Gelatine and especially to call the patient sattention to the importance of the name 'Knox

This is an absolute assurance of the purest gelatine and an insurance against the presence of any foreign element likely to upset the essential balance of the diet

Always remember to add the name "Knox to every diet prescription in which gelatine is a factor

We would like to send every physician a publication on Diet in the Treatment of Diabetes by a widely known dieteticauthority This publication presents many new ideas and recipes in the preparation of beneficial diabetic diets. It is of such character that it may be placed in the hands of any patient with the assurance that it will act as a safe diet control, and at the same time make the patient more content with the prescribed diet. This publication will be sent in any quantity, to supply the diabetic patients of any physician who will mail this coupon.

## For Example.

#### BANANA BANARIAN (Six Servings)

KNOX
is the real
GELATINE

KNOX GELATINE LABORATORIES
432 knox Avenue Johnstown N Y

Please send me w thout obligat on or expense the booklets which I have marked Also register my name for future reports on clinical gelatine tests as they are issued.

U Vary ng the Monotony of Liqu'd and Soft Diets Rec pes for Anemia.
Det in the Treatment of D abetes Reduc ag D et.
Uslue of Gelatine in Infant and Child Feeding

Name Addres Cor.

Please mention the JOURNAL when writing to advertisers

For Respiratory Diseases

rto-oxibenzoyl-sulphon-nucleino-formal-sodium tetradimethylamino-antipyrin-bicamphorated

3 IMPORTANT AIDS TO **PHYSICIANS** AND SURGEONS

A Reliable Oxytocic

## THYMOPHYSIN

A Valuable Hemostatic

# STRYPHNON (Moyer G Albrecht)

Please send literature on items checked:

DISULPHAMIN |

with the second

THYMOPHYSIN |

STRYPHNON |

American Bio-Chemical Laboratories, Inc.

235 Fourth Avenue New York

Sele Agents for Canada NATIONAL DRUG & CHEMICAL COMPANY of Canada, Ltd., Montreal

#### INDEX TO ADVERTISERS

RULES-Advertisements published in the JOURNAL must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

PAGE	Page	Page
ABDOMINAL SUPPORTERS, ETC.	Four Gables xxix	Drug Products Co xx
S H. Camp & Co xiv	Halcyon Rest Axix	Eli Lilly & Co xii
Pomeroy Co xiv	Interpines xxix	Fellows Med. Mfg. Co, Inc xv
Katherine L. Storm, M.D xvi	Dr. Rogers' Hospital xxix	W. A. Fitch, Inc xxvi
,	Charles B. Towns Hospital xxi	Granger Calcium Products, Inc xxix
COLLEGES, SCHOOLS & HOSPITALS	West Hill Sanitarium xxix	Hynson, Westcott & Dunning xxvii
	Westport Sanitarium xxix	Wm. S. Merrell Co ix
N. Y. Polyclinic Med. Sch. & Hosp. iii	White Oak Farm xxix	Mead Johnson & Co., Inc xiii
N. Y. Post Grad. Med. Sch. & Hosp. xxvii		Merck & Co., Inc
Sydenham Hospital xxix	INSURANCE	H. A. Metz Labs. Inc viii
	Harry F. Wanvig iii	Parke, Davis & Coxxxi
ELECTRICAL APPARATUS	ļ	Petrolagar Labs. Inc vii
AND X-RAY	LABORATORIES	Chas. H. Phillips Chem. Co xxv Sandoz Chemical Works, Inc xi
Cambridge Instrument Co xxii	Lederle Antitoxin Labs xxv	I Saharina Caus
		William R. Warner & Co., Inc xxiii
FOOD	MISCELLANEOUS	a con the contract of the cont
Knox Gelatine Labs v	Medical Directoryxvi-xxx	RADIUM
Sugar Institute xix	Classified Advertisements xxviii	Radon Company, Inc xxxi
•	New York Academy of Medicine Axxii	, maden company, flict xxxi
HEALTH RESORTS AND		TONIC
SANITARIUMS	PHARMACEUTICAL PREPARATIONS	W T C. C
Aurora Health Farmsxvii	American Bio-Chemical Labs., Inc vi	A. I Sons Co
Dr. Barnes' Sanitarium xxix	1	
Breezehurst Terrace xxix		ATERS
Brigham Hall xxix		Knln'
Crest View Sanatorium xxvii	Denver Chemical Mf ii	Pol
*		• •

Please mention the JOURNAL

advertisers

Patient Types . . .

## The Rheumatic

Regular and adequate bowel elimination constitutes an essential part of treatment in the majority of patients suffering from the arthritic or gouty diathesis.

The comfortable action of Petrolagar is to be preferred to drastic physic. Petrolagar is pleasing to take and mechanically restores peristalsis without causing irritation and does not upset digestion.

Petrolagar, a palatable emulsion of 65% (by volume) pure mineral oil emulsified with agar-agar, has many advantages over plain mineral oil. It mixes easily with bowel content, supplying unabsorbable moisture with less tendency to leakage. It does not interfere with digestion.

## Petrolagar



Petrolagar Laboratories,	, Inc.,
536 Lake Shore Drive, Chicago, Ill.	Dept. N.Y
Gentlement—Send me of TIME" (of bowel mover imens of Petrolagar.	copy of "HABI nent) and spec
	(

Address .....



Unless an antisyphilitic arsenical possesses these essential properties, it fails to comply with the requirements of Ehrlich. To assure reliable results, why not use Ehrlich's own preparation—Neosalvarsan?

In the abundance of convincing clinical experience, Neosalvarsan surpasses every other arsenical employed in the treatment of syphilis, for its use is world wide and not confined to any one country.

The laboratory finds are equally impressive. Among these the trypanosome test ("Tryp" test) is a most effective index of spirocheticidal activity. It has therefore been adopted as a routine procedure by the manufacturer of Neosalvarsan. Every lot is submitted to this test before it is allowed to leave the laboratory.

Furthermore, Neosalvarsan fully meets the requirements for chemical purity and ready solubility. Its margin of safety is at least 50% greater than demanded by the U.S. Public Health Service.

## NEOSALVARSAN

Reg. U.S. Pat. Off.
Brand of NEOARSPHENAMINE

Specify "Neosalvarsan"—not just "Neo"

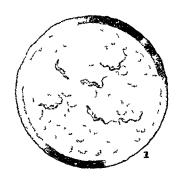
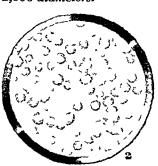


Fig. 1 shows rat blood infected with trypanosoma equiperdum (142,000 per c.mm.) just before intravenous injection of Neosalvarsan, magnified 1,000 diameters.

Fig. 2 shows blood of cured rat 24 hours after injection of Neosalvarsan, magnified 1,000 diameters.



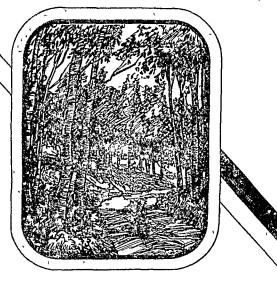
Write for illustrated booklet "Syphilis: Suggestions on Technic and Schedules of Treatment"

## H. A. METZ LABORATORIES, INC.

170 Varick Street

New York, N.Y.





## More Effective Salicylate Medication

OR more than half a century the medical profession has depended on the Merrell Natural Product for maximum effectiveness with minimum of gastric disturbance.

And now, keeping in step with the newer thought in solicylate medication the Merrell Company have combined in one product—Alycin—Natural Sodium Salicylate with a balanced alkoli

Because Merrell's Natural Salicylates

are free from the usual gastric symptoms associated with the synthetic products, massive doses of Alycin can be given so as to obtain salicylic effect within the first 48 hours.

One teaspoonful of Alycin contains approximately 20 grains of Natural Sodium Salicylate with 40 grains of a balanced alkaline base.

Write for sample and literature describing this more effective method of salicylate medication.

#### THE WM. S. MERRELL COMPANY

CINCINNATI, U. S. A.

THE WM. S. MERRELL COMPANY, Cincinnati, Ohio	Dept	N Y. 9	
Send me a sample of ALYCIN and full literature.			
Dr			 

Please mention the JOURNAL when writing to advertisers



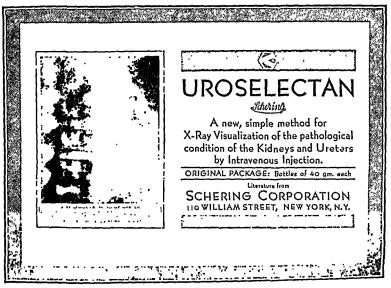
A great
advance in
Calcium
Therapy

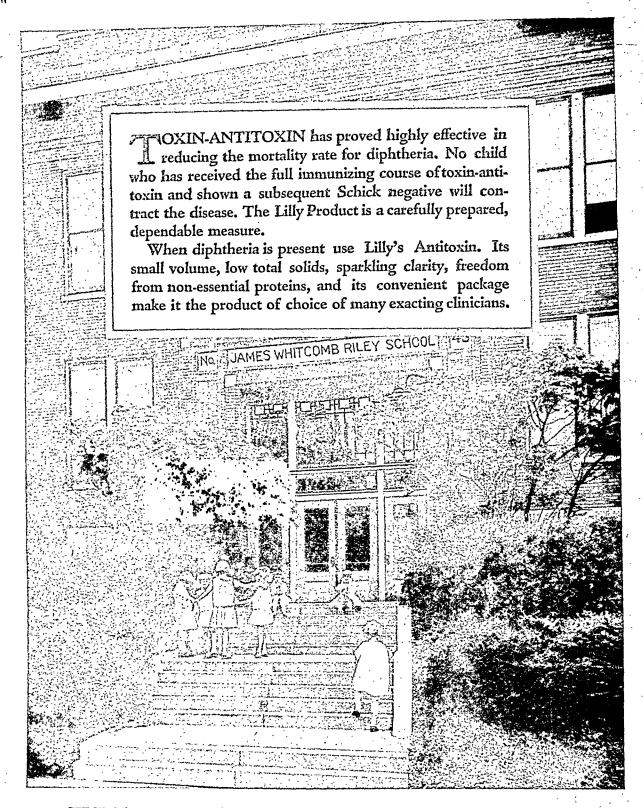
# CALCILYM Gluco: SANDOZZ

Per Os - Palatable
Intramuscular - No Irritation
Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

SANDOZ CHEMICAL WORKS, Inc. 61.63 Van Dam St. NEW YORK, N.Y.





## ELI LILLY AND COMPANY

Progress Through Research

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 17

NEW YORK, N. Y.

September 1,41930

#### PRE-OPERATIVE AND POST-OPERATIVE TREATMENT OF HYPER-THYROIDISM\*

By WILLIAM BARCLAY PARSONS, JR., M.D., NEW YORK, N. Y. From the Defortment of Surgery, Columbia University, Presbyterian Hospital, New York City

THE value of surgery in the treatment of hyperthyroidism is now well established. More than a skilfully performed operation, however, is needed to obtain satisfactory immediate and ultimate results. Unless the surgeon can combine in himself considerable medical as well as surgical experience, wisdom and skill, he must depend for great help before and after the operation on an experienced medical man, particularly in reference to diet, medication and cardiology. In addition, these two men need well-equipped metabolic, x-ray, electrocardiographic and pathological laboratory associates.

At the Presbyterian Hospital in New York City we have a special group working on the goitre problem. The director of the medical service is in genreal charge, and associated with him are a cardiologist, a chemist, Sangert who has reported his results in treating cases with radio-therapy, another surgeon and myself. All cases coming to the general clinic with disorders of the thyroid gland are referred to this clinic for diagnosis, consultation and treatment. The group directs the treatment of the patients whether as out-patients or in the hospital, and, after discharge from the hospital, from a follow-up standpoint.

Diagnosis: Under the heading hyperthyroidism are included cases of typical Graves disease and of adenoma with hyperthyroidism. We² are heartily in accord with most American writers that these two conditions represent different forms of the same disease, namely, that typical exophthalmic goitre usually represents a primary severe thyrotoxicosis, while so-called adenoma with hyperthyroidism represents a milder toxicosis in older individuals who have had a previously enlarged thyroid.

A good history is often of prime importance

\*Read before the Semi Annual Meeting of the New Haven County
Medical Society at Waterbury, Connecticut, October 24, 1929.

and always of great interest. It is a frequent occurrence to have the patients date the onset of symptoms from an illness, such as influenza or tonsillitis, a fright or a severe strain, but close questioning will often reveal characteristics in the individual antedating the supposed onset of symptoms that indicate slight over-activity of the thyroid for many preceding years. Suggestive in this respect would be fatigueability, attacks of "nerves," particularly those associated with loss of weight and gastric or intestinal upsets, irritability and heart attacks without any history of rheumatic fever. The general psychological makeup is similarly important, particularly in differentiating hyperthyroidism from neuro-circulatory asthenia or the psychonemoses, where nervousness, tachycardia, insomnia, loss of weight and strength or other suggestive complaints can be ascribed to an occupational or familial condition, and hyperthyroidism as such does not obtain. We do not feel that frights, worries, illnesses, etc., cause hyperthyroidism, but do feel that following the stimulation of one of these strains an abnormal thyroid may continue in an overactive state, and that what was physiological activity in response to a demand for the liberation of energy may thus become a definite pathological condition. In close connection with this it is important to ascertain whether the present illness represents the first evidence of hyperthyroidism, and whether a simple enlargement had been present before the onset of acute symptoms.

In the physical examination particular attention should be given to the shape and size of the heart by percussion and by x-ray, and to its efficiency. Notation of the pulse rate before and after exercise and rest, the blood pressure and in particular the pulse pressure must be observed, as tachycardia at rest and a high pulse pressure are usual findings in hyperthy-

oidism. Precordial systolic murmurs that are ot transmitted are nearly always present and ave little if any significance. Actual valvular lisease, however, particularly with a history of theumatism, when present is important in both treatment and prognosis. Whether the land is nodular or symmetrical should check with the history, the nodular usually occurring in the cases with pre-existing goitre, the symmetrical usually being found in the primary Rotation of the gland around the trachea not infrequently takes place, with one of two symmetrically enlarged lobes lying well back in the neck, so that apparently there is a unilateral globular enlargement present. By lateral pressure against the trachea one can dislocate the hidden lobe so that it may be palpated or even seen, and thus be reasonably sure of a bilateral enlargement. In the x-ray of the chest it is more important to look for narrowing or deviation of the trachea than for a shadow suggesting an intrathoracic exten-So frequently the radiability of the sion. goitre differs so slightly from that of the thoracic wall that no appreciable shadow is cast, but a deviated trachea can nearly always be detected. Examination of the vocal cords before operation is most important and should not be omitted from the routine physical examination. In reference to the eyes we consider exophthalmos more important from a cosmetic than from a diagnostic standpoint. Even a slight stare is significant, but a lack of this or of exophthalmos is of no value. Lagging of the lids and the other points stressed some years ago seem to depend on the degree of exophthalmos and hence are of little impor-

The basal metabolic rate should be done when the patient is ambulatory and again after a few days in bed before iodine has been started. This test is frequently the determining factor in a doubtful case, and in such cases one reading is not sufficient, but two or three should be made within a week, the patient being under observation in bed meanwhile.

In the electrocardiogram one should look for delayed conduction time, irregularity in rhythm, disturbances in the origination of impulses and the direction of the T waves. Postoperative changes in the electrocardiographic findings are often most striking and most satisfactory from a prognostic standpoint.

Treatment: We still feel that hyperthyroidism in children can be treated conservatively. One child of five did excellently with small doses of x-ray and has remained well for over five years. A few girls of twelve to fourteen have done well under rest in the country away from school and the noise and excitement of the city. But in those nearing twenty and in the

adults we feel that although radiotherapy eventually cures many, it has the disadvantages of delay, a chance of failure after many months of trial, and if failure does occur that surgery is then more difficult, in that the gland is harder to deliver and that there is more In the last few years the operative mortality in all the larger thyroid clinics has been brought below 1 per cent, a figure that compares most favorably with other surgical procedures and with the mortality of 14 per cent quoted by Hyman and Kessela in their series of cases treated medically. Although the reports from a close personal follow-up of thyroidectomy for hyperthyroidism are all too few, it is fair to say that surgery is the treatment of choice. In a report last year<sup>2</sup> we found that only 5.5 per cent of our cases never returned to full work, and that 67.3 per cent were symptom-free with normal basal metabolic rates at follow-up visits from 6 months to 7 years postoperative. Of those with anything less than a perfectly satisfactory condition at follow-up 37 per cent complained of cardiac symptoms due to prolonged hyperthyroidism.

We do not differentiate in treatment between exophthalmic goitre and the so-called adenoma with hyperthyroidism, as they both suffer from qualitatively identical hyperthyroidism, although individuals will differ in age, severity of symptoms and degree of cardiac involvement. There are three important objectives in all cases, namely rest, nutrition and iodine. certain cases the cardiac element is also to be taken care of, and occasionally one sees a true diabetic. When this occurs it of course modifies the dietary régime, and is of importance in that respect; but granting control with insulin, so that a relatively high caloric diet can be given, diabetes per se is of no particular moment and is usually favorably influenced by operation.

Rest: Complete, continuous rest in bed is not advised except for the cases with congestive heart-failure. We have found that the patients are happier, eat and sleep better, and maintain better muscular condition if they are allowed up for say two hours a day and can get on the roof or the solaria. A mild sedative such as luminol or bromides is given to all patients. Occasionally codeine, morphine or paraldehyde is necessary, but the more powerful sedatives are rarely used ante-operatively, iodine being used in the cases in crisis.

For the cases with cardiac decompensation we institute a typical régime for that condition, irrespective of their hyperthyroidism, granting that a crisis does not intervene. For example, a woman with long standing heart disease was admitted to the hospital about two years ago in acute decompensation with auric-

ular fibrillation. She was put to bed and given digitalis but soon began to vomit and became much worse. Iodine controlled the vomiting and in a reasonable time she stood her operation satisfactorily. She has, however, continued to fibrillate and has a heart of low efficiency, although otherwise satisfactory from the standpoint of hyperthyroidism.

In less severe cardiac cases we have found it wise if possible to improve them by rest until they are able to be up in a chair part of the day before starting iodine therapy. An ability to tolerate this amount of activity can be taken as an indication of considerable restoration of heart efficiency. Psychic as well as physical rest should be striven for; sedatives quiet people, but much can be done to cheer and encourage them. It is most helpful for the preoperative to see the post-operatives, after these have passed through the two or three uncomfortable days immediately following operation, as it gives them a definitely increased confidence in their own outcome. Similarly an attempt is made to hold up the day of operation as something not to be dreaded but to be desired as leading definitely to health. We have given up surprising the patients on the morning of operation, but tell them at least a day ahead, and have found that by the day of operation they have largely overcome the immediate excitement and come to the operating room in a far better frame of mind.

Nutrition: Loss of weight and fatigueability represent the results of increased metabolism not offset by an adequate increase in intake, and a consequent loss in muscle substance and Palmer et al' have indicated, by their studies of the creatin and creatinin output of these patients on a diet lacking in animal protein, that there is an actual breaking down of the patients' own muscle protein, which disappears as they improve under iodine. Palmer also insists that any patient can be made to gain weight if sufficient calories are taken. It is, however, necessary to give them more cal-ories than their increased basal metabolic rate would seem to demand; at least another 100 per cent over the figure that would represent their basal requirements plus the percentage indicated by the basal rate determination, i.e., if the basal requirement is 1500 cal. and the basal metabolic rate is 50%, a total of at least 3750 cal. per day will be required for weight to be gained.

We believe strongly that the diet should be well balanced, and that a marked increase in carbohydrate and fat should be accompanied by an adequate increase in protein. The specific dynamic action of protein enters into this, as well as the need for protecting the patients' own muscle protein, and we do not admit the

desirability of cutting down the protein intake out of proportion to the carbohydrates and fat.

In the preparation of patients with hyperthyroidism for operation, the value of iodine is as well established as that of quinine in malaria. But it differs from the latter in that a tolerance is often quickly established. This is a danger stressed by all surgeons, but apparently it requires repeated mention. Now and again a patient will do well on iodine and remain well for a considerable period, but the time will almost certainly come when that patient is in a serious condition and will no longer react to iodine. Every so often one comes to the hospital in this situation, and the surgeon then has to operate on a dangerously ill patient without the great safeguard that was formerly at hand but has been heedlessly wasted.

Our usual procedure is a varying period of rest with a high caloric diet before iodine is started. Depending then on the patients' general condition, we give them one to two weeks of iodine preparation. We usually give 1 cc. of Lugol's solution per day in divided doses for a week, then 2 cc. a day for a similar period. The larger amounts are used in the more toxic cases, as we feel that although small doses may suffice for many cases a good saturation in the more severe ones is of value in decreasing mortality. This of necessity must be merely an impression, as it is not subject to scientific proof.

Some patients object to the taste of Lugol's solution even when disguised in an elixir, grape juice of other vehicles. Sodium iodide in one-tenth of the Lugol's solution dose seems to work almost as well. Sodium iodide also is less irritating by rectum, and can be given in intravenous infusions or subcutaneously by hypodermoclysis.

Digitalis: This is of no value in the simple tachycardia of hyperthyroidism, but we use it in congestive heart failure as it would be used in ordinary heart disease not associated with hyperthyroidism, and in cases of auricular fibrillation to slow the ventricular rate. Occasionally it will re-establish regularity of rhythm, but this is the exception. Usually sinus rhythm does not appear in a previously irregular heart until after operation, but fortunately this can be expected in a high percentage of cases, and has been observed as early as the second post-operative day.

Time for Operation: We do not depend upon improvement in the basal metabolic rate alone or the attainment of any particular level before operation. Unfortunately this test does not indicate with sufficient accuracy the exact operability. We demand an improvement in the metabolic rate, but consider of equal im

portance an improvement in the average pulse rate, the body weight, and the general clinical appearance of the individual. If there is an improvement in all four of these points we are atisfied. If any one of them fails to show improvement we prolong the pre-operative period up to about three weeks. A longer preparation than that is not usually followed by satisfactory results, and it is then considered best to proceed with an operation in stages rather than to hope for sufficient improvement for the complete operation at one sitting.

Post-Operative: After operation the objects of treatment are rest, fluids, iodine and nutrition.

Rest: In this period sedatives are most important and morphine should be used freely. An idiosyncrasy towards morphine should be watched for as it is not infrequent in hyperthyroidism. Paraldehyde is then most useful. Hyascine occasionally works well, but it is a dangerous drug and so frequently has a secondary stimulating effect that it should be used with great caution. In the extremely toxic cases it is wise to keep them well under sedative control for at least 48 hours. mides per rectum, aided by the controlling effect of iodine, are often sufficient to control the post-operative nervousness, and in any case supplement the action of the stronger hypnotics.

Fluids: A copious fluid intake is important enough before operation, but is even more so afterward. A daily intake, or perhaps better an input, of three to three and a half litres should be insured for the first 48 hours by the use of tap water per rectum and glucose by either intravenous infusion or subcutaneous hypodermoclysis. All our cases receive immediately after operation 1500 cc. of 5% glucose containing 0.3 to 0.5 gm. of sodium iodide in the vein or under the skin. On occasions a slow continuous infusion is used at the rate of one litre in six hours. When this is done it is important that alternate flasks should be of normal salt solution without glucose, in order that the sodium chloride balance should not be disturbed. By giving the iodide directly into the circulation one is assured of its delivery and absorption, which does not obtain when one depends on retention and absorption of fluid introduced into the rectum.

Diet and Iodine: As soon as swallowing becomes reasonably easy fluids of all sorts are begun and soft diet is rapidly added. A high caloric intake is again striven for, but this is not as essential as in the pre-operative period.

Iodine can now be taken by mouth, and the large doses required immediately post-operative are no longer required. Either Lugol's solution or sodium iodide can be used and the

daily dosage rapidly reduced to 1 cc. or 0.1 gm. respectively. This dosage is maintained until discharge from the hospital and is kept up for about one month following discharge. If the taste of Lugol's solution or sodium iodide is objected to, one can use the syrup of hydriodic acid in equivalent doses.

The typical post-operative Complications: crises of severe degree are far less common than they were before the use of iodine, but do occur in the severe cases. They always require prompt and unremitting attention, and should if possible be anticipated by the use of plenty of sedatives, iodine and fluids. Ice bags to the head, chest and extremities and frequent cool spongings are soothing and tend to control the temperature. Colonic irrigations supply fluid and may be used for cooling purposes by using cool water. In the cases that develop coma and suggest acute deprivation of thyroid substance good results have been reported from the use of thyroxin intravenously, but our experience with it has been too limited to be conclusive.

Occasionally auricular fibrillation will occur as an immediate post-operative complication, and this is the only indication in our opinion for the use of digitalis, as it has no effect on the tachycardia of a regular heart.

Post-operative hemorrhage must be handled as the indications demand. If this is large it is presumably from a bleeding artery requiring ligature, if merely from oozing points it can usually be controlled by packing.

Nearly all cases will show some tracheal irritation for a few days. Inhalations of steam and codeine by mouth will usually control these promptly. If the patient is made to speak immediately after recovery from the anaesthetic and has a good voice, one need not be concerned over a hoarseness appearing a few hours later.

Post-operative tetany may develop even though none of the parathyroid bodies was removed, presumably due to impairment of their blood supply. A tingling sensation in the hands and feet or a tightness and stiffness of the lips often appears before the typical carpopedal spasm and positive Chvostek sign. This warning should at once be heeded and a blood calcium determination made. Before this laboratory report is obtained the patient should receive ten or fifteen units of Parathormone, and calcium lactate should be started. If actual convulsions occur the Parathormone should be repeated as often as is necessary, and the calcium lactate should be continued until the blood-calcium has regained its normal level, but should not be continued beyond this point. If the patient is unable to take calcium by mouth it may be given intravenously preferably as calcium acetate, or even as calcium chloride.

Advice: Before the patients leave the hospital a real attempt should be made to make them understand the nature of their disease and the physiological principles involved in their future Too early return to full activity is extremely bad, and yet it is most important that they should receive the psychological stimulus from an as early as possible return to at least partial activity. The cases with cardiac damage must accept a more prolonged or permanent restriction of activity, but a vast majority of the remainder may look forward to real health. Daily rest in the middle of the day is no more important than a gradual increase in physical activity, preferably as outdoor exercise. Perhaps the best example of this procedure was given by an ex-pugilist who had a very severe thyrotoxicosis. He went into regular training and after he could handle roadwork took up shadow-boxing, and by three months after operation was back at full work and has continued so for the past five

We do not believe in restriction of diet as a general rule but urge a large water intake between meals. Sedatives are hardly ever required but, as stated above, the patients take 1.0-2.0 cc. of the syrup of hydriodic acid for a month. We warn strongly against pregnancy for at least a year, as in two of our cases this definitely precipitated a return of symptoms to a marked degree.

Last, but by no means least, we strongly urge a faithful return to the follow-up clinic. We try to get return visits at one, three, six, twelve and eighteen months, and at yearly intervals after two years, unless some indication appears for more frequent visits. We feel that many of the patients are benefited and know that it has been of inestimable value to all of us. Reports of the results of surgical treatment based on close personal follow-up over long periods of time are conspicuous by their rarity. Too many writers claim better than ninety per cent cures based on the letter method of follow-up. This method is unfortunately absolutely unreliable and can give no accurate information as to the status of the individuals or the group as a whole. Reports based on personal follow-up, even in small series, are really needed to evaluate the results of treatment in the various classes of this rather frequent and extremely important dis-

#### BIBLIOGRAPHY

- 1. Sanger, B. J.; Exophthalmic Goiter: A Follow-Up Study of Cases Treated with the Roentgen Ray, Arch. Int. Med., 1926 37, 627.
- 2. Parsons, W. B., Jr.; A Follow-Up Study of Thyroidectomy for Hyperthyroidism, Tri-State Med. Jour., 1929, 1, 106.
- 3. Kessel, L., and Hyman, H. T.; Exophthalmic Goiter and the Involuntary Nervous System, Arch. Int. Med., 1927, 40, 314.
- 4. Palmer, W. W., Carson, D. A., and Sloan, L. W.; The Influence of Iodine on the Excretion of Creatine in Exophthalmic Goiter, *Jour. Clin. Inv.*, 1929, 6, 597.

#### HOW SHALL WE LOWER MATERNAL MORTALITY?

By John H. Barry, M.S., M.D., NEW YORK, N. Y.

This article deals with the Borough of Queens, which contains about one million inhabitants. It is written for the Department of Health of Greater New York by the Assistant Sanitary Superintendent of the Department in charge of Queens Borough.—EDITOR'S NOTE.

ARECENT survey of ours of the comparative Borough maternal mortalities showed a readjustment and improved standing of Queens in the corrected statistics. It defined its position as a close third, instead of a distanced last as published in the Metropolitan press.

We have now undertaken a classification of the Borough deaths of 1929 in the hope that some emphasis might be placed upon the more common causes, and a study made towards betterment, and improved life-saving in these indicated regards. Our study shows 89 Queens maternal deaths in corrected figures distributed between hospitals and homes as follows:

Hospitals ..... 86+ per cent—77 cases Homes ...... 13+ per cent—12 cases

This cannot be taken as a challenge of lessened skill or caution in hospital service, as it will be readily claimed that institutions are sometimes used as a last haven for the treacherous and temporarily-thwarted deliveries.

It has not been possible to calculate the perntage of cases sent in as emergencies to hossitals where midwife or home service seemed nadequate, but we may be able under later-inculled methods to make some early future estinates.

We have inaugurated a system within the past few months, at the instance of our Health Commissioner, whereby all puerperal fatalities are marked for checkup by inspectors' investigations, to determine whether or not the case was in the preliminary care of a midwife. Of the six reported septic deaths thus far this year, none had been under such preliminary care.

The maternal death records of the general hospitals of the Borough show varying degrees of per cent of mortality ranging between 3.84 per 1,000 and 9.40 per 1,000. (See table—also prenatal activity in same.)

Of the births of 1929 occurring in Queens, there were delivered:

At home ..... 7,794—60 per cent of cases At hospitals ... 5,248—40 per cent of cases (Including private hospitals)

These figures will not do justice, doubtless, to hospital service, as the difference between uncorrected and corrected figures (some 5,000 births) are almost entirely hospital deliveries in these out-of-Borough cases. This would convert the percentages to 75+ per cent hospital cases—24+ per cent home cases. (Uncorrected Queens figures are actual births occurring in the Borough. Corrected Queens figures are children born of Queens residents without reference to the Borough in which delivered.)

Hospital records differ in the amount of prenatal clinic service given, where they range from 21½ to 64 per cent. The six general hospitals of the Borough have cared for 3,723 births throughout 1929.

A computation has also been made of the intra and extra Borough mortality.

- 54 deaths in 13,000 born in Queens (in round figures) show a rate of 4 per thousand.
- 35 deaths in the 5,000 cases of Queens mothers delivered in other Borough of the greater City show a rate of 7 per thousand.

Of the primary causes of deaths in Queens Borough mothers for 1929 we find the most notable and common to be:

Sepsis	20
Ectopic (8 ruptured)	11
Caesarean (1 with sepsis)	10
Eclampsia (including nephritis)	
Embolism	

A full list of causes (primary and secondary) is to be found at end of article.

### Pre-Natal Care

A study has been made of the records of hospitals and of our two Department Pre-Natal Clinics with regard to the services they rendered, and the appended chart shows percentages ranging from 64 per cent to 21½ per cent.

In the instance of our Department Clinics:

No. 1 had 363 mothers on registry with 1,069 visits made during 1929.

No. 2 had 182 mothers on registry with 984 visits made during 1929.

There were 1,800 patients given pre-natal care at six hospitals, and our two Department Clinics, a percentage of only 13 plus of delivered cases of the Borough. This, of course, does not reckon with the pre-natal care rendered by private physicians, which may always remain a matter of speculation and not official record.

Of the secondary causes and complications, we find heart, embolism, and kidney defunction or antecedent disease are commonly called upon in our maternal death certificates. The inference seems clear that if we can control hypertension by diet, rest and hygiene, and if we can better avoid infection of our expectant mothers, three great sources of maternal fatalities will have been approached, and perhaps better impressed.

## Sepsis

What has become of the boast of Jewett expressed many years ago:

"Such is my faith today in Antiseptic Midwifery, that I do not hesitate to promise my patient that she *shall* not die of Sepsis."

And yet 22½ per cent of our fatalities are primarily referable to septic infection, and the latter, not always developing in the hands of the poorer-trained, careless or slovenly midwife or obstetrician.

Many factors must be considered in order to properly safeguard our patient. Sometimes we doctors ourselves are at fault. Hurry, thought-lessness, lack of faith in what scrupulous and unfaltering devotion to asepsis and cleanliness will bring, recent engagement with pus or infectious cases may initiate a fatal maternal infection.

On the other hand, our most conscientious, painstaking and ordinarily safe methods may be made valueless, for want of equally careful and thoughtful follow-up nursing.

Hospitals should insist on the isolation and exclusive nursing of all post-partum cases as soon as any suspicion of sepsis seems well-founded or positive smears obtained. The patient may thus obtain more thoughtful care and the cases in

adjacent beds may be the better safeguarded against transmission by the same nurse caring for the infected case.

Dearth of help must not be a legitimate or worthy excuse to fail in affording exclusive nursing care of an infected case.

#### Ectopics

One is forced to marvel at the extreme frequency of deaths from ruptured ectopic gestation. We had been disposed to believe that the condition was of very definite rarity, but when it reckons with 11 fatal ectopic cases out of 89 deaths—about 12.3 per cent of maternal deaths from all causes—it must take a very substantial place in the records, and it would seriously suggest the thought that more intensive effort must be made at accurate diagnosis to apprehend, if possible, such fatal ruptures, or to be prepared, by definite knowledge, for the immediate need and control of shock and hemorrhage by early abdominal interference.

Every patient with atypical signs of pregnancy should always be borne in mind as a potential ectopic, and we should be prepared for what has become the surprises and staggering shocks to us who have frequently had no thought of an existing ectopic, until the most treacherous and dangerous signs show. There is still a lack of accord as to the wisdom of immediate or delayed interference, but certainly a knowledge, wherever possible, of what we have to deal with, is a splendid starting-point for helpful service.

#### Caesarean

Later thought has not changed the opinion expressed in 1921 in an essay by us on "Conservative vs. Radical Obstetrics," that the Caesarean operation is being overdone, and that its mandatory necessities are being based on questionable judgment.

A recent writer on the subject, whilst pleading for conservative obstetrics, lists 17 cases in 1,000 group cases and states that his only deaths in that group were 3 Caesareans. We should like to reaffirm our statement of an experience reckoning with 1,500 cases, in most of which we were in personal control, in some of which we were in hospital supervisory control, as obstetrician, wherein but one undeliverable situation confronted us, and this a craniotomy on a child known to be dead at the time.

Caesarean used to be considered "La dernière resorte," to be taken up not entirely after all other methods had failed (which would not be scientific) but only after history, repeated pelvimetry, and sometimes, at least, some attempts at spontaneous delivery had failed.

History is somewhat unreliable, as we know, from the absence of dystocia in later labors after

severe preliminary ones. The foetal head is always a somewhat variable quantity even if the pelvic strait would not be.

The Caesarean delivery is of course theatric and exceedingly satisfactory when successful, but it must leave many grounds for remorse in be-reaved families when it fails, lest too heroic a measure has been undertaken upon poor judgment or groundless fears. The records show 10 Caesarean deaths in Queens mothers in a year. We have not on hand the record of how many might have been successful. We know that there must have been a goodly number which succeeded. We regret an inability to say how often Caesarean has been determined upon in a given number of cases, but we doubt not that it is a rather frequent operation in the hospitals of the greater City in the present day.

Ordinarily, it should be considered the acme of obstetrical and surgical skill and experience, and its success should not be handicapped by being undertaken by those lacking the widest experience in surgical technique or the broadest possible first-hand experience in preliminary training and assistance at such operations. We cannot help but reiterate the belief that some maternal lives would be spared by less of Caesarean and more of version or forceps.

TABLE NO. I
PRIMARY CAUSES OF DEATHS IN QUEENS
MOTHERS WHO DIED IN THE BOROUGH OF

Reart.   Queens   Brook-   Manhattan				
Coronary Thrombosis	·	Queens		
	Coronary Thrombosis. Embolism. Sepsis (1 abortion). Eclampsia. Difficult Instrumental Shock. Acute Nephritis. Caesarcan (1 with Sepsis). Ruptured Uterus. Ectopic. Ectopic, Ruptured. Post Partum Hemorrhage Abortion. Pulmonary Oedema. Uraemia. Hemophilia. Peritonitis (Septic). Placenta Praevia. Toxemia.	17712 1100111224112211	    3 1	2 (undel) 2

#### Eclampsia

With the growing knowledge of dietetic influence upon heart and kidney conditions and toxaemias resulting from their decompensation or defunction, it would be well hoped that we might score a better record than 14 cclampsia It has not been possible to calculate the percentage of cases sent in as emergencies to hospitals where midwife or home service seemed inadequate, but we may be able under later-installed methods to make some early future estimates.

We have inaugurated a system within the past few months, at the instance of our Health Commissioner, whereby all puerperal fatalities are marked for checkup by inspectors' investigations, to determine whether or not the case was in the preliminary care of a midwife. Of the six reported septic deaths thus far this year, none had been under such preliminary care.

The maternal death records of the general hospitals of the Borough show varying degrees of per cent of mortality ranging between 3.84 per 1,000 and 9.40 per 1,000. (See table—also prenatal activity in same.)

Of the births of 1929 occurring in Queens, there were delivered:

At home ..... 7,794—60 per cent of cases At hospitals ... 5,248—40 per cent of cases (Including private hospitals)

These figures will not do justice, doubtless, to hospital service, as the difference between uncorrected and corrected figures (some 5,000 births) are almost entirely hospital deliveries in these out-of-Borough cases. This would convert the percentages to 75+ per cent hospital cases—24+ per cent home cases. (Uncorrected Queens figures are actual births occurring in the Borough. Corrected Queens figures are children born of Queens residents without reference to the Borough in which delivered.)

Hospital records differ in the amount of prenatal clinic service given, where they range from 21½ to 64 per cent. The six general hospitals of the Borough have cared for 3,723 births throughout 1929.

A computation has also been made of the intra and extra Borough mortality.

- 54 deaths in 13,000 born in Queens (in round figures) show a rate of 4 per thousand.
- 35 deaths in the 5,000 cases of Queens mothers delivered in other Borough of the greater City show a rate of 7 per thousand.

Of the primary causes of deaths in Queens Borough mothers for 1929 we find the most notable and common to be:

Sepsis	20
Ectopic (8 ruptured)	11
Caesarean (1 with sepsis)	
Eclampsia (including nephritis)	
Embolism	

A full list of causes (primary and secondary) is to be found at end of article.

### Pre-Natal Care

A study has been made of the records of hospitals and of our two Department Pre-Natal Clinics with regard to the services they rendered, and the appended chart shows percentages ranging from 64 per cent to 21½ per cent.

In the instance of our Department Clinics:

No. 1 had 363 mothers on registry with 1,069 visits made during 1929.

No. 2 had 182 mothers on registry with 984 visits made during 1929.

There were 1,800 patients given pre-natal care at six hospitals, and our two Department Clinics, a percentage of only 13 plus of delivered cases of the Borough. This, of course, does not reckon with the pre-natal care rendered by private physicians, which may always remain a matter of speculation and not official record.

Of the secondary causes and complications, we find heart, embolism, and kidney defunction or antecedent disease are commonly called upon in our maternal death certificates. The inference seems clear that if we can control hypertension by diet, rest and hygiene, and if we can better avoid infection of our expectant mothers, three great sources of maternal fatalities will have been approached, and perhaps better impressed.

### Sepsis

What has become of the boast of Jewett expressed many years ago:

"Such is my faith today in Antiseptic Midwifery, that I do not hesitate to promise my patient that she *shall* not die of Sepsis."

And yet 22½ per cent of our fatalities are primarily referable to septic infection, and the latter, not always developing in the hands of the poorer-trained, careless or slovenly midwife or obstetrician.

Many factors must be considered in order to properly safeguard our patient. Sometimes we doctors ourselves are at fault. Hurry, thought-lessness, lack of faith in what scrupulous and unfaltering devotion to asepsis and cleanliness will bring, recent engagement with pus or infectious cases may initiate a fatal maternal infection.

On the other hand, our most conscientious, painstaking and ordinarily safe methods may be made valueless, for want of equally careful and thoughtful follow-up nursing.

Hospitals should insist on the isolation and exclusive nursing of all post-partum cases as soon as any suspicion of sepsis seems well-founded or positive smears obtained. The patient may thus obtain more thoughtful care and the cases in

#### DIABETES INSIPIDUS, A CASE REPORT

By FREDERICK WILLIAMS, M.D., NEW YORK, N. Y.

IABETES INSIPIDUS although a comparatively infrequent disease has attracted much interest and has given rise to a vast amount of literature. Toward the end of the seventeenth century Willis' differentiated Diabetes Insipidus from Diabetes Mellitus by the absence of sweetness of the urine. This was verified fifty years later by Cullen.2 The condition was first produced experimentally by Claude Bernard who punctured the floor of the fourth ventricle in animals. The condition has been associated with injuries and tumors involving the pituitary body. Recently it has been shown that this set of symptoms may be produced in animals and does occur in humans when there is injury, inflammation or new growth in the region of the tuber cinerium or mammillary bodies.3 Leschket however, reported sixteen cases of complete destruction of the hypophysis with no poly-Bourquin<sup>5</sup> in 1927 reports experimental work on dogs in which the syndrome was produced by cauterizing only the floor of the third ventricle and did not follow hypophysectomy without injury to the floor of the third ventricle at the proper site. The entire problem of pathological basis for the syndrome is excellently summarized in the recent article of Finks in reporting the autopsy findings in 107 cases from the literature. He found sixty-three percent tumors of the base or posterior fossa, thirteen per cent syphilitic process of basal meninges or gumma, twenty-four per cent trauma. In his conclusions he states that most of these are not of localizing

The case reported presents the following interesting phenomena:

- 1. A tremendous total twenty-four-hour urine output especially in response to urea.
- A very rapid clinical course ending fatally in one year since the time of the initial luctic lesion, which was presumably the etiological factor of the diabetes insipidus.
- 3. An intolerance to sugar as shown by the glucose tolerance curve.
- 4. Failure of subcutaneous injections of commercial pituitrin to control the polyuria.

#### CASE REPORT

History: Male, age 33 years, born in Italy; in America thirteen years; occupation, laborer. Entered the hospital in September, 1928, with chief complaints of dizziness, inability to stand, poor vision, numbness in fingers and toes, polyuria, polydypsia, loss of weight, bulemia.

Family History: Negative.

Personal History: Alcohol occasionally; tobacco moderately; no drugs. Previous Medical: Suffered occasionally with colds, otherwise negative.

Veneral: Chancre in October, 1927. Treated with nineteen Bismuth treatments, eight arsphenamine treatments, one silver salvarsan. On January 10, 1928, his Wassermann was four plus (blood). During February and March he was receiving treatment. April 23, 1928, his spinal fluid Wassermann and colloidal gold curve were reported negative. No report of following treatments.

Surgical: In 1910 he had a herniotomy done in Italy.

Present Illness: During October, 1927, he began to have pains in the back of the head, neck and trunk. These were mild at first and he paid no attention to them. They progressed and in January he went to the clinic and had the treatments outlined above. The pains were relieved. Toward the end of March, 1928, he began to have dizzy spells. In April he was taken into the hospital for one day and a spinal tap done with the report of the findings as above. Early in August he began to have difficulty in walking and standing erect. He also noticed at this time numbness in his hands and feet. Polyuria and These bepolydypsia began at about this time. came progressively worse. Bulemia became a symptom and in spite of this there was an extreme loss of weight. He had lost fifty pounds in three months. At the end of August he noticed diminution and blurring of vision. With the rapid progress of all these symptoms in September he was brought into Bellevue Hospital.

Physical Examination: Adult, white male; lethargic, weak, appears acutely ill. Head: scalo was normal but dry. Ears and nose were normal to external examination. Eyes: lids were normal, conjunctivæ injected, pupils were small, irregular, sluggish reaction to light and accommodation. Mouth: lips dry and red. poor. Tongue: dry, red, beefy. Throat: dry, red, no exudate or membrane. Neck: no dilated veins, no nodes, no thyroid enlargement or rigidity. Chest: lungs were normal. Heart: no signs of enlargement, no murmurs or irregularities. Abdomen: moderate distention, no rigidity, no viscera palpable, no masses. Extremities: suggestive clubbing of the fingers, no edema of the ankles. Vessels: no tortuosity or sclerosis. Reflexes: left (KJ) diminished; right (KJ) normal; no babinski sign, no tabetic gait, Rhomberg positive, no sensory changes. Skin: loose and very dry. Lymphatics: epitrochlear glands not palpable. Ophthalmological note: Complete annular detachment in each eye; this transilluminates fairly well; no light perception in either eye; much intra- and subretinal exudate with

N. Y. State J. M. September 1, 1930

small retinal hemorrhages. This process does not suggest an intracranial origin but rather a local inflammatory involvement possibly due to a general condition, probably lues.—W. L. Hughes.

X-ray Report of the Skull: The cella turcica is normal; the clinoids are well formed.

Encephalogram: The encephalogram reveals more or less symmetrical dilatation of both lateral ventricles, considerable dilatation of the third ventricle and a larger accumulation of air in the sulci than is normally seen. There is no ventricular shift. The encephalographic findings indicate degenerative disease of the brain probably on a vasculo-luetic basis with secondary hydrocephalus exvaccuo. We are probably not dealing with a neoplasm. The encephalographic findings together with the report of the ophthalmologist would seem to indicate meningovascular lues as the basic disease.—E. D. Friedman.

Laboratory Findings:

Blood pressure: 130 systolic, 90 diastolic on admission.

Blood Wassermann: one plus, September 10, 1928.

Blood chemistry: Non protein nitrogen, 33, sugar 90.

Spinal fluid Wassermann: two plus, September 5, 1928.

Spinal fluid colloidal gold curve 5555433100. Spinal fluid colloidal gold check 5554421100. Phenosulphothalein test: 20% first hour, 35%

second hour.

Urinary Findings: Volume (See Chart No. 1):
During the first fifteen days in the hospital on fluids ad lib., the volume output in twenty-four hours steadily rose from about five liters per day to fifteen liters per day. On the occasion of an attempt at a urea concentration test the response was a tremendous volume output of 34.8 liters

in the twenty-four hours. The following day the volume dropped to 17 liters. Pituitrin was then begun. This was a commercial product given subcutaneously in 0.5 cc doses at twelvehour intervals. This was continued for three days with volumes of 16, 17.5 and 13 liters respectively. As these showed no marked reduction, the following morning a single injection of 1 cc was given. The volume for the succeeding twenty-four hours was 21.5 liters. Thereafter the dosage was increased to 1 cc twice a day at twelve-hour intervals. The only accurate volume output which we were able to obtain after this was 14 and 19 liters. Following this the patient became incontinent and observations were unreliable. The pituitrin was withheld when diarrhœa began. Specify gravity: at no time in any of the urine analyses did the specific gravity ever exceed 1003. Sugar: the analysis of the first twenty-four-hour urine output showed an

incomplete volume with sugar present to the extent of 0.2% or 7.6 G in the specimen collected. The next day a still incomplete specimen showed

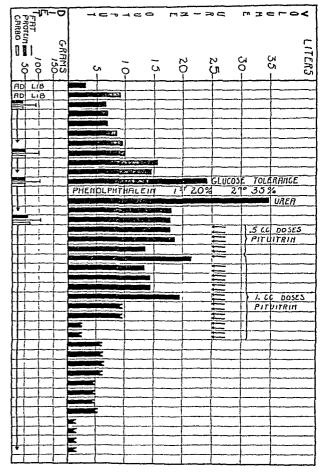


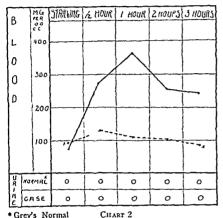
CHART 1

a total sugar of 10 grams. On the following day the diet was restricted to protein—55 grams, carbohydrate—35 grams, and fat—70 grams. Following this the urine was sugar free and remained so until the end. From time to time the diet was raised as shown by the chart but at no time was sugar ever found in the urine. At no time during the sugar tolerance tests was there ever any sugar found in the urine. Sugar tolerance test: (See Chart No. 2.)

	Blood	Urine
Starving	85 mg	Negative
100 grams glucose	given by	mouth:
1/2 hour later	235 mg	Negative
1 hour later	330 mg	Negative
2 hours later	230 mg	Negative
3 hours later	220 mg	Negative

Progress: The course of the condition while the patient was under observation was one of rapidly progressive degenerative disease of the brain The dimness of vision progressed to absolute blindness Incoherence progressed to complete disorientation and delirium was occasional Incontinence of sphincters developed and soon after, death ensued from exhaustion Shortly before death some rigidity of the neck was noticed but a lumbar puncture revealed no new findings Death occurred forty days after admission and permission for necropsy was refused

Although not proven by necropsy, the etiology was assumed to be a vascular lueto lesion of the brain which had involved the region of the tuber curerium and mamillary bodies. The facts from the history of a primary luetic lesion about one



year previous and the verification of the treat-

ment received during the year with the development and rapid progress to a fatal termination seemed worthy of mention

#### SUGAR TOLERANCE

In consideration of sugar tolerance tests it is important to first consider what response to expect from the normal In 1922, John' classified individuals in regard to the response to the glucose tolerance test (using 100 grams of glucose)

- 1 Non-diabetic, those in whom the blood sugar returns to normal within three hours These he subdivides into \*
  - A Strong normal
  - B Normal
  - C Weak normal or pre diabetic
- 2 Diabetic, those in whom the blood sugar returns to normal only after 6 to 9 hours

Grays in 1923 performed glucose tolerance tests on three hundred normal individuals tollowing the administration of 100 grams of glucose. He found the average of these to be fasting blood sugar 0.09 grams at one half hour the peak of 0.140 grams, one hour, 0.120 grams, two hours, 0.110 grams and at the end of three hours, 0.09 grams (This curve plotted on Chart No 2 in a broken line)

As early as 1912 Herrick' in reporting a case of diabetes insipidus reports having given the patient on one day 100 grams of glucose with no subsequent glycosuria. On the two succeeding days he administered 200 and 300 grams of glucose respectively with no lycosuma Gibson10 in 1921 reported a case (see Table No 1) in which he found the fasting blood sugar 0 093 grams and two hours after administering 100 grams of glucose by mouth the blood sugar was 0 092 grams This is a strong normal according to John In the same year Rabinowitch11or Montreal report ed a case (Tab'e Vo 1) on whom he did double sugar tolerance curves recommended by Ham mon and Hirschmann12 in 1919. The peak was reached at the first hour, 0 206 grams, and it had returned to fasting level in three hours second curve followed the path of the first is a weak normal curve. In 1923 Major13 reported a case in which the tasting blood sugar was 138 grams and after four hours the blood sugar was 157 grams. This is a diabetic curve Hall14 in reporting a case after giving 200 grams

TABLE NO 1

Tabulated Summary of the Isterature According to the Classification of John

		7	Colerance	Impaired Tolerance Weak Normal			
Source Date		Vamber of Strong Cases Vormal		Normal	Pred:	Di abetic	
Gibson	1921	Ī	1	101 max	ascac	anchic	
Rabinowitch	1921	1	-		1		
Major	1923	1				1	
Hall	1923	1	1				
Allen	1923	3		1	2 2		
Gibson	1927	7	1	1	2	3	
Williams	1929	i				I	
			~~	_		~	
		15	3	2 _	5	3	
				2		or 33%	
				y	cases (	or 66%	

of glucose had a normal curve Allen and Sherrillis in 1923 reported four cases with sugar tolerance tests on three, one was normal and the other two were weak normal or prediabetic curves Gibson's in 1927 reported seven cases in which one showed a strong normal curve, one a normal curve, two showed weak normal curves, and three showed true diabetic curves. In this case which I observed the sugar tolerance curve was a true diabetic curve

All of these case reports are arranged according to the classification of John and tabulated in

<sup>\*</sup> For criteria, see article 7 of bibliography

Table No. 1. There are fourteen cases from the literature and my own makes a total of 15 cases. Three showed strongly normal tolerance for sugar. Two showed normal tolerance. Thus a total of five cases, or 331/3%, showed normal tolerance. Five cases showed weakly normal or prediabetic curves. Also five cases showed distinctly diabetic curves with marked intolerance for sugar. Thus 663/3% showed impaired tolerance for glucose.

Effects of Pituitrin: Pituitary extracts put up by the commercial houses have for several years been known to be effective in the temporary alleviation of the polyuria in diabetes insipidus. In 1912 Herrick<sup>®</sup> reported a case which was excreting 10 liters per day and after a single lumbar puncture, the volume output fell to 1.5 liters. Subsequently by pituitrin injections the volume was further reduced to 0.9 liters. In 1913 Von der Velden<sup>17</sup> reported a similar action with subcutaneous injections of "pituglandol." He also claimed some resultant effect by giving this substance by mouth. There are numerous other workers who have reported a temporary reduction of the polyuria by subcutaneous injections of pituitrin. These are included in the bibliography Nos. 18 to 30. Mozfelt<sup>31</sup>, also reported this effect with subcutaneous injections of pituitary extract but in addition reported three cases claiming a similar effect by administering fresh whole ox gland by mouth. This has not been reported by anyone else. Gibson and Martin<sup>10</sup> report checking polyuria with pituitary extract given subcutaneously and a similar but milder effect was noticed with histamine injections but only a very slight immediate effect was noticed when the dry whole gland was given by mouth. This was substantiated by Kennaway and Mattram,33 and Miller.26 In 1917 Williams34 Barker and Mosenthal35 and Grundman36 reported antidiuretic effects with extracts of the posterior lobe of the gland only. Kennaway and Mattram<sup>33</sup> reported two cases. In one they did get antidiuretic effect with the subcutaneous injections; in the other they did not. In 192237 Bloomgart reported marked effect by administering extract intranasally as well as subcutaneously. This was repeated with similar results by Allen and Sherrill<sup>15</sup> in four cases in 1923.

In this case the volume excreted in 24 hours before giving pituitrin was 16 liters. Two injections of 0.5 cc given twelve hours apart for three days gave on the first day a volume of 16 liters, on the second day 17 liters, and on the third day 13 liters. The next day a single dose was given (1 cc) and the volume was 21.5 liters. The following day 1 cc was given twice a day and on the second, third and fourth days, full specimens collected measured 14.14 and 19 liters respectively. After this, due to the incontinence of the patient, the volumes were unreliable,

## BIBLIOGRAPHY

- 1. Willis: De Diusiminia; Opus Ominia. Sec. IV, Cap. III, Amsterdam, 1682.
- 2. Cullen, W.: Anfangsgrunde der practischen Artzniekunst. Leipzig uebers, 1789, page 566.
- 3. Camus and Roussy: Diabetes Insipidus. Bulletin medic., Vol. 37:619, 1923.
- 4. Leschke: Beitrage zur klinischen Pathologie des Zwischenhirns. Zeitschr. fur Klin. Med., Vol. 87:201, 1919.
- Bourquin: Studies on Diabetes Insipidus. Amer.
   Jour. Physiol., Vol. 79:362-376, Jan., 1927.
   Fink: Diabetes Insipidus. Arch. of Pathol., Vol.
- 6, page 102, July, 1928.
- 7. John, J.: Glucose Tolerance and Its Value in Diagnosis. Journal of Metab. Research, Vol. 1:497, 1922. Ibid, Vol. 5:255, 1923.
- 8. Gray: Blood Sugar Standards. Arch. Inter. Med., Vol. 31:241, 1923.
- 9. Herrick: Report of Case of Diabetes Insipidus with Marked Reduction in Amount of Urine Following Lumbar Puncture. Arch. Int. Med., Vol. 10:1, July, 1912.
- 10. Gibson and Martin: Administration of Pituitrin and Histamine in a Case of Diabetes Insipidus. Arch. Int. Med., Vol. 27:351, 1921.
- 11. Rabinowitch: Metabolic Studies on a Case of Diabetes Insipidus. Arch. Int. Med., Vol. 28:355, Sept., 1921.
- 12. Hammon and Hirschmann: Studies on Blood Sugar. Johns Hopkins Hosp. Bulletin, Vol. 30:306, 1919.
- 13. Major, R. H.: Studies on Sugar Tolerance. Johns Hopkins Hosp. Bulletin, Vol. 24:21, 1923.
- 14. Hall, G. W.: Diabetes Insipidus Following Encephalitis. Amer. Jour. Sci., Vol. 165:551, 1923.
- 15. Allen and Sherrill: Diabetes Insipidus. Jour. of Metab. Res., Vol. 3, page 123, 1923.
- 16. Gibson and Magers: Blood Sugar Curves in Diabetes Insipidus and in Habitual and Experimental Excessive Water Drinking. Endocrinology, Vol. 11:341-347, 1927.
- 17. Von der Velden: Die Mirenwirkung von Hypophysenextrackten beim Menschen. Berlin. Klin. Wochenschr., page 2083, 1913.
- 18. Farini: Abstracted in Brit. Med. Jour., Epitome 76, 1913.
- 19. Erdheim: Offizilles Protokoll der k.k. Gesellschaft der Aerzte in Wein. IVein. Klin. Wochenschr., 37:867, 1914.
- 20. Roemer: Die Beziehemgen zwischen der Funktionder Hypophysis cerebri und dem diabetes insipidus. Deutsch. Med. Wochenschr., Vol. 40:108, 1914.
- 21. Kleeblatt: Diabetes insipidus nach Schadelverletzung. Medic. Klin., Vol. 11:915, 1915.
- 22. Orlandi: Abstracted in Zentralblatt fur Biochem.
- und Biophys., Vol. 18:161, 1915.
  23. Graul: Ueber einen mit Hypophysin-Hoechst erfolgreich behandelt en Fall von Diabetes Insipidus. Deutsch. Med. Wochenschr., Vol. 41:1095, 1915.
- 24. Konschegg and Schuster: Ueber die Beeinflussung der Diurese durch Hypophysen-extrackten. Deutsch. Med. Wochenschr., Vol. 41:1091, 1915.
- 25. Barker and Hodge: On Control of Diabetes Insipidus by Means of Hypophyseal Extract in Multiglandular Endocrinopathy. Endocrinology, Vol. 1:427, 1917.
- 26. Miller: The Role of the Hypophysis. Amer. Jour. of Med. Sci., Vol. 152:549, 1916.
- 27. Folsam: Diabetides; Presentation of Cases with Discussion. Jour. of Florida Mcd. Assoc., Vol. 13:161-164, Jan., 1927.
  - 28. See bibliography No. 11.

29 See bibliography No 14 30 Fi

ars edq

Syphilis of Hypo

es on the Relation of the Pituitary Body to Renal Function Jour Exp

M.d., Vol 25 153 1917

32 Rosenbloom Control of Polyuria in a Case of Diabetes Insigndus Jour of A.M.d., Vol 70 1292, 1918. 33 Kennaway and Mattram Two Cases of Diabetes Insipidus Quart Jour Med Vol 12 225 1919

34 Williams Diabetes Insipidus A Metabolic Study of the Effect of Pittutrin Administration Endocrinol-

of the Lifect of Financia Administration of the Lifect of Financia (1979) vol. 1 312, 1917
35 Barker ard Mosenthal Trans, Amer Assoc of Phys Vol. 32 233 1917
36 Grundman Ueber eine neue Theore des diabetes inspindus Berlin Klin Wochenschr, Vol. 54 743 1917 37 Bloomgart Antidiuretic Effect of Pituitary Ex tract Administered Intranasally in a Case of Diabetes Insipidus Arch Int Med, Vol 29 514 1922

### SCABIES AND TINEA

### By EUGENE F TRAUB, MD, NEW YORK, N Y

TENERALLY, very little difficulty is ex T perienced in arriving at a clinical drig nosis of Scabies, particularly in a nontreated individual In this instance, however, there were several interesting and rather unusual features which made a clinical diagnosis almost impossible. What seemed at first glance to be a typical case of Scabies was cast into doubt on more careful examination by the wide spread distribution of the eruption Not only were the usual areas involved in the average adult with Scabies, but the eruption extended well up on the back and neck, and on the legs and plantar surfaces of the feet The deep vesicular lesions on the hands and feet suggested the possibility of a This diagnosis, however, left the body eruption to be accounted for, and although part of this could readily be explained on the basis of a toxic absorption from the Tinea, the so called Dermatophytid, here again the condition seemed to be too widespread for this to be feasible Dermatophytid eruptions on the body have been commonly noted in the past in conjunction with cases of Tinea Capitus More recently they have been found not infrequent in severe cases of Tinea of the hands and feet

In an attempt to establish the diagnosis in this case, a vesicle roof taken from the instep of the left foot was examined and found to be loaded with branching mycelia and mosaic forms the same preparation, but in another field, a fe male Sarcoptes scabier with many eggs was found In examining several other specimens taken from lesions on the wrists and hand, neither Tinea nor acari were found. Owing to the rarity of scabetic lesions on the plantar surface of an adult's foot, it would seem likely that the Tinea was the pre existing condition in this location other hand, the history is definite that the body eruption-the scabies-first appeared source of intection no doubt was through the husband from the boy's camp and it is well possible that both infections were acquired at the same time

### CASL REIGHT

Mrs C C A, a private patient, 33 years of age, born in United States Her family and past history have no bearing on the present condition which began in June, 1928 She apparently caught an itchy dermatosis from her husband (director of a boy's camp) who complained of an eruption on his feet and legs. As the husband was two texamined, the exact inture of his erup-tion was never determined. The wife states that about the same time her generalized papulo vesicular eruption developed on the lody, a severe vesiculo pustular eruption appeared on the hands Ten to fourteen days atter the onset, her feet became involved in a deep seated vesicular erup tion which secondarily became purulent The itching was generalized and worse at night had had no local treatment

### PATIENT PRESENTED

A generalized eruption involving entire body, only sparing the face and scalp The trunk, including the neck, arms and legs was studded with minute lesions consisting mainly of papules and a few tiny vesicles The lesions on the neck, be cause of a nuld inflammatory appearance, par ticularly suggested a toxic eruption, a dermato As the lesions were so diffuse, it was rather difficult to say that the breasts, anterior axillary folds, the girdle region, etc., were particularly affected as in a typical Scabetic infection

The wrists and hands as well as the ankles and fect were covered with many large, deep seated vesicles which later apparently had become secondarily infected and were now purulent. On the left hand, near the base of the thumb and on the left wrist, there were what appeared to be several deep vesicles in a row giving somewhat the appearance of a burrow or cumculus. It is possible that they may have been burrows, but on removal of the vesicle, separate and distinct deep scated vesicles could be made out rather than the tortuous superficial thread like channel constituting the cuniculus. All other lesions on the hands

and feet were deep seated single vesicles or vesicopustules. A few single lesions between the toes were equally suggestive of Scabies or Tinea.

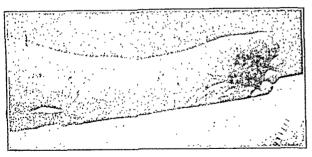


FIGURE 1
Showing lesion on instep of left foot from which specimen was obtained.

The patient was given calamine lotion containing both phenol and ichthyol to be used generally over the body, and an ointment of 10% Balsum of Peru and 10% precipitated sulphur in a cold cream base. This was used only for three days and in turn replaced by the soothing lotion first



FIGURE 2
Low power view showing both mycelia and sarcoptes scabiei.

used. It was necessary to repeat the body ointment for a second three-day period. At the end of three weeks, the patient reported that except for some red stains on the hands and about the heels, the eruption had entirely disappeared.

### Conclusion

The case reported is one of several which has been seen in which Tinea has been present in the

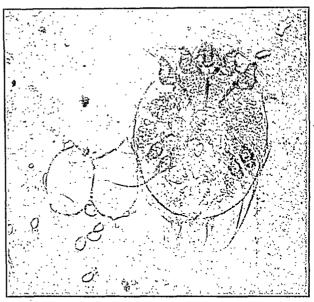


FIGURE 3
High power view of sarcoptes scabiei and eggs.

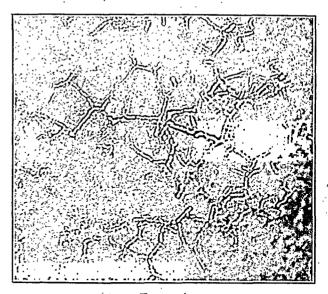


Figure 4

High power view of branching mosaic forms; characteristic mycelia found in another field.

same lesions with another skin eruption. More frequent and more careful microscopic examinations, especially in cases where the clinical picture is not clean cut, would no doubt prove that these cases are not too infrequent.

### ACUTE SURGICAL CONDITIONS OF THE ABDOMEN\*

By ARTHUR M. DICKINSON, M. D., ALBANY, N. Y.

N acute surgical conditions of the abdomen, due either to disease or injury, we are confronted with a mortality rate that is too high for this age of medical progress. Early recognition of disease and early and proper surgical treatment are required if this rate is to be favorably influenced. We have seen how much has been accomplished by early recognition and treatment in appendicitis and in intestinal obstruction but there is still a large field for improvement in most acute surgical conditions of the abdomen. Upon us as practicing physicians, the responsibility rests. Time seems to be the most important factor: delay in diagnosis and treatment means a high mortality. Oftentimes a definite diagnosis cannot be made but in these acute conditions of the abdomen, we should not delay treatment for When we have satisfied ourselves that we are dealing with an acute abdominal emergency which requires surgical treatment, this must be promptly provided. True we do not like to rush patients to the operating room with such a loose diagnosis as an acute surgical abdomen but in some instances, accurate diagnosis must wait upon surgical exploration.

In arriving at a diagnosis of any acute surgical condition of the abdomen, the history is of great importance. In many instances it is of greater importance than the physical findings. Few of these acute catastrophes except the traumatic ones, occur without some previous warning. The ruptured ulcer case will give a history of gas on the stomach or elimination of certain articles of food from the dietary, even though no medical advice was sought. It is to our advantage to secure all of these details we can; they will often point the way to the diagnosis. The patient should be interrogated carefully about his past history but when he comes to the present illness, we must let him tell his own story. After he has finished we may question him to obtain more details of what we consider the important points The duration of the present attack should be ascertained at the outset. An appendix case in the first few hours presents quite different symptoms than one several days old; the same is true of all conditions. However, this is sometimes forgotten when we attempt to make a diagnosis. We must always bear in mind that some chest conditions may give symptoms suggesting abdom-inal disease. Pneumonia in children has been treated too frequently by removal of the appendix and disease of the coronary vessels in adults has been too frequently interpreted as gall bladder disease. In the traumatic case we must ascertain the nature and method of injury.

small object striking the abdominal wall generally causes injury immediately underneath while a large object will cause injury to more distant organs.

organs.

Though most of the following remarks are directed to the application of our diagnostic powers to the abdomen, we must not forget the value of giving our patient a quick comprehensive general physical examination. The conditions of the patient's tongue should always be noted, for the tongue is the barometer of the intestinal tract. The coated tongue bespeaks some intestinal condition; the clean moist tongue argues against serious intestinal disease; the dry tongue shows at once that the patient is badly in need of fluids. Careful chest examination will eliminate the possibility of disease of the heart or lungs causing reflex abdominal symptoms. The simple testing of eye reflexes or knee jerks may save the patient with a gastric crisis of tabes from abdominal exploration. We should always remember to do either a rectal or vaginal examination on our patient too. This simple but often neglected procedure will frequently give us findings that clinch the diagnosis.

In dealing with any acute surgical condition of the abdomen, we have six diagnostic signs which are of considerable importance and a proper appreciation of which will often lead us to the diagnosis. These are pain, vomiting, tenderness, pulse changes, temperature changes and spasm or rigidity. There are other signs such as facial expression, color of skin, abdominal distention, etc., but these six are the most important in the early stages of the process, while the others appear later and may be serious omens. Pain is usually an outstanding symptom of any acute surgical condition of the abdomen. onset is commonly very sudden; it may at first be slight but as a rule soon becomes intense. By far the most common site of pain is in the region of the umbilious with the onset of the disease; later it may localize over the region of the offending organ. It may be cramplike as is seen in the colics of renal, hepatic or intestinal origin or it may be severe and constant as is seen in ruptured ulcers. While discussing pain, it may not be amiss to recall that the patient with biliary or renal colic rolls and tosses about in his agony in contradistinction to the patient with the ruptured ulcer who guards his whole body against the slightest movement. This observation is not constant however, for I recently operated upon a patient with an acute surgical abdomen who presented the picture of a colic but who had a ruptured gastric ulcer. Of course different patients react differently to pain. The stoic may suffer severe pain and complain little while the nervous, high strung individual will complain most bit-

<sup>\*</sup> Presented before the Annual Meeting of the Greene County Medical Society, at Cairo, N. Y., October 8, 1929.

terly of relatively slight pain. We must take this difference into consideration. constitutional Sometimes we can measure pain by the amount of relief afforded by morphine. The patient with real severe pain will often accept two or three one-quarter grain doses before relief is secured. This statement should not be interpreted however to advise the use of morphine before a diagnosis is made for we all realize how morphine can change the picture, often rendering a diagnosis impossible. Pain is probably the most important and constant symptom of acute abdominal disease.

Vomiting is usually present in most of these conditions too. It occurs shortly after the onset of pain. It may continue at intervals or may cease after a short time. Vomiting of intestinal contents usually signifies obstruction of the intestine but is a late symptom. The patient with a high intestinal obstruction often vomits only 4 or 5 times in the 24 hours, due to the fact that the dilated stomach accepts large quantities of fluid before it rebels. The absence of vomiting must not be taken as an indication of safety for we have all seen the patient with a gangrenous appendix who did not vomit. Vomiting is largely reflex of course. If at the onset of the pathological process, the stomach is full, vomiting will occur while if it is empty, vomiting will not appear until later.

Tenderness is an important sign usually found in the acute surgical conditions of the abdomen. It may be superficial or deep. Superficial tenderness is really a cutaneous hyperesthesia. It may be elicited by pinching or rubbing the skin; it is a reflex phenomenon; while it has some diagnostic value it is not always dependable. Deep tenderness is of much more value. It is commonly found directly over the organ involved. At first it may be more generalized but as the disease localizes, it becomes more circumscribed. The so called rebound tenderness, is elicited by sudden release of pressure over the tender area. It probably has no more significance than deep tenderness.

The rate and volume of the pulse are of considerable value in diagnosing these conditions. While there are recorded instances where a severe abdominal catastrophe has occurred and the pulse remained apparently normal in rate and volume, these are in the minority. The pulse rate commonly rises with the progress of the disease and for that reason, frequent takings of the pulse are often of value whereas a single recording is valueless. A pulse rate higher in proportion than the temperature means progressing infection with low resistance and so is a bad prognostic sign. For the first few hours after the onset of the disease there will probably be little or no change in the temperature. Then there will be an elevation to 99 or 100. Temperatures higher than this mean spreading infection and are rarely seen in the acute surgical conditions of the abdomen until late. A subnormal temperature in the face of an obvious severe abdominal condition is indicative of shock in the early stages; later it is evidence of lack of resistance.

Spasm and rigidity are usually encountered in acute surgical conditions of the abdomen. They are part of the defense mechanism of nature and are true objective signs. In the very early stages they may be absent or slight but they soon appear in the area overlying the affected organ. If the process becomes more generalized, then the spasm and rigidity increase and vice versa. Spasm and rigidity will vary with the nature and location of the process. The almost boardlike rigidity seen with the ruptured ulcer case differs markedly from the slight spasm seen with the mild appendix case. The retrocecal appendix. though badly diseased may give rise to but little spasm and rigidity. Rigidity without tenderness strongly suggests that the pathological process is not in that particular region. It should make us look carefully to other parts, particularly the

We will now consider some of the more common acute surgical conditions of the abdomen in detail. In general the statement may be made that the persistence of abdominal pain for more than six hours, in a person previously well, if accompanied by vomiting or a rising pulse rate or a rising temperature, indicates an acute surgical condition of the abdomen. If there still be doubt we might better err on the side of safety and operate. Dr. C. H. Mayo has said that he has never seen a patient die because of having an exploratory operation but that he has seen many die because they did not have explorations. Of course we recognize that kidney conditions may duplicate the picture created above and we know that few acute gall bladders require immediate surgery; also we feel that acute salpingitis should not be operated upon. These are the common exceptions to the rule. By constantly keeping this rule in mind, we will be much less likely to allow serious and often fatal delays to

Acute appendicitis is a disease both of children and adults. The acute attack usually comes on out of a clear sky with a stomachache or cramplike pains diffusely distributed. Nausea and vomiting follow the appearance of pain rather promptly but may be entirely absent in the occasional case. After the stomach is emptied, if no food is taken, vomiting stops. Return of the vomiting later means extension of the process or intestinal obstruction. In a few hours after onset, the cramplike pains gradually merge into a steady aching pain, located in the lower right quadrant. This behavior of the pain is very characteristic of appendicitis, pain being the most prominent

and characteristic symptom encountered. to pain comes tenderness. At the onset of the acute attack it is general; it soon becomes localized to the area over the appendix; later if spreading infection occurs the tenderness increases correspondingly. Of course the location of the pain and tenderness will vary with the site of the appendix. If the appendix is of the retrocecal type, pain and tenderness will be found in the loin; if there is partial nondescent and rotation of the cecum as seen in children, the location will be higher and more toward the midline. Rigidity is usually dependent upon pain and tenderness; the greater these are the more marked the rigidity. It is present on both sides of the abdomen but more marked over the right side. As a rule the elevation of temperature in acute appendicitis is slight, ranging from normal to 100./ The pulse commonly parallels the temperature. A high temperature at the beginning of the attack throws suspicion on the correctness of the diagnosis: if combined with a slow pulse it suggest typhoid fever; if there are urinary symptoms it suggests a pyelitis. Rectal or vaginal examination will often disclose a tender mass in the region of the appendix. In children acute appendicitis often has a more insidious onset and usually runs a more rapid course. Early diagnosis is more difficult because of our inability to obtain a satisfactory history. Children seem to show the tendency to draw up the right leg more frequently than adults. The child with an acute appendix will not allow you to touch him as a rule; he will brush away your hand as you strive to palpate the abdomen; the child who has not serious abdominal disease generally does not do this. This apparently trival observation has saved me from many an error.

Perforation of a gastric or duodenal ulcer may occur as a sudden acute catastrophy or may be more gradual. The former is more common. At the time of an acute perforation, the pain is terrific; it feels as if a sharp knife was being run through the body; the patient holds himself very still and guards against the slightest of movements. The pain is localized in the epigastrium. Vomiting usually follows until the stomach is empty; if food is taken later it is rejected. For several hours after rupture of the ulcer, there is commonly no change in the pulse or temperature which tends to put us off guard and makes for delay. Tenderness is most marked over the region of the perforation; it is both superficial and deep. The entire upper abdomen becomes rigid as the muscles strive to protect the underlying organ. In the subacute type of perforation, the symptoms are not so striking or clear for the process is a more gradual one. In the early stages of an acute perforation, it is difficult to distinguish between the gastric and duodenal variety. As time passes there are differences however. The ruptured gastric ulcer tends to cause a more generalized peritoneal irritation while the ruptured duodenal ulcer, due to the fact that the drainage generally runs down the outer side of the right colon, only irritates the right side at first In a few hours the symptoms merge again. It matters little however, to patient or physician, for treatment is exactly the same in either instance. As the process continues with either type of ulcer, we note more generalized pain and rigidity, slight elevation of temperature and usually a rapidly climbing pulse. The facial expression of the patient with a ruptured ulcer, early leaves no doubt in the mind of the observer that a serious condition exists; it is pale and pinched and anxious-much different than we see with other acute abdominal conditions except acute pancreatitis. In cases of ruptured ulcer, we can often by careful questioning elicit the fact that the patient has had some gastric distress previously even though it was not severe enough to warrant his seeking treatment.

In discussing acute intestinal obstruction, we will confine ourselves to those cases in which there is mechanical obstruction and not consider the paralytic or dynamic type. The most common cause of acute intestinal obstruction is hernia. It is surprising to note the frequency with which an apparently innocent hernia is responsible for an obstruction. A few weeks ago I saw a patient who was complaining of nausea and vomiting of 24 hours duration. All I found upon examination was a recurrent left inguinal hernia. It was not tender and seemed to reduce with gentle manipulation. The patient assured me that it went back all right at night. After the vomiting persisted another 24 hours with no other developments, I insisted upon operation and found a loop of illeum adherent to the hernia sac. Intussusception in children is a common cause of obstruction; though uncommon in adults it does occur as a recent experience illustrates. This was a patient, who after a night spent in consuming hootleg whiskey, commenced to vomit and have pain in the abdomen. Persistence of symptoms led to exploration and we found an intussesception in the ileum. Peritoneal adhesions, usually post operative are frequent causes. When we see a patient with symptoms of an obstruction, who has been operated upon before, this is our first thought. We must not forget that there may be other factors. A recent case illustrates this point well. A patient who one year previously had had an appendectomy, was admitted to hospital with an acute obstruction. At operation, a localized peritoneal abscess was found in addition to the obstructed gut. The abscess was drained and an enterostomy for relief of the obstruction done. After some six weeks the wound healed and bowel movements commenced by rectum. One month later, acute obstruction again supervened,

the enterostomy commenced to drain without interierence and a tumor like outgrowth appeared in the operative scar. Sections of this showed malignancy and so without much doubt, the primary obstruction was due to tumor rather than to adhesions. Foreign bodies such as gall stones, fecaliths, etc. also cause obstruction. Volvulus may be a cause. Malignant tumors while usually resulting in the chronic type of obstruction, occasionally cause the acute variety. The symptoms of acute intestinal obstruction seem to depend but little upon the causitive factor. The higher the site of obstruction, the more rapid the onset and the more severe are the symptoms. The diagnostic symptoms are pain, vomiting and constipation. The pain is commonly severe; it is often referred to the epigastric or umbilical regions at first and later may be over the site of the obstruction. It occurs in severe paroxysms and is of the colic type. Between the paroxysms, the pain is dull. Vomiting is present and is persistent; at first the vomitus consists of stomach contents and later of intestinal or fecal material. The onset of fecal vomiting is a sign of serious import. Constipation is present. True the patient may have bowel movements until that part of the intestinal tract below the site of obstruction is emptied; after that, obstipation is complete. As a rule here is little or no change in the pulse or temperature for the first 24 hours. As the process progresses, the pulse becomes softer, due, to fluid loss and more rapid, due to toxemia while the temperature remains normal or subnormal. Abdominal distention, visible coils or patterns and rigidity and spasm are late symptoms. Their presence is a bad sign.

Acute gall bladder disease is rarely a condition requiring immediate surgical treatment. Symptoms will depend upon whether we are dealing with a stone in the cystic or common duct and upon the presence or absence of infection. Infection in the gall bladder tends to localize more frequently than infection elsewhere in the peritoneal cavity and so unless there are symptoms of rapidly spreading infection, the acute gall bladder should not be hurriedly operated upon. The acute gall bladder attack usually commences with severe agonizing pain in the upper right quadrant. It is colicy in type and is often referred to the right shoulder blade. Vomiting commonly follows the appearance of pain. It soon ceases unless there is spread of the disease beyond the gall bladder. There is marked tenderness over the region of the gall bladder. Sometimes the distended viscus can be palpated if tenderness is slight. In the absence of infection there is but slight change in the pulse and temperature. Chills followed by fever suggest extending infection. Marked spasm and rigidity may be noted over the upper abdomen, especially on the right side. As the process localizes, the area of tenderness and

spasm diminishes noticeably. With obstruction to the common duct, jaundice appears. The patient with an acute gall bladder condition can be observed for some time with safety. If the process appears to be subsiding, then operation should be deferred until the quiescent stage is reached; if on the other hand the process is progressing then operation should not be withheld.

Acute pancreatitis is the most severe of the sudden abdominal catastrophies with which we have to contend. We recognize three types of classes of the disease This classification is based on the degree of the process rather than on the etiology. The three types of the disease are the hemorrhagic, gangrenous and suppurative. The hemorrhagic type is often rapidly fatal while the other types are less serious. The symptoms of all three types are the same, varying only in intensity. It is well to recall that acute pancreatitis is usually seen in the overweight male and comes on just after eating a large meal. The first symptom is pain. This pain is probably the most agonizing that humans suffer. It is constant, not colicy. It is located in the epigastrium and may be referred to the back and loins. As a result of the terrific pain, collapse of the patient occurs with a rising pulse of small volume. The patient becomes cold and blue; he looks as if the end was near. Vomiting comes on immediately and may be continous but nothing except stomach and duodenal contents are ejected. Very early there is marked spasm and rigidity of the upper abdomen; distention of the epigastrium appears promptly. Tenderness is most marked to the left of the midline and above the umbilicus. If the attack is as severe as pictured, the temperature remains subnormal. In less severe attacks the symptoms are more subdued; vomiting continues and distention increases; the temperature will rise Acute pancreatitis is a real surgical to 102. emergency and demands prompt operation.

Extra uterine pregnancy frequently constitutes a surgical emergency. The diagnosis is not made so frequently before rupture; if it was there would be no emergency. We will limit our discussion to the ruptured extra uterine pregnancy. Here the diagnosis is more simple, and prompt treatment is necessary. There is commonly a history of a missed period, in a person who has been previously sterile or has had only one child. With the occurrence of the rupture there is agonizing pain on one or the other side of the pelvis. This is accompanied by vomiting, fainting and collapse. There is a rapid feeble pulse and a subnormal temperature. The patient presents the signs of hemorrhage-palor, thirst and air hunger. Tenderness is found over the side of the ruptured This is accompanied by rigidity. Soon the pain decreases and abdominal distention appears. Then there may be slight elevation in temperature. Many of these patients die unless proper treatment is given promptly. It is a very remarkable fact on the other hand how quickly they commence to improve once the bleeding tube is cared for.

Acute pelvic inflammatory disease is rarely surgical but will be briefly mentioned from the viewpoint of differential diagnosis. These patients usually give a history of vaginal discharge and burning on urination; the acute onset often follows the cessation of menstruation. Pain is always complained of and is usually bilateral and located deep in the pelvis. The fact that it is bilateral is an important diagnostic point. Vomiting often occurs but commonly is not persistent or outstanding. There is marked tenderness over the region of the tubes. Spasm and rigidity are relatively slight, being limited to the region of the pelvis. The temperature is usually high—102 or more—and the pulse elevated accordingly. It will be noted that the temperature is much higher than that seen with those conditions of the abdomen which require immediate surgical treatment. The general opinion today seems to be that acute inflammatory disease of the pelvis should not be operated upon in the active stage unless drainage

of a large abscess be required.

Injuries to the abdomen may result in conditions requiring immediate surgical attention so it is proper that we consider them in discussing acute surgical conditions of the abdomen. In general wounds of the abdomen may be divided into penetrating and non-penetrating. The diagnosis and severity of the former is usually more obvious than of the latter. Moynihan, the peer of English surgeons, makes this statement "Any surgeon whose experience of hospital work is extensive will have realized the great difficulty that almost always exists in discriminating in the early stages, between those cases of abdominal injury which are trivial, and those in which laceration of the intestine has occurred." In general it may be stated that the persistence of abdominal pain for more than 6 hours after injury, if accompanied by vomiting or a rising pulse or increasing rigidity is an indication for exploration. In dealing with any injury case we must consider the nature of the injury. A force applied over a small area commonly results in damage to the organ immediately beneath, while a diffuse blow or crushing injury will cause damage at the fixed points of organs, such as the mesentery or pedicles, which are more distant. The patient with severe intraabdominal injury complains of severe

pain. Vomiting usually occurs promptly and is persistent. In cases of intestinal rupture it is present without exception. Tenderness is marked over the damaged organ. Spasm and rigidity appear with peritoneal involvement. The pulse is usually rapid and feeble; the temperature remains subnormal until infection occurs. The stomach is rarely injured by non-penetrating wounds of the abdomen but occasional rupture does occur. This is accompanied by all the signs of an abdominal catastrophy. Injuries to the intestine vary greatly. The gut may be crushed, ruptured or torn; it may be stripped from its mesentery. The ileum is more commonly injured than any other portion of the intestinal tract. The symptoms of severe intestinal injury are those noted above. Persistent vomiting is a most important sign. Pain remaining localized in one area for a long period of time is also very suspicious. It is to be remembered however that in injuries to the jejunum, symptoms are often delayed for 8 hours or more. In injuries to the liver, there is commonly a laceration or so called fracture of liver tissue. The symptoms are those of severe intraabdominal injury with hemorrhage, the later often being outstanding. The same is true in injuries to the spleen. In each of these there is tenderness and pain over the site of the damaged viscus. Injuries to the pancreas are severe in that pancreatic juice is liberated and sets up marked peritoneal irritation. Injuries to the bladder except rupture give few symptoms except bleeding Injuries to the bladder are frequently associated with fractures of the pelvis or result from blows or falls when the bladder is full. Ruptures of the bladder may be intraperitoneal or extraperitoneal. In either event there is pain and tenderness over the bladder region with difficulty of voiding and possibly blood in the urine. The intraperitoneal rupures cause symptoms of peritonitis while the extraperitoneal injuries cause pelvic cellulitis. Both varieties are serious and demand prompt recognition and early treatment. The test of injecting some sterile water into the bladder through a catheter and then aspirating is quite reliable. If we get all the water back, the chances are that the bladder is whole; if not we suspect rupture. It is to be kept in mind that rupture of the bladder is accompanied by considerable shock as a rule. We need spend no time discussing the penetrating type of abdominal wounds for these so obviously require immediate surgery, that no indecision remains in the mind of the physician.

# THE DOCTOR AS SEEN BY THE DETAIL MAN

By J. B. MARTELL, NEW YORK, N. Y.

An assemblage such as a medical convention permeates every one of us who does not belong to the medical profession with that great human feeling of helping our fellow man. It brings home to us a realization of how helpless we human mortals are, -- and how care-

The Doctor, looked upon as a hard shelled being by most, as a philanthropist by those who use his services and forget him later, and in general as the party to see when there is no further excuse for not doing so, is after all a human being who has had so many years of close contact with the many miseries of life, that he is either callous or ultra sensitive to the same things which affect the layman, only to the latter it often seems as if the physician's reactions are the reverse of his own.

The doctor is, and possibly rightly so, supercritical. Before committing his mind to any new and insufficiently proven theory, he requests facts, and to get the truth he observes the gradual evolution of clinical data from the embryonic state of theory through various forms of development until he has sufficient successful evidence to accept it as a fact. He deals with health, a thing more precious than life itself. He is the expert mechanic of the human machine, the most wonderful piece of machinery imaginable; a machine of beauty, of power, of speed, and greatest of all the only machine with imagination, with the problem of human behavior, a subject hard to solve and much harder to control.

Health is the living millennium sought by all, obtained by most people and maintained by a very few. Health is a condition in which we live longest and enjoy most,-but not many realize the full value of this statement; if they do, man has less control over his desires than he takes credit for.

When we consider the actual everyday carelessness of the enlightened person in the protection of health and compare it with the serious, methodical, painstaking patience of the medical profession in guarding and guiding us, we are compelled to realize how often we have a distorted picture of the relation of loctor and patient.

A person usually does not become a patient until he has used and abused his body, till even the history of his case has been lost in a mind full of evasions and alibis, of attempts to put off having to visit a doctor. Then he usually comes to the doctor in a frame of mind like that of a person served with a summons for neglecting time and again to pay the money borrowed from a friend. One is mentally and

financially broke, and the other mentally and physically.

I believe that in the doctor's ever persistent campaign for health he is not as strict with the public as he would sometimes like to be, being too careful to not injure the feelings. of his patients. He has achieved miracles when we consider the lack of co-operation and credit he receives from and by the public.

The manufacturers of things that belong to "doctors only" have been and now are a constant worry to the profession in its fight for better general health. This phase of the practice of medicine has been and is of the greatest interest to the officers of medical supply houses, and therefore we are constantly seeking to learn more about the best and proper methods to pursue in serving the doctor in a dignified and ethical way. To receive real cooperation from the doctor we feel we must let him know our answer to the various questions that decide the ethics of practice as we see them.

After days of associating with what to me is the most scientific body of men, I will attempt to answer the questions often put to me.

- Q. "Do you think your product will do as well with the medical profession as it would by going direct to the laity?"
- A. "Yes! Decidedly yes, and better. To wipe out any chance of this being an evasive answer allow me to say I mean from a humanitarian standpoint as well as a financial point of view."
- Q. "Don't you think doctors will take their own sweet time in prescribing your product?"
- A. "Yes, and they should. Rome was not built in a day-but was destroyed in that time. We are having wonderful results at this time."
- Q. "What will you do to sell your product to the medical profession?"
- A. "Let them use it in clinics or such private cases as have resisted other things now prescribed. This has been our only program."
- Q. "Don't you think that doctors are satis-
- fied with the medicines they now have?"
  A. "No! Decidedly not. The apex of perfection has not been reached and no doctor by act or statement will claim it has."
- Q. "What is your opinion of how you can assist the doctor in selling your product?"
- A. "No man, group of men, or corporation manufacturing a product to sell should ever be so unscrupulous or careless as to let the acquisition of dollars and cents blind them to the fact that human life, health, and happiness are at stake. I personally feel that any manu-

facturer of an ethical product should have and retain the same dignity and standards as the profession he serves. He cannot help the doctor; 'the doctor can help him;' but he can help the public by giving them honest advice on general health. In this way you will help the doctors realize their ambition of making health as contagious as disease."

Q. "Why do some people have no confi-

dence in doctors?"

A. "Nonexcusable ignorance is the answer. An ignoramus will take his motor car to a garage and have an irresponsible mechanic look at it, tighten the steering wheel and do such other things as may or may not be necessary and then take his car out on the highway and drive 70 miles an hour, placing his life in the hands of a mechanic. This same man or woman will put off seeing a doctor until some morning when the old human machine refuses to go any place else, and then if the doctor does not perform a miracle, well, he just doesn't receive his full credit."

People are either stingy, careless, or ignorant, who don't treat themselves at least as they would a metal machine. To see a doctor at least twice a year is the most economical program for Mr. Public; and remember, doctors do not get rich on minor cases, and so they have no money-making intentions in

preaching this gospel of health.

The following is the type of information we like to put before the public, and which we will be glad to place at the disposal of the medical

profession in the form of blotters or other suitable pieces.

Health is a condition in which we live longest and enjoy most.

An automobile is not nearly the most abused machine in the world, when compared to the human body.

A machine will function only commensurate with the care it receives by its operator.

Your body is a wonderful machine with many intricate parts that must co-ordinate for good health.

When you hear a knock in the engine of your car, you run for a mechanic,—but most people must be knocked down and carried to a doctor.

Remember there are no spare parts to the human body. At least take care of what you have.

If you had to buy your physical self as you do a car, you would respect it more.

See your doctor at least twice a year, and multiply your pleasure at least ten times.

Health is the condition in which we live longest and enjoy most.

### TREATMENT OF CONSTIPATION

By EDWIN BOROS, M.D., NEW YORK, N. Y.

THE difficulties encountered in the formulation and choice of a method in the treatment of constipation, has been as unsatisfactory as disappointing, which attests the uncertainties of the various agents we have on hand with which to combat this universal and troublesome complaint. The variety of medicaments in vogue, with their irritating tendencies, the many diets and physical agents which are relied on to assist in rendering relief, confirm the lack of a uniform and reliable method which gives the most satisfactory results in the majority of cases.

The manifold ideas of the causation of constipation still remain theories, and their discussion will not be considered except for one thought, which might be emphasized because of its significant bearing on the treatment. Constipation is a by-product of civilization. It is rare in animals except in those which have

been domesticated, such as the dog for example, and it is of interest to note, how commonly it preponderates in those individuals such as letter-carriers, policemen, etc., who by reason of their calling, are unable to respond to the defecation reflex, with a resultant impairment of the reflex. This suppression of defecation as well as that of the passage of intestinal gases is an important causative factor in the production of constipation. If we consider the cause of constipation as primarily due to the loss of this defecation reflex, then its reestablishment is a matter to which we must bend our efforts if we are to look for a permanent restoration of bowel function.

In our search for newer remedial ideas and measures, we might overlook some of the time honored substances which are relegated to the background, many of which have been discarded because of limited success in their use. It

might be considered trite to emphasize, that any substance, no matter how good, if not properly applied is of no value, and naturally can only be discredited. I have been enthused and encouraged by a well defined routine, which if directed to those cases of constipation, unassociated with definite pathological findings, have given remarkable results in the establishment of regular bowel movements. No originality for this method is claimed, and it is my purpose to bring before one's notice, a feasible and easy method for the treatment of constipation, having for its basis long established facts, the utilization of which will render a definite working basis, with gratifying results. There is no gainsaying that laxatives are most pleasant and easiest to take, but their irritating tendencies and subsequent unreliability after prolonged use, contraindicates them. Of the many methods for combating constipation, the recourse to enemas is most to be decried. Not only do enemas dilate the sigmoid and rectum, producing a consequent atony if one does not already exist, but the tendency is to over irritate, so that the defecation reflex becomes worse, and these cases never become cured. Enemas might well be used in acute conditions of bowel stasis, or in small amounts in the treatment of colitis, in quantities of 200 to 300 cc., but should not be used for chronic constipation.

The method I am employing with great satisfaction is based on the use of concentrated sugars, which in this state are not quickly absorbed. They are incompletely split in the small intestine, and reach the colon where they ferment. The routine I am using is as follows: The patient receives two tablespoonfuls of lactose in one-half glass of cold water one half hour before breakfast. The use of cold water is preferable because it has a tedency to stimulate the gastro-colic reflex. This is followed at 10 A.M. by the ingestion of a moderate amount of figs, prunes, dates or grapes. Six to ten prunes, figs or dates is the usual average necessary, or by preference one-half pound of

grapes if desired, may be taken. The effect of prunes is enhanced by soaking them previous to ingestion in water for two hours, so as to encourage early fermentation by the fermentative organisms present. In this way, by the time the sugar has reached the small intestine, the process of fermentation has already begun. At 4 P.M., the 10 A.M. program is repeated, and prior to retiring, two tablespoonfuls of lactose is again administered. The addition of fats in large amounts is especially recommended in the undernourished constipated individual, whereby we gain the added physiological irritation of the small intestine produced by the soaps which are formed. There is considerable gas formation with the use of lactose, and its propelling action should not be curtailed by suppressing it, but on the contrary, the patient should be encouraged to aid in its escape through the rectum. An occasional diarrhœa resulting from the lactose administration, can readily be controlled by the reduction of the dosage.

As a rule, a few days are required before noticeable results are manifest. In the meantime magnesium oxide powder is prescribed, one teaspoonful of which is to be taken thrice daily on the first day, one-half teaspoonful thrice daily on the next day, and in one-quarter teaspoonful doses on the third day, its administration to cease after the third day. In obstinate cases during this three-day interval, where no bowel movement occurs, the patient is to inject a bland oil into the rectum before retiring, to be next morning followed by an enema containing a small amount of water if necessary.

The feature of the above regimen, aside from the results obtained in the majority of cases of uncomplicated constipation, is the avoidance of artificial irritants. Of importance is the emphasis to be laid on training the rectum and regulating defecation, so that daily use of the toilet is made regularly during the same time each day.

#### THE HYPERTENSIVE HEART\*

By JAMES P. O'HARE, M.D., AND WILLIAM EGLOFF, M.D., BOSTON, MASS.

From the Medical Clinic of the Peter Bent Brigham Hospital, Boston, Massachusetts. Work assisted by the Fund for Vascular and Renal Diseases,

**7**OUR secretary has asked us to talk to you about the problem of the heart in We have assumed that hypertension. what you want is a summary of our presentday knowledge of this very important problem. You can readily realize its importance when we remind you that "Circulatory Disease," of which this forms by far the greatest and most vital part, has increased tremendously of late. Figures from the entire Registration Area in the United States show an increased death rate from this group of diseases of 69 per cent from 1904-1922. Fifty per cent of the declinations of almost any Life Insurance Company have been for "Circulatory Disease" and this percentage has been steadily increasing in the last decade. Finally, a large portion of the patients from forty to sixty years of age that come to you with heart trouble have or have had at some time high blood pressure. To be sure, there are a few whose heart disease follows hyperthyroidism. rheumatic infection, and syphilis, but for the most part your "cardiac" beyond middle life is the result of a small blood vessel arteriosclerosis associated usually with hypertension.

You will, of course, realize that in the brief time at our disposal, it is quite impossible to do justice to such a vast subject. One can

only touch the high spots.

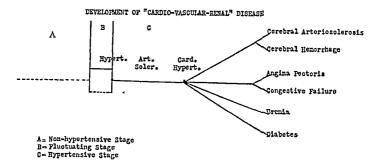
1924. (Boston Medical and Surgical Journal, Vol. CXC, 1924, page 683.)

When a patient comes to you with hypertension, you may be concerned not at all with the cardiac condition, or it may require most of your attention. In order properly to understand the part played by the heart in any such case, it is necessary to know the development of the hypertensive arterial process and the relationship that one part bears to another.

In the accompanying chart we have sketched for you our conception of the development of the hypertensive process and the relationship between the various disorders in the vascular tree.

According to the prevalent theory, hypertension is largely a hereditary disease and shows itself in early life in a pre-hypertensive stage. Certainly between the ages of ten and twenty, many of our patients gave evidence in a weakened vasomotor system that they were due to have circulatory disease about middle life or later. More than half gave a history of such vasomotor symptoms as abnormal flushing, blushing and sweating, frequent nose bleeds, abnormal menstruation, cold, blue sweaty hands and a highly nervous temperament.

These vasomotor individuals from vascular



The data on which this paper is based come from a study of a hundred "living" cases of hypertensive disease and a hundred cases that have died and come to autopsy. A study of the first group was published previously in

Read at the Annual Meeting of the Fifth District Branch Medical Society of the State of New York at Watertown, New York, October 17, 1929. families in the third and fourth decades in life seem to be the vigorous, ambitious workers who readily assume great responsibilities. Their strenuous mode of living is the second factor in the production of hypertension. Many of them, too, towards the latter part of this period develop the habit of overeating and, as a result, usually put on considerable weight.

This may be a third factor in the production of this circulatory disease.

At about thirty-five or forty years of age such an individual usually begins to show occasional rises in the blood pressure above the line of normal. If one could follow closely such a case he would see that the blood pressure on a day when the patient was nervous or tense registered ten or fifteen millimeters above normal and on the next day it might be normal again. As a result of various temporary stresses the pressure rises, to fall again to normal, with release from the strain. Very gradually, the upward excursion becomes greater and the fall less until eventually-perhaps after five to ten years—the pressure becomes permanently above normal. From this point on the pressure rarely falls to normal unless from great cardiac weakness, coronary infarction, acute hemorrhage or complete Shortly after this permavasomotor collapse. nently hypertensive stage appears, one finds evidence of small blood vessel arteriosclerosis in the eye-grounds. The condition of the retinal vessels is the only index we have during life of the condition of similar vessels throughout the body. It is these vessels that are all important and not the vessels of the calibre of The condition of the radials and brachials. these vessels in the fundi, too, indicates fairly satisfactorily the condition of the cerebral vessels of similar character in back of them. Thus they may warn you of the possibility of a cerebral hemorrhage.

Shortly after the permanently hypertensive stage develops, one can find cardiac hypertrophy. From that point on, the case may develop more or less rapidly along any of the lines illustrated in the chart. The process may advance along the cerebral route and our patient may have a cerebral accident or a more generalized cerebral arteriosclerotic disorder. The arterial disease may advance more rapidly in the heart and great vessels and the patient die from congestive failure or angina pectoris. The course may be almost entirely within the kidneys and our patient die of uremia. Finally the vascular disorder may be responsible for Without doubt the process advances into other organs harder to reach and, therefore, harder to estimate.

It is extremely important to realize that the disturbance is rarely confined to any one of these channels. If this is borne in mind, we will have no difficulty whatsoever in explaining the curious combinations that occasionally occur. A patient may have as his chief and only symptom angina pectoris, and yet may die of a cerebral hemorrhage. Again, you should never forget that your diabetic patient may die from angina pectoris or congestive failure. Again your old chronic nephritic may

have a very important congestive failure added to his picture before death. From this chart, you can well see that in any given hypertensive case, your heart may be of very little importance or it may be the weakest link in the entire chain, and you must never regard a case of hypertension as strictly a cardiac one merely because the heart symptoms predominate or a renal one because he has albumen and casts in the urine. You must think broadly about the condition and remember that you are dealing with small blood vessel sclerosis of the entire vascular tree.

We cannot, of course, go into the symptomatology, signs, etc., of all the various disorders of this large vascular tree. We must confine our discussion to the heart.

Of what cardiac symptoms does the hypertensive patient complain? The most frequent symptom is, of course, dyspnea, and this occurs in approximately two out of three cases. The dyspnea may be of various types. It varies from slight breathlessness on considerable exertion to marked respiratory difficulty even when quiet. Cheyne-Stokes breathing is a frequent occurrence as a terminal event. Cardiac asthma occurs in about ten per cent of these cases. A most important type of dyspnea that deserves special mention is the closely related paroxysmal nocturnal smothering. As a rule, this is found comparatively late in the disease and it is closely associated with angina pectoria in its origin and its response to nitrite therapy. The symptom has no fixed relationship to the height of the blood pressure, but is more commonly found in those with high diastolic pressures.

Acute pulmonary edema was not very common in our cases, even in those that went on to death.

Cardiac pain is most commonly present as a dull ache in the region of the apex and lower precordia. Pain at the base of the heart, not the classical angina, is less common. Typical angina occurred in only three of our hundred living cases, and in approximately twice that number in those that died. On the other hand, Levine has found that sixty-five per cent of his cases of angina pectoris have hypertension and that forty per cent of his coronary infarction cases were known to have had hypertension. Not infrequently, the patient complains of tenderness in the region of the apex of the heart.

Of the cardiac signs, hypertrophy is, of course, the commonest abnormality found, and is usually found by the ordinary methods of physical examination. Although palpation and percussion usually disclose the enlargement of the left side of the heart, one is not impressed with the "bigness" of the heart in hypertension until he has studied the weights of such

hearts at necropsy. The average weight of the normal adult male heart is approximately 300 grams and of the female heart 250 grams. In our series of one hundred hypertensive cases, the male hearts average 581 grams and the female hearts 479 grams.

Occasionally physical examination does not show enlargement of the heart. A 7-foot x-ray plate of the heart should, however, in practically every case, show such enlargement. You know that in such a film, the total width of the heart should not be more than one-half the width of the interior diameter of the chest. Rarely do you have to depend upon an electrocardiogram to show left ventricular preponderance. In fifty electrocardiograms taken on living hypertensive patients, 30 out of 50 showed left ventricular preponderance; 29. however, showed no preponderance at all; 1 showed questionable right preponderance. In the one hundred cases that came to post mortem, electrocardiograms were made on 55. Of these, 35 only showed left ventricular preponderance: 2 showed right ventricular preponderance. This lack of left ventricular preponderance in hearts that are obviously enlarged to the left is often disconcerting until we realize that the electrocardiogram indicates merely deviation from an axis that may not be quite the usual one. The lack of preponderance is explained at times by the fact that both sides of the heart are equally hyperthropied.

The condition of the great vessels in hypertension is one of considerable interest. In practically every case of any duration, changes take place. There is a diffuse widening of the aortic arch often associated with well marked tortuosity. This widening may occasionally be found by ordinary physical examination, but one should not place too much confidence in the supra-cardiac dullness determined by percussion. On the other hand, 7-foot plates of the heart are trustworthy and in a series of fifty such plates, the aortic arch was widened in fifty per cent. This widened shadow may be due to dilatation, or to tortuosity, or to both. As is so often the case fluoroscopy is frequently better than a flat film for disclosing the tortuosity and in addition a somewhat characteristic sharp pulsation at the upper end' of the ascending portion of the arch. Chandlee and Holmes\* feel that under fluoroscopy the heart shows a characteristic marked pulsation of the whole cardiac field, particularly the aorta. Closely associated with this diffuse dilatation of the aorta are certain murmurs of the heart. These may be of three types. The commonest is a simple blowing systolic murmur at the base, extending up into the neck.

The second is a similar coarse systolic, often associated with an arteriosclerotic aortitis. The third is a less common and often transient diastolic whiff heard in the aortic area and along the upper left border of the sternum. Its exact origin and significance is still unknown. Post mortems on such cases do not show any aortic insufficiency. Systolic murmurs at the apex are quite common and occur in more than two out of three cases. These are undoubtedly due to relative mitral insufficiency and are probably of very little importance.

Closely related to the dilated aorta, and worthy of mention is the pulsation in the vessels of the neck. While pulsations may be noted in the suprasternal notch and in both supra-clavicular regions, the most marked pulsation is in the right supra-clavicular region, occasionally associated with a tortuous carotid artery and rarely associated with an elevation of the right subclavian artery.

The second sound in the aortic area is accentuated in more than one-half of the cases and it is frequently ringing. Allbutt's tympanic note, said to be characteristic of aortitis, has been rarely found in our experience. The character of the apical first sound is of very great importance, indicating, when properly interpreted, the condition of the myocardium. In our series of "living" cases, about one in three showed weak first heart sounds and one in four an accentuated sound. As could be expected in the series that died, almost one in two showed a weak mitral first sound and only one in ten an accentuated first sound.

The rhythm of the heart in hypertension is usually regular, although some irregularity may be found at one stage or another in about a third of the cases. The commonest type of arrhythmia is that of extra-systole. Somewhat more than a quarter of our cases showed extra-systoles at one time or another. These extra-systoles usually originate in the ventricle but many are found to be auricular in origin. Paroxysmal tachycardia was found in only two out of two hundred cases. Auricular fibrillation occurred in eleven per cent of our "living" cases and in seventeen per cent of those that Defective intra-ventricular conduction died. occurred twice in our "living" cases and four times in those that died. Partial heart block occurred once in the former group and once in the latter, but complete heart block was noted in five cases of those that died. Nodal rhythmoccurred once in the latter group. Electro-cardiograms not only showed left ventricular preponderance in most of the cases of hypertension, but also showed changes in the character of the T-wave. This change is in the

nature of a negative or diphasic character in

American Journal of Medical Sciences, 1921, Vol. CLXXVIII, page 364.

Lead I and sometimes in II. Willius\* reported that forty-two per cent of his cases with T-wave negativity in Leads I and II were associated with hypertensive cardiac disease.

# Prognosis

In trying to make a prognosis on a patient with hypertension, one must bear in mind all of the relationships we have indicated in the Patients may live fifteen to chart above. twenty years with high blood pressure. the other hand, in a patient with the so-called malignant hypertension, the whole course of the disease may be less than two years. The best way to judge the course of any disease is to watch it at intervals and note the rate and the course that it is travelling. Time is the great prognosticator. How important is the condition of the heart in the ultimate prognosis is indicated by the fact that in the group of one hundred cases of hypertension that came to necropsy, fifty-one died a cardiac death. Of these forty-three had congestive failure, seven coronary infarction, and one heart block. Only sixteen cases died a cerebral death, and eighteen a renal one. Fourteen patients died from miscellaneous causes, such as cancer (4), broncho-pneumonia (4) and one each of lobar pneumonia, peritonitis, lung abscess, hemorrhage, a dissecting aneurysm, and acute pyelonephritis.

We realize that the large predominance of cardiac deaths is not entirely in keeping with figures given by some other authors. We appreciate, too, that our group is comparatively small. Dwight, in "Life Insurance Medicine" states that in a very large group of insured cases, death occurred from heart disease, cerebral hemorrhage and chronic nephritis in about

equal proportions.

Confining our remarks to the heart itself, we may well say that the heart may perform good and efficient service throughout the entire course of vascular disease. Remember that a hypertrophied heart is not necessarily a pathological one. Remember, too, that a patient with considerable evidence of cardiac pathology may live for many years with absolutely no symptoms referable to his heart. If such a patient does not put his heart to any great test of effort and is content to putter about, he may deny that he has any cardiac symptoms whatsoever.

The prognosis of the heart in hypertension depends on three elements: First the amount of strain. This may be the general strain of living or the particular strain against which the heart is beating. The latter is indicated by the degree of arteriosclerosis and the height of the

diastolic pressure. Given a constant high diastolic pressure, the prognosis is poor. Usually, however, these patients with a diastolic pressure constantly above 130 die of a cerebral hemorrhage before the heart wears out. second element in prognosis is the condition of the coronary arteries. Obviously, disease of these vessels results in a poorer nutrition of the myocardium and a consequent decreased efficiency of the heart. Furthermore, the likelihood of death from angina and coronary infarction must always be borne in mind. Janeway's cases and in ours, seven per cent died of coronary occlusion. It may be well to indicate at this point what Levine has well said, that those cases of angina with systolic pressures under 160 or 170 are more to be feared than those whose pressures are considerably higher. The third factor in the determination of the prognosis is the condition of the myocardium, which may be the result of factors I and II. Here the evidence pointing to a grave outlook, consists of a poor response to effort, a weak first heart sound, a persistently high cardiac rate, gallop rhythm, pulsus alternans, defective conduction time, heart block, a low vital capacity and, perhaps, fibrillation. The negative T-wave in Leads I (and II) does not have as bad a prognostic value as it does in other forms of heart disease.

### Treatment

The question of therapy can quickly be dis posed of. The treatment of the heart in hypertension is the treatment of the general vascular disorder. This means a very definite cutting down of physical effort, and so far as possible a relief from nervous tension and stimuli, which tend to cause the blood pressure to shoot up sharply from time to time. Abundant rest at night and rest particularly after meals is absolutely essential. Enough daily exercise to keep the cardiac and skeletal muscles in optimum tone is also indicated. Walking is the best form of exercise and should be undertaken between meals. Where such exercise cannot be carried out, massage is of considerable value.

When attention must be given to the heart, the treatment of this organ is exactly the same as the treatment of heart disease in general. Congestive failure should be treated in the classical way with rest in bed, a restricted diet, morphia, perhaps, and digitalis. Right here, we should like to dispose of the false notion that digitalis is in any way contraindicated in high blood pressure. The indications for the use of this drug are exactly the same in high blood pressure as in low. If a rapid heart exists or if rapid fibrillation is present, digitalis should certainly be used. A blood pressure may rise after its use, but this is due to the

<sup>\*</sup> American Journal of Medical Sciences, 1926, Vol. DCXXX, page 175.

improvement in the condition of the heart muscle and we do not believe that the rise following the use of digitalis can ever be shown to have caused a cerebral accident. These usually come from a sudden physical or mental strain.

For angina pectoris or the nocturnal smothering, digitalis, euphyllin, theominal and diuretin are to be used for a prolonged effect. The last three of these drugs tend to produce a better circulation through the coronary vessels. For the immediate effect, nitroglycerine or amyl nitrite is indicated. These two drugs, as well as the other nitrites, have no place in the treatment of the hypertensive patient, except in angina pectoris or possibly in the cramps that sometimes occur in the legs. Bleeding may be of great value in congestive failure to relieve the right side of the heart. seems to have a very definite beneficial effect on the whole vascular tree and should be used more commonly than it is. The nerve sedatives such as bromides, chloral, codein, morphine and atropine are often extremely helpful.

Pulmonary edema, which at times occurs in these cases, may be treated by morphine and

atropine and by strophanthin, if the patient has not previously received digitalis. has, digitalis by injection may be tried. Bleeding is also of great value. Adrenalin has been fairly commonly used in the treatment of this condition, but we advise strongly against its use because of the sharp rise in blood pressure that follows its administration. Extrasystoles rarely require any treatment. When they are numerous and bothersome, bromides usually help. Quinidine may also be useful in such cases provided the heart muscle is good. In heart block barium chloride may be effective and possibly adrenaline and thyroid extract. In the paroxysmal tachycardias that do not respond to vagal or eye pressure, quinidine may be effective.

Finally we wish to conclude with the statement that cannot be reiterated too often. In hypertension the heart is only one element in the general vascular disorder. It may be a factor of the greatest importance or it may not concern us at all. The most intelligent treatment demands a thorough understanding of this point, as well as a thorough knowledge of the therapeutic elements offered above.

### HEADACHE WITH SORE SCALP

### By G. B. FERNLUND, M.D., RICHMOND HILL, N. Y.

HEADACHES due to nasal ganglion neurosis are very common but the general practitioner who first sees these cases and prescribes for them seldom makes a correct diagnosis. As little temporary and no permanent relief is given these patients by the theraputic measures commonly used, they frequently change doctors and often resort to advertised "Cure Alls."

Sufferers from this condition are almost always considerably over or under weight. In my experience unless they are under thirty years of age, they are usually overweight and in addition appear to be very healthy.

The most common location of this type of headache is first parietal, second occipital and third a combination of these two. Tenderness of the scalp over all or part of the affected area is very often present. Tenderness and stiffness of the posterior cervical muscles are common.

The headache may be extremely severe or so mild, the only complaint will be that the scalp is sore. It may vary markedly during the course of the day, but seldom entirely disappears. It

is usually worse in one specific spot, and this area of greatest intensity is very constant. The pain is usually described as being a steady ache, and often has a starting point on some part of the head other than the point of the greatest intensity.

Examination of the nose usually shows no signs of an acute infection but hypertrophic changes are always prominent. Examination of the posterior cervical muscles will often show them to be hard and when stiffness or tenderness is complained of nodular formation along the line of their occipital origin is common. These nodules are extremely tender and vary greatly as to size.

Proper treatment gives these patients immediate relief, and in a majority of cases complete freedom from headache. Permanent results are as a rule obtained by treatment, but if the case is resistant, injection of the sphenopalatine ganglion may be resorted to.

The type of headache herein described is but one of the many neurological syndromes that result from nasal ganglion irritation. These are so varied and important that the busy practitioner can well afford the time required to obtain a general idea as to their nature and manner of appearance.

Here is a brief outline of three typical cases:

Mrs. A. R. aged 27, wt. 126 (overweight 10 lbs.) well developed. Has been suffering for the past seven years from sore scalp over the right parietal region. During an attack she is unable to comb her hair or sleep on the affected side. During the past two years these attacks have been accompanied by headache both in the right parietal region, and occipital area. She has suffered frequently from colds and attacks of sore throat for which a tonsillectomy and submucous resection were done with much benefit. Nasal examination showed a dry, red mucosa with extensive hypertrophic changes. No active infection was found. Local application to the nasal ganglion gave immediate relief, and two or three treatments give periods of relief which have averaged six months in duration.

Mrs. M. C. aged 54, wt. 107 (overweight 20 lbs.) heavy set and robust looking. Eight years ago she had her first attack of severe headache located in the right parietal and occipital areas. Several minor attacks are recorded prior to onset of present illness. This last attack began nine months ago with severe headache over the right parietal and occipital regions, soreness of the scalp over the affected occipital area, so severe that she could bear no pressure, and soreness with stiffness of the posterior cervical muscles. She was confined to bed for a period of ten weeks and kept under the influence of opiates because

of the severe pain. She has changed doctors three times during this attack. Nasal examination shows chronic hyperplastic rhinitis with thickening of the mucosa in both antrums and anterior ethmoids. Examination of the muscles of the neck and shoulder showed them to be of hard with nodular formation along the occipital insertion of the trapezius muscles. Local application to the nasal ganglion gave immediate relief from the headache, relaxed the cervical muscles and caused the disappearance of the cervical nodules. Injection was required however to secure lasting relief.

Mrs. B. T. aged 32, wt. 160 (overweight 20 lbs.). First attack of headache similar to present complaint was eight years ago. She has had an average of six attacks a year since, mostly mild, some very severe. Present trouble started two weeks ago with a severe pain beginning in the occipital region and settling in the parietal area and also behind the eye of the same She is seldom troubled with colds and never has a sore throat. She had a severe attack of influenza ten years ago. Nasal examination shows hypertrophic changes limited to posterior halves of middle and inferior turbinates, on the affected side. Examination of the cervica<sup>1</sup> muscles shows marked tenderness along the line of their occipital attachment. She has changed doctors three times since the onset of this last attack. Local application to the nasal ganglion and the ethmoid nerves gave instant relief and after six treatments, there have been no recurrences in ten months.



# NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication. DANIEL S. DOUGHERTY, M.D......New York

Advertising Manager-Joseph B. Turts...... New York

Business and Editorial Office-2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056 The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writers.

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### **OFFICERS**

President—William H. Ross, M.D	Assistant treasurer—JAMES PEDERSEN, M.D Vier-Speaker—George W. Cottis, M.D	New York Jamestown			
TRUSTEES					

JAMES F. ROONEY, M.DAlbany ARTHUR W. BOOTH, M.DElmirz	NATHAN B. VAN ETTEN, M.DNew York Grant C. Madill, M.DOgdensburg			

#### CHAIRMEN, STANDING COMMITTEES

Arrangement: Legulative—Harry Aranow, Pub. Health and Med. Educai Scientific Work—Arretur J. Medical Economics—Gross I Public Relations—Jarra E. Sadler, M.D. Medical Research—Jornua E. Sweef, M.D.	gbkeep Vew Yo	sie	Group Insurance—Joun A. Card, M.D

#### PRESIDENTS, DISTRICT BRANCHES

First District-Grader B. Stanwix, M.D. Yorkers Second District-Charles H. Goodrich, M.D. Brooklyn Third District-Erader A. Vander Verr, M.D. Albany Fourth District-William L. Munson, M.D. Graville	Fifth District—Augustus B. Sight District—George M. Ca Seventh District—E. Carlon Bighth District—W. Ross Thomson	Warsay

### SECTION OFFICERS

- 3	edicine—John Wyckoff, M.D., Chairman, New York; David A. Hallen, 1989—Charles W. Wess. M.D., Chairman, Cilton Springs; Arthur M. a etterics and Gynecology—Onstow A. Gordon, Ja., M.D., Chairman, Brook diotrics—Massiall C. Peass, M.D., Chairman, New York; Douglas P. Arnold, R.	M.D., Vice-Chairman	York. .D., Secretary, Uti Buffalo; Brewster C	ica. L. Doust,
	M D., Secretary, Syracuse.			1

M. D., Secretary, Syracuse.

By, Ear, Nose and Thode—Conrad Berris, M.D., Chairman, New York; Richard T. Atkins, M.D., Secretary, New York.

Public Health, Hygiene and Sanistion—Arthur T. Davis, M.D., Chairman, Riverbead; Frank W. Laidlaw, M.D., Secretary, Middletown,

Neurology and Psychiatry—Noble R. Chambels, M.D., Chairman, Syracuse; Irving J. Sands, M.D., Secretary, Brooklyn.

Dermatology and Syphiology—Earl D. Osdorne, M.D., Chairman, Buffalo; Lio Spiecel, M.D., Secretary, New York.

Office at 15 Park Place, New York. Telephone, Barclay 5550 \* Counsel-LORENZ J. BROSNAN, ESQ.

Consulting Counsel-LLOYD P. STRYKER, Esq.

CHAIRMEN, SPECIAL COMMITTEES

Executive Officer-Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4-4214. For list of officers of County Medical Societies, see August 15 issue, advertising page xxii.

### FALL ACTIVITIES

This issue of the Journal is the last one prepared during the summer vacation time. The fact that an abundance of up-to-date material has always been available is proof of marked progress in the Medical Society of the State of New York; for the Journal has always been able to record deeds well accomplished as well as aspirations,

The fall season opens auspiciously. This issue announces seven meetings of major importance during September. The secretaries of County Societies meet on the ninth; the chairmen of the committees and the Executive Committee on the eleventh; and the Committee on Public Relations on the eighteenth. Then come four District Branch meetings.

# PRESIDENT'S COMMENTS ON CURRENT EVENTS-NO. 5

Conference of Committee Chairmen: The President has asked the Chairmen of the Standing and Special Committees to meet him at ten o'clock on the morning of September eleventh at the office of the State Society in New York. He wants to get from each committee a concise written statement of the proposed program for the year, and to have each chairman report in the presence of other chairmen, so that each will know what the other is doing. The purpose of this meeting is to give the President a better grasp of the work of organized medicine, to unify the program, prevent overlapping with its resulting waste of effort and money, harmonize the relationships of the parts of the program to the whole program so as to do the most that can be done this year for the practice of medicine and for public welfare.

In the afternoon of the same day the President will present to the Executive Committee of the Council the proposed program for the year as outlined by the committees, for discussion and approval.

Doctor (?) Paul O. Sampson in New York Warning Against a Lecturer. In the Journal of the A.M.A. for July 12th, the Bureau of Investigation gave a report on Paul O. Sampson, who represents himself to be a food specialist and calls himself a doctor. Sampson is working among the service clubs of New York now. He addressed three in Albany the week of July 20th, as a representative of the Fruit & Vegetable Growers' Association. He spoke very freely, and to the layman very convincingly, of the amount of heart disease that is due to the lack of minerals afforded by vegetable diet. He cited instances where he had achieved miraculous results by advising chronic sufferers to change their diet. He frequently mentioned physicians with whom he worked and particularly the Superintendent of the Middletown Sanitarium. His climax was reached when he told his audience that anyone could avoid having cancer if he carefully selected the proper vegetable diet.

Physicians who are members of service clubs, will do well to advise their program committees of this man's record, as described in the Jour-

nal of the A.M.A.

Compensation Remuneration in Hospitals: Although the intent of the Workmen's Compensation Law is that the expense of treatment of compensation cases should be borne by the insurance carriers, it is alleged by certain hospitals that through practice and custom the hospitals are able to charge rates which only approximate sixty per cent of the cost to the hospital of such cases.

The City Club of New York recently made a study of the situation, and in the report it stated that the hospitals generally are not adequately remunerated for their services in compensation cases, and that innumerable incidental problems arise in the various hospitals with respect to the collection of fees, and the necessity of various kinds of treatment to patients in compensation cases. It was recommended:

 That a standard schedule of rates be drawn up for all hospital work, except that for which a fee is charged by the physician, such schedule to be mutually satisfactory to the hospitals and to the Compensation Bureau of the State Department of Labor, and discussed with the insurance carriers. It was suggested that these rates should apply to per diem care, to additional services such as x-ray and pathological treatments, etc., and to clinic care.

2. That there be established a Compensation Advisory Service for Hospitals as a cooperative enterprise on the part of the hospitals, such bureau to render certain services to hospitals. It was suggested that such bureau might be established on a three-year experimental plan through the interest of some fund or public-spirited philanthropist.

At a later meeting a Compensation Advisory Service Committee was named. Mr. Vincent Astor of New York Hospital was appointed Chairman, and to serve with him were named representatives from eleven hospitals, the State Department of Social Welfare, the Labor Bureau, Welfare Council of New York, and the American Association of Labor Legislation.

The State Society Public Relations Committee has been interested in this question during the last year, and has made several recommendations toward improving conditions. It will cooperate with the above named Advisory Committee for the purpose of including the entire state in the benefits that may arise from the Committee's work; and it stands ready to give constructive advice at any time. WILLIAM H. Ross.

### MEASURING COUNTY SOCIETY EFFICIENCY

Meetings of District Branches afford opportunities to apply standards of measurements to county societies:

To score their activities:

To compare one society with another;

To stimulate progress.

Physicians have a dual attitude toward county societies:

1. Receiving:

2. Giving.

· Receiving Benefits: The older attitude was concerned principally with the benefits which the physician received from the county society, especially its scientific papers and its sociability. That was a good meeting in which a doctor heard a practical paper read and swapped stories with his colleagues. Judged by the standards of scientific papers and sociability every county society deserves a high score.

Giving Service: The newer attitude of the relation of the physician to the county society is that of giving service.

Medicine is practiced by physicians as

1. Individuals;

2. Organizations.

The practice of medicine by the individual physician has two characteristics:

1. It is given to individual patients;

2. It is *curative*, and (a) deals with crippling conditions, and (b) covers only about one-third of the broad field of medical service.

The practice of medicine by organizations also has two characteristics:

 It is given to the people collectively and impersonally;

It is preventive, and consists largely of education, and the development of public sentiment in favor of preventive measures.

The people expect the medical profession to protect the community from sickness Individual physicians who compose the medical profession wish to give that protection, and are jealous of official boards of health and volunteer organizations that attempt to practice preventive medicine. Physicians have therefore slowly evolved the practical idea that the vague academic conception called the medical profession is the medical society of the county, the state, and the nation.

Examples of Standards of Measurement: The practice of medicine by county societies has been developed along definite lines, any one of which may be used as a standard of measurement. Practical standards are the records of each society in the following activities that are promoted by the State Society:

- 1. Reporting society meetings in the Journal;
- 2. Courses in graduate education given;

Public relations surveys made;

4. County laboratories;

5. County tuberculosis hospitals;

6. County public health nurses.

The eight district branches are the natural units within which these standards of comparison may be applied to the county societies.

W. H. Ross.

### LOOKING BACKWARD

### This Journal Twenty-five Years Ago

City Doctors in the Country: Competition of city doctors with their country brethren during summer vacations was a problem twenty-five years ago as acute as at present, as is shown by the following extract from the New York Times quoted in this JOURNAL of August, 1905:

"The country doctor naturally assumed that he was to share in the prosperity of his neighbors and patients, the agriculturists, who 'put' their products to the summer sojourner at prices from twice to ten times the local market. Visions of fees of \$1.50, per visit, instead of his customary 75 cents, began to flit alluringly before his eyes. But he forgot to allow for the fact that doctors as well as patients might

estivate. Not all city doctors go to Europe every summer. The baser sort go into the back districts of their own beloved land as cottagers, the refuse and offal even as boarders, and in their villeggiatura keep one eye open on the main chance. The urban patient prefers them to the rural practitioner. The very country doctor's own rural patients in some cases exhibit a preference for the treatment of the visiting city practitioner.

"Our own sympathies are distinctly with the country doctors, who are entitled to share the general perquisites of their neighbors, and against the city doctors, who ought to be improving their game of golf or imbibing the beauties of nature instead of healing the sick

or burying the dead."



# MEDICAL PROGRESS



Treatment of Chronic Rheumatic Affections by Paul's Cutivaccine.-Dr. F. Ferrière of Geneva reviews the various therapeutic methods in vogue in the so-called rheumatic affections-by drugs, the salicylates, sulphur, iodine; balneotherapy; parenteral protein injections, and bacterial vaccines. All of these methods are more or less useful, but leave much to be desired in individual cases and are not universally applicable. He then describes the cutivaccination method introduced by G. Paul and first described in the Wiener medizinische Wochenschrift, No. 14, 1927. It is based on the theory of a special function ascribed to the skin of dissociating certain antigens and causing a local and general reaction. This led to a search for a special vaccine which would exert a sufficient stimulation of the skin without causing an injurious general reaction. After many trials he devised the following: (1) Weleminsky's tuberculomucine, the great advantage of which is that it causes a good local reaction but very little general or focal; it is a protein extract of the tubercle bacillus with the exclusion of the virulent principles -of these microorganisms; (2) The product of filtration in vacuo of a bouillon culture of a group of saprophytic organisms; (3) Cowpox vaccine freed from all living germs; (4) A minute quantity of Koch's tuberculin. This cutaneous protein therapy acts by producing various stimulating products which are obsorbed by the lymphatics very slowly and excreted very slowly, thus ensuring a prolonged action on the organism. The scarifications should be superficial, involving the epidermis only, they should not be deep enough to cause bleeding, and the vaccine should be rubbed over the scarified part for two or three minutes with the flat of the lancet, the skin being stretched between the thumb and index finger. The general reaction is as a rule light-little more than a slight feeling of fatigue or aching of the muscles of the back and possibly a moderate elevation of temperature for a few hours. For mild cases five or six vaccinations will usually suffice, for severe and inveterate cases ten or fifteen or even twenty vaccinations may be called for. In considering the results of the vaccination treatment the author groups his cases in four categories based mainly upon the gravity of the lesions, (1) Chronic muscular and articular rheumatism of mild degree (without any joint deformities): 32 cases, the number of vaccinations varying from three to ten, giving 75 per cent of improvement. Though the good effects had lasted two years the author refrains from speaking of a cure in view of the ever-present fear of relapses. (2) Chronic rheumatism with slight articular or periarticular deformity: 14 cases, 6 to 18 vaccinations each, 50 per cent improved. (3) Chronic deforming and ankylosing rheumatism: 5 cases, 12 to 20 vaccinations, 1 case very markedly improved after the sixteenth vaccination, the others relieved as regards pain, but with only temporary functional improvement or none (4) Rheumatic neuralgias (sciatica, intercestal and trigeminal neuralgia, etc.): 9 cases, 3 to 10 vaccinations, the results being variable in cases symptomatically similar; in general 60 per cent were improved.—Schweizerische medizinische Wochenschrift, July 12, 1930.

The X-Ray Treatment of Chronic Arthritis. -In a paper read before the XIV Northern Congress for Internal Medicine, Drs. G. Kahlmeter and A. Akerlund call renewed attention to the treatment of the various forms of chronic arthritis by means of the roentgen rays. This is not a novel treatment, for as long ago as 1897 Sokelow published a series of cases and Stenbeck also employed this form of therapy at the same period. Among the affections most favorably influenced by the x-rays are gonorrheal and acute and chronic infections arthritis, but even in arthritis deformans many claim that better results are obtained than by any other method. The first effect obtained is a diminution of pain, both spontaneous and that elicited by pressure and movement. The reduction of pain is often observed within a few days, but real improvement in the other symptoms is obtained as a rule only after some weeks, but then the betterment continues, sometimes for several months, after the treatment has been discontinued. The mode of action of the rays is not easy of explanation. Some regard the analgesic effect as the chief factor, whole others believe that the inflammatory fibrosis is softened by fibrolytic ferments set free by the disintegration of the leucocytes. But these and other theories, including that which regards the process as similar to that of non-specific protein injection, are not very plausible. The rays are given by the author in two or three series at intervals of one or two months, each series consisting of a couple of deep roentgen doses of medium strength applied from different aspects around the joint, one or two days intervening between each application. The radiated fields are, in the case of a knee or elbow, about one-quarter of the circumference of the joint in width and 15 cm in height first series, at the two applications made on consecutive days, the lateral aspects of the joint ne irradiated, and in the second series, four to eight weeks later, the rays are directed at both applications from in front and behind. In the third series (usually the last) coming after another interval of four to six weeks, the applications are made from the opposite sides as in the first series. Of 94 cases of various forms of arthritic rheumatoidal affections (including arthritis deformans gonorrheal arthritis, morbus coxæ senilis and other forms of monoarthritis and subacute gout treated by the authors (180 joints in all), a symptomatic cure was obtained in 42 joints (23 percent). improvement in 109 (60 percent), and no bene fit in 29 (17 percent) The largest group of cases comprised rheumatoid arthritis and arthritis deformans-34 cases with an aggregate number of 88 joints. Of those joints 10 were rendered free of symptoms, 65 were very manifestly improved, objectively and subjectively, and 13 showed no improvement. The main objection to this method of treatment is the danger of a too long continuance of the applications When more or less improvement has been obtained the patients often clamor for additional treatments, which cannot be given because of the danger of a-ray dermatitis -Acta Medica Scandinavica, Supplementum XXXIV

Intestinal Obstruction -A Primiose writes with special reference to the rôle played by the general practitioner, since prompt diagnosis of intestinal obstruction is of the utmost importance, and it is often within his power to overcome the patient's desire to avoid opera-Furthermore, he may assist materially in improving the patient's prospect of recovery by the administration of decinormal salt solution interstitially or intravenously. An obstruction high in the bowel is much more rapidly fatal than a low one The mortality of intestinal obstruction reaches as much as 60 per cent The death rate decreases in proportion to the time elapsing between the onset of symptoms and the employment of efficient treatment. As a cause of death toxemia may play a minor role the real cause of death being the loss of sceretions which fail to resorb There is a change in the blood chemistry producing an alkalosis. It is characterized by a fall in the blood chlorides and a rise in the carbon dioxide combining power of the plasma. If the chlorides fall below 0.45 mg per 100 cc of

blood, peristalsis is inhibited. The chlorides may be restored to normal proportions by the administration of chlorides by mouth, by the rectum, interstitially or intravenously, or by a combination of these methods Water and plucose are also of specific value By its diuretic effect, glucose aids in the elimination of non protein nitrogen and in furnishing energy Water replaces that lost by vomiting and prevents deliveration. Chlorides may be admin istered by rectum in the form of ammonium chloride, 180 grains in three ounces of water, every four hours Glucose, 10 per cent in physiological saline, may be administered interstitially or intravenously, in amounts of 600 cc Physiological saline solution may be pressed to the extent even of 5 000 cc in twenty-four hours Bicarbonate of soda increases alkalosis and predisposes to tetany, therefore, this drug must never be administered in intestinal obstruction The general practitioner should give this treatment without waiting for a blood examination Operation is, of course, absolutely necessary Enterostomy is believed by some authorities to be of great value, particularly if peritonitis is confined to the lower abdomen with spasmodic cramps or visible peristalsis The lowest mortality has been achieved under general anesthesia. Spinal anesthesia as a curative measure in paralytic ileus is undoubtedly of the greatest value in certain cases -Canadian Medical Association Journal, July, 1930, xxm, 1

Food Poisoning Due to Eggs -W M Scott calls attention to the fact that eggs, usually considered to be one of the most wholesome forms of food, are responsible for many cases of food poisoning which remain mysterious He describes a number of instances, affecting both single individuals and groups of people, the largest outbreak involving over 300 persons, with one death. The type of infection was that of B acttrycke and the evidence was convincing that the infection was conveyed by ducks' eggs There is a considerable literature on the subject In 1906, A Lecoq published a monograph in which he expressed the opinion that the infection was introduced into the oviduct of the duck or hen during the copulation Spencer Low suggests that infection of the egg with Salmonella could take place as a part of a general infection of the bird, such as has been assumed to occur in parrots with psittacosis Scott suggests that eggs may become infected by contact with

B acriryche if the shell is most An egg thus infected might not appear to be more than elightly stale. All eggs are not readily infected in this manuer. The duck's egg, however, has definite opportunities of becoming

infected in all three ways. It should not be used in any way in which thorough cooking is not involved. While the risk of food poisoning from this source is comparatively remote, it should be borne in mind in solitary cases of food poisoning, especially as the egg is one of the commonest and most conspicuously unshared of dishes in ordinary life.—British Medical Journal, July 12, 1930, ii, 3627.

Allergic Migraine.—Ray M. Balyeat and Fannie Lou Brittain present a study based on 55 cases of migraine, in 45.4 per cent of which a family history of allergy was elicited. There was a family history of migraine in 25, or 45.4 per cent; in 37, or 67.3 per cent, of the cases there were other manifestations of allergy, such as hay fever, eczema, urticaria, and asthma. From a study of the hereditary factor in migraine it seems logical to believe that the existing factor is always a specific sensitivity to one or more foreign proteins. The hereditary factor appears to be interchangeable in the linkage with asthma and hay faver, which is good evidence that these syndromes have a common etiology, namely, a specific sensitization. There are, however, many predisposing factors, such as physical fatigue, mental fatigue and depressed states, thyroid dysfunction, toxic states, and disturbances of the special senses. Most patients with migraine are sensitive to a multiplicity of proteins. The onset of symptoms occurred in nearly one-third of the cases during the first decade of life. The persistence of migraine symptoms up to and through the sixth dec-. ade of life is not uncommon. These patients are usually above the average both mentally and physically. In the treatment predisposing factors should be eliminated as well as all foods and dusts to which the patient is found specifically sensitive. In the author's series of 55 cases, 29 or 52.7 per cent, obtained from 85 to 100 per cent freedom from symptoms. Only five patients received less than 40 per cent, or no relief. It thus appears that the results in the treatment of migraine are as good or better than those obtained in nearly any other chronic disease.—American Journal of the Medical Sciences, August, 1930, clxxx, 2.

Treatment of Hay Fever.—Dr. Ch. Flandin of Paris, writing in The Bulletin Médical, July 12, 1930, xliv, 30, expresses scepticism as to the allergic origin of hay fever. Cases are not infrequent, he says, of spasmodic coryza lasting the year round with exacerbations in the spring and autumn, and such cannot be caused by pollen since they continue at a season when no pollen exists. This reasoning is not altogether convincing since it rules out

only one form of allergic causation. The author also disputes the reliability of the cutireaction, for treatment based upon such reac-. tion is not always successful. He recalls a case in Widal's clinic of a beggar suffering from some supposed allergic trouble who was submitted to a long series of tests with negative results and finally reacted to caviar, a substance he had never tasted and did not even know what it was. Every year, the author says, he sees a great number of patients treated secundum artem with ten to twenty prophylactic injections of the indicated pollen who keep on sneezing just the same. Perhaps they sneezed even more for it is not improbable that in some the injections were productive of sensitization. In place of this treatment Flandin employs a method of autoserotherapy employed by Achard and himself since 1913. It is advisable to give a very small dose—not more than 0.1 to 0.3 c.c. injected intradermically. Thus enough blood may be obtained at one time to serve for a three weeks' course of treatment. Thanks to this therapy, the course of treatment being repeated if necessary several years in succession, the author has permanently cured a number of hay-fever patients who had received a great number of so-called specific intradermic injections without benefit.

Clonic Spasm of the Eyelids in Epidemic Encephalitis.—Dr. C. T. Manthos of Salonica reports two cases under his observation in the Military Hospital. In one case the patient, 21 years old, had a tremor with some rigidity of the left side and was markedly somnolent, with the face immobile and without expression. The trouble had started six months before with a fever of 39° C. (102.2° F.), somnolence, and temporary diplopia with sialorrhea. When told to close the eyes forcibly, the lids became affected with intense clonic spasms lasting as long as they remained closed. In the second case, a Greek, 17 years old, had been taken with fever, an epileptic paroxysm, somnolence for about two weeks followed by stiffness and numbness of the right arm and leg, nystagmus, and subjective sensations of light. There were no evidences of cerebral hypertension, there was no dysarthria, and the spinal Wassermann test was negative. In this case also as soon as the patient closed his eyes there was evident a rapid clonic tremor which continued until the man was told to open them. In general the author said he had noted this very exaggerated clonic spasm of the eyelids in all cases of epidemic encephalitis and of the parkinsonian post-encephalitic syndrone,-Bulletin de l'Académie de Médecine, de Paris, July 8, 1930.

Arterial Pressure in Its Clinical Aspects .-In reviewing the subject of high blood pressure, J. F. Halls Dally emphasizes the importance of the diastolic pressure, since it is a measure of the burden which the arterial walls and aortic valves must continually bear, while the systolic pressure represents only an intermittent and superadded load. Drastic attempts to reduce the blood pressure should be avoided. Since toxemia, worry, and excesses of various kinds are the most potent causes of high blood pressure, they should first be eliminated. Tobacco should be avoided and moderation in all things enjoined. Deep breathing exercises, relaxation, passive movements, resistance exercises, and massage have their appropriate The x-rays, high frequency, and diathermic currents in experienced hands yield good results. In threatened or actual apoplexy lumbar puncture is of timely aid. Venesection up to 500 c.c., followed by fasting for a couple of days, gives relief to an embarrassed circulation, particularly in the presence of venous stasis. For the toxemia resulting from intestinal stasis rectal injections every morning for three weeks of a solution of potassium permanganate, one grain in a pint of water, is often of great value, constipation at the same time being corrected by tablets containing bile Calomel at night twice weekly, in 2grain doses, with a teaspoonful of equal parts of sodium and potassium sulphate on the morning following, is useful in thinning the bile, and by thus inducing a greater flow lessens intestinal putrefaction. In the lesser grades of hyperpiesia potassium chloride in two-drachm doses three times daily gives encouraging results. For the cardiac types theominal, a combination of luminal and theobromine, promotes diuresis and lowers arterial pressure. Iodine is of little use, greater effect being obtained by the administration of the French tincture, 5 minims in milk or water after meals, gradually increasing the dose. More recent. remedies are: (1) liver extract; (2) sodium sulphocyanate, in three-grain tablets by mouth; (3) choline derivatives, and (4) endocrine preparations. Manipulations, baths, and douches are beneficial in high pressure cases, and in those of low pressure associated with circulatory stasis .- British Medical Journal, July 5, 1930, ii, 3626.

The Fibroses of the Heart.—John Cowan discusses fibrosis of the heart due to myocarditis, ischemic necrosis, and syphilis. In acute myocarditis the lesions are small, usually consisting of round celled infiltration of the tis-

sues. They are generally situated in the walls of the ventricles, especially the left, and often in the vicinity of, or around, an arteriole. Of the ischemic fibroses, a large group are caused by interference with the blood supply through the coronary arteries. If the closure of a blood vessel is sudden, necrosis results, with later infarction. The most important and the most frequent sequel of syphilis is disease of the coronary arteries and ischemic fibrosis. In ischemic disease of the myocardium pain is often a striking symptom, the onset is sudden, and the most serious symptoms immediately precede death. In acute myocarditis pain is exceptional, the onset is generally insidious, and serious symptoms may occur early in the illness. The symptoms are often masked by the primary illness, and can only be differentiated with difficulty. Acute myocarditis is most common in cases of acute endocarditis. In a few cases the occurrence of a nodal rhythm, or progressive cardiac failure without obvious cause, affords presumptive evidence of its presence. In ischemic fibrosis the symptoms may be those of angina pectoris; of congestive heart failure, of either sudden or of insidious onset; of disturbance of cardiac rhythm, the most common being heart block; or the signs may be those of disease in organs other than the heart, cerebral symptoms being most common. Angina, apart from aortic valvular disease, pregnancy, operations, or severe anemia, indicates interference with the coronary blood supply, and hence a potential or actual fibrosis. Infarct, heart block, and bundle branch block are also indications of fibrosis. A symptom not uncommon in infarct is pain not infrequently referred to the abdomen and associated with gastric symptoms. The changes in the electrocardiogram in myocardial infarct have been studied, but accurate deductions are not yet possible. The early changes are usually shown as a deviation of the R-T segment from the iso-electric level. The deviation may be upward or downward, the direction in Leads I and III being opposed. In the course of a few days the curve alters: negative T waves appear, running out of QRS without any iso-electric period. The subsequent changes are in the direction of normal. The issue in acute myocardial disease, whether inflammatory or ischemic, depends upon the treatment of the initial attack. The only safe plan is to maintain rest for several months after the acute symptoms have passed. The rest must be absolute at first. Restlessness must be combated by sedatives .- The Lancet, July 5, 1930, cexix, 5575.



# LEGAL



# INSURANCE POLICY - DISTINCTION BETWEEN ACCIDENT AND DISEASE

By LORENZ J. BROSNAN, ESQ. Counsel, Medical Society of the State of New York

An interesting decision of our Court of Appeals involving a construction of an insurance policy was recently handed down by the court.

The defendant Insurance Company had insured the plaintiff's husband against the result of bodily injuries "Caused directly and independently of all other causes by accidental means," the insurance in the event of his death to be payable to his wife. The policy was not to "cover accident, injury, disability, death or other loss caused wholly or partly by disease or bodily or mental infirmity or medical or surgical treatment therefor."

The insured, while lifting a milk can into an ice box, slipped and fell, the milk can striking him on the abdomen and causing such pain that he was unable to get up. A physician was called who advised an immediate operation. Upon opening the abdomen, the surgeon found a perforation at the junction of the stomach and the duodenum, through which the contents of the stomach escaped into the peritoneum, causing peritonitis and, later. death. At the point of the perforation there had been a duodenal ulcer, about the size of a pea. Evidence in the case showed that the existence of this ulcer was unknown to the insured, and were it not for the blow, would have had no effect upon his health, for it was dormant, and not progressive. But, of course, there had been a weakening of the wall in some degree, with the result that the impact of the blow was followed by perforation at the point of least resistance.

The Insurance Company refused to pay the amount of the policy contending that death was not the result of an accident to the exclusion of other causes. The plaintiff received a verdict for the full amount in the court below, and this finding was affirmed by the Court of Appeals. The Court of Appeals pointed out that the ulcer was not a disease or infirmity within the meaning of the policy, since left to itself it would have been as harmless as a pimple or a tiny scratch. The Court further held, that the ulcer being dormant was incapable of becoming harmful except through catastrophic causes, not commonly to be expected, and that something more must be shown to exclude the effects of accident from the coverage of a policy of this kind. The disease or the infirmity must be so considerable or significant that it would be characterized as disease or infirmity in the common speech of men. The Court further held that "a policy of insurance is not accepted with the thought that its coverage is to be restricted to an Apollo or a Hercules."

The Court further pointed out that a distinction must be drawn between a morbid or abnormal condition of such quality or degree that in its natural and probable development it may be expected to be a source of mischief in which event it may fairly be described as a disease or an infirmity, and a condition abnormal or unsound when tested by a standard of perfection, yet so remote in its potential mischief that common speech would call it not disease or infirmity, but at most a predisposing tendency. To illustrate these principles, the Court pointed out that under a policy of this kind there could be no recovery if an everyday act, involving ordinary exertion, brings death to an insured because he is a sufferer from heart disease. While, on the other hand, a recovery will not be denied to the sufferer from hernia who has had a predisposition to rupture because the inguinal canal was not closed as it ought to have been, or to one whose hip has been fractured because his bones have become brittle with the advent of old age.

In laying down the principle which must govern in construing a policy of this character, the Court said:

"If there is no active disease, but merely a frail general condition, so that powers of resistance are easily overcome, or merely a tendency to disease which is started up and made operative, whereby death results, then there may be recovery even though the accident would not have caused that effect upon a healthy person in a normal state."

An ulcer as trivial and benign as an uninfected pimple, is at most a tendency to an infirmity, and not an infirmity itself.

Any different construction would reduce the policy and its coverage to contradiction and absurdity. The infinite interplay of causes makes it impossible to segregate any single cause as operative at any time and place to the exclusion of all others, if cause is to be viewed as a concept of science or philosophy The Courts have set their faces against a view so doctrinaire, an estimate of intention so headed toward futility. "We are to follow the chain

of causation so far, and so far only, as the parties meant that we should follow it: "The causes within their contemplation are the only causes that concern us."

### CLAIMED FAILURE TO REPAIR LACERATION SUSTAINED DURING DELIVERY

In this case the patient appeared at a charitable maternity institution and requested that she be placed upon the hospital service for care and treatment. She was examined by the defendant physician and gave a history of chronic appendicitis and irregular menstrual periods; excessive vomiting due to pregnancy; weakness, insomnia and nervousness Examination revealed a low blood pressure,-90 systolic, measurements slightly below normal; fetus in good position. The patient was in about the sixth month of her pregnancy. She was examined regularly thereafter at two week intervals on which dates treatment to which the patient responded satisfactorily was prescribed.

About three months after the first examination she was admitted to the maternity institution and examined by the house doctor who found her to have irregular pains with one finger dilatation. A hypodermic of morphine was administered. Several hours later when the patient was examined by the defendant she had had no pain since the administration of morphine and made no progress in labor. Then hours afterwards she was again examined but still had no pains and showed no progress in labor. She was then permitted to go home.

The following day she again called at the institution complaining of irregular pains. The house doctor again examined her and this time found a dilatation of two and one-half fingers. Several hours later when the defendant examined her, he found her to be in the same condition. That evening she ruptured her membranes spontaneously.

The morning of the following day the patient was found to be nervous, exhausted and suffering pains, rapid fetal heart; the fetal head not in complete rotation. Measures were taken to rotate the head slightly with forceps, and to aid the termination of the labor slightly. The forceps were used for a few minutes, sufficiently to rotate the head in the proper axis, and it was deemed wise to permit a spontaneous delivery. The patient was placed in bed and three hours later was permitted to walk about in order to increase her pains. A half hour after she had been permitted to walk about, without permission she walked out of the hospital. However, a nurse observed her and approaching her on the sidewalk brought her back to the institution, this being done with a great deal of difficulty because the patient became in sterical and cried that she wished to leave the hospital and refused treatment.

After a little time elapsed the patient quieted down, but in another half hour she again attempted to elude the nurses and leave the hospital. She was thereafter given a hypodermic of morphine. The same morning the patient delivered herself spontaneously of a baby girl. The placenta was expelled intact There were no apparent lacerations or other injuries that required immediate repair, and as the patient was greatly exhausted from tedious labor and her attempts to leave the hospital, it was deemed wisest to promptly place her in bed with as little manipulation and irritation as possible.

That evening the patient had a slight rise in temperature and thereafter ran a low grade infection temperature for about a week, the highest point being 102 F. The temperature, and all subjective and objective symptoms were treated in accordance with the most modern scientific methods. The patient made a good recovery and two weeks after the delivery was discharged from the hospital with a normal temperature and only slight abdominal pain on pressure. At the time of her discharge her breasts were normal, nipples normal, perineum good, cervix slight bilateral tear, uterus involuting, adnexa painful to pressure, with plastic exudate present.

On each day after the delivery she was examined and treated by the defendant physician

Some two and one-half years after the patient was discharged from the hospital, she instituted an action against the physician who had delivered and treated her, charging that he did not use due or proper care and skill in the confinement and delivery; that he permitted her to be discharged from the institution without certain necessary stitches for her laceration, by reason whereof she claimed to have sustained certain permanent injuries and her health became irreparably damaged. Since the action was commenced more than two years after the last date of treatment the complaint was dismissed on motion under the Statute of Limitations, thereby terminating the action in the doctor's favor without a trial.



# NEWS NOTES



## CONFERENCES OF COUNTY REPRESENTATIVES

Two important conferences of representatives of the County Medical Societies of New York

State will be held during September.

Secretaries' Conference: A meeting of the Secretaries of the County Societies has been called for Tuesday, September 9, 1930, at ten o'clock in the morning, in Albany. This conference is called in accordance with the action of the House of Delegates recorded on page 783 of the Journal of July 1. The expenses of the secretaries attending the conference will be paid by the State Society.

The custom of holding conferences of County Secretaries is widespread. The American Medical Association sets the example by holding an annual conference of the secretaries and editors of the several state societies in November; and several state societies hold conferences of the secretaries of their constituent county societies. This Journal, for example, on May first, 1930, printed an account of the annual conference of the county secretaries of New Jersey, abstracted from a seventeen-page stenographic report in the Journal of the Medical Society of New Jersey. This Journal on September 15, 1929, page 1164, printed an abstract of the twenty-first annual meeting of the Missouri Society of Medical

Secretaries, at which forty-two secretaries were present.

Several conferences of the County Secretaries of New York have been held. The last one was held in Albany on September 15, 1927, and was reported in the Journal of October 1, 1927, page 1094. This last one was of unusual interest and practical value.

Conference of Chairmen of County Public Relations Committees: A meeting of the Chairmen of the County Committees on Public Relations has been called for Thursday, September 18, ·1930, in Albany. This will be the first meeting of the County Chairmen of the whole State, but the need for it is real. Last fall Dr. James E. Sadlier, Chairman of the State Committee on Public Relations, adopted the policy of calling together the Chairmen of the County Public Relations Committees of each district at the time of the annual meeting of the district. These conferences showed that not only must the county leaders be instructed what to do, but also many must be told how to do it. The experiences gained in the fall conferences is a guarantee that the conference on September eighteenth will be of great practical value.

# THE OYSTER INDUSTRY

The interdependence of business, science, and government is illustrated in the shellfish industry, and was emphasized in a striking way by the speakers at the joint session of the Oyster Growers and Dealers Association of North America, Inc., representing the business interests of the shellfish industry, and the National Association of the Shellfish Commissioners, representing the governments of the United States and of the several States in which shellfish are produced. Over one hundred representatives of these two organizations met in Sayville on August 19-21, in perfect harmony, and discussed practical problems involving investments of millions of dollars and an important food used throughout the land. The predominance of sanitary problems makes the sessions worthy of reporting in the NEW YORK STATE JOURNAL OF MEDICINE. This report will be an attempt to outline the broad features

of the shellfish industry as it exists in the Eastern Coast of the United States today. While the principal shellfish is the oyster, the same principles apply also to the hard clam, the soft clam, the escallop, and the mussel, all of which grow under the same conditions as the oyster.

Oysters formerly grew naturally in nearly every bay and estuary of the coast in incredible profusion, and could be picked up by the basketful by children wading, or raked up by the boatload from deeper water. Both the supply and the demand seemed to be inexhaustible up to the middle of the decade of the eighties when the demand led the oysterman to substitute mechanical dredges for hand power in catching oysters, with the result that the bay bottoms were swept clean not only of oysters, but also of shells and other material to which the growing oyster must cling during an early stage of its growth. Moreover, the lack of adult oysters

reduced the spawn to an amount insufficient to replant the bay bottoms. The result has been that the individual oysterman working by hand could not make a living, owing to the prevailing American custom of exhausting all our natural resources.

Today the great bulk of oysters on the market are produced on "farms" which are tended and watched as carefully as those of the market gardener. The oyster grower buys his "seed," cultivates his crop for two or three years, and finally prepares it for market with the precautions and care that are used in the marketing of milk.

It happened that bays and estuaries were the haunts of men as well as oysters, and their shores were the sites of villages and cities whose people poured their wastes into tidal waters. Human wastes contain disease germs, and industrial wastes often include poisons which are deadly to oysters. Hundreds of square miles of rich oyster grounds in the vicinity of populated centers have been condemned by the health authorities, but thousands of miles are still safe grounds for shellfish cultivation.

One of the great problems of the oyster growers is to secure the lease of the oyster grounds from the states and municipalities which own them. These grounds are of two kinds:

1. The natural beds where the oysters grow and multiply spontaneously.

2. The areas on which young "seed" oysters will flourish when they are simply thrown overboard.

It seems an incredible state of mind that the "poor" oysterman and all his relatives should . object to the lease of bottoms which cannot be of use to him; and yet he is often able to hold up legislators and prevent them from leasing the planting grounds to those who are financially able to cultivate them. Fortunately the States of New York, Connecticut, Rhode Island, and New Jersey make provision for leasing ovster grounds.

Oyster growing under modern conditions requires scientific knowledge and practical experience of a high order. Oyster marketing requires a uniform system of sanitary inspection, and governmental enforcement of rules. All oyster growing States therefore have shellfish commissions; but their work is unified by the United States Public Health Service, acting under the authority of Federal Interstate Commerce law. The dual system has been developed and coordinated so that the Federal officers supervise the sanitary inspections of the grounds and packing houses, and set the standards for their sanitation; and the authorities of the States, counties and cities enforce a conformity to the standard requirements. New York City also maintains its own system of inspection, certification, and enforcement, these requirements are respected by the oyster growers who are engaged in interstate commerce,-and that means practically all.

The first day of the Sayville session was devoted to discussions which were largely of a scientific nature. The program of the day was

as follows:

ington, D. C.

"Research Program of the Association," Dr. Herbert D. Pease, New York.

"Results of Oyster Market Survey," J. M. Lemon, U. S. Bureau of Fisheries, Washington, D. C.

"Export Possibilities of Oysters," R. S. Hollingshead, Foodstuffs Division, Bureau of

Foreign and Domestic Commerce.

"The Trade Journal and the Oyster Industry," J. E. Munson, Editor, "Fishing Gazette."
"Chemistry of Setting of Oysters," Herbert F. Prytherch, U. S. Bureau of Fisheries, Wash-

"Purification of Clams," L. M. Fisher, U. S.

Public Health Service, New York, N. Y. "Effects of Sulphite Mill Waste on Oysters," Q. E. Hopkins, U. S. Bureau of Fisheries, Washington, D. C.

A Preliminary Report on Studies of Larval Oysters as a Guide to Shelling Operations (illustrated with lantern slides), Professor Thurlow C. Nelson, N. J. Oyster Investigation Laboratory.

"Methods for Control of Starfish," Miss Louise Palmer, U. S. Bureau of Fisheries.

Washington, D. C.

"Control of Shellfish by Federal Departments, R. E. Tarbett, U. S. Public Health Service.

Washington, D. C.

"How the College Can Aid the Oyster Industries," Dr. Donald W. Davis, University of William and Mary, Virginia. Discussion by Prof. Frederick P. Gorham, Brown University, Providence, Prof. R. V. Truitt, University of Maryland.

"Oyster Growers' and Dealers' Association Research Committee," Dr. Herbert D. Pease, Pease Laboratories, Inc., New York, N. Y.

"Regulatory Measures of Cincinnati and Food Value of Oysters in the Diet," Dr. William H. Peters, Health Commissioner, Cincinnati, Ohio, Member of Sanitary Control Committee Shell-fish Industries of U. S.

"What the States Are Doing to Develop the Oyster Industry" (Round-Table Discussion participated in by leading executives from each

state represented).

"The Future Marketing of Oysters," William H. Raye, President, General Scafoods Corporation, Boston, Mass.

Moving Michrophotos of Spawning of

Oysters, Development of Oyster Larvæ and Setting. Also Special Film Showing Growing of Artificial Pearls in Japan.

Wednesday was spent in an inspection of the plant and grounds of the Blue Points Company at West Sayville. Here the Oyster Growers and Dealers Association maintains a research laboratory for the investigation of problems connected with the spawning of the oyster and the development of the spawn, the purification of the oysters, and their bacteriology, and the methods of preparation for shipment. This work is in charge of Dr. Herbert D. Pease, of the Pease Laboratories of New York City.

Thursday was spent in a trip to the oyster grounds at Greenport, where conditions are different from those at Sayville.

Confidence in the wholesomeness of oysters in the market, like that of milk, is dependent on the high standards and character of the producers and dealers. The brands of the well-known oyster companies are like those of the milk companies, and are equally reliable. Any one wishing to know the quality of oysters in his town can obtain reliable information from his Board of Health.

This Journal will publish articles on oyster sanitation in the near future.

# COMMENTS ON A NATIONAL MATERNITY SERVICE SCHEME FOR ENGLAND

This article is the fourth of a series of abstracts on English medical service.

The British Medical Journal of August 9, 1930, page 223, contains an abstract of a report of the Departmental Committee of the Ministry of Health on the subject of maternal mortality and morbidity, commenting on the British Medical Association's plan for a National maternity service, an abstract of which was printed on page 1000 of the New York State Journal of Medicine of August fifteenth. The proposals of the Association were not adopted by Parliament, but the Ministry of Health made extensive studies during the past year, and issued a report which filled 151 pages. The Journal states:

"The committee desired to base its report upon an examination of a sufficient number of maternal deaths of which reports had been made by an experienced medical officer in each sanitary area in accordance with an arrangement entered into in the early part of 1928. The drafted form of inquiry in connection with this arrangement, which received the concurrence of the British Medical Association under conditions safeguarding the confidential nature of replies thereto, was issued in October of that year, and the main part of the departmental committee's report is based upon a careful examination of the first two thousand cases of which particulars have thus been obtained. The two thousand maternal deaths which were investigated were unselected cases, probably representative of the deaths occurring all over the country. They are classified in a way which has much practical value, and the conclusions which are drawn from them are expressed very carefully and with a commendable absence of dogmatism."

The committee divided the maternal deaths into two classes, as follows:

"(1) Deaths directly due to pregnancy and

child-bearing, including abortion and ectopic gestation, 1,596 in number.

(2) Deaths due to an independent disease concurrent with pregnancy or child-birth, 404 in number."

The cause of deaths in class one are given as follows:

"In the first class, 38.6 per cent of the deaths were due to sepsis, and 13.6 to eclampsia, while shock, ante-partum and post-partum hæmorrhage, other toxæmias, and embolism were responsible severally for percentages varying between 6 and 9."

Sepsis caused 616 deaths, whose causes were classified as follows:

Following ordinary normal labor, 294 cases.
 Following delivery by low forceps in an otherwise normal labor, 47 cases.

3. Following complicated labor, 275 cases.

The report continued:

"The main object of this investigation was, of course, not academic but practical. The investigators, have accordingly fried to discover in each case what they call the 'primary avoidable factor'-that is, the first omission, mistake, or misjudgment in the train of events which led up to the fatal result. The standard of comparison on which judgment was based is set out. It is not an unduly high one, but rather one which may reasonably be expected to be attained in good medical practice in most parts of the coun-Omitting cases of abortion and of extrauterine gestation, and a number of others in which information was insufficient, the cases which showed a primary avoidable factor were 626, and those in which no departure from established practice having a causal relationship with the death was found were 660. In a broad

general analysis, therefore, and with no claim to mathematical accuracy, it may be said that the net percentage of preventable deaths is as high as 48. The primary avoidable factors in these 626 cases are subdivided under four headings

(1) Omission or inadequacy of ante-natal examination, 226 cases.

(2) Error of judgment in management, 224 cases.

(3) Lack of reasonable facilities, 64 cases

(4) Negligence of the patient or her friendsusually in failing to follow the doctor's advice or in ignoring obvious and serious symptoms, 112 cases.

"In the first two of these groups the doctor, the midwife, the hospital, or the clinic may have been at fault, and the first group contains 109 cases in which the pregnant woman did not submit to ante-natal examination. These

are not included in group four.

"The committee realizes that caution must be exercised in drawing conclusions from the evidence obtained from these investigations, but it is clear that information has been elicited which is of definite and substantial practical The vast importance of adequate antenatal examination and supervision in every case is reaffirmed, and adequate treatment of any discovered abnormality should naturally, but does not always, follow.

"Amongst the deaths from hæmorrhage, a number of patients might have been saved had specialist services, including facilities for blood transfusion, been at hand. At the same time it must not be lost sight of that the majority of cases of hæmorrhage and obstetric shock can be saved from death by the immediate replacement of fluid by intravenous or subcutaneous saline solution. Attention is drawn to the relative infrequency with which this treatment is adminis-

"With regard to sepsis, substantial improvement may be looked for when ante-natal diagnosis becomes more efficient and widespread, when a specialist service is more easily obtainable, and when hospital accommodation for suitable cases is more adequate. Even so, the number of deaths from sepsis following 'normal labor' demands

intensive investigation.

The abstract in the British Medical Journal makes brief comments on the reports on puerperal Concerning anæssensis and ante-natal care,

thetics the abstract says:

"Other very important and valuable chapters of the report deal with the use of anæsthetics and analgesics in obstetric practice, with medical education in obstetrics, and with a national maternity service. On the first of these subjects three interesting memorandums are given in appendixes—one from the Royal College of Physicians of London, one from the British College of Obstetricians and Gynecologists, and one from the British Medical Association. This last is printed in the Annual report of Council (Supplement, April 19th, p. 163), and was approved by the Representative Body last month perhaps the most emphatic of the three with regard to the use of anæsthetics and analgesics by anyone other than a registered medical practitioner; but the three pronouncements are in substantial agreement, and the committee does not differ from them in their conclusions"

Commenting on anaesthetics, the British Med-

ical Journal, page 218, says editorially:

"The Departmental Committee on Midwives said that 'it would be to the public interest if some professional body would issue at an early date some pronouncement as to the advisability and place in labor of anæsthetics and sedative drugs generally.' In response to this the Council of the Association set up a special committee to report on this matter, and this report was submitted to the departmental committee. were similar reports from the Royal College of Physicians and from the British College of Obstetricians and Gynecologists. Meanwhile a well-intentioned but misguided effort had been publicly made to provide anæsthesia for every maternity case. All the reports referred to point out the undesirability of these drugs in certain classes of cases and the danger, either to mother or child, of their use by persons other than properly qualified medical practitioners. The committee's report fully endorses the position held for so long by the British Medical Association; nevertheless, the provision for anæsthesia is an essential part of any national maternity service."

The abstract closes with comments on the edu-

cation of physicians as follows:

"In regard to medical education, the most important suggestions of the committee are:

(1) That the statements of the requirements of the General Medical Council should be made

more clear and definite;

(2) That the time given to midwifery and gynecology (including infant hygiene) should be doubled-six months' whole-time hospital practice, including two months' residence in a maternity hospital.

(3) That the number of labor cases personally attended (in the suggested alteration 'attend and personally deliver') shall be thirty instead of

twenty;

(4) That ante-natal instruction shall entail the personal examination, under supervision, of not less than fifty pregnant women;

(5) That there shall be at least eight attend-

ances at an infant welfare centre;

(6) That priority shall be given to the medical student over the student midwife in maternity hospitals, or possibly that students and midwives shall be educated together in this respect."

# THIRD GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

The New York Academy of Medicine is a center of medical information along all linesscientific, literary and historical, public health, and popular health education. It is a clearing house of information regarding hospitals, and the operations and clinics held in them. Its medical library is one of the largest in the country and is open to physicians generally. If a reader wishes a copy of an article, he may have a photostat of the article, including its illustrations, done for less than the cost of typing the article.

Election to membership in the New York Academy of Medicine is an honor to any physician, but generous endowments make it possible for the Academy to extend its benefits to physicians generally. Visiting physicians are invited not only to share in the professional benefits of the institution, but also to make the building, at 2 East 103rd Street, their headquarters where they may have their mail sent and where they may make appointments to meet their families

and friends.

Two years ago the Academy extended its system of medical instruction by providing a twoweeks' series of clinics and lectures called The Graduate Fortnight, on the general subject of the Diseases of Old Age. Its success encouraged the officers of the Academy to repeat the plan of the courses in 1929, taking as its general subject "Functional and Nervous Problems in Medicine and Surgery." The afternoon clinics in 1929 were crowded to overflowing and the average attendance at the evening lectures was 545 by actual count.

The Graduate Fortnight will be repeated this year on the general subject "Medical and Surgical Aspects of Acute Bacterial Infections." The committee in charge of the Fortnight consists of Dr. Harlow Brooks, Chairman, with Drs. F. W.

Bancroft, Ludwig Kast, Emanual Libman, and H. F. Shattuck his associates.

The dates are two weeks in October from the 20th to the 31st, inclusive. The clinics will be held on afternoons, and lectures in the evenings.

The places are:

The amphitheatres of ten of the largest hospitals in the city, for the afternoon clinics.

(b) The large Assembly Hall of the Academy

for the evening lectures.

The price,—free. The Fortnight is the contribution of the Academy to the medical profession. The only restriction is that tickets, which may be obtained at the Academy, will be required for the afternoon clinics, owing to the limited capacity of the amphitheatres in which they will be held.

An added feature of the Graduate Fortnight this year is an exhibit of research material and s pecimens,—anatomical, bacteriological, and pathological,—of infections. This exhibit will be

held in the Academy Building.

The plans of the Fortnight leave mornings free for the usual operative clinics which are held daily in the hospitals, and to which visiting physicians are cordially invited. The Academy keeps an up-to-date list of the clinics in all hospitals of the city, and publishes it in a daily Bulletin which will be sent free during the Fortnight to all who apply for it.

A 24-page folder has been prepared, giving an outline of every lecture and the details of the It lists 25 speakers on the evening programs, and 121 lecturers at the afternoon clinics. Copies of this folder have been mailed to every doctor in New York State, and also to all physicians in New Jersey, Pennsylvania, and Connecticut, within a radius which may be considered as the Metropolitan area.

### WINKS AND BLINKS—NO. 2

Four out of every five doctors have it-unpaid bills.

The late lamented Wall Street débâcle was especially hard on patients.

W. Somerset Maugham, a physician who adorns the ranks of modern writers.

Show me a man who never sought free advice from a doctor and I'll show you a man who never lived.

Why are ambulances not painted white?

Medicine: the most widely advertised—to profession.

One of the most successful builders of apartment houses in New York is a physician who gave up his profession because of the poor returns.

A veterinary's card in a garage.

The notoriously indifferent penmanship of doctors.

What to do with all the samples.

The indifference of most doctors toward communal affairs.

The geniality of some detail men.

President Hoover a specimen of robust manhood.

The radio challenges the cradle as a sleep disturber.

Because the source is a parrot, the name of the disease is polly-syllabic.

A backwoods hamlet wrought into a world medical Mecca by the Mayos.

M. L. Volk.

### COUNTY PUBLIC HEALTH SERVICES

### County Tuberculosis Hospitals

The following thirty-one counties in New York State have official county institutions for the care of tuberculosis cases:

County	Location
Albany	Albany
Albany	ango Bridge
Cattaraugus	Olear.
Chautauqua	Cassadaga
Chemung	Elmira
Chenango	. Sherburne
Columbia	. Philmont
Delaware	Delhi
DutchessP	oughkeepsie
Dutchess	bury Centre
Tefferson	Watertown
Monroe	Rochester
Montgomery	. Amsterdam
Nassau	Farmingdale
Niagara	Lockport
Onondaga	Syracuse
OntarioEast	Bloomfield
Orange	. Newburgh
Oswego	Richland
Otsego	.Mt. Vision
Rensselaer	Wynantskill
Rockland	Pomona
Saratoga	iddle Grove
Schenectady	Schenectady
Steuhen	Bath
Suffolk	Holtsville
Suffolk Tompkins Tougha	nnock Falls
Ulster	Kingston
Oneida	Rome
Warren	
Westchester	Valhalla
County Laboratories	

The following seventeen counties are listed by the Department of Health of New York State as maintaining public health laboratories at county expense:

County	Location
Allegany	Belmont
Cattaraugus	Olean
Clinton	Plattsburg
Cortland	· · · · · Cortland
Livingston	Sonyea
Madison	Oneida
Monroe	Rochester
MontgomeryAı	msterdam and Canaphoria
Ontario	.Geneva and Canandaigua
Otsego	Cooperstown and Oneonta
Saratoga	Saratoga Springs
Schenectady	Schenectady
Steuben	Bath, Hornell and Corning
Tompkins	Ithaca
Warren	Glens Fails

Wyoming				 <u>.</u> .Wa	rsaw
Yates	• • • • •	• • • • •	<i>,</i> .	 Penn	Yan

### County Public Health Nurses

Public health nurses are employed by the following counties of New York State, with State aid according to the list of the State Department of Health of June. 1930:

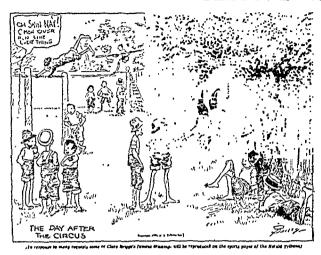
aid according to the list of the State Depar of Health of June, 1930:	tmen
	Vumber
Allegany	. 2
Broome	. 2
Cattaraugus	
Cayuga	
Chautauqua	
Chemung	_
Chenango	. 2
Clinton	. 1
Columbia	. 2
Cortland	. 2
Dutchess	. 5
Erie	. 5
Essex	
Franklin	
Genesee	
Greene	
	2
Jefferson	3 2 2 3 1
Lewis	2
Livingston	2
Monroe	3
Montgomery	
Nassau	3
Oneida	
Onondaga	4
Ontario	
Orange	4
Orleans	
Oswego	
Rensselaer	
Rockland	
St. Lawrence	1
Saratoga	
Schenectady	1
Schoharie	2
Schuyler	1
Seneca	1
Steuben	2
Suffolk	1
Sullivan	1
Tioga	2
Tompkins	5
Warren	5
Washington	1 2 2 2 1 3 3
Wayne	1
West-host-	3
Westchester	1
Wyoming	2
Yates	
Totals-Counties, 47 Nurses,	110
Thirty for of these counties receive State	

Totals—Counties, 47 Nurses, 110
Thirty-five of these counties receive State aid for 74 nurses.

# THE DAILY PRESS



### THE POWER OF SUGGESTION



From the New York Herald Tribune, July 23, 1930

Play consists at working hard at that which one likes to do. A vacation is often irksome because of a lack of anything to occupy the mind. August is the circus season when the height of a boy's ambition is to acquire the thrill which is suggested by the smile of the trapeze actor on the flaming poster.

The power of suggestion is one of the most potent impulses of human nature. It comes to life in the small baby, and it survives after other mental processes have decayed. Field day sports at State Hospitals often turn the insane into normal persons while they are competing; and inmates who have little interest in life boast of their prowess in their own special field. However, it is usually necessary to provide a prize for each contestant in order to avoid disputes as to the real winners.

## SHORT CUT WITH FINES

Some European countries permit a traffic officer to receive traffic fines from the offender. A somewhat similar plan is proposed for New York City according to the following editorial in the New York Herald Tribune of July 31st:

"The proposed short cut of fixed small fines, imposed by notification and payable at the City Chamberlain's office—in place of the familiar vexatious court process—for persons caught violating the noise and litter ordinances, seems a sensible arrangement, worth a trial. It has been carefully thought out. The plan, devised by Charles C. Burlingham, president of the Bar Association, and former Magistrate W. Bruce Cobb, and indorsed by the Police Commissioner, the Chief Magistrate, the Sanitation and Health Commissioners and the Noise Abatement Commission, cannot be dismissed as a hit-or-miss suggestion.

The backers of the scheme have confidence

in its educative value. It will encourage the systematic nabbing of offenders. A multitude of small fines in the regular course of business may be a more effective reminder, and in time dissuader, to the careless-minded than attempts by fits and starts to enforce the ordinances dealing with minor offenses and carrying misdemeanor penalties. If the person receiving notice of a fine demands his day in court he will get it, of course, but he will more likely prefer to pay his little bill promptly and take a receipt.

"If the proposed routine works out as expected it will be a time saver all around—to the police, to the magistrates and to the petty offenders themselves. It may seem illogical to set about reducing the noise and litter nuisance by making the legal liabilities less trying to all concerned. But facts make the theory plausible—an experiment promising enough to warrant the necessary amendment of the City Charter."

# WHY SOME DOCTORS' FEES ARE LARGE

The New York Sun of August 14 carried the following item and comment:

"WANTED: Medical secretary-stenographer; 30-35 years; must have had actual experience in personally setting large fees for physician

specialist of standing. 12 East 41st street.—The Herald Tribune.

The Sun comments:

"It takes practice and presumably lots of nerve."

### ELECTRIC MEMORY

The New York *Times* of August 19 reviews the ancient speculations on the nature of memory in an editorial commenting on Dr George W. Crile's paper before the American Philosophical Society suggesting that memory is electrical in nature. This idea is satisfactory to some persons, for electricity is even more mysterious than memory. The editorial will doubtless be accepted as scientific from end to end as it says:

"Our lay acquaintance with the radio enables us to understand that the organs supplied by nerves perform work identical with that which stimulated them, but it is not so easy to comprehend how it is that a record is made so perfect and durable on chemical compounds of potassium, sodium, phosphorus, calcium, etc., that the memories of childhood may be carried throughout life or be subject to variations or temporary obliteration.

"The explanation is that the electric charge so affects the brain cells as to form fibrillae and create a specific pattern which is reproduced when a like impact comes again. Since there is assumed to be the possibility of infinite pathways or lines of conductance, this assumption also provides for 'millions of separate and distinct actions or memory patterns.' Their infinitely fine organization accounts for their capacity, while their association assures the permanency of the patterns and yet allows the blending of memories.

"This theory 'brings memory under the dominion of the physical laws governing living matter and non-living matter.' And now we await eagerly scientific advice how the brain-cell electricity may be generated in sufficient voltage for our individual use so long as memory holds its seat."

### SLEUTHING FOR NOISE

The anti-noise campaign in New York City is producing good results which should extend to the rural sections of the State. The New York Herald Tribune of July 27 says:

"One hundred and ten men of good hearing, who have lent their ears to the city for eight days, walked the streets of New York City last night listening for unnecessary noises. They were all volunteers enlisted by the Anti-Noise Commission to put in eight hours a day until next Friday locating and reporting places which operate radio sets loudly enough to violate city ordinances.

"The ordinary citizen, even when he is annoyed by loudspeakers assailing his ears as he walks along a sidewalk, will hesitate to complain to the shopkeeper operating the radio. He is afraid of being insulted or laughed at, even though he has a perfect right to complain. That is why we have formed the new anti-noise squad, made up of men familiar with the city ordinances and devoid of timidity. They will report infractions of the anti-noise regulations to the police.

"A reporter accompanied one of the untimid noise detectors on his inaugural round last night. In 'radio row' along Cortlandt Street and in Church Street, once a bedlam of doorway amplifiers, the city's crusader found nearly all of the shops had either cut off their lottd speakers or toned them down so that they were not heard above the traffic in the street. Salesmen in the radio shops said they had been warned recently by the police.

"In Forty-second Street none of the six radio shops between Broadway and Sixth Avenue had their sidewalk amplifiers in operation. One salesman complained that since a passing patrolman had ordered him to 'cut out the noise,' his sales had decreased."

### **ENDURANCE CONTESTS**

Endurance contests of sitting are beneath consideration in the New York State Journal of Medicine, but the following opinion in the editorial column of the New York Herald Tribune of August 20th is worthy of perpetuation:

"'But how did the elder folk, who knew better, view such moistrosities?' grandfather demands. 'Did no one call the children to come and do their proper chores?' 'Oh, they were thrilled! There is always an enthusiastic gallery for endurance contestants.' 'Adults gather to watch children showing off? Then has no one any

work to do now?' 'Well, somehow they find time for big things like that.' 'Does life no longer provide responsibilities for all alike?' 'No, it provides leisure, but the people don't know exactly what to do with it yet.'

"Mastering his angelic emotions, grandfather here flicks an asphodel. 'There was no such problem in my day. Sitting, stranger, is an ominous symptom, except in hens. I could not have believed that "endurance" would ever mean sitting and dancing and eating pie. It used to mean pluck."



# BOOK REVIEWS



RECENT ADVANCES IN PULMONARY TUBERCULOSIS. By L. S. T. BURRELL, M.A., M.D. Octavo of 217 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, \$3.50.

Here is an excellent little book covering in compact form and in clear and concise English most of the recent advances made in the study of Pulmonary Tuberculosis, particularly in the matter of treatment, though diagnosis and prognosis are by no means neglected. The book abounds in beautiful photographic reproductions of roentgenograms.

Many pages are devoted to Collapse Therapy and the numerous problems that arise in the course of its institution. These are all handled in a particularly able and conservative manner, especially those relating to the complications that arise in the course of artificial pneumothorax treatment. Passing mention is also made and a lucid description given of the intrathoracic cauterization of adhesions occurring in the course of pneumo-thorax therapy, known as the Jacobeus operation. Phrenicectomy is admirably presented—its indications, contra-indications, technique and results. A chapter or two is also devoted to thoracoplasty.

Dr. Burrell has evidently been much interested in Sanocrysin and has observed its effect on some sixty cases. These cases were all receiving rest therapy or artificial pneumothorax at the same time that they were under Sanocrysin. This should be borne in mind in attempting to evaluate the efficacy of Sanocrysin. It might be said in passing that enthusiasm for this particular mode of therapy has been on the wane during the past two years. FOSTER MURRAY.

CLINICAL MEDICINE FOR NURSES. By PAUL H. RINGER, A.B., M.D. Third Revised Edition. 12mo of 330 pages, illustrated. Philadelphia, F. A. Davis Company, 1929. Cloth, \$3.00.

This third edition has been brought up to date and presents the subject in 36 chapters, which are amply illustrated with charts, drawings and photographs. The common medical subjects are presented in clear, concise, simple language and in a most practical manner. A glossary of the common terms used will be found of considerable value.

H. M. Feinblatt.

Memoranda of Toxicology. Partly Based on Tanner's Memoranda of Poisons. By Max Trumper, B.S., A.M., Ph.D. Second Edition. 16mo of 214 pages. Philadelphia, P. Blakiston's Son & Company, 1929. Flexible leather, \$1.50.

This second edition of Dr. Trumper's excellent little book has been brought down to date, including such recent lethal substances as are found in modern refrigerating machines, etc. Essentially brief, it is remarkably complete and is probably the best short treatise on this subject that is available today.

We commend this volume as a necessary item in the make-up of a medical man's library. M. F. DeL.

THE CONQUEST OF CANCER BY RADIUM AND OTHER METHODS. By DANIEL THOMAS QUIGLEY, M.D., F.A.C.S. Octavo of 539 pages, illustrated. Philadelphia, F. A. Davis Company, 1929. Cloth, \$6.00.

Dr. James Ewing in an article on cancer as a Public Health Problem, published in "Health Reports" August 30, 1929, states that only within the past few years has cancer been considered as a public health problem. As a result in recent years instead of being entirely neglected by Health Departments throughout the country, there

has been quite a change in the attitude toward cancer. It remains clear then that we have a dual duty to perform, viz: first, the education of the lay public regarding cancer, and second, the education of the doctor. The former is being handled by organizations, as the American Society for the Control of Cancer, through lectures, literature, and various advertising features, the radio playing a very important part. For the latter, namely, the doctor, cancer clinics, numerous articles in medical journals, books, etc., are sources of information.

Cancer is still one of the most important subjects of discussion in medicine. The cause still remains in the realm of the unknown. Early diagnosis is the only hope for cure. Having made the latter, standardized treatment is then in order. Dr. Daniel Thomas Quigley in his book on "The Conquest of Cancer by Radium and Other Methods," can supply the accepted methods of diagnosis and treatment in a very brief and concise mandiagnosis and treatment in a very brief and concise man-ner, to members of the Medical Profession who have not kept up with the modern advances.

The accepted views as to the causation and prophylaxis are briefly outlined in the first part of the book and treatment in the remainder. Numerous illustrations, diagrammatic in nature, are represented which briefly explain the methods of origin, spread and actions of radium and x-ray.

The various subjects described are treated in a systematic way with an easy and pleasing style.

The book is far from being complete on the subject of Cancer but no book on this most disputed, unsolved subject can be. The book can be recommended highly for general practitioners and students of medicine. V. P. MAZZOLA.

THE SCIENCE AND PRACTICE OF SURGERY. By W. H. C. ROMANIS, M.A., M.B., M.Ch., and PHILIP H. MITCHINER, M.D. Second Edition. Volume 1, General Surgery. Volume 2, Regional Surgery. Two octavo volumes of 1,695 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$12.00.

This work appears in its 2nd edition in 2 volumes comprising 1,695 pages. The volumes are well bound, the paper is of good quality and the print is clear.

In producing this work the authors had in mind two

In producing this work the authors had in mind two main objects. In the first place it was written especially for medical students to use as a textbook and as a means of preparing themselves for surgical examinations. In the second place they kept in mind the medical practitioner that he might have a work of ready reference. The subject matter is handled rather uniquely. The human elements and the personal symptoms of the patients suffering from the diseases under discussion are given a rather prominent place.

At the beginning of many chapters there is a short account of the applied surgical anatomy and physiology of the region or organ to be discussed. The writers have also included several surgical procedures now obsolete, but which are of interest because of their classical associations. The technique of the operations is brief, the authors referring the reader to works devoted solely to technical surgery. There are several chapters devoted to the eye, ear, nose, throat, anesthetics, x-rays in diagnosis and treatment, and also to the surgical aspects of obstetrics and gynecology.

As a very comprehensive work for student surgeons and for a general surgical reference to be used by the practitioner of medicine, these two volumes are well recommended.

MERRILL N. FOOTE.

THE ESSENTIALS OF MEDICAL DIAGNOSIS. A Manual for Students and Practitioners. By SIR THOMAS HORDER,

Bart, and A. E. Gow, M.D. 12mo of 682 pages, illustrated New York, William Wood & Company, 1929 Cloth, \$500

The object of all teachers of this most important subject is to instill into the students the basic principles such as correct observation, complete and careful physical examination, accuracy in the use of medical terms and sound methods of inquiry

The authors have kept the above in mind and have presented in an original style and practical manner this

difficult subject

The subject matter is divided into eleven sections 1 Medical history and general principles of examina tions, 2 The nervous system, 3 Cardio vascular system; 4 Respiratory system, 5 Digestive system, 6 Urinary system, 7 Blood and blood forning organs, 8 Joints, 9 Ductless glands, 10 Skin and appendages, 11 Pyrexia

The text is well illustrated

Every effort has been made in the presentation to work from the patient and his complaint to the disease from which he suffers. The writers try to outline the mental processes which take place when the observer is faced with the patient.

PRINCIPLES OF CHEMISTRY An Introductory Textbook of Inorganic, Organic and Physiological Chemistry for Nurses and Students of Home Economics and Applied Chemistry with Laboratory Experiments By Joseph H Roe, Ph D Second Edition, 12mo of 427 pages, illustrated. St Louis, The C V Mosby Company, 1929 Cloth, \$250

This, the second edition of a well known text, has been thoroughly revised to bring it in line with the newer applied chemical procedures used in modern hospitals. For this reason and also because of the greater time now devoted in nurses' courses to the subject of chemistry, the author has added several chapters on the chemistry of the excretions and secretions. The subjects of the various chapters are well presented and follow one another in a logical sequence. It is an admirable text for nurses.

A. G.

COMMON INFECTIONS OF THE FEMALE URETHRA AND CERVIX BY FRANK KIDD MA, MCh, and A MALCOLM SIMPSON, BA., MB, DPH Octavo of 197
pages, illustrated London and New York Oxford
University Press, 1929 (Oxford Medical Publications)

Myths die hard and it is as true in medicine as in other branches in life.

If for no other reason this book is most valuable it proves that infection in the urethra, Skene's tubules, Bartholiman glands, etc., or in combination, is not due of necessity to Gonorrhea

The subject matter is listed under various sepirate chapters, each devoted to a special field, such as, Diagnosis and Treatment of Urethritis, Diagnosis and Treatment of Cervicitis, Gonoricea in Female Children, Gonococcal Arthritis in Women, etc. In fact, each point of infection and its complications is dealt with separately

Referring to a specific quotation of the author's thesis, we find 'It has been widely held that all inflammation of Bartholin's Glands are due to the gonococcus, and that an enlargement of Bartholin's Glands is evidence of impure connection. This is a gross fallacy and one that should be removed from the tv-tbooks' (p. 40)

This quotation is reviewed as it is so common to find

women falsely accused on a Bartholinitis

All the author's conclusions are checked and rechecked by the laboratory, and besides, a keen chinical acumen is shown throughout. One may differ in regard to the tratment outhined, but cannot challenge the results until the same circful laboratory checkup has been followed out. It is on this point that most teachers have failed

1061

This book is well worth review by every doctor and student, easy to read and less than two hundred pages

The only criticism is that the illustrations are possibly too few, and these few of not the quality that this book deserves

G W PHELAN

DISEASES OF THE THYROID GLAND BY ARTHUR E HERTZ-LER, M.D. Second Edition Octavo of 286 pages, illustrated St Louis, The C V Mosby Company, 1929 Cloth, \$7 50

In the second edition of his book on Diseases of the Thivoid Gland, 'Hertzler has given the surgical profession a very interesting personal narrative of his experiences in thyroid surgery. He has attempted to correlate the various phases of gottre on the theory that they represent different stages of the same disease. He bases this concept on the fact that he has seen the same individual pass through the whole gainut of changes, starting with a colloid gottre and terminating with a classic picture of Graves Disease. He emphasizes the fact that the pathology of the gottre is so frequently of a mixed character. He discusses the pathology of disease of the thyroid in considerable detail devoting over one fourth of the book to this phase of the subject. There is nothing new brought out under the heading of treatment. In his operative technique he prefers to divide and follow the deep fascia of the neck, thereby obtaining easier retraction of the ribbon muscles. The book is written in a terse manner, reads very easily and should be included in the library of anyone interested in diseases of the thyroid gland.

THE BLOOD PICTURE AND ITS CLINICAL SIGNIFICANCE (INCLUDING TROPICAL DISEASES) A Guidebook on the Microscopy of Blood By Professor Dr Victor Schilling Iranslated and edited by R B H Gradwoill, M D Seventh and Eighth Revised Edition Octavo of 408 pages illustrated St Louis, The C. V. Mosby Company, 1929 Cloth, \$10.00

This monograph of 418 pages and 5 plates covers a subject which is manifestly difficult to handle in view of the chaotic condition in which hematology finds itself. The book is divided into four parts, dealing with technique, theory, morphology and division of the blood picture, fundamental principles for clinical use for the blood picture, selected examples for practical use for hemograms. The plates are excellent, the literature is not thorough. The disease index is especially commendable. This work may be viewed from two standpoints. In the general practitioner and surgeon, 2. The hematologist. In neither of these cases does the book clarify matters. To the general practitioner and surgeon the material is presented in a confusing manner. To the hematologist nothing new is brought out with the exception of the 'Gutta diaphot' which at the present time must be regarded only is a fad. The subjects are treated in a lather sketchy manner and appear to have been prepared in haste, the thought is jerky. This is in all probability due to difficulties inherent in all translations.

There are too many maccuracies and omissions. One is painfully aware of the fact that this book is written by a German because of the great disregard of tings Figlish and American. Such names as Osler and Addison are omitted from the discussion from entities as Policythenna Vera (Vaquez) and Pernicious Anemia (Biermer).

It must be stated that after the thorough perusal of the book one would find little gems of thought which will reply the interested doctor, but otherwise the work is unwidth and too encyclopedic.

MAURICE MIRRISON



# OUR NEIGHBORS



## HOUSE OF DELEGATES IN ILLINOIS

The House of Delegates of the Illinois State Medical Society met on May 20, 1930, at Joliet, with the President, Dr. F. O. Fredrickson, presiding at the end of his second year of office. The State Society is in a prosperous condition with 7,485 members on April thirtieth. Its journal is one of the most representative of the medical profession that comes to our Editorial desk—evidence of which assertion is the fact that the Department of "Our Neighbors," which quotes only the actual doings of the medical societies of other states, quoted the Illinois Journal 14 times in 1929, a record exceeded by the number of those quoted from Wisconsin with 15 quotations, and equalled by Texas only.

The proceedings of the House of Delegates, including the reports of the officers and committees, fill 24 pages of the Jully issue of the *Illinois Medical Journal*.

Medical Students' Advisory Committee: The report of the president contained the following account of his efforts to reach the medical students and internes:

"Your President has had the opportunity and privilege of organizing in the Chicago and Illinois State Medical Societies, a medical students' advisory committee to promote and arrange lectures for medical students and internes on medical organization, economics, legislation and ethics. These lectures are to be given under the auspices of the Chicago and Illinois State Medical Societies. Your President was appointed chairman of a central committee with the deans of the medical schools as members. Visits were made to the fifteen branches of the Chicago Medical Society and local committees organized for arranging lectures to internes in the hospitals located in their districts. The work of the central and sub-committees is going on with increasing enthusiasm and it is hoped that the plan may extend to other cities in Illinois. This, your President thinks, should add many loyal workers for organized medicine in the future."

This subject is also considered by the Legislative Committee, which reported as follows:

"Another item of interest which may be properly contained in this report is the receipt of a letter from one of the largest Medical Schools in Illinois inviting a member of the Legislative Committee to address the student body regarding the future responsibilities in reference to legislative activities. He calls attention to the fact that 90 per cent of this student body will practice in Illi-

nois. The writer of the letter calls attention tethe fact that these students are in the formative state of mind and are receptive to many idea communicated to them. He further states that the Medical Students should, in his opinion, have an early contact with the leaders in their State Medical Society. For, as he puts it, they will be our future leaders and very pointedly conclude his letter with the following statement in reference to those students:

"They should begin early to realize that the cannot be rabidly individualistic, but must develo an interest and must be impressed with the ide that health and medical legislation is thei business."

District Councilors: The ten District Councilor make interesting reports, for they take thei duties seriously and actually see the county societies in operation. Dr. Weld, of the First Distric reported:

"In some counties the custom of having weekl meetings has been established. These meeting take the form of a service luncheon where the current literature is discussed, worthwhile paper by different members are read, and civic an community problems are discussed. Best of a we 'rub elbows,' get to know each other and develop a friendship toward our co-worker.

"Outstanding advance has been made in som of the larger centers of this district through th establishment of weekly pathological conference. Here medical men not only hear the history of the case and the diagnosis, but they see the grost pathological specimen, hear the pathological diagnosis and see the microscopical sections. These conferences provoke discussion as to diagnosis and treatment which in themselves are mentall stimulating."

Dr. Perisho, of the second district, wrote:

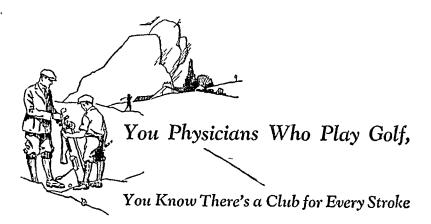
"I find evening meetings with a 6:00 P.N dinner followed by a program to be more successful than afternoon meetings,

"Most of the counties have made use of th scientific program committee in securing speaker for their programs, as well as the educations committee for their public meetings.

"I have encouraged the county organization of the women's auxiliary but as yet I have not me with much of any interest or success."

Dr. Coleman, of the Fourth District, met wit difficulty as follows:

(Continued on page 1064-adn rin)





Dextri-Maltose No. 1 (with 2% soduum chloride), for normal babies. Dextri-Maltose No. 2 (plain, salt free), for salt modifications by the physician. Dextri-Maltose No. 3 (with 3% potassium bicarbonate), for constipated babies. "Dextri-Maltose With Vitamin B" is now available for its appetite-and-growth-stimulating properties. Samples on request.

LMOST any player can swing around the course with a single club, dubbing drives, lifting fairway sods and bringing home a century mark or more for the final score. But the finished golfer needs a club for every shot—a studied judgment of approach or putt before the club is selected.

Similarly in artificial infant feeding. For the normal infant, you prefer cow's milk dilutions. For the athreptic or vomiting baby, you choose lactic acid milk. When there is diarrhea or marasmus, you decide upon protein milk. In certain other situations, your judgment is evaporated milk.

Dextri-Maltose is the carbohydrate of your choice for balancing all of the above "strokes" or formulae and aprly may be compared with the nice balance offered the experienced player, by matched clubs.

To each type of formula (be it fresh cow's milk, lactic acid milk, protein milk, evaporated or powdered milk), Dextri-Maltose figuratively and literally supplies

the nicely matched balance that gets results.

-MEAD JOHNSON & COMPANY, EVANSVILLE, IND., U.S.A.



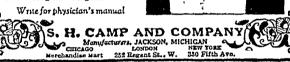
in a most satisfactory way

Designed for relief of scrotal hernia—this garment performs its work better than any belt or truss on the market.

It hugs the body closely, following the groin line. Beneath—a fitted, resilient pad protects the ruptured part. Perineal straps fitting close to the side of the leg hold the pad firmly. No slipping from place. No irritation. The CAMP PATENTED ADJUSTMENT, lacing at back, pulling from lower front, governs tightness and pressure.

A support affording decided comfort to the patient. In different body heights, all sizes. Sold at the better drug and surgical houses.





## Digitalis in its Completeness

Physiologically tested leaves made into physiologically tested pills.

Pil. Digitalis (Davies, Rose) insure dependability in digitalis administration. Convenient in size—0.1 gram (1½ grains), being the average daily maintenance dose.



Sample and literature upon request.

DAVIES, ROSE & CO., Ltd. Pharmaceutical Manufacturers, Boston, Mass. (Continued from page 1062)

"The only disturbing element has occurred in one county, where a factional fight of many years' standing has culminated in a very distressing altercation over the question of hospital standard-The altercation has received so much publicity that the entire profession seems to have lost caste with the public and all concerned have suffered, even to the hospital, which is an innocent victim. On two occasions, the Councilor, in company once with a committee from the council, attended meetings and essayed the role of peacemaker. It is to be feared that the result will be about the same as when any well-intentioned peacemaker attempts to help settle a family quarrel; no settlement is made and the peacemaker wins the enmity of both sides. The committee from the council, suggested that the various factions try to compromise their difficulties, and it is felt that as the trouble is of local origin, it must be settled by the local men involved. With this exception, the Fourth District continues to radiate peace and harmony, and good professional feeling seems to prevail throughout."

Anti-Vivisection: The Legislative Committee made the following report on anti-vivisection:

"The Anti-Vivisectionists were a new group who sought legislative favor. They employed a very able attorney and their campaign was adequately financed, and they had a very imposing lobby of cultured and beautiful women. Without some study a physician does not realize the farreaching disastrous results that could occur if this group were successful in passing an Anti-Vivisection Bill. The disadvantage of using dogs and lower animals for experimental purposes and claims of the brutal treatment of dogs were exploded when a committee from the State Senate visited Northwestern Medical School and made a personal investigation of the kennels and the treatment that the dogs received. Although the bill was not reported out of committee last year, we are advised that a more persistent effort will be made at the coming session of the legislature in an effort to pass a similar measure."

Sanatologists: The sanatologists' group is growing in Illinois as is seen by the following report:

"The Sanatologists were unusually active with their insistent demand for recognition. To read their claims should be sufficient for any well-thinking person to refuse to support a bill of that type; however, they received nearly half of the constitutional majority of the votes in the House, which conclusively demonstrates that all matters pertaining to the healing art must be continually supervised by medical men so that legislators may have the advantage of professional advice when considering medical matters."

(Continued on page 1066-adv. xvi)

# FELLOWS<sup>3</sup> SYRUP

Clinically tested and proved all over the world

REMINERALIZATION

VITALITY

**ENERGY** 

DEMINERALIZATION

CONVALESCENCE

**NEURASTHENIA** 



SODIUM

CALCIUM

POTASSIUM

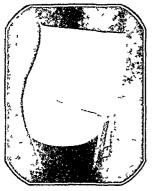
MANGAL ESE AND IRON

STRYCHNINE AND QUININE

FELLOWS MEDICAL MANUFACTURING COMPANY, Inc.

26 Christopher Street, New York City.

## "STORM"



## The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliae Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.
47 West 47th Street New York City

A general solicitation for Directory advertisements in the next issue of the

### Medical Directory of New York, New Jersey and Connecticut

is now under way.

We request our members to send to the Advertising Department of the Directory names of firms making bids for their business, so they may be approached for advertising contracts.

Committee on Publication

(Continued from page 1064-xiv)

Old Age Pension: Illinois, unlike New York, has opposed old-age pensions:

"Several old age pension bills went into the discard. Old age pensions are not far removed from a universal compulsory health insurance law, and both are closely related to State medicine."

Medico-Legal Committee: The Medico-Legal Committee reported:

"For the year ending May 1, 1930, there were eighty suits pending as compared with eighty-six on May 1, 1929. The total number of claims to May 1, 1929, were thirty-nine, as compared with thirty-three for May 1, 1930. This is a decrease in the number of suits for the last two years. There have been three expensive suits defended, two of them sponge cases and one a Lane plate case. The sponge cases are our serious cases. The law is not favorable to the doctor in these cases. A sponge found is evidence that it was left by the surgeon, and the burden is then placed on him to prove his innocence, and it cannot be shifted to the Hospital or Assistant without great difficulty."

Scientific Service Committee: The Scientific Service Committee assists County Societies in arranging their programs, and sends speakers to them. In fact it is doing post-graduate work similar to that of the New York State Society. The report says:

"During the past twelve months this sub-committee has continued to function as a speakers' bureau. A detailed report shows ninety-eight speakers have appeared in forty-two different counties, indicating nearly half the counties in the state are making some use of this committee. Two clinics for crippled children were arranged and conducted by Warren and Perry County Medical Societies.

"An increased percentage of the papers given during the last twelve months have been on obstetrics and pediatrics. These programs seem to be of interest to practically all physicians. Illinois is doing as much in the field of post-graduate work in obstetrics and pediatrics as any other state in the union.

"With the introduction of the Jones-Cooper Bill behind which is a renewed effort to continue in a more pernicious form the activities of the Sheppard-Towner Act, it becomes increasingly important that our Society take definite steps toward improving the maternal and infant mortality rate in this state."

Educational Committee: The Illinois State Medical Society does outstanding work in popular medical education. This activity is in charge of the Educational Committee whose report, compressed to the limit, fills three pages. This Com-

(Continued on page 1068-adv. xviii)

### HAY FEVER

#### An Advertising Statement

HAY FEVER, as it occurs throughout the United States, is actually perennial rather than seasonal, in character.

Because in the Southwest—Bermuda grass, for instance, continues to flower until December when the mountain cedar, of many victims, starts to shed its pollen in Northern Texas and so continues into February. At that time, elsewhere in the South, the oak, birch, pecan, hickory and other trees begin to contribute their respective quotas of atmospheric pollen.

But, nevertheless, hay fever in the Northern States at least, is in fact seasonal in character and of three types, viz.:

TREE HAY FEVER—March, April and May GRASS HAY FEVER—May, June and July WEED HAY FEVER — August to Frost

And this last, the late summer type, is usually the most serious and difficult to treat as partly due to the greater diversity of late summer pollens as regionally dispersed.

With the above before us, as to the several types of regional and seasonal hay fever, it is important to emphasize that Arlco-Pollen Extracts for diagnosis and treatment cover adequately and accurately all sections and all seasons—North, East, South and West.

FOR DIAGNOSIS each pollen is supplied in individual extract only. FOR TREATMENT each pollen is supplied in individual treatment set.

ALSO FOR TREATMENT we have a few logically conceived and scientifically justified mixtures of biologically related and simultaneously pollinating plants. Hence, in these mixtures the several pollens are mutually helpful in building the desired group tolerance.

IF UNAVAILABLE LOCALLY THESE EXTRACTS
WILL BE DELIVERED DIRECT POST PAID

SPECIAL DELIVERY

List and prices of food, epidermal, incidental and pollen proteins sent on request

THE ARLINGTON CHEMICAL COMPANY YONKERS, N. Y.

(Continued from page 1066-adv. xvi) mittee is in close touch with the Parent-Teachers Associations, the Federation of Women's Clubs, the Public Schools, the Radio, and the Daily Press. Descriptions of the work in Illinois appeared in the New York State Journal of MEDICINE during the year 1929, as follows:

> January 1, page 60. August 15, page 1036. December 1, page 1496. December 15, page 1556.

The report to the House of Delegates amplifies the descriptions which have already been quoted in the New York State Journal of Medicine.

#### CLINICS IN CALIFORNIA

The July issue of California and Western Medicine contains a seven-page report of the Committee on Clinics of the California Medical Association. The report says:

"The types of Clinics in the State of California are:

"(1) Charitable clinics, 80 per cent. "(2) Private clinics, 9 per cent.

"(3) Commercial clinics, 11 per cent.

"Note: This survey does not include those clinics and out-patient departments coming under the jurisdiction of the Compensation Insurance

Some California Clinic Statistics

"A. (1) Charitable clinics in the State of California, 175.

"(2) Total visits made to these departments

for one year (175 clinics), 1,195,390.

"(3) Total number of free patients seen, 646,-

"(4) Total number of new patients seen for these clinics, 235,470.

"(5) Total amount of money collected from

patients, \$290,679.25.

"(6) Total cost of operation of these clinics. \$2,132,555.01. Average cost per visit is \$1.78."

The report lists 20 cities in which charity clinics are run, and 14 counties have health department clinics. Regarding private clinics, the report

"Private clinics in the State of California are

as follows:

"(Cost on these clinics are not available be-(Continued on page 1070 -adv. xx)



## TRADE PYRIDIUM MARK

Phenylazo-alpha-alpha-diamino-pyridine hydrochloride (Manufactured by The Pyridium Corp.)

## For the treatment of urinary infections

May be administered orally or applied locally.

Non-toxic and non-irritative in therapeutic doses.

Marked tissue penetrative power.

Rapidly eliminated through the urinary tract.

Send for literature

MERCK & CO. INC.

Rahway, N. J.

## make Nourishing Foods

taste better with this

THIS is one of the advertisements of The Sugar Institute, appearing in newspapers throughout the country. In order to keep the statements in accord with modern medical practice, they have been submitted to and approved by some of the leading authorities in the field of human nutrition in the United States.



## New Seasoning

THE OLD PROVERS SAIS, "Hunger is a good sauce." But what is to be done when there is no appetite or hunger for the foods we should eat?

There is no seasoning more unusual than a combination of sugar and salt in giving familiar foods a new and appetizing flavor. Just taste a pinch of salt and a dash of sugar mixed together and you'll realize what a full-bodied goodness they make.

Then, try such a mixture of salt and sugar in cooking vegetables. In peas, tomatoes, carrots, spinach and cabbage, a level teaspoonful is enough, but suit your taste. Put it in soups, stews, or cereals as they cook. You'll be surprised to learn that the sugar not only blends deliciously with the flavor of the dish, but emphasizes it.

The most popular mixture to use and keep on hand is equal parts of sugar and salt. You may prefer one part sugar with two parts salt.

Doctors and dicticians recommend the use of sugar as a flavor. Not only does the sugar promote the necessary flow of gastric junces but it is quickly converted into energy. The Sugar Institute, 129 Front Street, New York.



For nearly twenty years, "Hindle" Electrocardiographs have been the accepted standard of prominent American hospitals and notable Cardiologists. Over 750 are now in everyday service. Models are available for every requirement of the Hospital, Clinic, Research Laboratory or Private Office.

Send for Literature

## CAMBRIDGE INSTRUMENT CO INS

3512 Grand Central Terminal New York (Continued from page 1071-adv. xxi)

operation expenses are entered against the paying portion of the hospital so as to reduce the cost for the care of the members of the society wherever possible. In other words, the sum \$22.61 per capita per annum would be considerably larger if the hospital were operated for members only.

"The outstanding fact of value to you is that this institution, if it charged \$22.61 per person per annum for medical care without medical or surgical fees, would soon be bankrupt were it not for the fact that it has a return from investments from its endowments and gleans a profit from outside non-member pay patients."

The Committee reported its studies of sickness in over three thousand families, as follows:

"I am able to present a record of the cost of sickness to 3,281 American families over a period of six months from the first of January, 1929, to the first of July, 1929.

"These families are all above the poverty line, but cannot be considered in any way as representing financially the average California family. These families range, in numbers per family, from one to nine and over, and the expenditure being for a period of six months will have to be multiplied by two to secure the estimated annual expenditure.

"Of the 3,281 families studied there were:
"198 families that made no expenditure for

"1,113 families spent less than \$25.

"654 families spent from \$25 to \$49.

"655 families spent from \$50 to \$99. "397 families spent from \$100 to \$199.

"135 families spent from \$200 to \$299.

"55 families spent from \$300 to \$399.

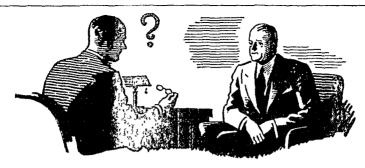
"36 families spent from \$400 to \$499.

"38 families spent \$500 or more.

"Remember that these are expenditures for six months only. Of these families there were twenty with only one in the family and the average expenditure for sickness for six months was \$72, which would be \$144 per year per person."

The following table shows the expenses in greater detail:

Number of	Individuals N	Sedical Expenses
families	in Each Family	in 6 Months
20	1	72
128	2	82
455	3	<i>7</i> 0
685	4	62
612	5	<i>7</i> 3
464	б	60
290	7	80
190	8	93
98	9	50
121	10	82
(Continu	ed on bane 1074_A	ldas maias



## The Answer to the "first Question"

BEFORE prescribing for any ailment the first question the physician asks the patient concerns the function of the bowels. A very necessary question, to be sure.

Then he must ask himself what corrective to prescribe to suit the condition, without interfering with the treatment.

Agarol is a safe answer to the question that the physician, of needs, must ask himself many times every day.

Agarol, the original mineral oil and agaragar emulsion with phenolphthalein, is free from any artificial flavoring, sugar, alkali or alcohol. It is safe in diabetes, in gastric diseases, for children as well as adults. No excess of mineral oil to interfere with digestion or to cause leakage.

In addition, gentle stimulation of peristalsis, makes the result certain and the reestablishment of regular habits possible. One tablespoonful at bedtime

—is the dose

Final decision on the true worth of Agarol rests with the physician. We will gladly send a twin package, with literature, for trial.

AGAROL for Constipation

WILLIAM R. WARNER & COMPANY, Inc. 4 113 West 18th Street, New York City

Please mention the JOURNAL when consump to advertises.

A well known Urological Tournal says:

"If you must use a diuretic, try the best -water"

This recommendation is well worthy of adoption especially if



¶ Physicians have is used. commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



Dept. C

680 Fifth Avenue

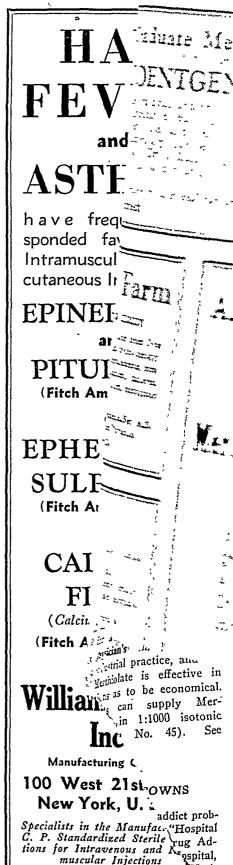
New York City

#### STATE SOCIETY LABORA-TORY FOR RHODE ISLAND

The annual address by Dr. F. T. Fulton, President of the Rhode Island Medical Society, given on June 5, printed in the Rhode Island Medical Journal, discusses periodic health examinations and suggests that a laboratory be established for the use of physicians making the examinations. The president says:---

"I would like to suggest here something which so far as I know has not yet been tried, and that is the establishment of a laboratory which should be the property of, and financed by the Society, a laboratory with a director of high attainments, a laboratory which would furnish all of the technical examinations which might be required, such as all varieties of blood examinations, metabolism tests, electrocardiograms, x-rays, etc. Such a laboratory should be able to furnish to the members of the Society these examinations at considerable less cost, because of the diminished overhead, than can be furnished by numerous private laboratories.

"The question may be asked as to how such a laboratory could be financed. It might be done in various ways. The dues of our Society at the present are ten dollars a year, which includes the pay for a dinner. There are four hundred and fifty members in the Society. If each member would pay into the Society in the course of a year an amount equivalent to the average dues of the University Club or one of the golf clubs to which a good many members belong, it would amount to between twenty-five and thirty thousand dollars, possibly more. Such a sum would be sufficient to equip the finest sort of a laboratory and make a good start in paying for its maintenance for the first



muscular Injections

York

Please mention the JOURNAL when ur. To advertisers

#### HARRY F. WANVIG

Authorized Indemnity Representative

of

The Medical Society of the State of New York
80 MAIDEN LANE NEW YORK CITY

TELEPHONE JOHN 0200-0201



### Summer Weather Means Suffering for High Blood Pressure Patients

When the mercury climbs in the thermometer, it is likely to go up in the sphygmomanometer as well. Concentration of the blood resulting from excessive perspiration frequently means higher blood pressure Symptomatic relief is required.

This relief from physical distress is well afforded by Pulvoids Natrico, which promptly lower blood pressure without shock, pending exact diagnosis and treating of the underlying cause One patient I had with a pressure of 300 was lowered to 205 in a week," is representative medical comment on Pulvoids Natrico

The coupon below, with your check or money order for \$5.00, will bring you postpaid a bottle of 1000 Pulvoids Natrico. This is our special price to physicians and hospitals only



PHARMACEUTICAL MANUFACTURERS
26 02 SKILLMANAVE LONG ISLAND CITY
NEW PYORK

The Drug Products Co., Inc., 26 02 Skillman Avenue Long Island City, New York

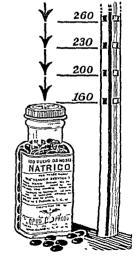
- I enclose \$5.00, for which send me 1000 Pulvoids Natrico, post paid
- Send me FREE booklet High Blood
  Pressure Its Diagnostic Significance,
  Its Efficient Treatment
- I dispense and want your free cata

Name

Address

City

State



N. Y. State J. M. August 1, 1930

#### TABLE OF CONTENTS-AUGUST 1, 1930

ORIGINAL ARTICLES	LEGAL	
Copper Ionization in the Treatment of Cervicitis—By David W. Toyey, M.D., F.A.C.S., New York, N. Y 887	A Doctor's Certificate	923
The Differential Diagnosis of the Glycosurias—By Byron D.  Bowen, M.D., Buffalo, N. Y	· NEWS NOTES	
The Eye as an Indicator of Systemic Diseases—By L. L. Albert, M.D., Yonkers, N. Y	Hospital Policy of the British Medical Association Lake Keuka Medical and Surgical Association Oneida County Wyoming County Bronx County Medical Field Service School  DAILY PRESS Health Hazards, Two Cartoons by Briggs. A National Health Institute Alcohol and Health Child Appetites	929 930 931 932 933 933 933
EDITORIALS		
Economics       916         The President's Comments on Current Activities, No. 3 917         The Children's Hour       918         This Journal 25 Years Ago—Medical Interviews       918	BOOKS Book Reviews	935
•	OUR NEIGHBORS	
MEDICAL PROGRESS  Malarial Treatment of Multiple Sclerosis	The Ohio State Medical Journal(adv. page xvii)	936 936 940 942 943
Primary Lesions of Rheumatism       919         Modern Treatment in Rheumatic Disease       920         The Curability of Cancer       920         The Chemist's Concept of Cancer       921         Paget's Cancer to Date       921         The 1930 Type of Polyneuritis       921         Pains in Muscular Rheumatism       922         Phlegmon of the Floor of the Mouth       922	Organization Improvements in Tennessee State Society, (adv. page xx)  Journal of Missouri	944 945 945 945

## Calcium Deficiency in Infants

"A baby fed on pasteurized milk over a long period receives too little calcium for his growth requirements." (A. L. Daniels & G. Stearns, Journal of Biological Chemistry, Aug. 1924).

Kalak Water is rich in available calcium and can be employed as a drinking water for infants or incorporated in feeding formulas.

KALAK WATER CO. 6 Church St. » New York City

#### DIET QUESTIONS have GELATINE ANSWERS

## APPETIZING VARIETY IN THE DIABETIC DIET

For Example...

JELLIED CHICKEN IN CREAM (Siz Servings)

I tablespoonful Knox	Grams	Prot.	Fat	Carb.	Cal.
Sparkling Gelatine	7	6		•••	••••
or water 13f cups boiling chicken	••••	****			***
broth, fat free	****	٠.	٠.	****	
34 teaspoon salt		٠.	• • • •		
Pinch pepper	****		•••	••	••
1 cup cooked chicken,	125	24	20		
3f cup cream, whipped.	55_	1	_22	15	
One se	Total	٤١ 6	44	15	5.3 £8

Soak gelatine in cold liquid for five minutes and dissolve in hot broth. Season with salt and pepper and chill until nearly set, Foldin chicken and whipped cream. Tarn into wet mode and chill until firm. Serve on lettuce or garnish with parsley and stifp of plinesto.

KNOX
is the real
GELATINE

Every physician knows the difficulty of diet control in diabetes.

The solution is quite simple.

With Knox Sparkling Gelatine, the taste dissatisfaction with the monotony of the diabetic diet may be almost entirely dispelled, without disturbing the purpose or the balance of the diet in the slightest degree.

Where small quantities of vegetables, meat or fish are necessary, satisfying bulk may be supplied with Knox Gelatine, which combines perfectly with these essential foods, making them more attractive to the eye and continuously delightful to the taste.

With Knox Gelatine, a different dish may be served every day from the basic foods of the diabetic diet.

In prescribing gelatine it is essential to specify KNOX, because of its established purity and absolute freedom from sugar, and also to end any confusion that may exist in the public mind as to what is meant by "gelatine".

If, for instance, a ready-sweetened, flavored and colored brand of gelatine is used, the patient gets about 87% sugar, which is, of itself, sufficient to defeat the purpose of the diabetic diet.

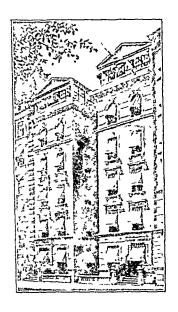
Knox Gelatine is just pure gelatine, containing no sweetening, no flavoring, no coloring, no acid.

We would like to send every physician a treatise on "Diet in the Treatment of Diabetes" by Lulu G. Graves, Honorary President of the American Dietetic Association. This treatise presents many new ideas and recipes in the preparation of beneficial diabetic diets. It is of such character that it may be placed in the hands of any patient with the assurance that it will act as a safe diet control, and at the same time make the patient as happy with his food as though he were not on a diet. This treatise will be sent in any quantity, to supply the diabetic patients of any physician who will mail this coupon.

KNOX GELATINE LABORATORIES
432 Knox Avenue, Johnstown, N. Y.
Please send me, without obligation or expense, the booklets which I have marked. Also register my name for future reports on clinical gelatine tests as they are issued.
☐ Varying the Monotony of Liquid and Soft Diets ☐ Recipes for Anemia☐ Diet in the Treatment of Disbetes.☐ Reducing Diet.☐ Value of Gelstine in Infant and Child Feeduag.

Address \_\_\_\_\_

## For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

> Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

## CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770

#### INDEX TO ADVERTISERS

RULES—Advertisements published in the JOURNAL must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

PAGE	Page	Page
ABDOMINAL SHUPPORTERS, ETC.           S. H. Camp & Co	West Hill Sanitarium	Fellows Med. Mfg. Co., Inc.         xv           W. A., Fitch, Inc.         xxv           Granger Calcium Products, Inc.         xxvii           Hynson, Westcott & Dunning.         xxii
COLLEGES, SCHOOLS & HOSPITALS  N. Y. Polyclinic Med. Sch. & Hosp. xx  N. Y. Post Grad. Med. Sch. & Hosp. xxiv	INSURANCE  Harry F. Wanvig	Wm. S. Merrell Co
FOOD Knox Gelatine Labs v	MISCELLANEOUS	William R. Warner & Co, Inc xix Winthrop Chemical Co., Inc xvii
HEALTH RESORTS & SANITARIUMS  Aurora Health Farms xxii  Dr. Barnes' Sanitarium xxvii	Medical Directoryviii-xxii Canada Steamship Linesxvi Classified Advertisementsxxvi	RADIUM Radon Company, Inc xxix
Breezehurst Terrace         xxvii           Brigham Hall         xxvii           Crest View Sapatorium         xxiv           Halcyon Rest         xxx           Four Gables         xxvii           Interpines         xxvii	BiSoDol Co	TONIC H. T. Dewey & Sons Co i  WATERS
Dr. Rogers' Hospital xxvii Charles B. Towns Hospital vi	Denver Chemical Mfg. Co ii	Kalak Water Co iv



A new way has been found to treat acid stomach A colloidal way, involving the principle of colloido chemical adsorption as against chemical neutralization

The product used in this new treatment is ALUCOL—a colloidal type of aluminum hydroxide which is entirely different in mode of action from the ordinary aluminum hydroxide of commerce

Mail coupon for trial supply and full literature

#### THE WANDER COMPANY

180 North Michigan Avenue Chicago, Illinois This new way is a distinct advance in the treatment of the hyperacid syndrome Physicians see in it a means of overcoming certain objections which authorities have found to the use of alkaline antacids

Clinical reports fully confirm the value of ALUCOL. They testify to its undoubted efficacy in the treatment of gistric and duodenal ulcer and other conditions characterized by high gastric acidity.

THE WANDER COMPANY, 180 No. Michigan Ave, Chicago, Ill.	NY I
Please send me without cligated ALUCOL for clinical test and ful	or a container of
Dr	
Address	
City	
State	

## THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

### The list of advertisers in the 1929 edition follows:=

#### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornellus
Low Surgical Co., Inc.
Pomercy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

#### Ambulance Service

Holmes Ambulances
MacDougall Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopsedic Appliance Co.,
Inc.

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

#### Corseta

Linder, Robert, Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopsedic Appliance Co.,
Inc.

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopsedic Appliance Co.,

#### **Pharmaceutical**

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Servica Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Eta.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Haleyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
Dr. Rogera' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium
White Oak Farm

#### Surgical Appliances

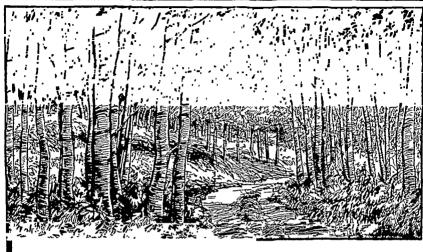
Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius Linder, Robort, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

#### Wassermann Test

Bendiner & Schlesinger



### A New Way of Using the Salicylates

Recent investigations favor the concomitant use of alkalis in salicylate administration — the combined form of treatment enhances the therapeutic value of the salicylates by combating the associated acidosis.

More recently it has been demonstrated that the most convenient and effective method of insuring alkalization is by the use of a balanced alkali formula in preference to single salts.

And hence the reason for the introduction of

ALYCIN
presents 20 grains
Merrell's Natural Sodium
Salicylate, together with 40 grains
of alkali base.

Because Merrell's Natural Salicylates are free from the usual gastric symptoms associated with the synthetic salts, the dose of ALYCIN can be pushed so as to obtain the full salicylic effect within the first 48 hours. ALYCIN is supplied in convenient form for routine use.

Write for sample and literature at once and start this more effective method of salicylate medication.

### THE WM. S. MERRELL COMPANY CINCINNATI, U. S. A.

THE WM. S. MERRELL COMPANY, Cincinnati, Ohio

Dept. N. Y. 8

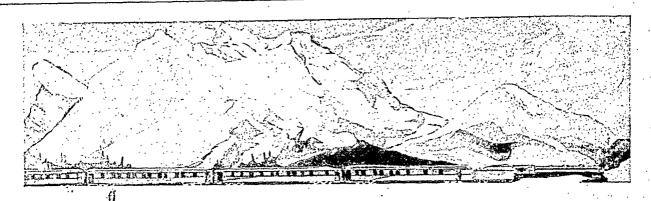
Send me a sample of ALYCIN and full literature.

Dr.\_\_\_

Address

Please mention the JOURNAL when writing to advertisers





## Quick Relief...

on your VACATION

IGESTIVE disturbances and stomach hyperacidity are often accentuated during the summer months.

Sudden changes in temperature play havoc with the city dweller, leading to a lack of appetite, bowel irregularities and gastro-intestinal disorders.

And then vacation time—traveling—changes of habit, food, water, climate—all these tend to throw the system out of gear, and lead to constipation, diarrhea, digestive disturbances, in all of which there is usually a hyperacid stomach condition.

BiSoDoL is a pleasant and effective antacid which brings Quick Relief in all stomach conditions due to excess of acid

or derangement of acid control. Moreover, its use does not lead to alkalosis and it is very acceptable to patients.

> BiSoDoL is a strictly ethical product and is advertised solely to the medical and allied professions.

Let us send you literature and sample for clinical test.

The BiSoDoL Company
130 Bristol St.
New Haven, Conn.
Dept. N.Y.8.

RISODOI



A great advance in Calcium Therapy

## CALCIUM Gluco-

Per Os - Palarable Intramuscular - No Irritation Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

61-63 Van Dam St. NEW YORK, N. Y. SANDOZ CHEMICAL WORKS, Inc.





### TRADE PYRIDIUM MARK

Phenylazo-alpha-alpha-diamino-pyridine hydrochloride (Manufactured by The Pyridium Corb )

### For the treatment of urinary infections

May be administered orally or applied locally.

Non-toxic and non-irritative in therapeutic doses.

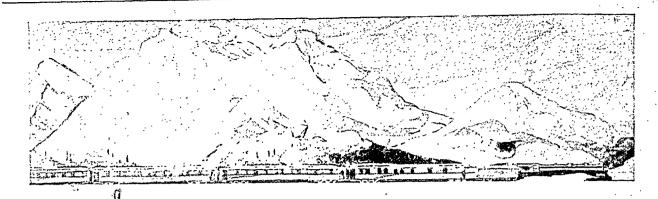
Marked tissue penetrative power.

Rapidly eliminated through the urinary tract.

Send for literature

MERCK & CO. INC.

Rahway, N. J.



## Quick Relief...

## on your VACATION

IGESTIVE disturbances and stomach hyperacidity are often accentuated during the summer months.

Sudden changes in temperature play havoc with the city dweller, leading to a lack of appetite, bowel irregularities and gastro-intestinal disorders.

And then vacation time—traveling—changes of habit, food, water, climate—all these tend to throw the system out of gear, and lead to constipation, diarrhea, digestive disturbances, in all of which there is usually a hyperacid stomach condition.

BiSoDoL is a pleasant and effective antacid which brings Quick Relief in all stomach conditions due to excess of acid

or derangement of acid control. Moreover, its use does not lead to alkalosis and it is very acceptable to patients.

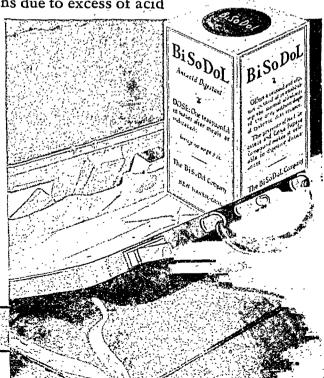
BiSoDoLis a strictly ethical product and is advertised solely to the medical and allied professions.

Let us send you literature and sample for clinical test.

The BiSoDoL Company
130 Bristol St.
New Haven, Conn.

Dept. N.Y.8.





### NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 15

NEW YORK, N. Y.

August 1, 1930

#### COPPER IONIZATION IN THE TREATMENT OF CERVICITIS. By DAVID W. TOVEY, M.D., F.A.C.S., NEW YORK, N. Y.

A T the last meeting of the American Gynecological Society, Lucas E. Burchi of Nashville, Tennessee, read a paper, by invitation, in which he advocated a method he has devised. of dilating and splitting the cervix to the internal os, to allow cauterization of the exposed endocervix, to cure cervicitis.

Burch said he had devised this radical procedure as linear cauterization, diathermy and

tropical applications were ineffective.

John A. McGlum of Philadelphia advocated the use of the cautery but thought splitting the

cervix to apply it as too radical.

In France, the Fillos caustic pencil, potassium and sodium hydroxide, is extensively used. The serosanguineous discharge from its use is very caustic and to be feared, says L. Pouliot.2

Pollak and Curtis use radium.3

That so radical procedure as bisecting the cervix to cauterize it was advocated at the last meeting of the foremost gynecologists of the country, shows the difficulty of curing cervicitis.

I believe the caustic pencil, cautery, radium and high frequency current will cure these cases, but except in the hands of the expert gynecologist, are dangerous.

L. Fulkerson reports: "Late sloughing, late and alarming hemorrhage after cauterization by other operators."4

Brunner reported: "A case of complete atresia of the cervical canal due to faulty cauterization and its treatments."5

The author has seen premature menopause following the use of radium.

The method advocated has not these dangers. The sooner it is realized that there is no parallel between cauterization and ionization, the

better it will be for an appreciation of the therapeutics of cervicitis.

Copper ionization causes chemical infiltration, them. These forces are electrical repulsion and

coagulation and dehydration. Copper salts are carried by the forces in the tissues, sterilizing lymphatic currents. The effect of the copper extends deep into the tissues and lymph channels. (See illustrations.)

Dr. A. J. Quimby, Roentgenologist of the Polyclinic Hospital, used copper ionization years ago when he had a combined practice of x-ray and electrotherapsutics and before the significance of the pathology of cervical infection was understood. He urged me to use this method. So, when Dr. Richard Kovacs in charge of Physical Therapy at the Polyclinic Hospital, asked me to treat cases of cervicitis in his department, I welcomed the chance. The results were so good I applied the method in private practice.

The method is rational office procedure and is not advocated as a substitute for the Sturmdorf or Schroeder operation. Where these operations are indicated, it will sterilize and shrink the tissues and put them in a condition that makes the operation safer and less extensive. After the operation, it will sterilize any glands or infection in the remaining tissue. The results in thirty cases were a cure of the cervicitis, making operation unnecessary. It is a safe substitution for the cautery, but I do not say, as does Fulkerson of the cautery, "Like Kelly, I no longer operate for chronic cervicitis." L. M. Fulkerson. Cynecology, 1929.

To show the erroneous ideas distributed about copper ionization. In a book published by a commercial house for the instruction of those buying their electrical generator, under the heading of "Cervicitis and Endometritis," they write: "The treatment for both cervicitis and endometritis is the use of the positive pole of the galvanic current with a copper or zinc intrauterine electrode, to drive into the mucus membrane the oxychloride of copper or zinc."

The results obtained are due to the effect upon the cervix and not on the endometrium.

In the same book under "Cervical Catarrh": "Introduce the copper electrode up to the internal os, employ a current of 30 to 40 milliamperes. In a few minutes or a little longer, the instrument will be found to be tightly stuck, but by traction, it can be withdrawn. Some bleeding may follow. The cervical canal will be denuded clear to the Nabothian glands. We have, in fact, curetted the cervical canal and have deposited the copper salt throughout the cervical region."

It is useless to curette the cervix as the glands extend deep into the tissues and cannot be re-

moved with any curetting method.

To do as is advised would cause great pain, traumatism and destruction of cervical tissue. The high amperage used would coagulate the tissue suddenly and prevent the penetration of the copper. Higher than 25 milliamperes should not be used, usually 10 or 12. The current should be applied for at *least* fifteen to twenty minutes.

Ionization is the introduction of the ions into the tissues by means of the galvanic current.

Ions travel at a comparatively slow rate of speed. The amount of drug driven into the tissues is in direct proportion to the amount of current, the length of time the current is flowing and the size of the electrode used. But a longer treatment with a relatively small amperage will drive ions deeper into the tissues than a short

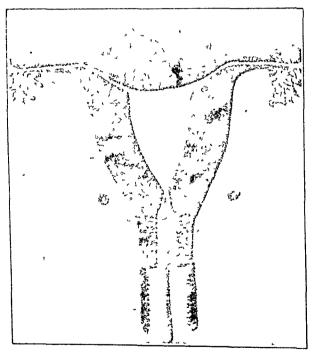


FIGURE 1

Illustration showing lymphatics of the interus with electrode in the cervix driving copper into the tissues and lymph channels in the direction of the lymphatic drainage and electric current. The light area between the electrode and cervix represents the margin of coagulation. Two circular areas at outer side of interus represent the ureters.

treatment and high amperage. The larger the surface of the electrode, the greater the amount of current used.

A. Judson Quimby estimates that with the large cervical electrode, 10 milliamperes for

twenty minutes, 200 milliampere minutes, copper can be driven into the tissues of the cervix for about eight millimeters.<sup>7</sup>

The human body is a sac containing fluids which hold various salts in solution, the chief of which is sodium chloride. The galvanic current, owing to its chemical action, splits these salts into their various constituents (ionization), the metallic portion being attracted to the negative pole and the acid portion to the positive pole.

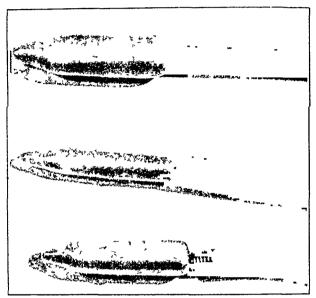


FIGURE 2

The electrodes are one and a quarter inches or four centimeters long, 16 to 28 French in diameter. The small rounded end enters but will not pass the internal os, being prevented by the rounded shoulder.

Knowing that the positive pole attracts acid radicals and repels basic elements as metals, it will, therefore, be clear that if we wish to introduce a metal into the tissues, we must use the positive pole. If we wish to drive acid forming elements into the tissues, we use the negative pole.

The positive pole is the acid pole and is a vaso constructor. It has the following effects:

- 1. Contracts and hardens tissues, dries discharges, coagulates albuminoids.
- 2. Has a sedative effect.
- 3. Decreases inflammation.
- 4. Dries or dehydrates tissue.
- 5. Copper, zinc and other metals are applied at this pole.
- 6. It is germicidal.

The negative pole is alkaline, caustic and has the following effects:

- 1. It is a vasodilator and, therefore, causes congestion.
- 2. Relaxes, softens and liquifies tissue.
- 3. Liquifies secretions.
- 4. Increases moisture.

This pole is used to introduce acid radicals into the tissues in ionic medicatin as the halogens. A mild sensation of burning is felt at the negative pole because of its caustic properties.

It is very important with the galvanic current to be able to be quite certain which is the positive and which is the negative pole, owing to the fact that each pole produces a widely different effect, both chemically and physiologically.

The simplest test for "polarity" is as follows: Place the metal ends of the cords in water. Have them close to each other but not touching. Turn on the current slowly. It will be noticed that one of the electrodes is covered and surrounded by tiny bubbles of gas, this is hydrogen which is freed at the negative pole.

Apparatus used: 1. A galvanic unit gauged in milliamperes. 2. Asbestos pad. 3. My intra.-

cervical electrodes.

There are no intracvervical electrodes on the market, only the long intrauterine electrodes. At first, I used the shortest and thickest copper electrodes I could find, about two and a half inches long, the Goulet intrauterine electrode. Some of the electrodes on the market are three inches long. Unless one is very careful, these thin electrodes pass through the internal os into the cavity of the uterus.

The effect of the electrode on the uterine tissues causes a delay of the menses for from tendays to two weeks, and uterine colic.

The cervical electrodes shown in the illustration were designed by me in four sizes, 16 to 28 French in diameter, four centimeters long. The small rounded upper end enters but does not go through the internal os. The bulbous upper part will not enter the uterine cavity unless undue pressure is made.

I have had no treatment followed by uterine colic or delay of the menses since I have used the intracervical electrodes.

Technique: The wet asbestos pad, connected to the negative pole, is placed under the buttocks. The electrode with the plus pole is inserted into the cervix and dilates it.

Should the external os be so small that it will not admit the smallest electrode, the tip of the electrode is inserted into the external os and the current changed to negative. This will cause softening and relaxation of the cervical tissues so the electrode can be passed to the internal os. The current is then changed to positive and the reostat set at 10 to 12 milliamperes for twenty minutes. Cotton is packed about the electrode to support it and to prevent contact with the speculum. At the end of the treatment, the electrode and os will be seen to be surrounded by copper crystals which have been deposited upon and driven into the cervical tissues. It will be found impossible to withdraw it without

trauma. It has become adherent from coagulation, contraction and dehydration of tissues and ionization of copper. The current is now reversed so the electrode is connected to the negative pole. In one or two minutes, relaxation and softening of the cervical tissue occurs. The copper crystals about the external os are seen to become moistened by secretion. When traction is made on the electrode, it will be felt to loosen and can be withdrawn.

Turn the current off slowly before changing from the positive to the negative pole If this is not done, the patient will experience a dis-

agreeable shock.

The results of copper ionization are a lessening of the discharge. In a week or ten days it has disappeared, the cervix shrinks and after three or four treatments, it appears normal. The infection, erosion, Nabothian cysts and discharge have disappeared.

Large infected cervices that in the past re-

quired amputation shrink to normal.

Treatment should not be repeated oftener than ten days to two weeks. It takes this time for tissue changes and healing to take place. If given more frequently, the changes cannot be watched and there is danger of overcontraction and shrinking of the tissues of the cervix.

In England, zinc ionization is used in the ear with success. John McCoy and others have reported good results from its use in the ear in

this country.

I believe that copper which is the stronger antiseptic and better tolerated by the tissues, would be used in the ear were it not for its staining properties.

My electrodes are made of zinc as well as of

copper. 57 West 5th St.

Read before the N. Y. Academy of Medicine "Section of Gynecology," April 22, 1930, N. Y. Polyclinic Clinical Society, March 10th, 1930 and West Side Clinical Society, April 12th, 1930.

1. Lucus E. Burch, Amer. Journal Obstet. & Gyn., Col. 18, No. 5.

A new operation for Chronic Cervicitis.

Transactions of Amer. Gyn. Soc., May, 1929.
2. L. Pouliot, Rev. Franc de Gynec. et Obst., 1929, xxiv. 420.

A safe technique for the application of Fillos Caustic.

- 3. L. Fulkerson, Gynecology, 1929, Blakinson, Son.
- 4. L. Fulkerson, Gynecology, 1929, Blakinson, Son.
- 5. E. Brunner, N. Y. University & Bellevue Alumni Conference, April 5, 1930. Complete atresia of the cervic due to faulty cauterization.
  - L. Fulkerson, Gynecology, 1929.
  - 7. Personal Communication, A. J. Quimby.

## THE DIFFERENTIAL DIAGNOSIS OF THE GLYCOSURIAS\* By BYRON D. BOWEN, M.D., BUFFALO, N. Y.

BVIOUSLY if a patient has diabetes all haste should be made to treat it but if he has not the rigors of dietary restriction should not be imposed. Physicians, however, should consider every case of glycosuria diabetes until it is definitely proven otherwise. The object of this communication is to discuss the technic of this differential diagnosis.

In reading the literature one is impressed by the multiplicity of terms used in describing non-diabetic glycosuria. Thus we have: diabetes innocens or innocuous, benign glycosuria, prediabetes, potential diabetes, alimentary glycosuria, cyclic hyperglycemia with glycosuria, renal diabetes, orthoglycemic glycosuria and transitional glycosuria. It is important to know that aside from diabetes mellitus, low threshold types, normal or slightly subnormal threshold types, and combined types occur. The differentiation is usually roughly made by the use of the glucose tolerance test, or by the use of a standard meal, blood and urine specimens being taken before and after half-hourly or hourly intervals for two to four hours. If the threshold is to be determined more accurately, observations must be made at shorter intervals.

Renal diabetes or low threshold glycosuria is readily recognized by the use of the glucose tolerance test; the range of blood sugar is usually low—60 to 130 mg. and there is continuous glycosuria at all blood sugar levels. Some authentic cases have been reported in which the twenty-four hour sugar excretion had exceeded 100 Gm. and which was not entirely dependent upon the food intake. This phenomenon is probably caused by an increased permeability of the glomeruli, or by deficient absorption of glucose from the renal tubules.

The most frequently observed type of nondiabetic glycosuria is that known by the older writers as alimentary glycosuria. To this Holst has given the name glycosuria with cyclic hyperglycemia, indicating a blood sugar rise after the ingestion of food with glycosuria at or above the normal threshold. The fasting blood sugar is normal and usually there is no hyperglycemia at the end of two hours after a meal. He also distinguishes certain combinations of the two general types of renal and alimentary glycosuria. In one, glycosuria may be present at all blood sugar levels and yet hyperglycemia is as extreme as is seen in cyclic hyperglycemia; in another, the so-called transitional type, there is a threshold point that is lower than normal but not as low as is found in the true renal cases.

Considering early diabetes, there does not appear to be any universally adopted methods of diagnosis. The so-called diabetic symptoms are not present in early cases or in some of the moderately severe ones. Mild diabetes is frequently uncovered by routine examination and its treatment at that stage is important in the prevention of a more severe form and possibly in delaying premature arteriosclerosis. seems quite certain that many severe cases have had mild and symptomless diabetes over a long period of years. The practice has often been to treat every case of glycosuria as diabetes until it is proven otherwise; this procedure may differentiate renal from true diabetes if blood sugar tests are made, but it will not eliminate the alimentary type; in fact dietary restriction often makes the diagnosis impossible. Joslin states that persistence of glycosuria while the patient is on a liberal diet with the fasting blood sugar above 140 or above 160 mg. after a meal indicates diabetes. Williams and Humphrey used the glucose tolerance test in 1919 in a group of patients with diabetes and glycosuria and at that time they felt that the occurrence of a high blood sugar within a half hour after the glucose, together with the persistence of hyperglycemia for an hour or so and the increasing glycosuria, was indicative of the early stages of diabetes. In 1923 John concluded that if the blood sugar returns to normal at the end of two hours after the oral administration of 100 gms. of glucose, diabetes did not exist; if it was normal in three hours then the patient was a prediabetic and if it was normal only after four hours, the diagnosis of diabetes could be definitely established. In a later communication he states that the diagnosis of diabetes may be safely eliminated if there is no hyperglycemia exactly three hours after the ingestion of a heavy carbohydrate meal. Likewise, Fitz believes that diabetes is present if the blood sugar two hours after a heavy carbohydrate meal exceeds 150 mg. Wright applied a modified tolerance test to 179 patients who had shown glycosuria; 68 of these had a normal fasting blood sugar but showed hyperglycemia and glycosuria two hours after the meal. Because of the lack of unanimous opinion in the interpretation of the glucose tolerance test, Petty and Stoner recommended the determination of the respiratory quotient after glucose administration as being a more dependable test of the ability of the patient to utilize carbohydrate. They conclude that this method of differentiation is more dependable and by means of it true diabetes may be diagnosed earlier. They found a number of patients whose blood sugar rose above

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 4th, 1929.

180 mg. but returned to normal in less than three hours to have respiratory quotient curves that indicated diabetes.

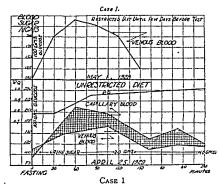
All observers agree that definite fasting hyperglycemia, in the absence of such conditions as hyperthyroidism, apoplexy, chronic nephritis with uremia, some diseases of the liver, and febrile diseases, indicates diabetes mellitus. On the other hand cases showing normal fasting blood sugar, alimentary hyperglycemia and glycosuria are not so readily put into their proper categories. In the report of Joslin and Lahey on diabetes and hyperthyroidism they considered all patients whose fasting blood sugar exceeded 150 mg. to have diabetes as well as hyperthyroidism.

Scandinavian physicians have studied this subject for a period of years but little attention has been paid to their conclusions in this country. After painstaking observations, all of them, including Hatlehol, Holst, Faber, Akerren and Malmros, arrive at the rather simple conclusion that the fasting blood sugar is the most important diagnostic criterion. stipulate emphatically, however, that all tests should be made during a period while the patient is taking a full and unrestricted diet. Under these circumstances if the fasting blood sugar is 110 or less, diabetes is highly improbable, if it is between 110 and 130 diabetes may be present and therefore the case should be placed under observation; and if it exceeds 130 the diagnosis is certain in the absence of the above mentioned conditions which may in themselves be accompanied by fasting hyper-glycemia. Holst has often found alimentary hyperglycemia to be a transitory phenomenon, and he does not consider the height of the alimentary rise specific for diabetes mellitus. He reports the case of a patient who had had glycosuria for 25 years and whose blood sugar rose to 276 mg. after the administration of 62 grams of glucose; on the other hand, other cases showed strong hyperglycemia 3 hours after glucose administration. Holst further studied 150 cases which had been rejected for life insurance because of glycosuria and in which he found diabetes mellitus in only about 30 per cent after an observation period lasting from 5 to 16 years. He states that he has never seen a case that has been definitely diagnosed benign glycosuria which later developed into true diabetes. Malmros in a recent monograph on this subject comes to the following conclusions: (1) If a patient shows normal fasting blood sugar without preceding dictary restriction, it argues against diabetes. (2) Mild cases of diabetes may have normal fasting blood sugar at least on some days in the beginning of the disease. (3) Patients having normal fasting blood sugar and alimentary hyperglycemia which falls slowly should

be put under observation. (4) The exclusion of diabetes is warranted only when normal fasting blood sugar is found over a period of weeks, even months. He has had one patient who was known to have had glycosuria for 41 years and whose fasting blood sugar was normal but rose to 240 mg. after glucose administration and returned to normal at the end of 2 hours.

During the past four years I have applied these diagnostic principles to border-line cases. The following are cases that have been under observation for some time:

Case 1. A man of 53 who in 1904 was told that he had diabetes. He suffered a "nervous breakdown" at that time because he was badly frightened. Later, both in England and in Germany, physicians diagnosed his case, "nervous diabetes." His weight was 120 lbs. He states that he had always enjoyed fair health but that sugar was usually found in his urine. He never observed a strict diet but he did avoid large quantities of starches and sweets. Overindulgence was followed by thirst, polyuria and nocturia. He would always be awakened at night when he ate a piece of pie for supper. Maximum weight, 170 lbs. in 1925; average weight, 145; height, 69 in. No family history of diabetes as far as he knows. Physical examination was essentially negative. Blood pressure, 105 systolic and 50 diastolic. Urinalysis, normal except for sugar. Blood cholesterol 120 mg. Wassermann reaction. negative. No definite impairment of gall bladder function by the cholecystographic method. The patient had been on an unrestricted diet

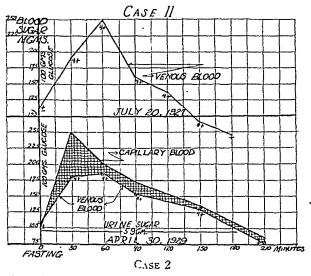


Normal fasting blood sugar; alimentary hyperglycenia with slow rise and fall and glycosuria, hyperglycenia at the end of two hours; normal difference between venous and capillary blood sugar curves, normal respiratory quotient curve, wilized 97 of the 100 gms. of glucose, threshold, probably about normal.



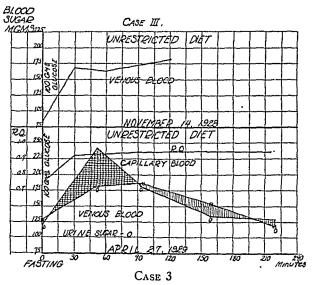
before all tests. Numerous fasting blood sugar values were always normal.

Case 2. A healthy man of 40 who was first seen in July, 1927, a few days after he had found sugar in his urine prior to an insurance examination. He had reduced his diet considerably but had failed to eliminate the glycosu-His digestion blood sugar was 133 mg. Other laboratory examinations and physical examination were negative. He was instructed to eat liberally of everything for several days before a glucose tolerance test was made. The results of this were indeterminate, so that he was placed on a diet of about 150 Gms. of carbohydrate and 2200 calories for nearly a year. The fasting blood sugar remained normal but glycosuria was usually present. He was then placed on a full diet again and six weeks later his fasting blood sugar was 80 mg. He had been on such a diet, avoiding large quantities of sweets, for nearly a year prior to the second tolerance test. He feels perfectly well except for slight pains in the legs; he has no symptoms of diabetes. Weight, 158 lbs.; height, 69 in.; blood cholesterol, 163 mg.



Normal fasting blood sugar; alimentary hyperglycemia, not as extreme in the second test; glycosuria at all blood sugar levels, slight at the fasting point; blood sugar not quite normal at the end of two hours; hypoglycemia at the end of three hours when symptoms of a mild insulin reaction were experienced; utilized about 94 of the 100 gms. of glucosc.

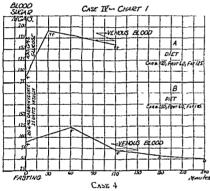
Case 3. An unmarried woman aged 20 who had been well up to two years ago, when irregular, gradually diminishing, and finally complete cessation of menstruation developed. She has had distressing bitemporal headaches for about a year; thirst, polyuria, and nocturia for more than a year; sometimes she drinks six quarts of water daily. Her weight has increased 50 lbs. in the past two years, during in size. Her features have changed in the past eighteen months so that her old friends do not recognize her; the features are coarse and her expression is rather dull. The visual fields were normal by gross tests. The jaw is large but not overshot. The hands and feet are very large and "pudgy" but the fingers are tapering. Her weight was 167 lbs, and the blood pressure was 115 systolic and 70 diastolic. was negative on many examinations except for the low specific gravity—1.002 to 1.005. The Wassermann reaction was +++. The fasting blood sugar was 85 and later 60 mg. while taking a full diet. The x-ray picture of the head showed a rather large sella turcica, and absent right frontal sinus and a small left. The glucose tolerance tests are shown in Chart 3. Blood cholesterol, 139 mg.



Typical diabetic curves except for the normal fasting blood sugar values in first test; normal difference be-tween capillary and venous blood sugar during the first 90 minutes; respiratory quotient curve probably within normal limits; all the glucose utilized; tremendous thirst during test; voided 1300 cc. of urine in 3.5 hours.

Case 4. A man aged 52 was first seen in April, 1924, when he entered the hospital because of "diabetes" and periodic attacks of pain in the upper abdomen which were relieved by alkali. He had never had any diabetic symptoms. He had been on a diabetic diet for about six months, and for the past few months, because the glycosuria did not disappear, he had been given increasing doses of insulin. Prior to admission he was receiving 68 units a day. He had had frequent insulin reactions and was once in coma so that glucose had to be administered. Physical examination was essentially negative; his weight was 157 lbs. His urine showed a trace of albumin but no casts. He was observed on high diabetic which time her hands and feet have increased diets but no insulin was given. His daily urine

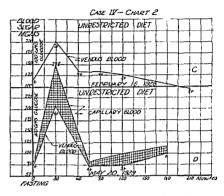
always showed a few grams of sugar but no ketones. His blood urea nitrogen on two occasions was about 30 mg. There was no fixation of the urine specific gravity, and but slight nocturnal polyuria. The stomach contents showed HC1 and no blood. The stool was negative for blood on several occasions. Wassermann reaction was negative. The diagnosis of renal diabetes was made and he was not seen again until February, 1928, when he was admitted to the surgical service for gastroenterostomy. He had had "ulcer symptoms" for about three months, but no diabetic symptoms. His urine contained a trace of albumin and sugar in all specimens and a few hyaline casts in several. He made an uneventful recovery. He was seen again in May, 1929, and was entirely free from symptoms. His urine was unaltered and his blood urea nitrogen was 26 mg.; blood cholesterol, 148 mg.



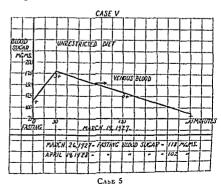
- A. Normal fasting blood sugar, moderate alimentary rise with hyperglycemia at end of two hours; low renal threshold.
- B. Normal fasting blood sugar; sugar in urine until blood sugar was brought below 75 mg. by insulin.
- C. Normal fasting blood sugar; high alimentary rise and rather rapid fall; low threshold.
- D. Same as C except more gente curve; extraordinarily high alimentary rise of capillary sugar.

Case 5. A man aged 45 was seen first in March, 1927. His complaint was weakness. He stated that he had had thirst and frequent urination for 2 weeks at which time sugar was found in his urine. Also, sugar had been found in his urine 21 years ago following an injury. He had had many urine examinations in the interim in which no sugar was found. He had been on a diet a great deal of that time. He is very nervous and has had "sinking spells"; is very much worried about his diabetes. There is no history of diabetes in his family but his

sister has benign glycosuria. He is very apprehensive; he fainted when his blood was taken. Skin, slightly icteric. Blood pressure, 140 systolic and 90 diastolic; tendon reflexes, exaggerated. The urine showed a trace of albumin and sugar with leucocytes and Gram-negative bacilli in the sediment. The Wassermann reac-

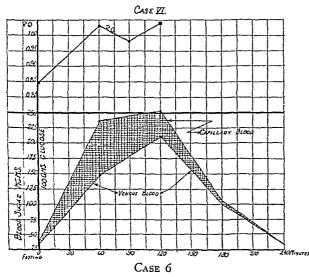


tion in the blood serum was negative. There was decreased liver function as shown by several tests; serum contained 3 van den Bergh units of bilirubin. Cholecystographic study showed unmistakable evidence of delayed gall bladder function. The blood cholesterol was 192 mg. Leucocyte count, 5000. Diagnosis: non-diabetic glycosuria. He is vastly improved (especially his menţal state) so that he is able to work every day. He still has his urinary infection. His fasting blood sugar is always normal while on an unrestricted diet. His weight was 132 and later 140 lbs.



Normal fasting blood sugar; low threshold; olimentary hyperglycemia.

Case 6. (Dr. Carl F. Cori and I were privileged to study this patient through the courtesy of Dr. S. A. Munford of the Clifton Springs Sanitarium and Clinic.) A woman of 55 who has had "mental lapses," attacks of blurring of vision several times daily for the past six years. These attacks were relieved by the ingestion of carbohydrate food. The diagnosis of hypoglycemia had been made three years ago, and stortly after this a partial pancreatectomy had been done by Dr. Finney at the Johns Hopkins Hospital. There has been no essential change in her condition since the



Observations two and a half hours after three teaspoonfuls of Karo syrup; she had had food in some form every three hours during the night. Hypoglycemia at the beginning and the end of the tolerance test. Hyperglycemia which was sustained for two and one-half hours after the ingestion of glucose during which time there was wide variation in the venous and capillary blood sugar determinations. Respiratory quotients higher than 1 suggesting conversion of carbohydrate to fat.

operation. She consumes large quantities of carbohydrate food and has gained 40 pounds in the past three years.

#### Comments

None of the cases presented, with the possible exception of case 3, could be considered diabetic. They represent the various types of glycosuria that have been described with the exception of the more common type of renal diabetes. Glycosuria in these cases is usually an incidental finding; a glucose tolerance test shows a certain glycemic reaction which is usually constant for the individual and which is different than the average normal. The case is classified according to the type of blood sugar curve and sugar excretion; the renal threshold may be low, medium, or normal, the alimentary hyperglycemia may be moderate or

extreme and there may be combined types. Such a motley group may be spoken of as benign or non-diabetic glycosuria until the nature of the normal and abnormal carbohydrate mechanism is better understood. Cori and Cori who have done such fundamental and decisive work in this field have recently shown that in adrenalin hyperglycemia and glycosuria the mobilization of liver glycogen is not increased as we had originally been taught but that adrenalin depresses the oxidation of glucose in the peripheral tissues and this is compensated for by an increased storage of glycogen in the liver and by glycosuria.

The frequently used terms, "prediabetes" and "potential diabetes," seem unsatisfactory as they are often applied rather loosely in the light of modern conceptions of the glycosurias. The diagnosis of true diabetes may often have to be deferred until such signs appear as make the classification certain; under such circumstances the term "suspected diabetes" might be useful. An obese person, especially if there is a family history of diabetes, might be thought of as a potential diabetic but such a usage does not seem to be warranted in view of our meager knowledge concerning the pathogenesis of diabetes.

Four of the six cases presented had all had normal fasting blood sugar values during the whole period of observation while on restricted or unrestricted diets. The glycosuria was known to have been present from two to twenty-seven years. None of the patients had so-called diabetic symptoms excepting one (case 1) who had thirst only when he ate excessively. The alimentary rise for the venous blood sugar after glucose varied between 250 and 180 mg., and the blood sugar at the end of two hours was down to the fasting level in only one case; in one it was over 150 mg. on two examinations. The respiratory quotient would seem to indicate normal glucose utilization in this case.

The first curves shown of cases 1 and 4 might at first glance be interpreted as diabetic beecause of the high rise and rather slow fall, but on analysis it will be seen that one patient had a low threshold, in one the diet was restricted at the time of examination and in the other it had been restricted recently. Subsequent study did not reveal diabetes in these cases and probably this reaction is explainable on the basis of the phenomenon described by This author showed that normals or benign glycosuria patients might show a quite typical reaction of diabetes with the glucose tolerance test if they had been on starvation or greatly restricted diet for a few days prior to the test. This he speaks of as hypersensitiveness to carbohydrate. In view of this the necessity of using unrestricted diets upon doubtful patients before they come up for the

examination is quite apparent.

Case 2, a patient with acromegaly, with diabetes insipidus, and a disturbance of carbohydrate metabolism which usually accompanies such cases is rather difficult to analyze. In the first tolerance curve the fasting blood sugar was normal but there was still a moderate hyperglycemia at the end of two hours; in the second, done several months later, the fasting blood sugar was slightly elevated. The respiratory quotient rose but it did not quite reach unity, and the capillary-venous blood sugar difference was evident only in the first ninety minutes of the test. In view of the well known antagonism which pituitary extracts have for insulin and the rather frequent association of acromegaly and true diabetes which has been recently commented upon by John and by Yater, definite conclusions should be reserved. In all probability, however, the removal of a portion of the hypophysis at this stage would cure the defect of carbohydrate utilization.

Case 6 which would probably be classified, dysinsulinism, is included in this series because the curve, with the exception of the hypoglycemic extremes, is similar to some of the others. In this connection, it is interesting that this patient had been told some years ago that she might develop diabetes; probably because alimentary hyperglycemia was found at that time.

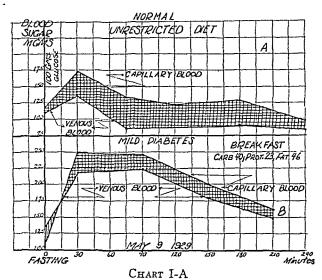
The application of the study of the arterial and venous blood sugar before and after nutriment as was proposed by Hagedorn and by Foster seemed to be a very promising field, as a qualitative index of the amount of glucose removed by the muscles can thus be obtained. Foster showed that the amount of glucose in the cutaneous blood was the same as the arterial which made it possible to eliminate arterial puncture in performing the test. In 1923 Cori and Pucher showed that insulin increased the capillary-venous difference in six of seven diabetic patients. Lawrence found a smaller difference in the capillary-venous blood sugar values of diabetic patients after glucose than was found in normal people. Later Rabinowitch established an average difference in groups of normals and mildly, moderately, and severely diabetic patients of 53, 31, 22 and 7 mg. respectively, one-half hour after glucose. Depisch and Hasenöhrl believe also that the difference between the venous and capillary blood sugar serves as an indirect measuring standard for the amount of insulin produced after the administration of glucose. This method of approach to the problem from the standpoint of diagnosis and possibly prognosis is of great interest, but sufficient work, particularly in longer time observations, on diabetic patients, is still to be carried out before conclusions may be reached. In three of my pa-

tients of non-diabetic glycosuria upon whom this test was done there appeared to be direct relationship between the height of the alimentary rise and the capillary-venous difference, and two in whom this rise was greatest showed the least difference in the receding portion of the curve. This would seem to indicate that possibly there was a great rush of glucose to the tissues, which the tissues handled as well as they could and later settled back for a

compensatory period of inactivity.
It appears then that certain cases of glycosuria aside from true renal diabetes can be definitely separated from diabetes mellitus; they are characterized by a normal fasting blood sugar while taking an unlimited diet, alimentary hyperglycemia which may in some cases be extreme, and a threshold which may be normal or below normal. The blood sugar in two hours after glucose is usually normal but not necessarily so. These patients apparently represent an anomaly of metabolism which may be present in a great many "normal" individuals in a lesser degree. The nature of the disturbance is unknown, though some have expressed the opinion that it is caused by a mild degree of pancreatic insufficiency. This opinion is based upon the experiments of Allen and Wishart who were able to produce a condition of normal fasting blood sugar and alimentary glycosuria in partially depancreatized dogs which later upon overfeeding showed fasting hyperglycemia. It is quite probable that such a condition is present in the extremely early stage of human diabetes. I know of no mention of necropsy reports in the literature on the subject. Dietary treatment is not recommended; one of my patients abstained from large amounts of sweets because he did not like to be annoyed with nocturnal polyuria; this, however, is an unusual symptom.

Unless the clinical diagnosis is perfectly obvious, the following approach to a patient with glycosuria is suggested: In the presence of a positive reduction test it can usually be assumed that the reducing agent is glucose, except during pregnancy and lactation. Alkaptonuria and pentosuria are extremely rare. there is any doubt the phenyldrazin or the fermentation test may be applied. Inquiry as to the character of the diet is carefully made. If the fasting blood sugar is normal it is repeated several times while the patient is eating everything in abundance; if it remains so, i.e., less than 120 mg, then a glucose tolerance test may be of help. If the fasting blood sugar exceeds 130 mg. in patients without hyperthyroidism, uremia or infection, all of which can usually be quickly eliminated, then it may be assumed that the glycosuria is one of diabetes mellitus. It is not uncommon for cases to be under observation for months before a diagnosis can be

safely reached. It is in these border-line problems that some help was anticipated from the use of the study of capillary-venous blood sugar difference and the respiratory quotient. The former does not seem to meet the requirement because this difference is not sufficiently decisive as is demonstrated in Charts I and II as well as the observation of other workers.

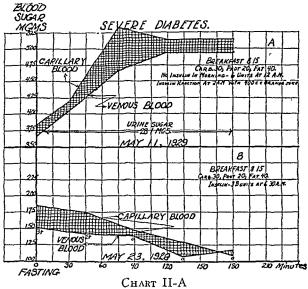


Normal response to glucose; sustained capillary venous blood sugar difference (about 35 mg.) for 3 hours.

#### CHART I-B

Typical diabetic curve; fairly well sustained capillaryvenous blood sugar difference (15 to 25 mg.) for 3 hours and a half.

The respiratory quotient has not been applied sufficiently to afford definite value. In glycosuric patients with obesity and possibly those with arterial hypertension, the presumption is that they have diabetes. It would seem



Typical curve of severe diabetes; capillary-venous blood sugar difference greatest at 75 minutes.

#### CHART II-B

Capillary-venous blood sugar difference greatest in the first part of the curve.

then that every patient with glycosuria should be thought of as a diabetic until the diagnosis is definitely disproven; but that he should not be treated as a diabetic until the diagnosis is made because with dietary treatment the opportunity of making an early differential diagnosis may be lost. The fasting blood sugar may be normal in an early case of diabetes mellitus and it is only upon examinations at frequent intervals that fasting hyperglycemia may be disclosed. It seems then that the determination of the fasting blood sugar is the most dependable method of differentiation of glycosurias from the clinical standpoint.

#### DISCUSSION

Dr. J. R. Williams, Rochester: We have recently developed a new method of clinical study in which the laboratory tests are interpreted in the light of their real significance. It is based on the following premises which have been worked out experimentally in my clinic. The average normal individual eats from 300 to 800 grams of sugar-forming food in a day. One unit of insulin will cause the utilization of four grams of glucose. The healthy body makes insulin as it is needed. Therefore the normal individual makes from 75 to 200 units of insulin daily as is quired. An individual who cannot make 75 units of insulin daily has a dificiency or diabetes. He will show this defect in proportion as his body fails to make insulin. The amount of glucose which a diabetic can utilize in a day can be determined by putting him on a

test diet of known glucose yielding value. from this factor there be subtracted the amount of sugar excreted in the urine, one can determine the amount of glucose retained in the body and presumably utilized. If this figure be divided by four, the number of units of insulin made by the individual can be learned. This is called the insulin coefficient of the patient. If he be given insulin therapeutically it must be subtracted from the amount required for the utilization of the food. The principles here involved are very briefly stated. The details will be presented elsewhere in form adapted to clinical use. This method, which may be called the insulin coefficient method, enables the clinician to not only determine accurately and satisfactorily whether or not his patient has diabetes, but also to measure with precision its severity. By its use one can determine the influence of compli-It is well known that infections For example the insulin codestrov msulm efficient is a far better method of judging the condition of a surgical diabetic than is the leucocyte count or the temperature curve Most patients are being given far too much insulin, the dose being wrong both as to quantity and time of administration. This method enables one to work out the proper dosage. It is the only method which enables the clinician to compare the treatment of one clinic with that of another and to evaluate the various remedies which from time to time are proposed as substitutes for insulin

#### BIBLIOGRAPHY

Akerren, Y Differential Diagnosis of Glycosuria, Up-sala Lakeref Forh 34 1, June 1928 Allen, F M and Wishart, M Experiments in Car-bohydrate Metabolism and Diabetes Renal Threshold for Sugar and Some Factors Modifying It, Jour Bio

Chem, 43 129, August, 1920
Cori, C G Insulin and Epinephrine. The Harvey
Lectures, 1927-28 The Williams and Wilkins Co, Balti

Corr, C F Pucher, G W, and Bowen, B D Com-parative Study of the Blood Sugar Concentration in the Arterial and Venous Blood of Diribetic Patients During Insulin Action Proc Soc Exp Biol and Med , 21 122,

November, 1923

Depisch, F, and Hasenöhrl, R Capillary and Venous Blood Sugar After Ingestion of Sugar, Klin Wohnschr

1625, August, 1928

Faber, K. Benign Glycosuria Due to Disturbances in Blood Sugar Regulating Mechanism, Jour Clin Invest 203, 1926

Studies on Carbohydrate Metabolism Some Comparisons of Blood Sugar Concentrations in Venous Blood and in Finger Blood, Jour Bio Chem 55 291, 1923

Hagedorn, H C Ugesk, f Laeger, 82 796, 1920 Hatlehol, Rolf Blood Sugar Studies, Acta Med

Scan Supplement 8, 1924

Holst, J E Investigations Into Benign Glycosuria and Diabetes Mellitus, Acta Med Scan 63 47

John, Henry J
Tea as State Jour Med, February, 1923
John, Henry J
Acromegaly and Diabetes, Arch Int Med 37 489,

Aprıl, 1926

April, 1920
John, Henry J Pitfalls in the Diagnosis v. \_\_\_\_
Am Jour Med Sc 169 102, January, 1925
Toelin E. P Treatment of Diabetes Mellitus, Lea

Joslin, E. P., and Lahey, F. H. Diabetes and I thyroidism, Am. Jour. Med. Sc. 176, 1 July, 1928 Diabetes and Hyper

Lawrence, R. D Effect of Insulm on the Sugar Content of Arterial and Venous Blood in Diabetes Brit Effect of Insulm on the Sugar Med Jour 1 516, March 22, 1924

Malmros Haqvin A Study of Glycosuria Acta Med Scan Supplement 27, 1928.

Petty, Orlando H, and Stoner, William H tory Quotient Curves in the Diagnosis of Diabetes, Am Jour Med Sc 171 842, June, 1926

Rabmowitch, I M Simultaneous Determinations of Arterial and Venous Blood Sugars in Diabetic Individuals, Brit Jour Exp Path 8 76, 1927 Simultaneous Determinations of

Wright, F R The Diagnosis of Early Diabetes New York Med Jour, February 1, 1927

Yater, W M Combined Acromegaly and Diabetes Report of Six Cases, Arch Int Med 41 883, June.

#### THE EYE AS AN INDICATOR OF SYSTEMIC DISEASES

By L. L ALBERT, M.D., YONKERS, N. Y.

THE general practitioner is likely to pay insufficient attention to the eye as an indicator of systemic disorders, yet the detection of most eye symptoms is within the power of the doctor without the use of special technical apparatus

The doctor finds his patient in coma jective examination of the eyes may give him important clues as to the cause If dependent upon organic brain disease there may be choked disc, mydriasis and deviation of the eyes If due to cerebral hemorrhage there may be miosis, inequality of the pupils and conjugate deviation. With increased intracranial pressure there may be dilated pupils If the coma is due to uraemia, an albuminuric retinitis may be found. When the coma is due to alcoholism, there may be dilatation of the pupils and paresis of the external ocular Poisoning by opium and its derivatives usually causes extreme miosis Atropine and its congeners give marked dilatation Soft eyeballs are invariably associated with diabetic coma

The eyebrows and eyelids may give valuable evidence of the causes of the patient's ill health My voedema and cretinism give rise to swelling of the eyelids and loss of the outer third of the eyebrows Leprosy frequently attacks the eyelids, producing anesthetic skin areas, loss of the lashes and eyebrows, deposit of tubercles under the brow and deformity of the lids Uneven loss of the eyebrow hair should arouse suspicion of late secondary syphilis

Edema of the lower lids directs attention to three common conditions, nephritis trichiniasis and arsenical poisoning Nephritis is the most common Edema of the upper lid is found in elephantiasis Pain on motion of the eyeball is an additional diagnostic symptom in trichiniasis Edema may also be dependent upon cardiac disease and mumps A careful inspection to rule out styes, furuncles and other local

diseases must be made before offering a final opinion as to whether or not edema is due to systemic disturbance.

Exophthalmos, or a protrusion of the eyeball from the orbital cavity, is observed accompanying orbital tumors, injuries, dilatation of adjoining sinus cavities, arterio-venous aneurism, thrombosis of the cavernous sinus, hyperthyroidism and sometimes chronic nephritis and acromegaly.

Exophthalmos, or the recession of the eyeball into the orbital cavity, is commonly seen in the aged, in the extremely emaciated, and in some cases of orbital injury and cholera.

Scleral jaundice is found most commonly in association with biliary obstruction due to gallstones, hepatic catarrh or pancreatic malignancy. A pseudo-jaundice of the sclera is observed in various blood diseases where hemolysis of the red cells occurs, such as in simple anemia, chlorosis, pernicious anemia, severe primary hemorrhage and yellow fever.

Conjunctivitis occurs in a good many infectious diseases. Cerebrospinal meningitis, diphtheria, erysipelis, gonorrhea, influenza, measles, scarletina, typhoid, typhus (the so-called "rabit-eye"), varicella and yellow fever are commonly complicated with catarrhal or purulent conjunctivitis.

Bilateral corneal scars suggest congenital syphilis, altho disease of the teeth, myxoedema and cretinism, leprosy, malaria, pneumonia, scarlet fever, varicella and rickets may also cause a keratitis or corneal ulcer.

Early cataract, the traumatic excepted, should lead to further investigation for diabetes.

Syphilis, the rheumatic arthritides, gonorrhea, tuberculosis, gout, diabetes, and acute infectious diseases may cause an iritis. Iritis, however, is also very often a complication of local infection originating in the apices of the teeth, crypts of the tonsils, nasal accessory sinuses, etc.

Double vision or muscle paralysis should make the physician again suspect luetic disease. Patients acutely ill and showing signs of diplopia should call to mind encephalitis lethargica and possible botulism. Cerebrospinal meningitis, diphtheria and influenza may cause pareses of the extrinsic ocular muscles with resultant strabismus and ptosis.

Nystagmus may be due to eye strain, hysteria, labyrinthine disease, meningitis, multiple sclerosis, encephalitis lethargica or occupational disturbances such as "miner's nystagmus." A pseudo-nystagmus with regular twitchings in lateral excursion of the eyes is found in hereditary ataxia.

Without loss of consciousness, the pupils may be dilated in either cocaine or atropine poisoning. They may be unequal in luetic disease, aortic aneurism, thoracic tumors and pulmonary tuberculosis. Inequality of the pupils, irregularity and loss of light reflex, as a rule, mean neuro-syphilis.

Yellow vision suggests santonin poisoning, while digitalis occasionally gives a patient green vision.

Loss of vision, partial or complete, is most commonly due to increased intracranial pressure, disease of the nasal accessory sinuses, or drug poisons such as alcohol, tobacco, chloral, iodoform, lead, arsenic, nitrobenzol and anilin. Errors of refraction are purposely omitted. Loss of vision in these cases is due to choked disc, optic neuritis, optic atrophy or retrobulbar neuritis.

Retinitis and choroiditis are usually manifestations of such constitutional diseases as nephritis, diabetes, syphilis, arterio-sclerosis, leukemia, orbital tumors, the anemias, septicemia, miliary tuberculosis and scurvy. The appearance in albuminuric retinitis and diabetic retinitis are pathognomic of these respective conditions.

Optic neuritis and optic atrophy are the results of pathological conditions of the brain or its envelopes, of syphilis, aneurisms, sinus infections, drug poisons as above enumerated, acromegaly, sinus thrombosis complicating mastoiditis, diabetes, hydrocephalus, meningitis, myelitis, paresis and tabes, amaurotic family idiocy, and excessive sexual intercourse in men

We see therefore that the most common sytemic conditions which may give rise to ocular symptoms include syphilis, tuberculosis, rheumatism, nephritis, diabetes, sclerosis, cardiac affections, diseases of metabolism, chronic and acute intoxications, infectious diseases and affections of the nervous system. It is no exaggeration to say that this list covers a great part of the practice of medicine. The general practitioner from his physical examination should be able to detect and properly evaluate most of the above enumerated common pathological conditions of the eye. In all cases where any doubt exists as to the correct diagnosis the trained opthalmologist should be consulted. Fine points in the examination of the fundus should be left to the specialist, but the general practitioner should acquire the habit of examining the entire eye including the fundus of all his cases. In this way he often will make a correct diagnosis which otherwise easily might be overlooked.

#### OCULAR TUBERCULOSIS STILL A COMPARATIVELY UNCOMMON DIAGNOSIS IN CLINICAL OPHTHALMOLOGY\*

By MACY L. LERNER, M.D., ROCHESTER, N. Y.

IT IS with some hesitancy that I approach the discussion of this important subject of ocular tuberculosis. It is almost impossible to cover all its phases in the brief time allotted to me.

My interest in this subject dates back to about eight years ago when I had the opportunity to do some experimental work on rabbits' eyes at the Phipps Institute, Philadelphia, Pa., under the direction of Drs. Paul Lewis and Bertha Haessler. The slit-lamp and corneal microscope were used by us daily after the injection of a culture of tubercle bacilli into the rabbits' eyes and my part was to observe the clinical course of the disease and make notes of the slit-lamp findings. We could not find tubercles but we did see infiltration of the cornea, engorgement of the iris bloodvessels, numerous floating cells in the anterior chamber, rapid circulation in the capillaries and vascularization of the cornea. Of course, at that time we could not interpret much that we saw. It was really pioneering with the slit-lamp and only after I had a course with Professor Koeppe years later, did I fully appreciate the original studies. The clinical picture of those rabbit eyes impresesd me and I began to compare it in my mind with the many obscure chronic inflammatory ocular affections observed in the clinics. I studied these cases from every standpoint and concluded that focal infection in many of these cases is only a contributing cause rather than the real source of the trouble.

When we remove a suspected focus of infection and the clinical course of the ocular disease, is somewhat mitigated, as a rule we accept the focal infection as the etiological factor. Too often we do not consider that perhaps other factors, defensive agencies in the body, might have been responsible for the improvement and that the focus of infection is, after all, not the original cause of the ocular affection. But when it comes to a consideration of tuberculosis as the cause, the physician in ophthalmology is more skeptical about its possibility and is willing to make that diagnosis only if he sees abundant tubercles or terminal tuberculous pathology.

It is my feeling that more than anything else we should suspect tuberculosis in any chronic recurrent ocular infection and only after exclusion by complete and thorough studies, then focus our attention to focal infection and other remote etiological considerations. I feel that our patient would gain more and our knowledge of this important subject will be modified. Perhaps then our American figures will compare more accurately with the figures of German literature, as to the incidence of clinical tuberculosis and the fre-

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

quency of focal infection in disease of the eye. The so-called "doctrine of focal infections" is fairly ancient. Benjamin Rush more than one hundred and fifty years ago described the cure of disease by extraction of decayed teeth. It seems to me that this subject of focal infection has gone too far in all branches of medicine and much too far in ophthalmology. I am sure that very few of us would be willing to have the sphenoid explored with the hope of modifying a chronic uveitis before trying perhaps to improve our general health by instituting an anti-tuberculous

regime.

I do not wish to be misunderstood as to my stand on focal infection. I have repeatedly urged the removal of badly infected tonsils and teeth and have gone so far as insisting upon prostate massage in doubtful cases. In one of my recently published articles I stressed the importance of searching for remote foci of infection. But all these considerations must come last and tuberculosis first.

Often we see a patient with a chronic inflammatory process in his eye lasting from one to two years. His tonsils and most of his teeth are removed perhaps and the antrum explored and a few corrective nasal operations performed but still our patient wanders from clinic to clinic, office to office, begging for relief, when the whole trouble from the beginning was a tuberculous affection which could not be demonstrated either by x-ray or with the ophthalmoscope or other ordinary methods. I am sure the chronicity itself should cause suspicion as to tuberculosis.

Tuberculosis of the eye is rarely a primary condition. It is in most of the cases secondary to a focus elsewhere in the body. Jackson states that a tuberculous focus can exist in the body quiescent but quite able to originate active disease for an average life time. Miller maintains that tuberculosis is a very much more important cause of iridocyclitis than is ordinarily thought and Wilmer and Verhoeff are convinced that ordinary scleritis and keratitis are due to tuberculosis, Derby agrees with Verhoeff and asserts that the American statistics on tuberculosis of the eye, 10%, are rather low, whereas the German, 50%, are perhaps too high. Lowenstein in a recent monograph on tuberculosis of the eye, states that tuberculosis is the cause of 50% of the diseases of the uveal tract. Axenfeld in commenting on his article, remarks that this should be enlightening to American ophthalmologists who attach so much importance to focal infection. Hammon considers ocular tuberculosis a very frequent oc-currence, basing his belief upon the fact that 95% of all adults are affected with tuberculosis.

<sup>1</sup> Gonorrheal Irms, N. Y. State Jour. Med., Oct. 15, 1928.

The diagnosis of ocular tuberculosis will be made more frequently if we oculists look for such infection in chronic cases. In many instances obscure inflammation of the eye is of tuberculous origin. To make a diagnosis may tax one's resources to the utmost and unless one has tuberculosis in mind, the cause may be overlooked. The slit-lamp should be used in all doubtful, suspicious cases. Anemia, loss of weight, slight evening rise of temperature and asthenia may be present in many obscure cases. The internist, pediatrician and other specialists should be called to assist us in establishing a diagnosis in persistent chronic and especially the recurrent type of ocular inflammation. In addition to a complete physical examination, x-ray studies of the chest and other parts of the body should be repeated if necessary. Finoff has removed eyes in which tuberculous processes were demonstrated, the patient showing no clinical or x-ray positive findings. The clinical picture of the eye, however, Dr. Finoff does consider very important in making a diagnosis of tuberculosis. He upholds this statement by his large collection of pathologic eyes showing typical tuberculosis in persons whose physical and roentgenray examinations were absolutely negative.

Of the nine points considered in making a diagnosis of ocular tuberculosis at the Knapp Memorial Hospital, covering a period of 14 years, one, of course, was the clinical appearance of the eye, the other eight being, age, previous history, family history, examination of the system at large, animal inoculation, demonstration of the presence of tubercle bacilli, microscopical examination of the excised portion of the diseased tissue, and tuberculin injection.

a given case, I feel that we should treat our case as tuberculosis and not allow it to drift into chronicity or permit the occurrence of opacities and other pathologic changes which impair vision.

Case I. E. B., female,  $4\frac{1}{2}$  years of age.

Ocular History.—Patient first seen by me at the eye clinic July 2, 1928, when she complained of swelling of the right upper lid. Examination showed a large abscess of the lid. It was treated surgically and patient referred to the pediatric clinic for complete general examination. week later the lid appeared normal but the globe was moderately inflamed. A number of small phlyctenules were present at the limbus. A diagnosis of phlyctenular keratoconjunctivitis was made, and local ocular treatment was prescribed in addition to general hygiene, diet, cod liver oil in small doses and elimination of excessive sweets. July 18, child developed a hordeolum on the same eye (right). July 23, left eye became markedly injected and the phlyctenular keratitis more pronounced.

Patient was treated until the middle of August but the ocular condition grew worse. Both eyes

became involved, the right seeming to be more aggravated. Cornea showed a deep gray-white ulcer and the globe was intensely injected.

Local ocular treatment consisted of atropine 1% in sol. and in ointment, noviform ointment,

calomel powder and mercurochrome.

The child continued to gain in weight but the ulcerative keratitis progressed in spite of all treatment.

Keeping in mind that phlyctenular keratitis is considered tuberculous, I insisted upon complete investigation and studies of this case. The following is the history obtained from the patient and hospital records:

Family History.—One living brother. Mother had been in the mountains for tuberculosis.

Past History.—Child was a full-term baby, 91/4 lbs. at birth, normal delivery and breast fed to nine months. She was in good health up to the spring of 1927. Then she had a spontaneous draining left ear. Discharge lasted six weeks without treatment and ceased; six weeks later, same ear began to discharge again; about three weeks later, the child had measles without apparent complications except for her previously discharging ear. She was admitted however to the hospital for a possible mastoid.

Physical Examination.—Revealed a well-developed and nourished child, up to average weight. There was some swelling on the left side of the neck and tenderness over left mastoid. Heart, lungs and abdomen were negative. berculin test was strongly positive. Blood count, 11,400 W.B.C. and 76% poly; 24% lymphocytes. The pediatrician noted in the record that although clinically the lungs were clear, he suspected tuberculous infection either in the glands or ears If we can get five points of the nine proved in and advised x-ray of chest for tuberculosis and to examine ear discharge for tuberculosis.

X-ray Report.—Stated that there was some haziness in the left chest from the level of the first to third anterior ribs and a questionable slight infiltration just outside the right hilum at the level of the third anterior rib. The roentgenologist was not willing however, to make a diagnosis of tuberculosis and requested repetition of films.

Laboratory Studies.—Nose, throat and vaginal cultures were negative; urine showed trace of albumin and moderate number of W.B.C. sermann and Kahn tests negative; smears from left ear for tuberculosis negative.

May 29, 1927, left mastoidectomy was performed and an enlarged gland from behind mastold was also excised. Pathological report showed connective tissue, muscle and fat infiltrated by numerous leucocytes and mononuclear cells.

In June, patient developed paronychia of the

left thumb requiring operation.

In July, patient came to me and was treated as described until the middle of August. Upon my request, the patient was then sent to the Monroe County Tuberculosis Sanitarium for study and observation. Their report to me stated that the tuberculin test was strongly positive and the x-ray showed increase in hilum shadow on the right with calcification at both hila. Their diagnosis was hilum tuberculosis. They also obtained a history of tuberculosis in the mother whose physical examination showed active pulmonary tuberculosis. The child was in the mother's care.

The patient was treated on the usual antituberculous regime. A secondary mastoidectomy on the left side showed pus with tubercle bacilli. A later report stated that the child was overweight, well nourished and the eyes had cleared

up completely.

Summary of Case .-

 Child had a left chronic discharging ear for more than one year and had been admitted to hospital for operative procedures four times in one year.

2. Operations dealt with purulent infections in different parts of the body, ear, finger and eyelid.

3. X-ray studies of the chest were by no means negative as to tuberculosis from the start but a definite diagnosis could not be reached.

4. Child developed a severe degree of phlyctenular keratitis which did not improve under ordinary general care, diet or local treatment.

6. Child developed a severe degree of ulcerative keratitis extending from a broken down phlyctenule.

7. There was a definite history of tuberculosis

in the mother.

8. Monroe County Tuberculosis Sanitarium report stated that the mother had active Tuberculosis.

9. Child had been in contact with the mother all the time.

10. Tubercle bacilli were found in the pus of the secondary mastoid.

Case II. M. H., male, age 10.

September 25, 1925, reported to me with a history of having an inflammatory ocular condition for more than six months. He was treated by capable ophthalmologists but without improvement.

Ocular Examination.—Showed three deep ulcers situated in the pupillary area, involving its borders. Pupil was small and the globe slightly injected. Photophobia and lachrymation were pronounced, but little pain.

X-ray Examination.—The report of the examination, made at my request was, right and left hilus areas, moderately infiltrated. Calcifications observed within both hilus regions. Bronchial markings somewhat exaggerated on both sides, the greatest amount of exaggeration being on the left side in the upper lobe. Right pulmonic area, a few small, fine densities resembling tubercle, observed within the upper lobe region, close to the aortic outline. Left pulmonic area, a few fine

mottlings observed scattered along bronchial tree trunks. The upper lobe presented a slightly hazy appearance.

The roentgenologist considered the lesions de-

scribed of an early tuberculous process.

The patient was taken out of school and an anti-tuberculous regime instituted in addition to local ocular treatment. The patient made a perfect recovery and when last seen on December 25 for refraction, he had 6/6 vision in the right eye with a  $+1.25+1.25\times90$  and 6/12 in the left with +150 sph. Patient had no recurrence of the trouble.

Outstanding facts in this case are: pulmonary tuberculosis revealed by x-ray only and ocular complications of ten months duration.

Case III. S. N., female, aged 9.

Past History.—Scarlet fever at one year, measles and whooping cough five years ago, also had chicken-pox.

Ocular History.—Mother stated that the girl had been suffering with sore eyes since 1923. I examined her for the first time in December, 1926, and found 4 small corneal ulcers involving the pupillary borders and extending somewhat centrally. The globe was considerably inflamed. Pupil reacted normally and no other changes were noted. The chronicity, four years duration and intermittency impressed me more than the ulcerative keratitis itself.

Physical Examination.—Report was as follows: purulent discharge from both sides of the nose, several carious teeth, moderately enlarged tonsils, cervical glands slightly enlarged, weight one pound above average, heart and lungs normal, abdomen negative. Throat culture, numerous gram positive cocci (staphy cocci and bacilli). Quite a few gram negative bacilli. Nose—numerous gram positive cocci in pairs (pneumos). Ear examination—negative. Tonsils subacutely inflamed, hypertrophied, T. and A. advised. Blood examination—Wassermann negative; R.B.C. 4,640,000, white 9100, hemog. 80%. Urine examination—negative.

The tonsils were removed, teeth corrected. Ocular condition improved but in a short time, the trouble recurred.

I requested another physical examination of the chest and x-ray studies.

January, 1927, gained two pounds. Chest examination showed upon percussion dullness in intrascapular region.

Stereoscopic films of the chest showed definite exaggeration of the bronchovascular structure in both upper lung fields but more in the upper left; lower fields quite clear. The roentgenologist considered these findings definite evidence of a tuberculous infection. My feeling was then that the x-ray findings of the lungs plus four years duration of an ocular inflammation associated with ulcerative keratitis were sufficient to make a diagnosis of tuberculous keratitis. I sent the

girl to the Monroe County Sanitarium and received the tollowing report from Dr. Bridge:

Child's family history: Father had a chronic cough. One cousin of child's mother had tuberculosis. Patient had ordinary childhood diseases and repeated attacks of bronchitis. No history of exposure to tuberculosis with the exception of one week's stay with her mother's cousin who had advanced tuberculosis. Child had ulcers of the eyes at intervals for the past four years, under treatment of different ophthalmologists.

Present illness—tires easily, recently gained weight, good appetite, constipated, neither listless nor restless. Has headaches after studying, also frequent colds up to about one year ago,

now has an occasional slight dry cough.

Physical examination—Shows slight increase in tracheal whisper over the vertebral spine and a few high pitched rales at the right base. Neck shows many small palpable nodes on both sides; is one-half pound under standard weight.

In February, x-ray showed left lung with many small calcified areas above second anterior

rib.

Diagnosis. Hilum tuberculosis.

Progress notes.—As follows: there was a gradual disappearance of the signs, at the right base but they tended to recur. Patient was discharged September, 1927, able to go to school, five pounds overweight, in excellent physical condition and the eye completely cleared up. When seen by me last, the eye was perfectly quiet, globe white, a faint macula was observed at eight o'clock in the left eye. Fundi were normal. Vision was 20/20 in the right eye with a  $+150 \times 75$  correction and 20/50 in the left eye with a correction of  $+2.25 \times 90$ .

Summary of Case .--

1. Ocular disease of four years duration treated by several ophthalmologists.

2. Eradication of all foci of infection did not

benefit ocular condition.

3. Definite history of tuberculosis in the family, obtained rather late in Sanitarium.

4. Positive tuberculous x-ray findings con-

firmed by Tuberculosis Sanitarium.

5. Physical findings reported negative first time but proved positive on two later examinations.

6. Complete and permanent ocular recovery only after a stay in the Tuberculosis Sanitarium.

Case IV. G. C., female, aged 27.

Report of Case.—Consulted me first September, 1924. Her complaint was blindness in the right eye and poor vision with opacities in front of her left eye. She stated that her ocular trouble dated from 1920, when she suffered first from dizziness, became irritable and sleepless and began to see specks before her eyes, especially the right eye. The sight in the right eye was gradually lost. She had no pain. She was treated by

an ophthalmologist and by a general physician for neurasthenia and nephritis. Her tonsils and several abscessed teeth were removed. She had worn glasses all her life but had recently discarded them.

Upon examination I found the right eye deviated inward about 30 degrees. Cornea and conjunctiva clear. Anterior chamber shallow. Pupil about 2½ mm. oval, with grayish borders and synechia at seven o'clock, reacted to light very sluggishly. Left eye normal in appearance and pupillary reactions were perfectly normal.

Visual acuity.—O.D. not even light perception. O.D. 6/12-2.

Ophthalmoscopy.—Right eye, media; red reflex in pupillary area. Vitreous, full of shred-like opacities floating freely in all directions. Iris showed post-synechia. Anterior surface of the lens covered with pigment and showed evidence of old adhesions. Under atropine, pupil dilated irregularly, and the iris bulged forward. Fundus details could not be obtained.

Left eye, media; numerous vitreous opacities floating freely in all directions. The opacities appeared to be membranous in character. Fundus details could not be seen clearly on account of opacities.

Complete physical and laboratory examinations were carried out.

Physical Examination.—Negative.

Blood and Urine Examination.—Showed nothing abnormal.

X-ray of Teeth and Sinuses.—Negative.

Sputum Examination.—For tuberculosis, negative.

Vaginal Smears.—Showed no g.c. and no pus. All possible foci of infection were considered and eliminated. The ocular condition was about the same. Visual acuity in the only eye fluctuating from 6/15 to 6/12.

A blood chemistry showed nothing abnormal. Another chest examination revealed that she had a few nonpersistent rales posteriorly. A second x-ray of the chest showed slight haziness at the second and third interspaces toward axilla, not definite enough to make a diagnosis of tuberculosis. Her temperature was 99, pulse 80, b.resp. 20, B.P. 104/88 and weight ranged between 109-112 lbs.

Corneal Microscopy.—Showed a Koeppe nodule at the iris border of the left eye. This nodule was also observed by Prof. Koeppe himself, who was kind enough to come to my office and check up on my observation. The suspicious nodule and all negative physical and laboratory findings left doubt in my mind as to the true etiology of the case. I was not satisfied that focal infection could be the cause, because none could be found and all possible ones had been eliminated years ago.

A careful history was obtained and studies

renewed:

Family History.—Upon detailed questioning I learned that there was tuberculosis on the father's side and that one sister (younger) became blind in one eye in a similar manner as our patient.

Personal History .- Revealed that she had all childhood diseases and frequent respiratory infections including bronchitis with much sputum production. She had occasional swelling of the

inframandibular glands.

I examined her sister's eyes and found that one eye had a pathological process similar to the

blind eye of my patient.

In December, 1927, the patient came to me again, stating that her general health had been good until the previous week. At that time, she began to feel tired, weak and sleepless and for the last four days she had experienced blurring vision in the left eye, associated with pain in the temple. I learned, too, that she had married in 1926 and had two successive pregnancies. During each one, her sight had been improved but only temporarily. Her first baby had died at eleven months from pneumonia. Her second baby was four months old and depended upon breast feeding.

Ocular examination.—Visual acuity OS 6/12. Globe white, pupil round and active. Ophthalmoscopy showed vitreous full of opacities of all shapes and in cloud-like form. Fundus details

could not be seen.

Corneal microscopy. — Revealed gray-white opacities in deeper layers, fine deposits on the crystalline lens and a suspicious gray, round nodule at the retinal pigment border at 4-5 o'clock.

Her vision in the only eye grew worse and on December 31, it was reduced to 6/60 (the only eye). Patient was ordered to hospital and complete studies renewed. Cultures from the teeth, sinuses, cervix and vagina were made and proved to be negative. Urine, negative. Blood count, normal except for the increase of mononuclears 40%. Nose and throat examination, including x-rays, were negative. X-rays of the chest showed obsolete tuberculosis, diaphragmatic adhesions, calcified hilus lymphadenopathy. Skull, normal. Suggestion of bilateral sinusitis. A pediatrician was consulted about weaning the baby. I urged the mother to rest, gain in weight and wean the child.

In view of the threatening total blindness in both eyes, I requested the otolaryngologist to explore her antra, which in the x-ray suggested sinusitis only. The exploration was done January 5 and the report was that the mucous membrane was somewhat thickened and no other pathology found. Cultures, negative. Sphenoids and ethmoids entirely negative.

'-acuity was The following day patient's v

6/10 an improvement from 6/60. It is certainly improbable that in 24 hours the vision could be improved to that extent when the sinuses showed practically nothing abnormal. On the other hand, the patient had rested one week, gained in weight and the baby was removed from the breast.

The patient has been under my observation She has gained weight and feels well. She retains the 6/10 visual acuity in the only eye and the fundus details could be made out.

Outstanding Points in this Case.—

1. History of ocular affection went back to 1920 with gradual loss of vision in the right eye and beginning failing vision in the left.

2. Recurrent attacks without pain.

Frequent colds and upper respiratory infections.

4. History of tuberculosis in the family.

5. History of similar ocular condition in a younger sister.

6. Koeppe nodules observed twice at two year

intervals and confirmed by Koeppe.

7. Left eye aggravated after two successive pregnancies and nursing baby.

8. Marked improvement of visual acrity after

gaining weight and upon weaning baby.

9. Exclusion of all possible foci of infection without benefit except for the startling improvement of the visual acuity only 24 hours after an exploratory antrum operation.

Case 5. F. T., female aged 26, married, no

children.

Past History.—Ordinary childhood diseases, quinsy in 1923 and attacks of tonsillitis every winter, including the winter of 1927. Since December, 1926, she had been suffering from joint pains. Her physician considered her pains possibly due to the tonsil infection although he told her that she might have rheumatic fever. A tonsillectomy was performed in February, 1927, and three weeks later she began to have blurred vision and dizziness, associated with occasional mild ocular pain. She consulted an ophthalmologist who prescribed atropine and yellow oxide to be used every night.

Patient first reported to me April, 1927. Upon examination her visual acuity was 3/60 in each eye without glasses and 6/12 (rt.) and 6/30 (1.) with her correction, the latter being -300 sph. in the right eye and  $-350 - 50 \times 150$  in the left

External Examination .- Pupils were dilated regularly and were under the influence of atropine. Right globe showed a very mild generalized scleral injection. Left eye showed a mild ciliary flush while the cornea showed deep punctate infiltrations.

Ophthalmoscope revealed typical "mutton fat"like deposits on Descemet's membrane; vitreous had considerable floating opacities; disk although

outlined, showed hazy margins, its color rather hyperemic, retinal veins much engorged, tortuous and constricted at places, arteries appeared thin and some arteriovenous compression was observed; no lesions or hemorrhages were noted in the fundus. Left eye showed descemetitis, more pronounced and vitreous opacities more abundant while disk was very blurry, its edges ill defined, veins much engorged, arteriovenous compression present; no hemorrhages or other lesions could be seen.

Complete medical and laboratory investigation were made in addition to local ocular treatment. The report stated:

Urine Examination.—Essentially negative except for a faint trace of albumin.

Stool Examination.—Negative.

Blood Examination.—97% Hbg., 8000 W.B.C., 70% Pmn., 7% transitionals, 22% lymphocytes, 1% myelocytes, R.B.C. normal; platelets abundant, Wassermann negative.

X-ray of Teeth.—No evidence of infection;

impaction of all the third molars.

X-ray of Chest.—Large masses at each hilus region at location of tracheobronchial lymph nodes; discrete with sharp outlines and of uniform density. Probably this indicates recent or active tracheobronchial lymph node tuberculosis or possibly tumor. No definite evidence of active parenchymatous pulmonary tuberculosis.

X-ray of Sinuses.—Slight clouding of antra.

Blood Culture.—No growth on agar, blood plates, deep tubes or in broth.

Skin Test.—With toxin strept, rheumaticus (Birkhaug), negative.

Intradermal Test.—With 0.0001 gm. Koch's

old tuberculin, slightly positive.

Culture of Throat.-Predominately streptococci; 15% hemolytic, 45% viridans and 50% strepts; neither hemolytic nor viridans, which ferment insulin (strept rheumatica of Birkhaug).

Physical Examination.—Showed a complete flaccid facial paralysis, slight symmetrical enlargement of the thyroid, rapid heart beat, slight eversion of uterine cervical mucosa with moderate amount of white secretion.

Nose and Throat .- No evidence of sinus disease from x-ray or physical examination.

Gynecological Examination.—No evidence of pelvic focus of infection.

Further Laboratory Studies. - Intradermal tests: sterile filtrate of broth culture of strept. recovered from patient's throat, negative. berculin test, 0.0005 gms. intracutaneously showed a red area at the site of injection about 12 hours later,  $.5 \times 2.5$  c.m. in diameter.

Culture of Cervix.—Uteri, no growth in broth or blood agar. Urine culture negative.

Patient was returned to me for ocular treatment. She continued to lose weight (about 10 lbs.), had occasional little spikes of temperature

The chest examination and her pulse ran fast. was as before.

A later x-ray of the chest showed no appreciable change over previous one but the report expressed "possibility of active process at present." Patient complains: no energy, easily tired, occasional headaches, pulse rate 100. metabolism, plus 5.5.

Patient was under my observation throughout

the year of 1927 up to May, 1928.

Corneal Microscope.—With the slit-lamp illumination, showed a bilateral descemetitis more prominent in the left eye. Anterior surface of the right crystalline lens appeared waxy. left one fairly clear. Both irides were clear. Its retinal pigment borders, clear and regular.

The descemetitis in the right eye was much less. Fundus details were fairly clear while the external appearance of the right eye was white. Left eye, descemetitis practically gone, only one or two deposits noted. Fundus details clear. V.OD. 6/9 plus + 4 with correction. V.OS. 6/9 plus + 4 with correction.

In July, patient had an exacerbation of the attack in the right eye. Vision became cloudy, without pain. V.OD. 6/12. V.OS. 6/6-1.

In September.—Considerable deposits were noted on Descemets membrane in the right eye. Fundus details were veiled. Slit-lamp showed numerous white-gray deposits, round in shape on the Descemets membrane, mostly on the temporal side. Capillary circulation very active Iris border normal. No evidence of synechia. Anterior surface of the lens clear.

A diagnosis of bilateral uveitis was made in April, 1927, but the tuberculous nature was only revealed as late as October, 1928. It could not be established by the ophthalmoscopic or slitlamp studies alone but rather on the evidence of x-ray of the chest, general clinical and ocular course-namely, chronicity of the ocular inflammation, its painlessness, general tiredness, lack of energy, headaches, pulse rate of 100. Until she had gained 15 pounds, her ocular picture was fluctuating. Her ocular treatment consisted of atropine 1% ti.d., dionine 5% +i.d., diet, rest, fresh air and sunshine. Impacted teeth were urged to be removed and so done by the patient.

May 18, 1928.—Patient had 6/6 vision in each

With her correction: OD.  $-375 - 50 \times 306/6$ OS.  $-450 - 50 \times 1506/6$ 

Patient had another mild exacerbation and the slit-lamp showed white cotton-like deposits on Descemets membrane. Anterior capsule dotted with yellowish iritic pigment. A suspicious graywhite nodule (Koeppe) noted at seven o'clock.

My reason for not considering tuberculin in the treatment of this case was based on the wise warning from the hospital medical attendants1

<sup>&</sup>lt;sup>2</sup> Strong Memorial Hospital, Rochester, N. Y.

"that tuberculin therapy is too dangerous to be attempted in this acute case, without hospital care and daily observation of the eye for focal disturbance." I am happy to state that the patient is now absolutely free from ocular trouble.

Case 6.-V. M., male, aged 15 months.

Patient was brought to me with a history of an inflammation of the left eye lasting fifteen days.

Essential Points in the History .- First baby, normal delivery. Bilateral otitis media in March, from which he made a perfect recovery. Tonsillectomy in April. Never had ocular trouble before.

Ocular Examination .- Deep grayish white corneal infiltration with marked vascularization The area involved was from the nasal limbus up and including about 1 mm, of the pu-The ulcerative area was studied pillary area. with the slit-lamp and proved to be rather deep. Local treatment consisted of atropine et noviform, mercurochrome, yellow oxide, later-calomel powder and diomine in addition to hot compresses. A restricted starchy diet was given and a complete elimination of candy and other sweets. The ocular condition was somewhat improved but the progress of the ulcerative keratitis was not checked.

Upon my request, Dr. Kaiser made complete studies and reported: heart, lungs and nervous system normal. Blood Wasserman, negative. Urine examination, negative. The boy was wellnourished and developed and somewhat overweight but the tuberculin test was strongly positive.

I then ordered the child to the Lake Shore, to be left outdoors exposed to sunshine and to continue the above ocular treatment and careful diet. It required from two to three weeks only, to get a perfectly quiet white eye with complete healing of the ulcer, leaving only a slight marginal opacity.

Summary.-Two weeks of fresh air and sunshine accomplished a remarkable result while two months of all kinds of eye solutions, powders and ointments showed by aid of the loupe, slitlamp, etc., only a questionable degree of improvement. Only after the child made a perfect recovery, did the happy parents admit to me that the father's brother had active tuberculosis.

The entire case was negative as to tuberculosis clinically and from the physical examination except for the positive tuberculin test and history of tuberculosis in the uncle.

Case 7.-F. O., female, Italian, aged 14.

Family History.-Negative.

Past History .- Had measles when a baby, chorea in 1926, tonsillectomy at ten years and a history of persisting hoarseness since birth.

Ocular History.-First seen by me in 1924 when she came for pain and photophobia in the right eye. Examination showed at that time

four gray-white infiltrations in the right cornea associated with slight bulbar injection. The ocular affection soon became bilateral. The infiltrations in the cornea were deep and more numerous. At times the eye would get quiet and then the trouble would recur. Local as well as general treatment did not influence the disease.

Complete Studies were made and the following reports recorded: nose and throat examination, negative: x-ray of sinuses and teeth, negative; blood Wasserman with cholestrin antigen, as well as the Kahn test, negative; blood chemistry showed nothing abnormal; blood count, Hg. 87%, 4,700,000 R.B.C., 8400 W.B.C., differential white count normal; O.T. test 0.1 mgm., negative; physical examination did not reveal anything abnormal; x-ray studies of the chest showed prominent hilus shadows and exaggerated bronchovascular tree markings but no evidence of pulmonary tuberculosis.

A very careful diet was outlined for her and cod-liver oil prescribed in addition to various ocular treatment including atropine, dionine, calomel powder, holocaine and noviform ointment. She gained in weight and looked well but the attacks would recur and produce more extensive infiltrations. Her visual acuity in the right eye was diminished to 1/60 and the left eye to

6/10.

A diagnosis of keratitis of neuropathic origin was made by me, not because it appeared to me as such but rather from lack of knowledge as to its etiology. Corneal microscopy did not give me more information. It merely showed deep graywhite corneal infiltrations, scattered throughout and an active capillary circulation. Irides were perfectly normal and no deposits were noted.

For four years patient had relapses one after another. We could not succeed in getting the eyes

to stay quiet nor arrest the progress.

I had her sent to the Monroe County Sanitarium November 12, 1928. The report from there stated that the x-ray showed hilum calcification and an area of increased density under the third rib on the left side. O. T. 1/200 and 1/10 mg. negative. Sanitarium attendants, however, expressed an opinion that she had minimal pulmonary tuberculosis. I have followed the case up to date and have learned that her eyes have improved very much since her stay there.

Summary.—The only outstanding findings in this case are chronicity of four years' duration and suspicious x-ray findings of the chest.

Her treatment at the Sanitarium consisted of ultra-violet rays to the whole body plus an antituberculous regime.

#### Discussion

In 1917 Koeppe described nodules in connection with tuberculous iritis. He considers them almost as pathognomonic of tubercular iritis when located in the iris. He states, however, that sympathetic ophthalmia, leprosy, and tropical syphilis must be excluded first, as these nodules are transient in character, appear and disappear within a short period of time. In two of my cases these nodules were definitely demonstrated with the corneal microscope and slit-lamp. One of them I had the fortune to have corroborated by the author Koeppe, himself.

According to Dr. G. S. Derby, these nodules are very common in *low grade uveitis* and it is his belief that they are probably of tuberculous etiology. The nodules histologically are composed of plasma cells, which is consistent with an early stage of tuberculosis caused by the action of a

toxin (Derby).

Dr. C. S. O'Brien recently reported a case of phlyctenular conjunctivitis which he attributed to be due to tuberculosis. He based his conclusion on the pathological findings of a biopsy of a gland removed from his patient. My first case showed tubercle bacilli in the pus and tissue removed at secondary mastiodectomy. A gland was also removed from behind the mastoid region at the first operation and studied microscopically. The findings suggested a tuberculous process. O'Brien's and my case seem to me to throw some light on the etiology of phlyctenular keratitis.

My remaining cases had positive tuberculous x-1ay findings of the chest, positive tuberculin reactions and in two cases a Koeppe nodule was

observed.

Rollet and Colrat are not in favor of tuberculin therapy and are very critical about the published results of this treatment in other countries. They consider it more or less dangerous. In considering the uveal tract, the authors state that these cases are all of secondary origin and that the primary focus of infection is situated in the peribronchial lymph nodes. In their study of more than 100 cases, the authors were able to find at kast 80% evidence of other tuberculous lesions. They contend that the proportion of cases will be increased by the systematic use of radiotherapy in demonstrating trachebronchial adenopathies. T Jey advise local treatment of course, but stress the great importance of general treatment. Their objection to tuberculin is because of the fever eaction and the difficulty of correct dosage. Some teaching institutions mention it only as a remedy but do not advocate it seriously, nor do they outline the mode of administration so that the average ophthalmologist would feel safe in administering it without making his patient worse. Thera is also a good argument that the benefit obtained from tuberculin is due to the action of a foreign protein rather than to any specific qual-

\_\_\_\_

ity of tuberculin. It may fairly be doubted whether it has conferred substantial advantage in the fight against the disease; whether at least as much and possibly more might not have been accomplished by the same general measures as have proved relatively successful in the control of pulmonary tuberculosis. In a recent article by Dr. Wilmer on treatment of ocular tuberculosis with tuberculin, he reported in detail a number of cases that were improved with tuberculin but I noted that most of his patients were treated with thyroid and other remedies in addition to the regular anti-tuberculous regime. So here again it is difficult to evaluate from the report exactly what was responsible for the mitigation of the disease.

The human body tends to cure itself of tuberculosis.—A sanitarium, climate, good food, rest, physicians and kindly nurses are only aids in this tendency. These are the words recently put forward in a well written article by Dr. A. H. Crisp of Denver. When a cure is completed then, the part played by the physicians is to create conditions favorable to the healing influence of nature, rather than to administer specific treatment having definite power to combat the disease.

My feeling is that there is no specific treatment for tuberculosis. Ocular tuberculosis does not differ from tuberculosis anywhere else in the body. In my experience it is just as easily managed and benefited by giving nature a chance to build up the patient. Tuberculin, while perhaps very beneficial as attested by brilliant reports in literature, is very dangerous in the presence of

active lung involvement.

### Conclusions

- 1. Sanitarium treatment and an anti-tuberculous regime benefited my patients and cured most of them.
- 2. Ocular tuberculosis is not sufficiently recognized either in ophthalmic clinics or in private practice.
- 3. Focal infection although a frequent etiological factor in ocular disease is too much over-emphasized and because of that, tuberculosis not sufficiently stressed.
- 4. Complete ocular studies, including slit-lamp microscopy, x-ray, laboratory and expert medical advice from other departments of medicine are very essential in making a presumptive tuberculosis diagnosis of the eye.
- 5. Sunshine, fresh air, good food—in other words, an anti-tuberculous regime—perhaps would give us as good results as tuberculin, with less danger and risk to the eyes.

### MALIGNANCY OF THE TONGUE ON A LUETIC BASE\*

By J. ARNOT MAC GREGOR, M.D., NEW YORK, N. Y.

' HAVE attempted to gain your interest at this time through a study of twenty-five patients that gave a history of syphilis with positive serology, and later developed carcinoma of the tongue, in its adjacent structures, or in both.

A large percentage of these patients were referred to the syphilitic clinic for forced antiluetic treatment as a preparatory step to a surgical

operation.

For some time I have been so impressed with the poor response and the too frequent untoward effects of arsenicals and heavy metals in this type of case that I finally went over more than six thousand syphilitic histories to assemble the information and analyze the notes made at the time of treatment.

It is not my purpose to discuss the pros and cons of surgery, endotherm, radium or x-ray therapy in such cases for this is outside of my jurisdiction. However you will presently see that I have been interested in following the cases be-

yond the syphilis clinic.

In selecting the group no consideration was given to the various forms of so called glossitis, leukoplakia, verrucous, or papillatory lesions of the tongue or adnexa in well established luetics. Nor were those included with negative scerology and a definite clinical diagnosis of carcinoma.

The diagnosis between syphilis of the tongue and epithelioma is most important. It may be well at this point to dwell briefly upon the usual phenomena of malignancy of the tongue, and as the English authorities "Marshall and French" have outlined it so well I quote from their volume on "Syphilis and Venereal Diseases."

 Epithelioma is more circumscribed, forming a hard vegetating tumor with everted borders generally situated on the side of the tongue:

It bleeds easily when irritated:

3. The saliva and breath are very foetid:

4. There is early fixation of the tongue and difficulty protruding it:

5. There is more pain, especially of a neurologic character:

6. The glands soon become infected:

7. The age of the patient is usually between fifty and seventy:

8. It may occur on the undersurface of the

9. It is often preceded by leukoplakia, which may be found on the tongue or on the inside of the cheeks.

Many of the patients in this study gave a history of known irritation from the sharp edge of a tooth, while others learned of an ulceration during a visit to a dentist. Yet it is difficult to

Read before Clinical Society meeting, New York Skin and Cancer Hospital, October, 1929.

state with marked assurance that one or all of the cases started as a definite luctic gumma and under the influence of trauma or local irritation became degenerated into a progressive epithelioma. It may be that the lesion had its initial character as a neoplasm in an individual who was also a syphilitic.

The lesions varied in size, shape, and location. In some cases it seemed that the lesion was confined to the tongue, while others extended into the adjoining tissues. The early records lacked some detail but seven cases showed ulcerations along the right border, three along the left border, and two on the tip of the tongue. Single lesions predominated, a small number were multiple, and in others the whole tongue and floor of the mouth were involved in a great sloughing mass. Those on the dorsum of the tongue took the form of a deep fissure, but the border lesions were more of a punched-out type, corresponding to the sit of one or more ragged teeth. In several instances there was an accompanying glossitis, three showed a definite leukoplakia, and one was of a verrucous type. One case stated that a dentist first noticed a "lump" when the patient went to consult him about a painful tooth.

The duration of the malignant lesion from the time it was first noticed until the receiving of antiluetic treatment varied from three months to over one year, with an average of seven

months.

In turning aside to the syphilitic phase of the subject I am able to report that thirteen of the cases gave a definite history of a chancre on the penis, five a general rash following the initial lesion, five having gonorrhœa and syphilis, and the remainder of the twenty-five did not remember any definite lesion. They received some antiluetic treatment previous to the development of the mouth lesion. Of the thirteen giving a history of chancre twelve had received local treatment (wash or powder) at the time of first infection, but no arsenicals or heavy metals until coming to the syphilis clinic. The length of time from the initial luctic infection until receiving antiluctic treatment was as follows:

1 case 12 years, 6 cases 25-30 years, 6 cases 40-50 years.

It will therefore be seen that either the normal resistance of this portion of the group must have been above the average or the spirocheta were not extremely virulent, or both in order that the patient could carry on from one-quarter to onehalf a century without any manifestation of disease and then only to appear because of intensive irritation.

All the group belonged to the white race, twenty-two males, three females, three single (men). The ages ranged from thirty-eight to seventy-six, thus four under forty-five, forty to forty-five, five from fifty to sixty, and ten over sixty.

In following the twenty-five cases beyond the luetic clinic it was found that they divided them-

selves into classes, thus:

A.9 (36 per cent) died at the time of surgical operation which constituted excision of the tongue, or died within one year of the operation.

B.12 (48 per cent) were discharged from the surgical clinic as inoperable. The twelve were made up as follows: 5 no available record, 4 have since died, 3 alive but discharged within the last three months.

C.2 (8 per cent) under observation. No help from treatment.

D.2 (8 per cent) referred to the surgical clinic. Failed to report.

I would here like to give a brief history of

three unusual cases:

Case Number 727, male, white, married, age 62, had a history of chancre 1893. He received local wash until 1922 (29 year interval) when he came to this hospital with a verrucous like plaque on the dorsum of his tongue. There was a question of diagnosis so as a therapeutic test the patient received mixed treatment (mercury and potassium iodide) by mouth three times daily for four months followed by five arsphenamines. There was only slight change in appearance, size, or consistency of the tongue lesion although patient had improved in general health. The blood wasserman was four plus. The right half of the tongue was removed (surgically) on January 26, 1923. It healed satisfactorily. The patient was later continued on antiluetic treatment until April, 1924—over one year—receiving thirty-five arsphenamines and forty mercury salicylates.

A one plus wasserman was recorded in the fall of 1924, and about this time a growth appeared on the base of the remaining portion of the tongue. In November, 1924, a complete excision of the remaining portion of the tongue was made. A few days later a paracentesis was necessary. The patient had a much enlarged liver, general carcinematosis and died January 1, 1925.

There was evidently metastitic involvement of the liver and it is in such cases that one authority points out that arsenical and vigorous antiluetic

treatment may produce serious results.

Case Number 3466, age 50, male, white, married and referred to the clinic June, 1929. He then showed a deeply fissured ulcer along the right border and dorsum of the tongue. The surrounding tissue was indurated and the glands of the neck firm and enlarged. The tongue was very painful, burning, tingling, with considerable sloughing of necrosed tissue. The breath was foul smelling. The patient was unable to swallow solid food, had lost considerable weight and looked ill. I believed this case inoperable but

retained him in the clinic longer than usual to see if any of the various antiluetic agencies might by chance ease the pain or negotiate healing. He received seven arsphenamines, seven bismuths, seven mercury injections, with continuous gradually increasing doses of potassium iodide by mouth. The first two or three arsphenamines seemed to ease the condition slightly but he soon became worse and progressed so rapidly that on being referred back to the Surgical department he was sent at once to a home for incurables.

Some authorities believe that definitely or persumptively inoperable malignancy associated with syphilis should be treated for syphilis either as a therapeutic test, to give the patient a chance, for an error in diagnosis would provide or secure for him a certain amount of tonic or non-specific effect and improvement in well-being during his remaining days. My experience has differed from I have found that the syphilitic patient. without any sign of malignancy, past the fiftyyear mark does not bear arsenicals well, especially if many years have elapsed between the contraction of the disease and the receiving of treatment. If one must give the non-malignant syphilitic very moderate treatment still more care must be used in a syphilitic, whose system has added the burden of an inoperable carcinoma.

Case Number 3576, male, white, married, with a history of chancre and gonorrhœa about fortyfive years ago. Some ulcers developed on his tongue about ten years ago. They were healed from time to time by the use of caustics. registration in the syphilitic clinic September 9, 1929, most of the posterior dorsum of the tongue showed a verrucous like plaque, while it was surrounded by a grayish leukoplakia. The midanterior area showed an excavated lesion with pearly indurated border and covered with a foetid secretion. The tip of the tongue gave the appearance of a mild glossitis. On this date the blood wasserman was two plus. He received two arsphenamines (average 0.2 grams), one bismuth followed by four arsphenamines, then potassium iodide and mercury by mouth. Allonal tablets were given to ease the pain and a mild mouth wash locally. On October 1st a new glossy indurated lesion appeared near the base of the tongue and on the floor of the mouth. I believed this malignant although it may have been only part of the syphilitic process since he developed a marked general rash two days after the last arsphenamine. I decided this was arsenical and started injections of sodium thiosulphate at once. Because of the progressive painful tongue condition he was referred to the surgeons and hence into the hospital. In a day he became delirious with a temperature well over 103 and the rash blossomed out into a well-established exfoliative dermatitis. During late October and early November the exfoliation gradually subsided and the temperature slowly returned to normal, the adema lessened in the tongue, and the sloughing decreased to a great extent. A biopsy showed a definite prickle cell epithelioma in the tongue the past two weeks he has received two radium treatments, that is since this paper was read

The antiluetic treatment in the group studied consisted of arsphenamine, bismuth, and mercury

11 received arsphenamine (alone) 9 receiving 5, 1 receiving 8, 1 receiving 12

1 received 8 arsphenamine 6 received arsphe namine (6) mercury (3)

2 received about 5 each of arsphenamine, mercurv and bismuth

2 received bismuth alone, 2 received arsphena mine and bismuth

1 received 5 arsphenamine, then after operation 35 arsphenamine, 40 mercuries Died after second operation

Saturated solution of potassium iodide was also administered by mouth in water in gradually increasing doses starting on ten drops, mouth wash locally, analgesics for the prin

### Conclusion

You will all agree with me that arsphenamine has no effect on malignancy in the absence of If given where there is metastatic in volution of the liver the treatment for the accompanying syphilis may produce fatal results Again, in cases of malignancy developed upon an ante dated syphilitic as in gumma of the tongue, some authorities believe vigorous treatment for sylulis is imperative after operation or after radium treatment to prevent gumma recurring and perhaps new malignant degeneration

Although the medical world is spending freely of its energy time, and money and has made

much progress in the cancer problem, yet it is very difficult for us to think of anything but a tatal prognosis where the combination of progressive malignancy of the tongue is present in a syphilitic subject. The laity is now warned to avoid delay in consulting a physician and I believe this same call for prompt decision and action must be adhered to on the part of the Valuable time is only too frequently physician lost by endless waiting

The first task of the physician is to quickly decide whether to offer hope to this plighted in dividual in the field of surgery, radium or a ray A positive decision means an immediate action It may also be well to sterilize the patients with

one or two doses of arsphenamine

In case the patient weathers his initial experi ence, then one may follow with the lesser active antiluetic treatments as mixed preparation of potassium iodide and mercury, mercury rubs etc Arsenicals in very small doses may then be used Providing the patient is too far advanced for any attempted curative measures the use of antiluctics should likewise be omitted unless merely to fur nish a psychic relief

A certain percentage of patients may not give strong enough clinical evidence to make a ding nosis of carcinoma, little less advise operation of other active therapy, and it is in these cases that one is attempted to resort to more palliative mea sures such as antiluetic treatment. Here again we must school ourselves in the necessity of remembering the time factor My experience with these cases is to immediately perform a biopsy, and while waiting for the pithological report of tissue submitted, administer mild syphilis therapy Once the diagnosis is estab lished let us act with precision and speed

### A DEVICE TO CONTROL FECAL INCONTINENCE By ARTHUR A LANDSMAN MD, NEW YORK, N Y

LCAL INCONTINENCE is a disability which interferes seriously not only with a person's happiness but with his means of entning a livelihood One of my patients, a cigar maker, was compelled to give up his occupation because his fellow workers objected to itting ilongside of him on account of the unpleasant odor. A structural steel worker, whose job kept him many stories above the street in unfinished buildings had to give it up because of the annoyance caused by lack of control and absence of sanitary racilities close at hand. He was obliged to carry extra suits of underwear to be prepared for the emergency

The usual manner in which those so troubled protect themselves against soiling is by cirrying

a rubber cup and bag fastened to the body, to net as a receptacle for stools as they are discharged The cup and its fittings are cumbersome, uncomfortable in hot weather, and so un pleisant to handle at all times that they add no little to a patient's worry and mental depression But then main objection is that they may have to be emptied and cleansed it most mopportune times and places, that they can not be kept free from fecal odor and in time lead to excenations und infection of the skin around the stoma. At best they serve merely as a receptacle for the storage of feces, a type of badly smelling septic truk which the patient has to carry with him to his business and social engagements To overcome these objections a device is here

presented to prevent the expulsion of the stool and not merely dispose of it after it is discharged (see illustration). It is similar to the anal dressing tube described by Asman, which consists of a spool-shaped contrivance to permit the discharge of gases after rectal operations; but the present device differs from Asman's in that its ends are securely sealed to enable it to function as a plug and close the opening in the intestine.

The apparatus consists of a hollow soft rubber stem, one inch in circumference and one and three-quarters inches in length, mounted on an oval base, to one end of which is attached a single piece of rubber tubing of suitable length with a number of perforations one of which after a cleansing enema reinserted the next morning.

Many attempts have been made to secure mechanical control of incontinence by various means, all of which act on the principle of a cork in a bottle and are disappointments because there is nothing to prevent them from becoming displaced as soon as peristalsis and increased abdominal pressure signalize the onset of defecation. The plan described here differs from them because it depends on closure of the upper end of the canal by the extension of the stem and attempts at defecation only hold it more closely against the funnel-shaped distal portion of the passage. The apparatus is especially useful in

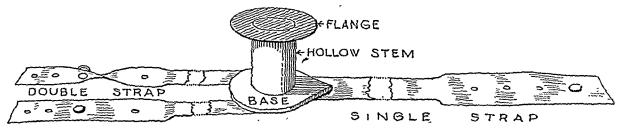


Diagram of Device for Controlling Fecal Incontinence.

The other end is rounded and holds a button. has two rubber straps similarly equipped. The portion of the stem opposite the base is closed by a circular rubber extension one-half inch wider than the end of the stem. The apparatus is greased and slipped into the bowel for a distance of one and one-half inches, when it opens up somewhat like an umbrella and sits at the lower level of the rectal ampulla as would a valve on the cylinder head of an automobile, thus closing the distal end of the canal. It is held in place by elastic suspenders buttoned behind and in front to keep it applied to the body. Gases may be allowed to escape by slight pressure on the anal end, which lifts the flange away from the upper part of the canal, but solid stool is retained in the ampulla. Should there be abdominal distress or a desire to defecate the patient will have ample time to visit a toilet. Otherwise the device is worn all day, removed at night, when a protective dressing may be put on and

cases where the incontinence is a symptom of Tabes, cerebro-spinal Syphilis, tumor of the lumbar cord and other conditions which may be complicated by relaxation of the sphincters and loss of tone of the perineal muscles, as these people, hecause of their disturbed sensations, are hardly aware that they carry a foreign body and soon become well accustomed to it. One of my patients has been using this since the last 5 years with satisfaction.

With suitable modifications the apparatus may be worn in cases of artificial anus for Carcinoma of the Rectum to do away with the Colostomy cup or close the stoma of an Ileostomy opening to check the dribbling of liquid stools and the disgusting odor which is such an annoying feature in these cases. It is well known that the usual form of Colostomy cup in time produces atrophy of the muscles around the opening and a ventral hernia which adds much to the patient's troubles and may be prevented by the wearing of this device.

<sup>&</sup>lt;sup>1</sup> Kentucky Medical Journal, May, 1910.

### HAY FEVER: ITS DIAGNOSIS

### STUDIES IN HAY FEVER V.

By A. A. THOMMEN, M.D., NEW YORK, N. Y.
From the Allergy Clinic, University and Believue Hospital Medical College, New York University.

HERE are two aspects to the diagnosis of hay fever; namely, (A) the clinical or symptomatic diagnosis, and (B) the specific diagnosis.

cific diagnosis.

(A) The symptomatic diagnosis. In a previous paper the writer discussed in detail the various symptoms and signs of the hay fever syndrome. The clinical manifesations of the malady are divided into 1, the catharrhal symptoms, and 2, the asthmatic symptoms.

I. The catarrhal symptoms of hay fever are due to an inflammatory condition of those mucous membranes which are more readily accessible to the various wind borne pollens known to be the exciting cause of the malady. (The role of pollen in hay fever causation, and the other etiologic factors as well, has been dis-

cussed in a previous paper.2)

The symptoms are those of a more or less severe coryza—nasal congestion, rhinorrhoea, sneezing, mouth breathing, profuse lachrymation, photophobia, conjunctival irritation, oedema of the lids, and occasionally chemosis. The mucous membrane of the palate, uvula, fauces, naso-pharynx and eustachian tube are irritated and congested.

The outstanding features and characteristics of this particular coryza which aid in its recog-

nition are:

1. Itching and burning. These are very characteristic of the malady, and affect the mucous membranes of the eyes, nose, mouth and pharynx, and occasionally the skin of the face and neck. These sensations vary from trivial mildness to the most intense severity. They occur in paroxysms, determined by the concentration of atmospheric pollen, and the degree of clinical sensitivity.

2. Sneezing. The sneezing caused by hay fever is definitely paroxysmal; is rarely single, but occurs in groups or series of five, ten, twenty or more. Moreover, the threshold of excitability of the sneeze reflex is greatly lowered, so that it is readily stimulated by many otherwise innocuous causes, e.g., draughts,

dust, smoke, bright lights, etc.

3. Periodicity. Hay lever subjects can readily recall that they suffered in like manner at the same season of the year in previous years. There are three well-defined seasons: Spring hay fever, caused by the pollen of trees; Summer hay fever, in which the pollen of grass is the causative factor, and Autumnal hay fever, caused by weed pollen. (For a detailed discussion of the tree and grass type of hay fever the reader is referred to former studies. .\*.)

4. Duration. The malady (in the northern half of the United States), lasts more than five weeks (five to eight weeks), in the majority of instances—since the majority of hay fever subjects suffer from either grass pollen hay fever, which lasts from about June 1st to July 20th—or from weed pollen hay fever, which begins about August 15th and terminates about October 1st. In the case of tree pollen hay fever, the malady may last one to four or more weeks, depending on the particular tree or trees to which the patient is sensitive. In the southern states the individual seasons last much longer; in some instances six to nine months (particularly the grass type), owing to the longer period or multiple periods of pollination.

5. Heredity. The influence of heredity is strongly marked in hay fever. (For a fuller

discussion see 1.)

6. Variation of intensity. The symptoms of hay fever are definitely influenced by the various meteorological phenomena—amount of sunshine, rain, temperature, velocity and direction of the wind, humidity—insofar as these influence the quantity of pollen in the atmosphere; for example, hay fever subjects suffer less, or are completely relieved on rainy days, because the offending flowers fail to open, and the atmosphere is cleared of pollen. When conditions are such as to foster the shedding of pollen, as on bright, sunny, warm, more or less windy days, the symptoms are always intensified.

7. Termination. In many instances the symptoms terminate with surprising suddenness. Frequently, patients retire after a day of considerable suffering to awaken in the morning quite free from symptoms. It is often a matter of but a few hours between the condition of mucous membrane congestion, intense irritation, lachrymation, sneezing, etc., and more or less complete freedom from symp-

8. The absence of permanent pathologic changes. It is surprising that so many patients suffer severely from hay fever year after year, without the production of any permanent pathologic changes. If one were to observe for the first time a severe case of pollen conjunctivitis, which has lasted several weeks, with all the attendant symptoms, he would surely be warranted in predicting the production of some definite, marked, permanent pathology as a sequellum. Yet such is rarely the case. No doubt other abnormalities are frequently ag

gravated by hay fever, but it is doubtful whether they are ever thereby inaugurated. The writer is convinced, for example, that hay fever subjects are not more prone to polypoid degeneration of the nasal mucosa than individuals not pollen-sensitive.

II. Hay Asthma (pollen asthma). Pollen asthma in its symptomatology, does not differ from other asthmatic seizures of the hypersensitive type. Some of the characteristics enumerated above in relation to the catarrhal symptoms of hay fever, also apply to the asthmatic phase. As a rule, the diagnosis is readily made for it develops in the hay fever season, and in association with the catarrhal symptoms. There are instances, however, in which the catarrhal symptoms are so mild that they may be easily overlooked. Such instances are, however, not common.

Pollen asthma, unlike the catarrhal symptoms, does not always terminate at the end of the hay fever season, but frequently especially after several yearly recurrences, develops into perennial asthma, due, probably, to a complicating bacterial infection of the bronchial mucosa.

B. The specific diagnosis. It is a well established fact that in individuals who are subject to hay fever or hay asthma the skin, as well as the mucous membranes, is capable of a specific response to the particular pollen (or pollens) which produces the symptoms. It is this capacity of the skin to so react which is the basis of the specific diagnosis of hay fever. There are two methods of eliciting the specific skin reaction: 1, the intradermal method and 2, the scratch method.

1. In the intradermal method, a small quantity (0.02 c.c.) of sterile pollen extract is injected into the mesodermal layer of the skin, thereby producing a definite wheal quite in accord with the technique of the Schick test. A tuberculin syringe and a 26 or 27 gauge, % in needle is best suited to the purpose. If the patient is sensitive to the particular pollen tested, a positive reaction will occur at the site of the test; if the patient is not sensitive to that pollen, there will be no response—the wheal produced by the test injection does not increase in size and is soon resorbed.

Technique. The skin is held taut and the hypodermic needle introduced into the uppermost layer, with the barrel of the syringe held lower than the needle point. When the fluid is properly injected, a definitely circumscribed wheal results. A refinement of technique consists in the introduction of the needle (bevel upward), until one-half of the bevel enters the skin, when the needle is turned and the syringe barrel lowered, thereby pressing the outer half of the bevel against the skin.

The most convenient site is the outer aspect of the upper arm. Localized areas of inflammation caused by the individual tests may remain for 24 to 48 hours or longer, particularly if a number of marked reactions have been obtained. Occasionally such outward evidence of the testing process may be objectionable in which case the tests may be made on the thigh adjacent to the knee.

The tests, each an inch apart, may be arranged in rows of six. Care must be exercised not to make too many tests, or with too concentrated solutions, of those pollens which may give marked reactions, in order not to induce a constitutional reaction; e.g., it would be unwise to test a late hay fever case with more than three related pollens (of the ragweed group) in strengths of solutions giving marked reactions.

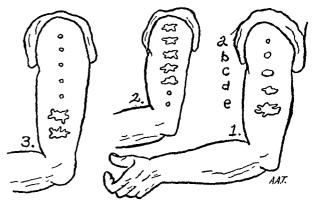


Figure 1. Skin reactions to pollen extracts.

The Reaction. Fig. 1 depicts the gradual development of a positive reaction; a. represents the test injection and b., c., d., and e. the various stages of development of the reaction—e. the final stage, indicating a marked positive re-Note the so-called pseudopods. should be stated that these progressive stages of development are here represented as occurring at different sites, for diagrammatic purposes; they of course occur at the site of the test When there is no positive reinjection a.) sponse, the test wheal remains as at a. or b. till. it is resorbed. Fig. 2 represents positive reactions to five different grass pollens and two negative reactions to high and low ragweed, respectively. Fig. 3 depicts negative reactions to five grass pollens, and two positive reactions to the two ragweeds.

The scratch test. This is performed by abraiding the skin with a fine scalpel, or other sharp instrument (e.g. a properly protected safety-razor blade). The abrasions are usually made on the upper surface of the forearm, about 1 inch apart; and one-eight in long, and never so deep as to draw blood. The pollen

solution is placed on the abrasion, so that it may be absorbed into the skin, and a reaction thereby produced, if the patient is sensitive to the pollen in question

The intradermal technique possesses several advantages over the scratch method 1 The latter is less certain, in that the pollen solution must be absorbed through the scratch, whereas in the intradermal method the test solution is definitely put in place ie, into the mesoder-The scratch method is mal laver of the skin known to give, occasionally, a negative response in individuals who are readily shown to be positive by the intradermal method With the intradermal technique a reaction develops in 3 to 7 minutes, with the scratch method a period of 15 to 20 minutes is often necessary 3 It is necessary that the arm be kept in a definite position so that the test solu tions will not flow off, in the scratch method This is frequently an irksome phase of the The chief disadvantage of the intradermal method is that it requires sterile solutions, which is minimized, however, by the fact that the same solutions are used in administering the treatment. The supposed disadvantages of its being too sensitive and of producing constitutional reactions are obviated by sufficient experience in the use of the method

The degree of reaction Reactions, when positive are recorded according to degree as slight, moderate, marked and marked plus Slight reactions are those which are but slightly greater in size than the original test wheal They have no significance unless produced by weak dilutions, in which instance they serve as indications to test with stronger solutions moderate reaction is usually about twice the size of the test wheal, is round in outline, surrounded by an area of erythema, and often accompanied by itching Reactions are marked when they show distinct pseudopod forma tions, besides producing the erythematous area and the sensation of itching A markedplus reaction is a marked reaction which is more than one inch in diameter

The significance of the skin reaction marked skin reaction almost always indicates that the patient is clinically sensitive to the pollen tested-that is to say, he will develop symptoms on adequate exposure There are, however, three well known exceptions to this rule, which must be borne in mind,

(1) Individuals who give positive skin reactions but who have not yet developed mucous membrane sensitivity Such instances are usu ally brought to light while skin tests are being made for some other form of hypersensitiveness, as asthma Such positive skin tests sigmfy that those patients are potential hay fever subjects

(2) Individuals who give both skin and eye reactions often to very dilute pollen solutions, but who do not develop hay fever, even though subject to an adequate exposure Such persons are also to be regarded as potential suffer ers, the mechanism of their protection, however, is unknown

(3) Patients in whom a clinical sympto matic cure has been brought about either spontaneously or as the result of active immunization, are usually found to have retained their skin sensitivity and their conjunctival

sensitivity as well

It should be evident from the above that it is always necessary to establish the clinical relationship of a positive test with the particular season in which the patient's symptoms oc-Because a patient gives positive reaccur tions to certain pollens does not warrant the conclusion that the patient has hay fever, caused by those particular pollens tests are to be viewed as clues the correctness

of which must be proved Preliminary tests Preliminary qualitative tests may be made to determine the pollen or pollens to which the patient is sensitive. The history of a given case determines the group of pollens which are to be tested, the pollens of the various trees are related to the spring type, the grasses and plantain to the summer type, and weed pollen to the late summer and fall type

After it has been deter-Quantitative tests mined by means of the history, or by the preliminary tests to which pollens a patient is sensitive, quantitative tests are made in order to determine the degree of sensitivity. The majority of hay fever subjects can be classified into four groups-Class A being the most sensitive, and Class D the least It has been determined that the amount of the excitant of hay fever present in a pollen extract parallels the amount of nitrogen present therein Test extracts are, therefore referred to as 0001. 001, 01, 05-meaning mgm of nitrogen per Class A

Class B

001 marked plus	001 marked 01 marked plus
Class C 001 moderate 01 marked	Class D 01 moderate 05 moderate or
	marked

In actual practice, tests are at first made with the 0001 and 001 strengths, after about 5 to 7 minutes have elapsed readings are made and it can then be determined whether it is necessary to make further tests

gravated by hay fever, but it is doubtful whether they are ever thereby inaugurated. The writer is convinced, for example, that hay fever subjects are not more prone to polypoid degeneration of the nasal mucosa than individuals not pollen-sensitive.

II. Hay Asthma (pollen asthma). Pollen asthma in its symptomatology, does not differ from other asthmatic seizures of the hypersensitive type. Some of the characteristics enumerated above in relation to the catarrhal symptoms of hay fever, also apply to the asthmatic phase. As a rule, the diagnosis is readily made for it develops in the hay fever season, and in association with the catarrhal symptoms. There are instances, however, in which the catarrhal symptoms are so mild that they may be easily overlooked. Such instances are, however, not common.

Pollen asthma, unlike the catarrhal symptoms, does not always terminate at the end of the hay fever season, but frequently especially after several yearly recurrences, develops into perennial asthma, due, probably, to a complicating bacterial infection of the bronchial mucosa.

B. The specific diagnosis. It is a well established fact that in individuals who are subject to hay fever or hay asthma the skin, as well as the mucous membranes, is capable of a specific response to the particular pollen (or pollens) which produces the symptoms. It is this capacity of the skin to so react which is the basis of the specific diagnosis of hay fever. There are two methods of eliciting the specific skin reaction: 1, the intradermal method and 2, the scratch method.

1. In the intradermal method, a small quantity (0.02 c.c.) of sterile pollen extract is injected into the mesodermal layer of the skin, thereby producing a definite wheal quite in accord with the technique of the Schick test. A tuberculin syringe and a 26 or 27 gauge, % in. needle is best suited to the purpose. If the patient is sensitive to the particular pollen tested, a positive reaction will occur at the site of the test; if the patient is not sensitive to that pollen, there will be no response—the wheal produced by the test injection does not increase in size and is soon resorbed.

Technique. The skin is held taut and the hypodermic needle introduced into the uppermost layer, with the barrel of the syringe held lower than the needle point. When the fluid is properly injected, a definitely circumscribed wheal results. A refinement of technique consists in the introduction of the needle (bevel upward), until one-half of the bevel enters the skin, when the needle is turned and the syringe barrel lowered, thereby pressing the outer half of the bevel against the skin.

The most convenient site is the outer aspect of the upper arm. Localized areas of inflammation caused by the individual tests may remain for 24 to 48 hours or longer, particularly if a number of marked reactions have been obtained. Occasionally such outward evidence of the testing process may be objectionable in which case the tests may be made on the thigh adjacent to the knee.

The tests, each an inch apart, may be arranged in rows of six. Care must be exercised not to make too many tests, or with too concentrated solutions, of those pollens which may give marked reactions, in order not to induce a constitutional reaction; e.g., it would be unwise to test a late hay fever case with more than three related pollens (of the ragweed group) in strengths of solutions giving marked reactions.

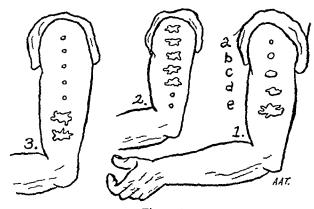


Figure 1. Skin reactions to pollen extracts.

The Reaction. Fig. 1 depicts the gradual development of a positive reaction; a. represents the test injection and b., c., d., and e. the various stages of development of the reaction—e. the final stage, indicating a marked positive reaction. Note the so-called pseudopods. should be stated that these progressive stages of development are here represented as occurring at different sites, for diagrammatic purposes; they of course occur at the site of the test injection a.) When there is no positive response, the test wheal remains as at a. or b. till it is resorbed. Fig. 2 represents positive reactions to five different grass pollens and two negative reactions to high and low ragweed, respectively. Fig. 3 depicts negative reactions to five grass pollens, and two positive reactions to the two ragweeds.

The scratch test. This is performed by abraiding the skin with a fine scalpel, or other sharp instrument (e.g. a properly protected safety-razor blade). The abrasions are usually made on the upper surface of the forearm, about 1 inch apart; and one-eight in long, and never so deep as to draw blood. The pollen

pause.

(2) it continues long after the latest known form of hay fever, occurring in the warm weather of late November or early December; (3) unlike hay fever, there are no definite periods of intermission, but periods of remission (during cool days); (4) the symptoms are confined to the eyes; (5) in contrast to hay fever. there develops a definite permanent pathology consisting of conjunctival, papillary growths which resemble a payement of cobblestones; (6) skin tests with pollen extracts, etc., are negative.

#### REFERENCES

- 1. Thommen, A. A.: Hay Fever; Its Symptomatology. Studies in Hay Fever, IV. New York State Journal of Medicine, July 15, 1930.
- 2. Thommen, A. A.: The Etiology of Hay Fever. Studies in Hay Fever, I. NEW YORK STATE JOURNAL of Medicine, April 15, 1930.
- 3. Thommen, A. A.: Hay Fever; The Spring Type. Studies in Hay Fever, II. Medical Journal and Record, May 22, 1930.
- 4. Thominen, A. A.: Hay Fever; The Summer Type Studies in Hay Fever, III. NEW YORK STATE JOURNAL OF MEDICINE, May 15, 1930.

### LOW VOLTAGE X-RAY FOR A THERAPEUTIC MENOPAUSE By I. CRAIG POTTER, M.D., ROCHESTER, N. Y.

 $\mathbf{T}^{ ext{HE}}$  purpose of this article is to recall the fact that low kilo-voltage may be satisfactorily used in the production of a therapeutic menopause. In the early days about a seven inch point gap was the limit for the gas tube and pioneer equipment; yet over one thousand benign gynecological conditions (4), mainly small fibroids and functional bleeding cases, were reported cured by it. The experience of the following years has confirmed the advantages of the x-ray treatment of menorrhagia.

The introduction of the Coolidge (2) tube in 1914 made possible the use of one hundred kilovolts, or a nine and one-half inch gap, which then constituted "deep x-ray therapy" (1). With the development of more powerful machines low voltage therapy was neglected. Hanks (3), however, is still using successfully low voltage (100 to 120 kilovolts) to produce an artificial meno-

treatments, or an average of three treatments, to produce a menopause. Two of these fifteen treatments were followed by nausea and vomiting, as shown by a circle on the chart; otherwise there was little reaction outside of an exhausted feeling and loss of appetite. Luminal, light diet, rest the first twelve hours, and dividing the treatment definitely decreases x-ray sickness.

Flashes have been severe in only one patient. In general there has been less nervousness since the menopause than during the preceding ill health, while one patient with periodic headaches has been practically free from them. There have been no skin changes. The blood counts have all returned to normal. The greatest gain in weight has been sixteen pounds, the average three and one-fifth, not more than one would expect from the improvement in the patients' general condi-In all cases the uterus has returned to practically normal size.

AGE	Weight	History	UTERUS*	HBG.	RBC	TR 1	EAT 2		NTS 4	Flashes	NERVOUS-	Uterus	Нвс.	RBC	Weight
48 43 43 39 41	131 150 141 128 191	Menorrhagia	2 months Nodular 4 months 3 months Nodular	75 70 40 65 60	4.21 4.4 3.6 4.0 4.0	++++	+ +++	+++	+	++++ + 0 + +	++ 0 0 0 0	Small Small 2 months Normal+ Small		5.0 5.0 5.0 5.0 5.0	131 150 166 129 181

<sup>\*</sup> Size of uterus in terms of pregnancy.

t 4.2 = 4.200,000 Red Blood Cells.

kilovolts.

t Hbg 80 = Normal.

The technique used in the cases presented is as follows: The machine is a valve tube type. The skin-tube distance is ten inches, kilovoltage 100, and milliamperage 5. Twenty-five mm of cop-per is used as a filter. Four areas are cross-fired thru a five inch square for an average of nine minutes an erea. A treatment is given each month after menstruation. Half the treatment is given one day, and two days later the ther half.

the tollowing chart five representative cases shown. All had menorrhagia producing nia with the uterus not markedly enlarged, patient, on whom a curettage was negative, metrorrhagia. These five patients had fifteen In hospitals and districts where two hundred Roent., 1913, Vol. 1, pp. 65-73. In the following chart five representative cases anemia with the uterus not markedly enlarged. One patient, on whom a curettage was negative, had metrorrhagia. These five patients had fifteen

1. Case, J. T., and Jones, L. L.: The Technic of Deep Roentgen Therapy. Am. Jour. of Roent, 1915. Vol. II, pp. 811-815.

2. Coolidge, W. D.: A Powerful Roentgen Ray Tube with a Pure Electron Discharge. Am. Jour. of Roent.

kilovolts are not available a therapeutic meno-

pause may be produced very satisfactorily by

machines which have an output of one hundred

BIBLIOGRAPHY

# NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication. CHARLES H. GOODRICH, M.D., Chairman.......Brooklyn Charles Gordon Heyd, M.D................New York DANIEL S. DOUGHERTY, M.D......New York

Editor-in-Chief-Orrin Sage Wightman, M.D.....New York Advertising Manager-Joseph B. Tufts..... New York

Business and Editorial Office-2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writers.

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

### **OFFICERS**

Speaker—John A. Card, M.D	President—William H. Ross, M.D	President-Elect—WILLIAM D. JOHNSON, M.DBatavia Second Vice-President—Joseph B. Hulett, M.D. Middletown Assistant Secretary—Peter Invinc, M.DNew York Assistant Treasurer—James Pedersen, M.DNew York Vice-Speaker—George W. Cottis, M.DJamestown
---------------------------	--------------------------------	--

### TRUSTEES

HARRY R. TRICK, M.D., Chairman	Buffalo
JAMES F. ROONEY, M.DAlbany ARTHUR W. BOOTH, M.DElmira	NATHAN B. VAN ETTEN, M.D. New York GRANT C. MADILL, M.D. Ogdensburg

### CHAIRMEN, STANDING COMMITTEES

Arrangements—	
Legislative—HARRY ARANOW, M.D	w York
Pub. Health and Med. Education-T. P. FARMER, M.D., S	yracuse
Scientific Work-ARTHUR J. BEDELL, M.D	Albany
Medical Economics-George F. Chandler, M.D	ingston
Public Relations-JAMES E. SADLIER, M.DPoug	
Medical Research-Joshua E. Sweet, M.D No	

### CHAIRMEN, SPECIAL COMMITTEES

Group Insurance-John A. CARD, M.D	Poughkeepsie
Periodic Health Exam's-C. WARD CRAMPTON, M.I.	New York
Nurse Problem-NATHAN B. VAN ETTEN, M.D	
Physical Therapy-RICHARD KOVACS, M.D	New York
Anti-Diphtheria-NATHAN B. VAN ETTEN, M.D	Bronx
Alim-Dipinierio-Tiathum D. i am Elemi ministra	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

### PRESIDENTS, DISTRICT BRANCHES

### SECTION OFFICERS

Medicine—John Wyckoff, M.D., Chairman, New York; David A. Haller, M.D., Secretary, Rochester.

Surgery—Charles W. Webb, M.D., Chairman, Clifton Springs; Arthur M. Wright, M.D., Secretary, New York.

Obstetrics and Gynecology—Onslow A. Gordon, Jr., M.D., Chairman, Brooklyn; George H. Bonnefond, M.D., Secretary, Utica.

Pediatrics—Marshall C. Pease, M.D., Chairman, New York; Douglas P. Arnold, M.D., Vice-Chairman, Buffalo; Brewster C. Doust,
M.D., Secretary, Syracuse.

M.D., Secretary, Syracuse.

Eye, Ear, Nose and Throat—Conrad Berens, M.D., Chairman, New York; Richard T. Atkins, M.D., Secretary, New York.

Public Health, Hygiene and Sanitation—Arthur T. Davis, M.D., Chairman, Riverhead; Frank W. Laidlaw, M.D., Secretary, Middletown.

Neurology and Psychiatry—Noble R. Chambers, M.D., Chairman, Syracuse; Irving J. Sands, M.D., Secretary, Brooklyn.

Dermatology and Syphilology—Earl D. Osborne, M.D., Chairman, Buffalo; Leo Spiegel, M.D., Secretary, New York.

### LEGAL

Office at 15 Park Place, New York. Telephone, Barclay 8550

Counsel-Lorenz J. Brosnan, Esq. Attorney-Maxwell C. Klatt, Esq.

Consulting Counsel-Lloyd P. Stryker, Esq.

Executive Officer-Joseph S. LAWRENCE, M.D., 100 State St., Albany, Telephone Main 4-4214. For list of officers of County Medical Societies, see this issue, advertising page xxviii.

### ECONOMICS

The following resolution was introduced in the House of Delegates on June 2, 1930:

"Resolved, that the New York State Journal of Medicine devote more space to economic matters in reference to scientific articles."

The Reference Committee reported:

"We recommend that this resolution be re-

ferred to the Editor-In-Chief of the Journal." This suggestion was adopted by the House.

The extension of hospital facilities is an economic procedure of great importance to physicians as well as to the people. Turn to page 925 and read what the physicians of England are proposing,

### THE PRESIDENT'S COMMENTS ON CURRENT ACTIVITIES NO. 3

The July eighth meeting of the Oneida County Medical Society was addressed by Dr. O. W. H. Mitchell on "County Health Departments" and by Dr. W. H. Ross on "The Need of Modernizing Medical Relationships." An interesting part of the discussion was on the proper solution of the problem of relationship of the urban part to the rural part of a county in a county health department. The law at present permits a city by vote of its Council to become a part of the county health department. This unity of organization is desirable, but presents at present apparent difficulties that will require considerable thought for solution.

The Wyoming County hospital organization was practically completed on July eleventh when a public meeting of the Board of Supervisors, the County Medical Society, and many interested citizens of the county was addressed by the State Commissioner of Health who approved of state aid of forty thousand dollars which amount represents one-half of the cost of purchase by the county of the Wyoming County Community Hospital, and by Dr. William H. Ross who discussed the essential relationship of a County Medical Society a State aided County Hospital staff. Dr. Parran stated the following conditions under which he would approve, in principle, state aid yearly to the extent of one-half of the hospital's yearly deficit incurred in giving medical care to the people of the county who could not pay for it.

1. That the hospital be operated and main-

tained in accordance with law.

2. That the professional standards in the hospital continue to meet the minimum requirements established by the American College of Surgeons for an approved hospital.

3. That any licensed physician in the county be entitled to send patients to the Hospital, and to give such patients general medical and obstetrical care therein, subject to such regulations as may be prescribed by the hospital board of managers and approved by the State Commissioner of Health.

4. That the Board of Managers of the Hospital appoint a medical board chosen from a list submitted by the County Medical Society, such medical board to recommend for appointment physicians qualified in the several medical and surgical specialties to the attending and consulting staff of the hospital and to recommend, subject to the approval of the State Commission of Health, proper standards for professional service in the hospital.

Dr. Ross discussed the teaching value of a

hospital and its influence in raising the standards of medical practice in the community.

The second meeting of the Special Health Commission was held in the Executive Chamber in Albany on July fourteenth. Governor Roosevelt called the meeting to order In addition to the members of the Committee Dr Frederick W. Parsons, State Commissioner of Mental Hygiene, Dr. Charles H. Johnson, Director of the State Department of Social Welfare, Mr. Berne A. Pyrke, State Commissioner of Agriculture and Markets, Dr. Henry F. Mace of the Department of Education, and Dr. Robert S. Birney of the Department of Labor were present. The several State Departments dealing with problems closely connected with public health were, therefore, represented at this meeting of the Commission.

In opening the conference Governor Roosevelt announced the appointment of a commission to direct the development of Saratoga Springs as a health resort.

During this conference it appeared that the question of future school and medical and health work was probably the knotiest one the Commission would face. A proposal to enlarge the personnel and functions of the Public Health Council to include representatives of state departments concerned with health problems commanded attention. Governor Roosevelt felt that there was a changing relationship between state and local authorities and he felt that the health burden should be put on the locality with the state serving only as an inspecting force with power to see that health work was done according to accepted standards but Commissioner Pyrke pointed out that the wealth of the state was not equally distributed and that the state was the greater equalizing agent by allowing help to the poorer counties.

The need for a definite state policy to prevent running wild with the present very broad laws in health matters as to State aid was discussed. More than twenty special topics are being studied by the Commission, each one under a chairman who has been given power to invite others to assist in the study. This has been done to the extent that now more than sixty people with wide distribution of knowledge in widely separated sections are working on the various problems presented. Governor Roosevelt stressed the importance of more county health departments for the better administration of public health.

WILLIAM H. Ross, M.D.

### THE CHIDREN'S HOUR

The Department of Health of New York City is promoting the practice of preventive medicine by family physicians, and has developed a plan called the "Children's Hour," which is described in the July issue of Medical Economics in an article by Health Commissioner, Dr. Shirley W. Wynne. The plan is that each general practitioner of medicine shall set aside an hour during which he will receive children who are presumably well, and will administer antitoxins and vaccines, and give their parents hygienic advice on keeping the children well. The success of the plan will depend on giving publicity both among the doctors and the people. Doctor Wynne offers the services of the Health Department as the "advertising agent for the private practitioner."

Doctor Wynne makes four proposals for carrying out the plan:

- 1. A letter from the Department to every physician practicing in Greater New York, inviting him to set aside one hour in each week for children at a specified fee. Doctor Wynne expects a favorable response from at least four thousand physicians, or one third of those practicing in New York.
- 2. Doctor Wynne will provide each physician with letters, bearing the imprint of the Department of Health, which the physician will send to his families, stating the office hour and the fee for consultation.
- 3. Each doctor will also be provided with a card announcing his "children's hour" and the fee. This card is to be sent to the Department of Health and also to the County Medical Society, if the Society desires it.

4. Every doctor who accepts the plan will receive a display card for his office reading:

"I am asked by the Commisioner of Health to set aside a 'Children's Hour' on ...... of each week at ...... when I shall see and examine well children, advise as to their feeding, general care and hygiene and give vaccinations, diphtheria protection and similar other treatment for keeping them in good health. Please bring your child to me so that I can help to protect the youngster's good health and so carry out the wishes of the Health Department.

Doctor Wynne closes with these paragraphs:

"The suggested letter, notice, record card and waiting room card constitute, in brief, our plan. It will at once be clear that this would serve as collective advertising, sponsored by the Department of Health, for the commendable purpose of raising the health standard of our pre-school child. Under modern conditions of life this form of advertising is not only legitimate but necessary.

"It would do what the private physician individually cannot do—invite his patients to come to him for medical advice on keeping well.

"It would enable parents to know that preventive medicine is available to them for a reasonable fee.

"It would stimulate the desire of parents to pay attention to the importance of keeping their children well.

"It would take the person of moderate means away from the free facilities."

### LOOKING BACKWARD

## This Journal Twenty-Five Years Ago

Medical Interviews: This Journal of August. 1905, discussed medical interviews editorially under the heading "Newspaper Doctors." Quoting the Globe and Commercial Advertiser of July 19, the editorial said:

"The practice of quoting as authoritative the opinions of unknown and hitherto unheard of physicians, which is unfortunately prevalent in certain newspapers, is reprehensible, not only because it readily degenerates into personal advertising, but even more, because it may deceive the lay reader into believing that Dr. So-and-So is qualified to speak with authority. There are a number of physicians in this city whose word on medical and sanitary subjects would frequently be of great immediate value to the public, but owing to their fear of getting the reputation of 'newspaper

doctors,' as one of them put it, they refuse to talk publicly on any medical subject. For many people the newspaper is the chief source of information on serious subjects, and the information which newspapers cannot get the public does not get."

This Journal then makes the following suggestion which the Medical Societies of the counties of Kings, and New York are now trying to carry out:

"The best solution of this question, thus far offered, is the appointment of a committee by the local medical society, which will hold itself ever ready to grant interviews and to give voluntary information on anything of public interest which involves professional opinions."



## **MEDICAL PROGRESS**



Malarial Treatment of Multiple Sclerosis .-G. L. Dreyfus and K. Mayer conclude a serial on this subject with the following remarks. The research had been carried out for five years and covered 40 cases. The treatment is not dangerous if we exclude groups of cases in which it is for-The latter comprise mally contraindicated. patients who are in bad physical condition and those who suffer notably from affections of metabolism and the circulation. In all doubtful cases the malaria treatment should be preceded by treatment with glucose-strophanthin. there be present cases with high degrees of deficiency symptoms of the brain and cord the malarial treatment should be excluded, even if the case is recent, nor is it permissible in long standing cases. The best prognosis for the success of the treatment is given by the recent case and even as early as the third year the chance of a good result is less favorable; and the best age period is from 18 to 40. No difference exists in the prognosis between the constant and the relapsing case and there is no difference in sex. Judging by the authors' experience, when dealing with properly selected cases the percentage of permanent cures should lie between 30 and 40. Further experience will be required to determine the possible addition of synergists to malarial therapy, as the use of other fever-producing substances, combination with salvarsan and antimonial substances, etc. Thus a course of malaria treatment could be succeeded by antimony or arsenic in organic form, and this in turn by a course of recurrent fever infection. The foreign protein substances might also be interposed in a course of treatment, while gold and bismuth salts may have value.-Deutsche medizinische Wochenschrift, May 23, 1930.

Three Fatal Cases of Nasal Sinus Disease.—
Prof. W. Uffenorde relates a case of fatal sepsis
with combined unilateral nasal sinus disease. The
patient was a strong young girl with a recent
history of simple angina followed by a severe
cold. Examination showed involvement of the
left antrum and frontal sinus. Operative drainage brought no relief and symptoms of sepsis
developed. The blood was sterile. Death followed
shortly without apparent cause. Autopsy showed
the encephalon intact, as was the right side
of the nose. The heart, kidneys, and liver showed
evidences of septic lesion, but the exact mechanism
of death was obscure. A second case is briefly
outlined. It occurred in a woman of 44 who
died in a week following neuralgic pains about

the head and face, chills, and vomiting. Autopsy showed an acute sphenoidal sinusitis, thrombosis of the left cavernous (venous) sinus, and meningitis, with metastases in the lungs and pleura. Evidences of sepsis were apparent. In a third case a girl of 20 first developed apparent influenza, followed by headache, prostration, sweating, chills, and a convulsion. Suspicion of puerperal eclampsia was shown to be unfounded. The convulsive seizures continued and the author had motion pictures of them taken. The attacks succeeded one another rapidly and after the 30th the patient sank into a fatal coma. Autopsy revealed purulent meningitis secondary to right-sided frontal sinusitis. Sepsis is not mentioned. Several other cases are quoted from the practice of the author and others, enough to show the menace of sinus infection.—Deutsche medizinische Wochenschrift, May 9, 1930.

Epidemiology of Cerebrospinal Meningitis .--Dr. H. Kapp of Basle states that during a considerable epidemic, as that in Germany from 1905-7, we can understand fairly well the means of diffusion, but conditions differ widely on more sporadic incidence, for we have to consider germ carriers and cases of pharyngitis. We have learned that the disease is essentially a specific pharyngitis and that penetration of the coccus into the cerebro-spinal canal is a secondary manifestation, a mere complication. It is not difficult to understand how heightened virulence or lowered resistance can produce an epidemic of meningitis, but sporadic cases of the latter are much more difficult to understand. The author describes three cases of the latter in which there was at first little or no clinical suggestion of meningitis. The diagnosis was made by lumbar puncture. All were adults and soldiers. There was a history of exposure, past and indirect, and of angina. They had probably been carriers for the time being. The cocci usually persist in the throats of carriers for a short time only-say a month, but exceptionally there is a persistence for much longer periods. Carriers have been believed immune to the disease but sometimes they fall victims to it .- Schweizerische medizinische Wochenschrift, April 20, 1930.

Primary Lesions of Rheumatism.—Prof. S. Graff of Hamburg has sought for years the primary lesion of ordinary rheumatism, from which the organism at large may be infected, not only once but at times repeatedly. The existence of a specific granuloma has already been postulated, but this is not necessarily a primary manifesta-

The author has sought the latter in the tonsil and has been able to distinguish between primary and secondary manifestations by histological technique. In a case of acute polyarthritis ending fatally in 16 days, he was able to study the tonsils and found a peculiar focus which appeared to extend through the peritonsillar muscular tissues, and he termed the entire lesion the primary complex. Metastases to the joints and heart are believed to take place through the venules of the complex. Tonsillar lesions are not all primary, for in the present case the opposite tonsil was of a different type of lesion, regarded as metastatic. Histologically, there was marked resemblance to the primary lesion, but in appearance it was much younger. The author does not discuss the possibility of a superinfection from without. In other fatal case the tonsillar structure suggested that the primary lesion may undergo changes with age, due probably to superinfection. This patient had undergone two severe episodes of general infection. The author made no bacteriological studies, and it is immaterial to him whether the disease is due to a streptococcus or some other organism. He is concerned with the histological reaction alone. Neither does he touch on latent infection in the tonsil as a source of lesions of the focal infection type.—Deutsche medizinische Wochenshrift, April 11, 1930.

Some Principles in the Modern Treatment of Rheumatic Disease.—W. S. C. Copeman states that the multiplicity of agents employed in the treatment of rheumatic disease does not indicate failure to find a suitable remedy, since it appears more and more obvious that the intelligent combination of remedies is the keystone to success, the danger lying in the adoption of any one method, to the exclusion of the rest. preliminary treatment in both arthritic and nonarthritic types of the disease should be directed toward eliminating foci of infection, paying special attention to the colon. As most persons with rheumatoid arthritis have been forbidden to eat meat, they come to depend upon carbohydrates which encourage the fermentative and putrefac-They should be persuaded back to tive bacteria. the paths of protein, fat, and adequate vitamins (especially vitamin B). The most-efficient forms of local treatment are hydrological and physical, particularly if sweating can be induced. Rest, avoidance of cold and constipation, with a diet well balanced in chemical and vitamin content. are most important. In osteoarthritis, a disease of advancing years, an effort should be made to promote elimination of those products of metabolism which tend to be retained at this time of life more than previously, and for this reason spa treatment is of great benefit. In this type of arthritis local treatment is mostly directed toward relieving pain and improving the functions of the skin and muscles by hydrotherapy and massage, and later electrotherapy. Increase of body weight should be avoided. In the treatment of rheumatic disease vaccine therapy has been disappointing. The results of non-protein therapy tend to be of a temporary nature. Among useful drugs is iodine administered in milk; colloidal iodine and the ordinary tincture seem ineffective. The salicylates have declined in popularity. Recently ortho-iodoxybenzoic acid and neocinophen have been much lauded. Arsenic is chiefly indicated in the atrophic type and in patients with anemia; it should be given in small doses, gradually increased, over long periods. Sodium cacodylate (1/4 to 1/2 grain) is probably the most harmless. In rheumatism the basal metabolism tends to be somewhat below normal; this suggests thyroid extract and its use is indicated particularly in climacteric osteoarthritis. Sulphur is believed by some to be of value.— British Medical Journal, May 24, 1930, i, 3620.

The Curability of Cancer.—John B. Deaver states that the curability of cancer depends upon early detection, early treatment, site of the tumor, its nature, presence or absence of metastases, and finally on the constitutional peculiarity of the individual concerned. order to emphasize the brighter aspect of the usually dark picture of carcinoma, he cites instances of cancer of the stomach and breast in which the patients are living and well six and eight years after operation, and of cancer of the fundus of the uterus in which the patients were alive and in good health twelve and twenty years after panhysterectomy. Present methods of treatment are, however, inadequate. The only cures have come from surgery with a few from irradiation. Newer knowledge and newer methods must be discovered. In the Research Institute of the Lankenau Clinic, under the direction of Stanley P. Reimann and Frederick S. Hammett, a study has been made of cell mitosis, because the one and only factor common to all kinds of cancer is cell division. It has been discovered that in the roots of plants and in animals, sulphur is present in the nuclei of cells in mitosis and that the sulphur must be present in a certain form combined with hydrogen, namely sulphydryl. If this is true, cells should divide and grow if given sulphydryl. It has been demonstrated practically in a number of stubborn wounds, such as leg ulcer and bed sores, that rapid healing was stimulated by the use of sulphydryl compounds. experiments justify the unequivocal statement that normal cell division takes place because sulphydryl is formed, and never takes place unless it is present. The next step is to find

the substance that stops cell division. That there is such an antidote is perfectly apparent. Otherwise wounds would never stop healing and children would never stop growing. There is here a chemical study of the first magnitude ahead of us. The kind of research which at present promises the best hope is the chemistry of the body which normally starts, stops, and controls cell division. Deaver emphasizes the importance of research work and urges intelligent philanthropists to provide endowment funds.—Annals of Surgery, June, 1930, xci, 6.

The Chemist's Concept of Cancer.-Robert A. Armstrong states that the chemist looks at the cancerous condition solely as one of chemicalization and from no other source than the blood stream may he obtain definite knowledge of its origin, and only from this source may he hope to find relief and correction. The great majority of malignant tumors are associated throughout their course with progressive deterioration in the quality and quantity of blood. Usually this is expressed in a loss of hemoglobin and an increase of leucocytes. In certain degenerative tumor cells, there is found a wide variety of alterations due to chemical action on the normal protein. Demineralization occurs in cancer cachexia in the later stages and is associated with nitrogen loss, and the calcium deposits become greatly disturbed, extensive deposits being frequently found in the tumor. There are changes in the colloids of the blood and in the electrolytes, which are extremely sensitive regulators of the colloidal state, and also in the catalytic agents. At least three elements in the blood are out of their normal accord, namely, sulphur, phosphorus, The oxycatalyst treatment of and nitrogen. cancer is founded upon the evidence presented in cancer cases, viz., (1) There is a chemical imbalance set up in the blood stream manifesting itself primarily as an increased alkalinity; (2) the cleavage of a normal protein in alkaline solution follows closely the stages of breakdown observed in a cancer mass, and the chemical results found in the blood confirm these evidences of breakdown which are proteoses, peptones, peptides, urea, ammonia, carbon dioxide, hydrogen sulphide, amino acid, and nitric oxide. The cancer growth is an electronegative mass and this condition is corrected by the introduction of an electropositive agency, which is the alpha particle of radium. This oxycatalyst, in addition to being radioactive and electropositive, is a constructive stimulating supplier of oxygen and through normalization of the blood stream and stimulation of the endocrine glands restores the potassium, sodium, and calcium metabolism. The efficacy of the treatment has been evidenced in a reasonable percentage of cases by the apparent removal of all the symptoms.— Physical Therapeutics, June, 1930, xlviii, 6.

Paget's Cancer to Date-L. Frankenthal. a surgeon of Leipzig, states the modern attitude toward Paget's cancer of the nipple. This is the only form of mammary cancer which may be difficult of diagnosis and of early recognition. A case is cited in a woman of 51 in which the lesion for weeks was a slight weeping surface hardly larger than a pin head with no apparent tendency to increase in size. Some months later a distinguished dermatologist examined the woman, but failed to recognize the nature of the lesion. Aside from the nipple lesion, the patient was perfectly well and vigorous. The author made a biopsy of sweeping dimensions and the diagnosis was carcinoma solidum plano-cellulare extending ininto the fatty submammillary tissue. A radical operation soon followed. Since 1874, when Paget published the first cases, a large amount of material has been studied and it now appears that something more than a unit disease is concerned. The malignant process may originate in the canaliculi or in the parenchyma of the gland. That the two types give a common histological picture can be explained by local peculiarities. Clinically the most constant manifestation is the eczematoid and itching alteration of the skin of the nipple. Even at this late date, but 140 cases of the affection are on record and less than 1 percent of breast cancer is diagnosed as of the Paget type. In many cases diagnosis is easy, but in others, as already stated, impossible without a biopsy. No partial operation is to be performed, but the entire breast should be excised and the axilla cleaned out. This gives the patient her only hope, for this type irradiation has been of no benefit. - Deutsche medizinische Wochenschrift, May 30, 1930.

The 1930 Type of Polyneuritis .- Benjamin T. Burley, writing in the New England Journal of Medicine, June 12, 1930, describes a new symptom complex as presented in 55 cases that have come under observation in the Worcester City Hospital since early in April. The general evidence given by the patients indicates that the paralysis usually followed, in from two days to two weeks or more, the ingestion of one or more two-ounce bottles of a fluid marked Jamaica Ginger. The onset was occasionally marked by mild gastric disturbance, but usually the first change noted was a peculiar paresthesia of the legs, a sense of coldness, tingling, and muscle fatigue in either the calf or the anterior aspect of the lower leg was followed in about a day by motor paralysis of the anterior tibial group in both legs, by toe-drop and marked ataxia. After about a week paralysis involved the hands and wrists, the intrinsic muscles of the hands and the extensor muscles of the forearm being particularly affected. Mottling, cyanosis, and a lowered local temperature usually occurred. Sensory changes were characteristically absent. The electrical reaction of degeneration was definite in all severe cases. Tenderness to deep pressure over the calf muscles was frequent in the second and third week of the paralysis, but there was no objective paresthesia as in alcoholic neuritis. The Achilles and plantar reflexes were lost; there was increased mechanical irritability in the paralyzed muscles, and atrophy gradually occurred. In general the rest of the body, except the limbs, escaped the lasting effects of the poison. Laboratory tests were made as to the white and red blood count, hemoglobin, Schilling differential count, sedimentation rate, Wassermann, Hinton, and Kahn reactions. There were no characteristic findings. As the affection is not detected until paralysis occurs, treatment resolves itself into a matter of after-care. The affected muscles are splinted in a favorable position, and later massage and the galvanic current are employed. The syndrome here described can be readily differentiated from other types of polyneuritis. The action of the toxic agent is evidently clinically identical all over the country according to the reports of many scattered cases.

Nature of the Pains of Muscular Rheumatism.—F. Lindstedt, of Stockholm seeks an explanation of the myalgic pains which characterize so-called muscular rheumatism. When these are present one should first seek to exclude neuralgia and also note carefully whether any other symptoms are added to the picture. Local causal agencies should be sought, as ordinary fatigue from overaction of certain muscles, and reflex factors must not be overlooked. Thus affections of the toes may make themselves felt in the lumbar or gluteal region as part of a fatigue syndrome. In polymyalgia, it may not be necessary to seek a general causal factor, for myalgia is often associated with radiating pains and it is possible at times to trace an extensive polymyalgia to overstrain of a single muscle group. The author's material is limited to about 800 dispensary cases, many of which would be classed as neuralgias because of their localization and absence of any obvious muscular overstrain. General causal factors appear to act upon this substratum through the element of exhaustion, which need not come from muscle overfunctioning. Psychic influences, anemia, and possibly toxic substances may cause a general exhaustion which is favorable for the development of muscle pains. Meteorological influences may also aggravate the latter. In summary the author states that so-called muscular rheumatism consists of painful sensations which are more or less of neuralgic nature, but the basic causal factor is muscular exhaustion which may have a varied origin. We should always visualize these myalgias as symptoms, never as an autonomous disease. They are not an essential part of gout or rheumatism but are due to the same causes and hence often associated with these disease entities. A more or less considerable rise of temperature, which is not infrequently encountered, does not necessarily indicate an infection.—Klinische Wochenschrift, May 31, 1930.

Phlegmon of the Floor of the Mouth.—Dr. Wassmund, director of the jaw clinic of the Rudolph Virchow Hospital, Berlin, treats of other conditions than simply those known as Ludwig's angina. The mortality of the latter is very high-something like 40 percent-and at the author's clinic an effort is being made to cut this figure down. Naturally phlegmonous must be separated from merely suppurative cases. The grippe of 1927 and 1928 left a large number of both types as sequels and thus far it has been impossible to determine the factors which cause the phlegmonous type. The totals for the two-year period mentioned are 72 cases of simple abscess without mortality, in 1927 and 71 without mortality in 1928; and 21 cases of phlegmon in 1927 and 14 in 1928, the mortality for the 35 cases being 4, or about 12 per cent, which is a great improvement over the average. For reasons unknown the dental infection which causes suppuration in the floor of the mouth and is usually a matter of diffusion by the lymphatics, may pass directly the submucous connective tissue and The gangrenous proccause a phlegmon. ess is apt to be active in the recesses which contain the submaxillary and sublingual glands but the author has never seen death result if it is limited to these regions. Death has invariably been determined by further extension of the process down the neck and mediastinum or upwards to the retropharynx, recess of the parotid, temporal region, intracranial cavity, etc. The author offers in explanation of his low mortality percentage the fact that his invariable custom has been to institute measures in anticipation of these extensions upward and downward. He has published a monograph in which the subject is exhaustively considered with many case histories.-Münchener medizinische Wochenschrift, May 23, 1930.



# LEGAL



#### A DOCTOR'S CERTIFICATE

By Lorenz J. Brosnan, Esq. Counsel, Medical Society of the State of New York

Doctor, when you are called upon to sign your name to a certificate or other paper dealing with the physical condition of a patient or the physical disability resulting from the illness of a patient, be sure that the paper you sign is in all respects accurate. Before you put your name to any paper, make sure that you could support the contents of that paper under the most searching cross-examination to which you might be subjected in a court of

justice or elsewhere.

We venture to say that nearly every practitioner has at some time in his practice been requested by a patient to affix his name to some document regarding the patient's condition, to the contents of which the doctor cannot conscientiously subscribe. Instances of this kind frequently happen in relation to claims by patients under accident and health policies, and also in cases where the patient is entitled to compensation by reason of an accident arising in the course of his employment. It is important to remember that neither a desire to be kind to the patient nor any other claimed expediency will excuse the physician who certifies to something which he knows, or should know, is not accurate. When you give a patient a certificate to the effect that because of some physical ailment he is unfit for jury duty, remember that the judge to whom such certificate is presented may order you to appear before him forthwith to be examined with respect to the contents of your certificate.

A physician has written a splendid article on the general topic of a doctor's certificate. It appeared in "The Lancet," a journal of British and foreign medicine and bears the title, "On Signing Your Name." The author. Dr. Layton, is a well-known throat and ear surgeon of London

The author points out that the General Medical Council in England has issued a warning notice to the profession which contains, among

other things, the following.

"Registered medical practitioners are in certain cases bound by law to give, or may be from time to time called upon or requested to give, certificates, notifications, reports, and other documents of a kindred character signed by them in their professional capacity,

for subsequent use either in Courts of Justice or for administrative purposes. \* \* \* Anv registered practitioner who shall be shown to have signed or given under his name and authority any such certificate, notification, report, or document of a kindred character, which is untrue, misleading, or improper, whether relating to the several matters above specified or otherwise, is liable to have his name erased from the Medical Register."

When patients seek to persuade you against your better judgment by an appeal to your sympathy, consider this very pertinent para-

graph from Dr. Layton's article.

"There is another very common reason given for asking a doctor to sign a certificate wrongly. It is that unless he does so, some poor person cannot draw the weekly money and the invalid, his wife and child must go starving without it. Against such suggestion you must rigidly set your face. Either the regulations for drawing the money are bad and should be amended, or the person bringing the certificate for signature has let time slip by, so that he or she is faced with the difficulty out of which you are asked to get him. In neither case is there any reason why you should put your signature to a false statement and risk the whole of your career thereby. Let there be no doubt about this. When you are faced with that document and its misstatement no arguments about doing it out of kindness to the sick will protect you. The case is bound to go against you and no one can save you."

Typical instances confronting an English physician are set forth in the following two cases related by the author:

"Case 3.—One evening a neighbor dropped in upon a doctor, asking him to sign a passport paper for her brother-in-law. He replied that he would be delighted but, on looking at the document, added that he could not, as it stated that he knew the applicant person-The lady indignantly suggested that surely he could trust her, adding that if he did not sign they could not go on their trip, as the paper must go in next morning and there was no time to get any other eligible person to sign. The doctor's wife supported her, not wishing to have any unpleasantness in a new

neighborhood to which they had recently moved."

"Case 4.—A doctor working at the Ministry of Pensions was asked by the head clerk to sign his paper for a weekly pension. He looked at it, and pointed out that the signature involved his saying he had that day seen the pensioner's children alive. In an unpleasant tone the clerk said, 'The children are at school, I can't bring them here.' The doctor suggested that he could during 12:30 and 2, and offered to wait during that period to see them. In a huff the clerk removed the paper, saying, 'I can easily get someone else to sign it. I have never been asked to bring the children before.'"

Dr. Layton has some interesting comments to make with regard to the signing of forms in blank and leaving someone else to fill them in. He cites an instance where, sometime ago, a nurse in a ward of a hospital to which she was attached asked the house surgeon to leave her some certificates, and the latter signed in blank some half dozen forms that the nurse had ready for him. Dr. Layton was amazed at this, and spoke severly of this to both the nurse and the house surgeon. The nurse argued that the house surgeon was out during the visiting hours when the relatives asked for the certificates, and that they would have to come again to the hospital if these were not ready. It was pointed out to the nurse that, with a little forethought on her part, the certificates could be gotten ready for the house surgeon to sign on his morning round. this the nurse responded that she could be trusted to fill them in properly. Characterizing this argument, the author says:

"This is a most dreadful argument to put forward. It is so difficult for a young man to controvert, especially when morning and evening he has to go round with the woman who puts it forward. The answer, of course, is that to sign a blank certificate is the same as signing a blank cheque for that, in effect, is what it is, the only difference being that it is a cheque on someone else's money. A house surgeon who gave the sister of his ward half a dozen blank cheques would be looked upon as a fool, but it is only his own money that can be drawn on them; to do so with documents on which someone can draw another person's money does not far remove

him from being a knave."

Dr. Layton has some interesting comments to make with respect to the consequences of a physician aiding and abetting a patient in his desire to take undue advantage of a sickness or accident insurance policy:

"To allow people unduly to remain away from work is bad medicine; when we have been ill we all need a little stimulation to return, and we never get quite fit until we do. The kindly encouragement of the general practitioner with his pat on the shoulder and his quiet-spoken 'Well, try for a day or so and see how you get on' must have enabled millions to resume work and to find to their surprise that they were ready for it. As our methods of practice pass into new shapes we want to retain this personal touch; and if we do not other methods must be found to supply that stimulus. To my mind the most serious point in these figures is that the increase is most marked among the young.

Let a layman put this medical view before you—again I quote Sir Walter Kinnear.

'The effort to resume a normal life is hard to make, no doubt, when the will is enfeebled by long incapacity and the introspection it induces. But the effort itself is invigorating, and, to a certain type, no greater service can be rendered than the exercise of gentle pressure to "try" which is expressed in the refusal of further benefit on the advice of an official medical referee.'

Remember that every time you knock a person off work unnecessarily, and every time you refrain from stimulating him or her to return when fit you are helping to manufacture a valetudinarian, and every time you allow a person to step into this you are on the way to making an unemployable."

Your counsel is in a position to state from personal knowledge that doctors are honest, conscientious men devoting their lives and their talents to the great healing art. Perhaps no one is in a better position than your counsel to see how often the doctor is misunderstood and how often he is unjustly criticized. Each individual physician has not only his own honor to uphold in the practice of his profession, but the honor of the profession as well. We commend most heartily the code of honor set forth by Dr. Layton with respect to the subject-matter of this editorial, when he says:

"As members of the medical profession we often have to sign our names to documents which appear at first to be of small importance but which may under certain circumstances have far-reaching effects. These documents fall under two heads, those which are signed by us as a part of our medical work and which contain some professional opinion, and those which we sign because the right or privilege has been given to us by the nation or otherwise as a mark of the confidence in which we are held. This power to sign our name should be held by us to be a sacred duty that we should at all times carry out with all the care that is within our power, \* \* \*."



# **NEWS NOTES**



#### HOSPITAL POLICY OF THE BRITISH MEDICAL ASSOCIATION

The supplement to the British Medical Journal of April 19, 1930, contains the report of the Hospital Policy of the British Medical Association, filling twelve pages. Its special object is that of developing a plan for bringing hospital service within reach of every person in the British Isles. It was developed by the physicians themselves, and supplements the report of a General Medical Service, an abstract of which was published in the New YORK STATE JOURNAL OF MEDICINE OF July 15, The report is of special interest to to the physicians of New York State in view of the great extension of hospital facilities in recent years, and especially the proposals of State aid for general hospitals in rural communities.

General Principles: The general principles of the hospital plan of the British Medical Association are stated in the introduction, as follows:

"Among the social changes of recent years, none is more remarkable than that which has taken place in our hospitals. Originally charitable institutions for the general treatment of the very poor, they have become centres of highly specialized and complex service to which four-fifths of the population look for help and where the community as a whole claims as a right, service which can only be rendered by a great organization or its dependent branches. Voluntary hospitals have become increasingly the hospitals of the worker and his dependents. There is an urgent national demand that the benefits of the fully staffed and equipped hospital shall not be denied to any class in the community, and in particular shall be available at reasonable rates for those who cannot meet the cost of private nursing homes, and whose means are yet above the income level of the insured person.

"Hence arose the movement to attach paybeds to voluntary hospitals and poor law hospitals in various parts of the country. Hence also the demand for hospital accommodation for another class of case, namely, that which could be tended by a general medical practitioner in the home, but would be better served if that practitioner could attend the patient in a hospital where nursing facilities and auxiliary services could be economically provided, and where, when necessary consultative service of all kinds could be more speedily available and by reason of apparatus and equipment perhaps more efficiently given. Such accommodation is called for in connection with council and voluntary hospitals for patients of the contributing and private groups hereafter defined. It is in the interests of the progress of medicine that a closer relationship between the profession as a whole and the hospitals of the country should be developed.

"The British Medical Association recognizing that hospital accommodation in any given area may be provided by voluntary bodies or by statutory authorities, or by any combination of these, believes that the continuance of voluntary hospitals is in the public interest. The Association is concerned especially to see that in all cases certain fundamental conditions are met:

- "1. that the accommodation be utilized for the provision of those medical services which in the best interests of the patient can be given only in an institution;
- "2. that the arrangements for the medical staffing of these hospitals be such as meet with the considered approval of the medical profession;
- "3. that the normal method of admission of patients to hospitals should be on the recommendation of a medical practitioner;
- "4. that so far as practicable, all hospitals should be available for purposes of medical education."

In a general way the plan recognizes three classes of cases:

- 1. Those who can pay full hospital charges.
- 2. Those who can pay part of the charges.
- 3. Those who cannot pay anything, but are under the operation of the "Poor Law."

The report makes frequent reference to "Council" hospitals, by which are meant those supported by public funds, especially those which were operated under the poor law.

Hospital Charges: The plan provides for the payment of all hospital charges, and says:

"It is laid down in the Local Government Act, 1929, that the local authority must recover from every hospital patient the whole of the expense incurred in the maintenance and treatment of such patient, or if the authority be satisfied that the person cannot reasonably

pay the whole, then such part, if any, as that authority decides he or she is able to pay. The local authority may, however, by agreement with any association or fund (such as a Hospitals Savings Association or Contributory Fund) accept an agreed sum for the hospital expenses in respect of any member thereof.

'In both the voluntary and council hospitals the worker and his dependants must be asked to pay the maintenance and treatment charges appropriate to their financial status. There is no doubt that alike for the prospective patient and for the hospital an agreed payment under a contributory scheme organized by a responsible committee in the area offers the simplest and most satisfactory method. It relieves the patient from irksome enquiries and financial stress at the time of illness, lessens the administrative work of the hospital, and in the case of voluntary hospitals will solve the financial difficulties which beset so many hospitals in large industrial communities.

"Persons insured under the National Health Insurance Acts, and other persons below an agreed income limit may be accepted for hospital treatment as contributing patients on a contributory scheme agreement, or on individual payment, or under a financial arrangement made with Public Authorities, approved societies, employers of labor, insurance companies, and others. The great majority, probably 80 to 85 per cent of all hospital patients, can thus be dealt with, and the hospital services can be adequately financed by one or other of these methods.

"All persons above the agreed income limit should be regarded as private patients, and should be prepared to meet the special charges for maintenance and medical services appropriate to that class. Such persons do not normally constitute more than 5 per cent of applicants for hospital services."

Pay of Physicians: Pay for all medical services is suggested as follows:

"In council hospitals the medical staffs, whether whole or part time, have in the past been paid by salary or on a basis of remuneration for work done. In voluntary hospitals the visiting staff has in the majority of instances been honorary, payment being made only for certain classes of work, in particular that done for local authorities, or under the auspices of government departments.

"It is certain that local authorities must continue in their council hospitals some system of paid medical staffs, whether whole or part time. If the voluntary hospital system is to persist and even more of demands for expansion are to be met, the visiting staffs must be paid on a like basis. Every extension of hospital service diminishes the field of private practice open to consultants and specialists, and economically it is no longer possible largely to increase the numbers of these practitioners without making definite provision for reasonable remuneration for their hospital work. It is in the public interest that there should always be available sufficient hospital personnel to subserve the needs of the community for domiciliary consultations and other services outside the hospital. In general, these needs will best be met under a hospital system where there is part time service by visiting staffs."

Cooperation of Council and Voluntary Hospitals: The report recognizes two classes of hospitals, as in New York State, as follows:

1. Council hospitals, or those operated by municipalities.

2. Voluntary hospitals.

The report quotes the law as follows:

"The Council of every county and county borough shall, when making provision for hospital accommodation in discharge of the functions transferred to them under this part of this Act, consult such Committee or other body as they consider to represent both the governing bodies and the medical and surgical staffs of the voluntary hospitals providing services in or for the benefit of the county or county borough as to the accommodation to be provided and as to the purposes for which it is to be used."

The report continues: "The Association, however, does not consider that a satisfactory scheme of co-ordination can be attained by purely consultative measures, and is of opinion that the local authority on the one part and the Voluntary Hospitals Consultative Committee on the other part ought to set up a body which should have amongst its functions the following:

"(a) to devise means for the co-ordination of admission and transfer of in-patients, as for example, the establishment of a central clearing house or bureau, and the co-ordination of the ambulance transport service in its area;

"(b) to advise on the development of any new hospital accommodation for the area; but these joint bodies should in no way interfere with the autonomy of the hospitals within their area as to

I. Finance;

II. Management;

III. Election of Governing Body and Medical and Surgical Staffs."

Central Hospitals: The report proposes a central hospital for each area, as follows:

"The Association envisages a hospital system in which all hospitals in a given area will be grouped round a central or base hospital.

In the existing state of affairs the central or base hospital will generally be one of the larger voluntary hospitals. This may or may not be the locus of a medical school, but will in any case be expected to set the standard of hospital practice in the area and be the chief centre of education and research.

"Before a hospital could be said to occupy the position of a central or base hospital, it should fulfil one or other of the following con-

ditions:

"I. It should be a hospital with which a recognized medical school (under-graduate or

post-graduate) is associated, or

"II. It should be a general hospital (voluntary or council), other than one associated with a medical school, which:

- "(a) has outstanding advantages as regards staff and equipment, and is of sufficient size:
- "(b) acts as a consultative centre;

"(c) deals with the investigation of the more difficult cases; and

"(d) undertakes the more specialized methods of treatment."

"All the other hospitals in the area, including special and cottage hospitals, should be grouped round the central or base hospital and

be co-ordinated with it.

"The council hospital, as the hospital under the control of the local authority which has a direct responsibility for providing institutional treatment when necessary must provide accommodation for those cases which are outside the province of the voluntary hospitals. Where the voluntary hospital is already holding the leading position and is progressive and locally supported, it should maintain this position; and any further developments which are necessary in the area, should be made in co-operation with it. The council hospital, where not itself the central or base hospital, should develop not in wasteful competition with, but in co-ordination and co-operation with, .the voluntary hospital."

Council Hospital Policy: The policy of the council hospital is stated as follows:

"The continued provision of services for those types of illness which form the bulk of cases dealt with in poor law hospitals is now a primary function of council hospitals. Increased hospital provision for acute medical and surgical cases however will be found necessary within their areas by most local authorities. In the more populous centres it will probably be agreed that the acute class of case such as now constitutes the majority of the patients of a large voluntary hospital is best dealt with in separate wards, blocks, or institutions.

"The responsibility for the treatment of certain types of case will doubtless remain as at present with the whole-time resident staff. In some units the present mode of staffing with free use of a consultant visiting staff will be economical and efficient. It is advisable, however, to ensure full co-operation with the voluntary hospitals wherever large numbers of acute cases have to be dealt with by having a part-time visiting staff of similar status and in similar numbers to those of the large voluntary hospitals."

The report then states that the staff of a

council hospital should consist of

 a whole-time medical superintendent in full charge of admissions of patients, the supervision of the medical assistants, and the administration of the hospital;

assistant physicians;

a part-time consulting staff;

 clinical assistants from among the practicing physicians of the area.

Voluntary Hospital Policy: The report states:

"The Association recognizes a dual policy as regards the voluntary hospitals: (a) that the purely charitable side should be continued wherein the whole cost of the maintenance of free patients is met by the gratuitous contributions received by the hospital and on whose behalf the services of the visiting medical staffs are given gratuitously: (b) that patients other than free patients may be received for treatment at voluntary hospitals and that for them payment should be received by the hospital, either from the patients themselves, or on their behalf from the authority or body referring them to the hospital, and that on account of their treatment, suitable methods of remuneration of the visiting medical staff should be arranged."

Sources of Funds: Funds may be received by hospital managers from two sources:

"(a) Gratuitous contributions, i.e., contributions from whatever source to which no such conditions are attached (either expressly or by implication) as would involve obligation of service on the part of the hospital, but are charitable contributions to be expended at the discretion of those to whom the management of the hospital is entrusted;

"(b) Contributions for services or to be rendered, i.e., contributions for hospital benefit made either by patients themselves or on their behalf by individuals or associations, or in the case of local authorities payment made for the maintenance and medical treatment of patients for whom these authorities are re-

sponsible.

"It is undesirable that hospitals should themselves undertake any insurance risk in connection with hospital services, i.e., undertake to provide hospital benefit when required in return for periodic payments, individual or massed. Schemes set up to provide payments for hospital benefit should be organized and managed not by the hospital, but by some independent outside body which would be responsible for such payment in the event of a member of the scheme receiving hospital services."

Free Patients: The policy regarding free patients is stated as follows:

"Where persons receiving hospital service are certified by the almoner or other officer of the hospital as unable to contribute in any way towards their maintenance and medical treatment, hospital benefit should be provided by the gratuitous contributions placed at the discretion of the hospital managers and by the gratuitous services of the visiting medical staffs."

Contributing Patients: The report says:

"Applicants for hospital benefit, not being free patients, whose income does not exceed a specified local scale should be given service on terms appropriate to their financial position, always provided that the payments made shall be understood to be in respect of both maintenance and treatment, and that the visiting medical staff shall receive from the hospital managers remuneration for such service either by salary, by honorarium, or by agreed payments to a staff fund placed at their disposal.

"The ordinary hospital routine of admission, transference and discharge of patients should not be modified for contributing patients, nor should any preferential treatment be given to

them."

Out-Patients: The policy as regards outpatients is stated as follows:

"The primary object of the Out-patient Department should be for consultation.

"Only such treatment should be given as cannot in the best interests of the patient be obtained elsewhere under the usual arrangements as between private practitioner and private patient. Cases not accepted for treatment should be referred (in general terms) to

a medical practitioner, to a public medical service, an approved provident dispensary, or to the public assistance officer of a local authority.

"Where arrangements for consultations or specialist services for patients are made under some contributory scheme or otherwise, such arrangements should provide that these services shall be given, so for as possible and consistent with the best interests of the patients, by the private practitioner at his consulting rooms or at the patient's own home, and not at the Out-patient Department of the voluntary hospital.

"Private patients should not be seen or treated at the Out-patient Department of a voluntary hospital, except where no other arrangement is practicable, or in case of emergency, and in such cases paragraph 3. (c) of Appendix B should govern arrangements.

"In cases where consultations or treatment are given at an Out-patient Department, the ordinary hospital routine should not be modified nor should any preferential treatment be given to contributing or private patients."

Appendices: The report concludes with six pages of appendices, which outline the following subjects:

1. Model contributory insurance scheme.

2. Conditions of admission and treatment of private patients in hospitals.

Contributory schemes for private patients.

4. Standards for hospitals with one hundred or more beds.

5. Medical staffs of hospitals.

Private patients in independent hospitals.

7. Provision for maternity cases.

8. Provision for radiological services.

9. Provision for pathological services.

10. Local hospitals advisory medical committees.

It is apparent that the evolution of hospitals in England is far in advance of that in the United States. Any group of physicians in New York State that is planning a scheme for hospital development will find a precedent in the experience of their English brethren.



#### LAKE KEUKA MEDICAL AND SURGICAL ASSOCIATION

The Lake Keuka Medical and Surgical Association embracing nearly all the counties in the western half of New York State, held its thirty-first annual meeting on July 10 and 11, in Keuka Hotel on Lake Keuka. This is the great local event of the summer, both scientific and social, among the doctors of the western counties. Several hundred doctors and their wives attended the two-day session.

The first session was opened on July 10th at 9.30 A.M. with the President, Dr. Floyd S.

Winslow, presiding.

Dr. W. D. Johnson of Batavia, N. Y., President-elect of the Medical Society of the State of New York, brought the greetings of the State Society.

The scientific program on the morning of July 10 consisted of a symposium on Intestinal Obstruction, at which the speakers were Dr. W. G. Farlow, Dr. C. V. Costello, Dr. Floyd S. Winslow, and Dr. H. L. Prince, all of Rochester.

The first part of the afternoon session was on The Liver, and the speakers were Dr. C. G. Heyd, New York, Dr. Donald Guthrie, Sayre, Pa., Dr. T. B. Jones, Rochester, Dr. I. H. Leyy, Syracuse and Dr. A. H. Aaron, Buffalo.

The second half was on Cardiac Pain, and the subject was introduced by Dr. Louis Faugeres Bishop, New York City, and discussed by Dr. N. G. Russell, Buffalo, Dr. W. S. McCann Rochester, Dr. Allen Holmes, Watkins Glen, Dr. Charles Post, Syracuse, and Dr. C. W. Greene, Buffalo.

Two sessions were held on the morning of July eleventh. The first was on the subject, "Sterilization for Human Betterment," and was introduced by Dr. Floyd R. Wright, Clifton Springs Sanitarium. It was discussed by Dr. A. H. Paine, Rochester, Dr. J. O. Polak, Brooklyn, Dr. H. A. Steckel, formerly Superintendent of the Newark State Hospital, and Dr. Royal S. Copeland.

The second part of the morning program was on the subject "Present Day Practices in Obstetrics and Gynecology," which was introduced by Dr. J. O. Polak, and discussed by Dr. Karl Wilson, Rochester, Dr. James King, Buffalo, and Dr. H. W. Schoeneck, Syracuse.

A warning against state control of medicine was given by Dr. W. H. Ross, of Brentwood, President of the Medical Society of the State of New York. Dr. Ross spoke of the extension of state aid in local health projects, and of the commission appointed by Governor Roosevelt to study the health laws of New York State in a comprehensive way and devise a new unified system of legislation to be introduced in the next Legislature. The practicing physicians of New York State have only a very small representation on that commission. Dr. Ross urged the physicians to take a personal interest in the new movements rather than permit themselves to be overwhelmed by the rising tide of socialized medicine directed by non-medical leaders.

Dr. Frank Leopold of Buffalo was elected President, and Dr. John A. Hatch of Penn Yan

was reelected Vice-President.

#### ONEIDA COUNTY

Sixty doctors of the Oneida County Medical Society in their April meeting at the Hotel Utica, with President Hubbard in the chair, unanimously gave support to a campaign that is being waged in the city against diphtheria in the following resolution;

"Whereas, in view of the fact that at this time the Health Department, and the Schools of Utica in co-operation with the State Department of Health, are making a special effort to extend the benefits of toxin antitoxin immunizations against diphtheria to as many children as possible of preschool and school age:

"Resolved, that we, the Medical Society of the County of Oneida, wish to go on record as heartily endorsing the movement which is to be carried on in Utica the week of April 28th, and the two following weeks

outlined the bills at present before the Assembly

following weeks.

Dr. W. B. Roemer, reporting for the Legislative Committee of the County Medical Society,

and urged the members of the Society to keep in touch with their respective Legislators.

The Public Relations Committee, whose report was presented by Dr. T. H. Farrell, outlined the interest that is being aroused in the community toward periodic health examinations. These examinations are to be made yearly by the family physician, and constitute a health check-up such as has been already instituted by a number of the larger life insurance companies.

Dr. Farrell called attention to the series of industrial health talks which were given to eight industrial concerns, averaging six lectures each, at which the total attendance was nearly eight thousand persons, and an average attendance of one hundred and sixty. Several of the industries have asked for similar courses to be sponsored by the Oneida County Medical Society, and the Utica Dental Society, during the coming year. The arrangements for this course were made by

Mr. Monte Beard, the Industrial Secretary of the Y. M. C. A.

930

Dr. Farrell outlined a proposal for a county health unit for Oneida County which would place the present health organizations under a full time health officer, thus securing executive cooperation with the administration of all health activities throughout the county.

Dr. Paige E. Thornhill of Watertown, President of the Fifth District Branch Medical Society, was present at this meeting and commended the Society for its activity in public health work.

Dr. Irving Swartz of Camden was elected to membership.

The Scientific Program consisted of a technical talk by Dr. E. M. Stanton, F.A.C.S., of Schenectady, on the subject "Gall Bladder Disease." Dr. Stanton gave statistics proving the high percentage of gall bladder disease at the present time, drawing conclusions to show the tremendous advances made in this branch of surgery in the past few years.

Dr. A. L. Sontheimer, D.D.S., of Rome, N. Y., talked on the subject of "Tic Douloureaux" illustrated with motion pictures showing the technique of operation, and discussion of the various forms of this painful and distressing malady.

WILLIAM HALE, JR., Secretary.

## WYOMING COUNTY

A special meeting of the Wyoming County Medical Society was held on the morning of July eleventh to take action on the suggested plan of organizing the medical work in the county general hospital which had been authorized by the Board of Supervisors.

The physicians of Wyoming County had been working for some months on a plan by which the County could purchase the Wyoming County Community Hospital in Warsaw, and conduct it as a county project. The hospital was well equipped and managed, but the sparseness of population did not permit the hospital to be self-supporting, although it filled a very real need in the county. The Committee on Public Relations of the Medical Society of the State of New York took a deep interest in the proposed hospital, as it also did in the public hospital for Lewis County. The Committee consulted the State Department of Health regarding the possibility of extending State aid to the county on the ground that the hospital would be a great promotor of public health. (For the law see this Journal December 15, 1929, page 1522.)

Plans were perfected in the fall of 1929, and a bill was passed by the Legislature permitting the Board of Supervisors of Wyoming County to purchase the Community Hospital for \$80,000, without the formality of submitting the proposition to a referendum of the voters. The State Department of Health also arranged that it would pay one-half of the cost of the hospital, if Wyoming County would take it over. The Board of Supervisors authorized the

purchase of the hospital at its meeting of June 28. The plans were quietly perfected and on the evening of July tenth a good will dinner, attended by over sixty persons, was held in celebration of the establishment of the hospital. Dr. Parran, State Commissioner of Health, and Dr. W. H. Ross, President, and Dr. W. D. Johnson, President-elect of the

Medical Society of the State of New York, had spent the afternoon consulting the county officials in regard to the hospital. The dinner was attended by the leaders in business and civics, and by representatives of the medical profession.

Since the dinner demonstrated the deep interest of the civic leaders in the hospital, the obvious step was that the physicians of the county should formulate a plan for carrying on the medical and surgical work of the hospital. A special meeting of the Wyoming County Medical Society was accordingly called for noon on July eleventh. This meeting was attended by nearly every one of the thirty-two members of the Society. The meeting was addressed by Dr. W. H. Ross, President of the Medical Society of the State of New York, who outlined the standards of organization which have received universal approval. He emphasized especially the need of (1) a small Medical Board to be the executive committee of the doctors; (2) monthly staff meetings; (3) complete records of all patients; and (4) the adoption of rules and regulations for enforcing these standards. Standards of organization were suggested by the Committee on Public Relations of the State Society (see this Journal December 15, 1929, page 1522); and the meeting voted to support the following general plan.

1. The staff should consist of every qualified physician in Wyoming County who is in good repute and a member of his County Medical Society.

2. The County Medical Society should appoint a Medical Board of five physicians who should have the powers and duties of leadership, which ordinarily devolve on similar boards in general hospitals.

The Wyoming County Medical Society has set an example which will doubtless be followed by the societies of other small counties.

### BRONX COUNTY MEDICAL SOCIETY

The Annual Meeting of the Bron County Medical Society, held at the Concourse Plaza, on June 18, 1930, was called to order at 9 P M., the President, Dr. Aranow, in the Chair

The following doctors were elected members: Drs. Harry M. Berliner, Irvin C. Bronstein, John Cohen, Arthur Ettinger, Abraham Halberstein, Jacob O. S. Jaeger, Aaron Arnold Karan, Irene Pieper Koenig, Rolfe Longobardi, Moses H. Marton, Samuel Melamed, Leonard Orens, Peter-Cyrus Lewis Rizzo, Samuel B. Suskin, Francis W. Vaccarino and Stanley M. Wershof.

Annual Reports for the year 1929-1930 were submitted as follows:

Secretary, Dr. Landsman.

Comitia Minora, Dr. Landsman, Secretary.

Treasurer, Dr. Keller.

Board of Censors, Dr. Bookman, Secretary. Counsel, Dr. Booxbaum.

Committee on Bulletin and Publicity, Dr.

Podvin, Chairman. Committee on Membership, Dr. Weitzner,

Chairman.

Committee on Public Health and Medical Education, Dr. Goldman, Chairman.

Committee on Medical Economics, Dr.

Magid, Chairman.

Committee on Audit, Dr. Ambos, Chairman. Milk Commission, Dr. Golomb, Chairman. Committee on Legislation, Dr. Flynn, Chair-

Committee on Hospitals, Dr. Leiner, Chair-

Relief Committee, Dr. Henry Roth, Chair-

Special Committee on New Members, Dr. Bick, Chairman.

Building Committee, Dr. Amster, Chairman. Committee on Health Examination, Dr. L. Friedman, Chairman.

Special Committee on Laboratories, Dr. Git-

low, Chairman.

Special Committee on Physio-Therapy, Dr. Grossman, Chairman.

It was moved and carried in each case that the Report be accepted with thanks.

The President, Dr. Aranow, then expressed his appreciation for the work done by the Committees during his Administration.

Action on the following Amendments, introduced at the last meeting of the Society, was then declared in order:

Add to Section 4, beginning at nineteenth

"Internes serving in Bronx Hospitals are also eligible for Associate Membership in this

It was moved and carried that the above

Amendment be adopted. Add Section 26 (a): "Applications of Internes for Associate Membership shall state college from which graduated, with date and hospital affiliation. An affirmative vote of two-thirds of the votes cast at a regular meeting of the Society shall be necessary to elect."

It was moved and carried that the above

Amendment be adopted.

The following resolution was introduced:

"Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate and Charter Member, Nicholas Lukin, M D.

"Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr. Lukin and that a minute thereof be placed on the records of the Society, and be it

"Further Resolved, That a copy of these Resolutions be transmitted to the family of

our departed member."

Also the following resolution:

"Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate and Charter Member, Otto J. Scheina, M.D.

"Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr. Scheina and that a minute thereof be placed on the records of the Society; and be it

"Further Resolved, That a copy of these Resolutions be transmitted to the family of

our departed member."

The above Resolutions were carried by a rising vote.

Following the Report of the Tellers, the following Officers for 1930-1931 were declared elected:

President, Joseph H. Gettinger; First Vice-President, Irving Smiley; Second Vice-President, William Klein; Secretary, I. J. Landsman; Treasurer, J. Adlai Keller; Board of Censors (2 years), Adolph Rostenberg, Harry Projector; Delegates (2 years), Harry Aranow, Louis A. Friedman, J. Adlai Keller, Edward C. Podvin; Alternates (2 years), William Lenetska, Louis Nagorsky, Charles S. Rogers. Samuel Rosenzweig; Alternate (1 year), Isaias A. Lehman.

The following were elected as members of the Nominating Committee:

Samuel Feldman, Milton R. Bookman, Benjamin Sherwin, Sidney Cohn, David Deutschman, J. Bernard Cohen, Michael Rosenbluth, Joseph O. Smigel, Henry Schumer, Irving B. Krellenstein, Martin J. Loeb.

Respectfully submitted, I. J. LANDSMAN, M.D., Secretary.

### THE MEDICAL FIELD SERVICE SCHOOL

While summer is the time of relaxation, many physicians spend their vacations in Army camps, where recreation is as strenuous as that at a fishing lodge. Our fifty physicians of New York State in the Medical Officers' Reserve Corps spent two weeks at the Medical Field Service School, which occupies the buildings and grounds of the former Indian School at Carlisle, Pennsylvania. The officers of two medical regiments of New York, the 302nd belonging to the 77th Division, and the 350th, belonging to the Second Corps area, went as units, and lived under actual service conditions.

The Reserve Officers recorded their impressions in a camp paper called "The Caduceus" under the leadership of the Executive Editor of the New York State Journal of Medicine. One page of Caduceus consisted of an appreciation of the Commandant of the School, Colonel Charles R. Reynolds, a native of Elmira, N. Y. and well known to many physicians of the State. The appreciation reads as follows:

"Commandant of the Medical Field Service School since August 1st, 1923; the first Division Surgeon of the 77th Division at Camp Upton and overseas, and the organizer of its Sanitary Train, now the 302nd Medical Regiment, whose members have been prominently represented in the Officers' Reserve Corps at Carlisle Barracks since the first class,—July 5th to 19th, 1923.

"Events are biographies, and institutions are the lives of their founders and developers. The Army is typically an institution in which the individual is submerged and the organization is glorified. Yet the Medical Field Service School of the United States Army at Carlisle, Pennsylvania, is seven years of your life,almost a record for the length of service which an officer is permitted to give in one post, however important it be. You have given your time because the Medical Field Service School was necessary, and because you delighted to develop its standards and put them to practice. We come to Carlisle-some of us year after year-because we learn to deal with grave emergencies which arise in times of peace as well as war. We come, too, because we want to see you live and act the practical part of a soldier of peace."

Caduceus also contains the following impressions of the School in 1930:—

"Those Reserve Officers who have attended the Medical Field Service School in former years are gratified with the abundant evidence of the interest of the United States Government in the training of the Medical Officers of the Army. These evidences are plainly seen in the equipment of the school and in its courses of instruction. The most evident improvement has been the provision for the comfort of the Reserve Officers. The tents for their accommodation have been grouped along a macadamized road bordered with cement walks which extend to the washroom and to the assembly halls. Also cement bases have been laid for the tents and comfortable beds with springs and mattresses have been provided. The medical officers expect to live their fortnight in camp with the least possible equipment but they pride themselves on those essentials which eliminate mud and dust and sloppy walks. The officers also appreciate the new mess hall and the courteous service to which they can introduce their wives and daughters with pride. The opinions of the ladies contribute largely to the respect in which the army is held by the people.

"A further impression of culture and refinement has come from the beautification of the grounds. Green lawns and bright flowers give the School the air of a college campus.

"Progress in pedagogical methods has been equally striking and pleasing. This year instruction and administration has been by means of seven Medical Regiments to which members of other organizations have been attached during the training period. Uniform problems have been assigned to each regiment and their officers have had to study them in the same manner that they would solve them as independent commands in actual service. The complete change from the lecture system. to that of the spontaneous solution of problems has aroused a spirit of earnestness and satisfaction which will be reflected in the members when they return home. The knowledge that a detailed service record of each officer is kept has further spurred the men to their best endeavor, for they feel that their efforts are appreciated and that they will progress in their military work and grade in accordance with their demonstrated merit.

"Army life is full of human interest, of humor and good fellowship, of which examples are given in the closing pages of "Caduceus." Here the story teller, the poet and the artist receive the recognition which is only a faint reflection of that which is given to them in the tents, the drill fields and the class rooms.

"Finally, there are about four hundred medical students of the R. O. T. C. units. They, too, give unmistakable evidence of a spontaneous response to the progressive spirit of the Medical Field Service School."



# THE DAILY PRESS



#### HEALTH HAZARDS

A maximum of information with a minimum of words



Briggs in the New York Herald Tribune, April 28, 1930



Briggs in the New York Herald Tribune, June 27, 1930

### A NATIONAL HEALTH INSTITUTE

Physicians sometimes have to go to the daily newspapers for medical news. The editorial page of the New York Times of May 24th has the following description of important health legislation, recently passed by Congress:

"Blanketed by the debates over the tariff, the treaty and the Supreme Court, a bill has slipped through Congress, almost unnoticed, which will have a place in governmental history. It sets up a National Institute of Health. This has long been the dream of Senator Ransdell of Louisiana. In realizing it, he has had the support of the American Medical Association, the American Public Health Association and various scientific bodies. His bill has the endorsement of Secretary Mellon and will doubtless be signed by President Hoover, who has always taken a special interest in scientific research and in government agencies to further it.

Under the Ransdell bill the Hygienic Laboratory is made the nucleus of the new establishment, which will be devoted to the purpose of inquiring into the cause, prevention and cure of diseases.

"While a great deal has been accomplished by the universities, medical schools and endowed institutions, these efforts heretofore have often lacked coordination. The idea is to make the institute 'a great cooperative scientific organization in which leading experts in every branch of science will be brought together and given an opportunity to work in unison for the purpose of discovering the natural laws governing human life."

#### ALCOHOL AND HEALTH

It is strange that no great investigation into the effects of alcohol upon the human body and mind has ever been made; and yet prohibition is one of the most important prob-'ems of the day. The New York Times of June 22 exactly expresses the opinion of the physicians of New York State where it says editorially;

"With all the surveys going, it would seem that, in the present bewilderment over prohibition, one suggested by Professor Percival Symonds at the Child Health Conference should be added-an impartial scientific study of the physiological and biological effects of the use of alcohol. If there were an authoritative and indisputable decision concerning

them, there would be firm ground on which to proceed to consider the social effects.

"As it is, there are conflicting views even among doctors. The layman is in doubt whether the chemical changes worked in the human body by alcohol, if it is not used in excess, are deleterious. The testimony of Sir George Newman, before the Royal Commission on Licensing, is recalled:

"I know of no scientific evidence to support the view that alcohol increased or fortified the natural powers of resistance of the body to infective processes, or that alcohol directly

strengthened the tissues of the body.

"In view of the universal interest in the

subject of prohibition, pro and con, there is no subject upon which the advice of the highest authorities would be more generally welcome—even if it should prove disappointing to one or the other of the interested groups. For when the physiological and biological effects are determined, the moral values will appear. On the basis of the results of such a study social policy in controlling the use of alcohol could be framed with some hope of a supporting public opinion. Obviously, such a study must be made by scientists whose findings will be accepted as disinterested and dependable. Here is an opportunity for some foundation to do a great public service."

### CHILD APPETITES

The New York Times of June 27 comments editorially on researches in child feeding conducted by the Department of Home Economics of the University of Chicago, and said:

"The research workers used several groups of small children, some in nursery schools, others in orphanages. It was easy to fix the kind and amount of food each child should eat, but getting them to consume every bit of it was another matter. The orphans, who had formerly gobbled everything set before them as fast as they could, soon discovered that it was important to those in charge for them to eat all their food, and in less than a week they had become 'as perfect a set of dawdlers as could be found in any of our best homes.'

"Solicitude that a child may observe in his mother about his diet is bad for his appetite. Her anxiety for variety in his food is not only responsible for his captiousness, but seems to be entirely unwarranted. A group of small children used in one experiment had exactly the same breakfast dinner and supper every day

for three weeks. Canned peaches were the dessert every day for both dinner and supper. At the end of the study they were given a party, with entirely different food, ice cream, and a cake with candles.

"They expressed delight at the candles, but not one mentioned any of the food. Then the dear little creatures of habit, having finished their ice cream, asked, 'Where are the peaches?' Another group, a little older, showed the same fondness for monotony at the conclusion of a similar experiment. These children were told that they could choose anything they liked for a picnic, and they asked for the very things they had been eating constantly for three weeks."

When children go home from hospitals, their parents often complain that the children's appetites have been spoiled because they will not eat ice cream and other pastry, while they continue to be greedy for spinach, and carrots, and other simple foods on which they throve in the hospital.



# BOOK REVIEWS



THE PRINCIPLES OF LLECTROTHERAPY AND THEIR PRACTICAL APPLICATION BY W J TURRELL VIA, D M, B Ch Second Edition Octavo of 413 pages London and New York, Oxford University Press, 1929

In this timely book, Dr Turrell presents to us a vast fund of knowledge gleaned from his actual experience in electrotheripy. Many of the details are not in accord with generally accepted tenets and usages, but they must be regarded as the conclusions of a worker who has actually found them true or otherwise.

There are interesting chapters devoted to the history, methods and apparatus of electrotherapy. The chapters describing the freatment of nerve lesions and discases is of particular value. The concluding chapter on practical hints and methods brings to us first hand the details which only years of experience can accumulate.

The book is well written and clearly illustrated and printed, and will be a valuable addition to the medical library

JEROME WEISS

THE STORY OF SAN MICHELE By AXEL MUNTHE Octavo of 530 pages New York, E. P. Dutton and Company, 1929 Cloth, \$375

Dr Munthe, a Swedish physician, has written an extremely fascinating biography of his life. Its title The Story of San Michele," represents a lifelong desire to erect a dream castle in a region of Italy which in his youth had kindled his imagination and ambittons

After his graduation at Paris, he enjoyed an especially intimate friendship with such famous men as Charcot and Potain, and later became prominent as a fashion able society doctor. His patients and friends included counts and princes, the Rothschilds and, from recent newspaper accounts, the Queen of Sweden. His book dwells at length with certain of the evils of society and with the imaginary ills that often afflict the idle rich. After a short time in practice, he found that "what they all liked was appendicitis" and after a period of discouragement he had managed to succeed with psychotherapy, suggestion a laying on of the hands, and by a suave manner which according to his account was very soothing

And so while Munthe's account strikes an harmonious note in its incidences which we professional men at some time or another feel, there is a certain departure from the beaten trails of routine professional practices which lends an added flavor. His love for animals is intense and he frequently carries on lengthy and imaginary conversations with his animal friends. His love for art is ardent. At times his style is distinctly fantastic and unreal and one wonders whether this is a true biography or a dream story.

Dr Munthe has painted a very interesting life story

EMANUEL KRIMSKY

METHODS AND PROBLEMS OF MEDICAL EDUCATION (Fourteenth Series) Quarto of 207 pages, illustrated New York, The Rockefeller Loundation, 1929

The Fourteenth Series of the Rockefeller brochures is given over to the detailed record system of the Massachusetts General Hospital in a case of fracture. The records of the Childrens' Hospital, Cincinnati, are eproduced as well, and the working of the Department of Public Health and Preventive Medicine in Peking Union Medical College is described. A good volume for the frieture surgeon. C. A. G.

CORONARY THROMBOSIS ITS VARIOUS CLINICAL FEXTURES By SAMUEL A LEVINE. Octavo of 178 pages illustrated Baltimore The Williams & Wilkins Company, 1929 Cloth, \$300 (Medicine Monographs v 16)

Coronary occlusion is a common and very important medical accident. Its recognition and appropriate treatment not infrequently make the difference between death and recovery. Our knowledge of it is largely of recent acquirement. A brief but comprehensive monograph on the subject was overdue. Dr. Levine, who has made important contributions in this field, was well chosen to present it, and has succeeded in compressing much in formation into little space. There are indications, however, that it was hurriedly done. A lessurely revision will improve it. Some recent developments in the electrocardiographical aspect of the subject should be added to bring it up to date.

DEGENERATION AND REGENERATION OF THE NERVOUS SYSTEM BY S RAMON Y CAJAL, M D F R S Translated and edited by RAOUL M MAY, Ph D Two octavo volumes of 769 pages, illustrated London Oxford University Press, 1928 Cloth, \$1675

The Spanish school has long been recognized as the center for the cytological study of the nerve cell. Investigators from all over the world have considered it a great privilege to visit Cajal's Laboratories and to have an opportunity to study under lins supervision. Now he has turned out a masterpiece in the present volumes, Degeneration and Regeneration of the Nervous System. These two volumes are welcomed as there is nothing in the English language that so completely covers the subject. These two volumes are necessary and essential for every medical library of hospitals, medical schools and medical men who are interested in neurology, neuro surgery and neuroantomy.

AN INTRODUCTION TO EXPERIMENTAL PHARMACOLOGY By TORALD SOLLMANN, MD, and PAUL J HANZLIN, MD Octavo of 321 pages Philadelphia and Lon don, W B Saunders Company, 1928 Cloth, \$4.25

This is a most excellent text on practical pharmacology, a compilation of experiments showing the action of drugs that are used at the present time. The experiments are well devised and clearly described, and the methods given illustrate the technique of pharmacologic investigation as well as the action of drugs. The appendices, of which there are fourteen, are a special feature for much of the data given here are scattered through the literature and very difficult to locate.

A G

APPLIED PHARMACOLOGY By A J CLARK, M C., B A, M D Third Edition Octavo of 529 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1929 Cloth, \$4,00

This very meaty volume of 500 pages presents Applied Pharmicology in a mainer somewhat new to the American Physician Indeed, Applied Pharmacology as apart from Pharmacology, has been one of our neglected subjects, even Applied Therapeutics has been slow in coming to the front as a distinct branch of science

Dr Clark's work shows a broad knowledge of the subject in its more scientific aspects and his style makes for an enjoyable reading. A non contraversal preentation of so technical a subject is rare. The modern intermist will profitably add this volume to his working hibrary.



# OUR NEIGHBORS



## JOURNAL OF TEXAS STATE SOCIETY

The annual report of the treasurer of the State Medical Association of Texas, given in the June issue of the Texas-State Journal of Medicine, contains the following figures regarding the finances of the Journal:

Members' Subs ......\$11,061,00

Income	•
THEOME	

Non-Member Subs Sale of Journals Advertising Interest Earned	13.65 19,434.35
The expenses were itemized as follows:	\$31,080.33
Cost of Printing and Distribution:	60
Printing       \$15,683.         Engraving       700.         Mailing and Delivering       550.	.68 33
Commissions on Advertising 794.	06

Salaries:		\$18,130.04
Editor Assistant Editor Stenographers and Bookkeeper	4,005.00 4,000.00 3,204.94	
Administration:		11,209.94

401.37

Discounts on Advertising ....

· lammistration.		
Rent	382.50	
Office Supplies and Expenses	371.58	
Stationery and Printing	47.27	
Telephone and Telegraph	169.82	
Postage	126.59	
Auditing	75.00	
Bonds and Insurance	73.00 40.01	
would und insulance	49.81	1 000 55
Miscellaneous:		1,222.57
miscenaneous;		
Depreciation	300.00	

Bad Accounts	400.00	
		700.00

Total Journal Fund Expenses ......\$31,262.55

Concerning the Journal, the report of the Trustees says:

"As an evidence of what can be done in the matter of cutting down expenses, our publishers found that by purchasing a year's supply of paper we could secure a grade of paper which will reproduce half-tones quite satisfactorily, and at a price less than the present arrangements produce, wherein a supply for three months at a time, only, is secured. The procedure now is to use the calendered paper only in the forms where there are to be illustrations. This saves the cost of paper but adds to the cost of production. Under the new arrangement it is felt that a better appearance will be presented and at less cost. Likewise, by careful analysis of the cost of production, the publishers have been able to reduce the prices on reprints a flat ten per cent over the old schedule. This is for the convenience of our contributors. We do not furnish reprints free. Our publishers are under contract with us to furnish them to the contributor at the exact cost. Heretofore the Journal has used the same paper in its cover form as is used for illustrations throughout the book. The Trustees feel that a cover differing in texture and color from that used for the advertising pages, will be an improvement in appearance and add something to the worth of the publication. By purchasing a large supply of this material, this improvement can be made at practically no additional cost. It will doubtless be done."

The Trustees also authorized an exhibit of the files of the Texas Journal together with those of all the other States.

# COMMITTEES ON PUBLIC HEALTH IN SOUTH CAROLINA

The report of the Committee on Medical Economics of the South Carolina Medical Association recorded in the Journal of June, deals largely with the practice of preventive

medicine, and says:

"While it is very evident that the activities of the public health agencies have advanced beyond preventive medicine and health education, and are slowly but steadily entering the field of curative medicine, the blame for this state of affairs cannot be placed wholly on the public health agencies. The medical profession is partly responsible in that there are yet quite a few in our ranks who refuse to take an active part in matters pertaining

to preventive medicine, and we have, therefore, failed to assume for organized medicine its rightful place as the leader in all things which pertain to the health of the public, sick or well.

"Before we can insist upon the direction of all medical and health matters, we must as an organization, prove our capability and willingness to do so, and we must carefully avoid any semblance of commercialism replacing that altruism which belongs alone to the medical profession. Your Committee believes it possible to so coordinate the work of the public health agencies and the family physician, giv-

(Continued on page 938-adv. xiv)

٠٠٠٠٠ ت

# HAY FEVER

# An Advertising Statement

HAY FEVER, as it occurs throughout the United States, is actually perennial rather than seasonal, in character.

Because in the Southwest—Bermuda grass, for instance, continues to flower until December when the mountain cedar, of many victims, starts to shed its pollen in Northern Texas and so continues into February. At that time, elsewhere in the South, the oak, birch, pecan, hickory and other trees begin to contribute their respective quotas of atmospheric pollen.

But, nevertheless, hay fever in the Northern States at least, is in fact seasonal in character and of three types, viz.:

TREE HAY FEVER—March, April and May GRASS HAY FEVER—May, June and July WEED HAY FEVER — August to Frost

And this last, the late summer type, is usually the most serious and difficult to treat as partly due to the greater diversity of late summer pollens as regionally dispersed.

With the above before us, as to the several types of regional and seasonal hay fever, it is important to emphasize that Arlco-Pollen Extracts for diagnosis and treatment cover adequately and accurately all sections and all seasons—North, East, South and West.

FOR DIAGNOSIS each pollen is supplied in individual extract only.

FOR TREATMENT each pollen is supplied in individual treatment set.

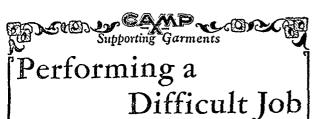
ALSO FOR TREATMENT we have a few logically conceived and scientifically justified mixtures of biologically related and simultaneously pollinating plants. Hence, in these mixtures the several pollens are mutually helpful in building the desired group tolerance.

IF UNAVAILABLE LOCALLY THESE EXTRACTS WILL BE DELIVERED DIRECT POST PAID SPECIAL DELIVERY

List and prices of food, epidermal, incidental and pollen proteins sent on request

THE ARLINGTON CHEMICAL COMPANY YONKERS, N. Y.

\*\*\*\*\*\*\*\*\*\*\*\*\*



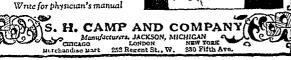
in a most satisfactory way

Designed for relief of scrotal hernia-this garment performaits work better than any belt or truss on the market.

It hugs the body closely, following the groin line. Beneath—a fitted, resilient pad protects the ruptured part. Perineal straps fitting close to the side of the leg close to the side of the leg hold the pad firmly. No slipping from place. No irritation. The CAMP PATENTED ADJUST-MENT, lacing at back, pulling from lower front, governs tightness and

support affording decided comfort to the patient. In different body heights, all sizes Sold at the better drug and surgical houses.





Causative factors



Phys. of sally lexted

Each pill contains
Q 1 Gram (11c
Erains) Digitalis

DOSE One pill as directed.

DATIES ROSEL CO . Ltd

4 2 B 124K Kut208

# in the reliability of Pil. **Digitalis**

(Davies, Rose)

are-starting with a biologically tested leaf, exercising particular care in its conversion into pill form, determining the bio-activity of that pill, and the checking up from time to time of its physiological strength by a

highly competent biologist.

Sample and literature upon request.

DAVIES, ROSE & Co., Ltd. Pharmaceutical Manufacturers, Boston, Mass. (Continued from page 936)

ing the latter an active part in preventive medical work, as to make of each County Medical Society a local County Board of Health; and we believe further that steps should be taken to make the County Medical Societies feel their responsibilities as guardians of the public health. When this is done, all public health work will naturally look to the Medical Society in the community for direction and leadership. To this end we respectfully recommend:

(1) That each component County Medical Society making up the South Carolina Medical Association be instructed to appoint or elect a Committee on Public Health, whose duty it shall be to supervise and cooperate with any and all agencies doing work of a preven-

tive or public health nature in its County.
(2) That the Health Officer in each County employing a complete health unit, make a written report of his activities to the Medical Society of the County in which he is working, once each month or when such report is made to the State Board of Health, and that the Medical Society cooperate with him in his work, through its Committee on Public Health.

(3) That any nurse or public health worker employed in a County that has no public health officer or physician at the head of its health department, be responsible to and work under the supervision and direction of the Committee on Public Health of the Medical Society of the County in which he or she is employed.

(4) That the State Board of Health, Bureau of Infant and Maternal Welfare, and all other agencies holding clinics of any and all kinds, be requested not to conduct any clinic in any County of the State, except with the consent and at the invitation of the Medical Society of the County in which the clinic is to be held, and that the members of the Medical Society be asked to participate in any clinic held in its County,

(5) That all prophylactic vaccinations, inoculations and administrations of serums, vaccines, antitoxins, etc., be given by a regularly licensed and practicing physician, although distributed by the State Board of Health, and that no Health Officer administer such biologicals in "wholesale" numbers until careful investigation has been made as to the ability of those taking such biologicals to pay for the administration of the same.

(6) That each County Medical Society be urged to release to the press for publication such written matter concerning preventive medicine, public health measures, the control of disease, the prevention of accidents, and

(Continued on page 940-adv. xvi)

## FELLOWS' SYRUP

#### ITS FORMULA

combines Mineral Foods and Synergistic Agents.

#### ITS POSOLOGY

One to two teaspoonfuls after meals.



#### ITS EFFICACY

is such that under its influence one observes a rapid increase of appetite and a marked elevation of tone.

FELLOWS MED. MFG. CO., INC. 26 Christopher St. New York, N. Y.

**ATONY** 

Samples on Request

DEBILITY

CONVALESCENCE

DEMINERALIZATION

Please mention the JOURNAL when writing to advertisers

# "STORM"



# The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliae Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

#### Katherine L. Storm, M.D.

- Originator, Patentee, Owner and Maker

#### 1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.
47 West 47th Street New York City



# Freedom from Hay Fever at Murray Bay

The above is the title of a pamphlet dealing with the Murray Bay country situated on the Lower St. Lawrence in the Province of Quebec. It explains why hay fever sufferers find immunity at this haven of restful beauty.

Copies may be obtained on request from

### CANADA STEAMSHIP LINES

715 VICTORIA SQUARE, MONTREAL, QUEBEC

(Continued from page 938-xiv)

medical articles dealing with the subjects in which the public is interested; such articles to be written by a member or members of the Medical Society, to be reviewed by the County Medical Society, and to appear over the signature of the County Medical Society and not the individual writer. (We herewith apologize to the Committee on Public Health and Instruction for this recommendation, but we believe that this is an economic question, since in this way the Medical Society can ethically increase the work of its members and can assume its rightful position in the community as the adviser to the public in all things medical)."

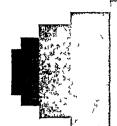
The suggestions of the South Carolina Medical Association cover the same points which occupy the attention of the county medical societies of New York State. It is gratifying to find that the objects and methods of medical societies are uniform throughout the nation.

## PUBLISHING NAMES OF MEMBERS IN TEXAS

The May issue of the Texas State Journal of Medicine has the following editorial on the publication of the names of the members of the State Medical Association of Texas:

"The June Journal will carry a list of members in good standing up to the actual time of going to press, approximately June 1. Therefore, it is still not too late to pay dues. course, where county societies have already made their annual reports, those who have not paid until now will be denominated, technically and necessarily, as not members from January 1 up until the time they actually pay dues. That is not as bad as it will be if the non-membership period is extended to include the entire year. More and more that part of the public which has to do with physicians is relying upon county society membership. Some complaint has been heard. here and there, that such membership is too ex-That is ridiculous. It may be more expensive than it should be, but certainly the advantages to accrue from county society membership are worth the \$10.00 the State Medical Association charges, plus whatever the brethren locally decide is necessary to carry on locally. We sincerely trust that our June Journal will carry the largest list of members the association has ever had."

The Medical Society of the State of New York does not publish a list of its members; but it indicates each member by means of a star prefixed to his name in the annual Directory which it publishes.



# MENSTRUAL AND CLIMACTERIC PAINS

For the relief of suffering during the menses it is desirable to administer a preparation that exerts an antispasmodic as well as an analgesic action. To allay the accompanying nervousness, a sedative is also indicated.

All these effects are combined in Compral. Excellent results from its use are reported in dysmenorrhea as well as climacteric disorders. Besides assuring prompt relief of discomfort, Compral enables patients to follow their occupations without drowsiness or depression. Painful uterine contractions after delivery also speedily subside under its administration.

Compral is equally serviceable in postoperative cases and other conditions where pain is a prominent feature, such as neuralgias, headache, migraine, gouty and rheumatic affections.

Dose: One or two tablets, according to the severity of pain, repeated three or four times daily.

Compral is supplied in tablets of 5 grains (tubes of 10 and bottles of 100)

Sample and Pamphlet on request

# COMPRAL

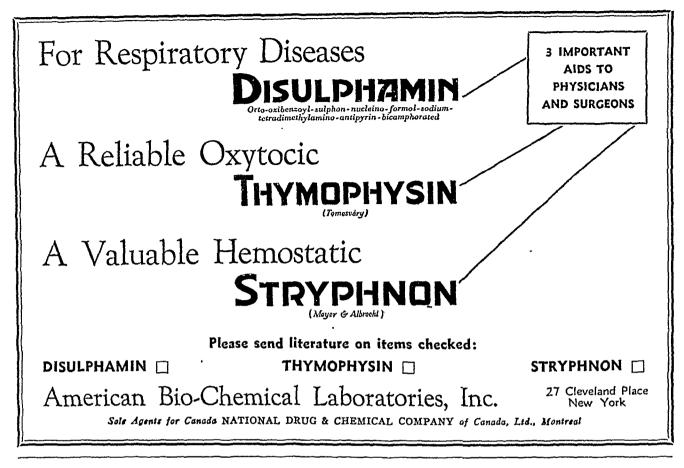
TRADEMARK

Brand of CYRINAL

Winthrop Quality has no substitute



141 M



#### THE OHIO STATE MEDICAL JOURNAL

The Annual report of the Officers and Committees of the Ohio State Medical Association are printed in the May issue of the Ohio State Medical Journal. The Publication Committee reports as follows:

"Every scientific manuscript is given thorough scrutiny and is carefully edited by the Publication Committee before it is approved for publication. The articles are not only judged from the standpoint of scientific value, but also as to literary style and general interest. A system of double editing is adhered to in order to minimize errors and obtain clarity and brevity. The committee has worked on the theory that every article appearing in The Journal, whether scientific or non-scientific, should be of a type which will add value to The Journal and be of information to the readers.

"In every issue of The Journal will be found numerous news notes concerning Ohio physicians, enabling members of the State Association to keep in touch with their colleagues in every part of the state. Activities in the hospital field also are recorded and considerable space is devoted to news of public health work and public health workers in Ohio and elsewhere. "A special section of The Journal is set aside each month for accounts of meetings of the component county medical societies and academies, and for advance notices of future gatherings of unusual interest. Secretaries of the various component county societies are urged to cooperate with the Publication Committee in its efforts to make this feature of The Journal one of outstanding importance.

"Governmental developments of importance to the medical profession and public health have been published, along with accounts of new regulations, interpretations and opinions promulgated or handed down by state and national departmental and judicial bodies on sub-

jects directly affecting physicians.

"The Publication Committee has tried to make The Journal an official, consecutive and permanent record of the new and outstanding developments in the field of scientific medicine; the activities of the medical profession in Ohio, individually and collectively, and a source of ready reference to the attitude and policies of the State Association toward the important and current problems and questions affecting medical practice and public health. The committee recommends that every mem-

(Continued on page 943-adv. xix)

(Continued from page 942-adv xviii)

ber keep a bound file of The Journal in his library as frequently references are made to articles and analyses in preceding issues.

"Every effort has been put forth to keep the advertising columns of The Journal above criticism. Many advertisements submitted to the Publication Committee are first turned over to the Cooperative Advertising Bureau of the American Medical Association or to the A.M.A Council on Pharmacy and Chemistry for censorship. Afterwards they are checked carefully and thoroughly by this committee. Advertisements with exaggerated claims for products are not accepted. All displays must be dignified in style and content. Because of this careful system of censorship, only reputable advertisers gain admission to The Journal. Therefore, they deserve the support and consideration of the readers."

#### COMMITTEE ON PUBLIC RELATIONS

The American Medical Association Bulletin of May contains the following appreciation of the Committee on Public Relations of New York State:

"The Medical Society of the State of New

York has a standing committee known as the Committee on Public Relations. Its report, in the New York State Journal of Medicine, May 1, 1930, indicates that this committee is doing a most important work and rendering valuable service in the interest of the society it represents and in the interest of the public. Helpful contacts have been established with official state agencies and with various lay organizations and groups that are concerned with public health and with other fields of medicine. Working with this committee are committees of a similar kind, with the same name, representing nearly all of the county medical societies in New York State.

"Committees on public relations are not new, but it is doubtful if the idea has been as fully developed in any other state as has been done in New York, where a hard working and efficient state committee has the support and active assistance of a similar group in nearly every county. The relations of organized medicine and the public are of profound importance and can be favorably influenced by the helpful activities of interested and intelligent committees that will study existing conditions and offer constructive suggestions for correction and improvement."

### Summer Problem No. 3—DIARRHEA



AGAROL is the original mineral oil—agar agar emulsion with phenolphthalein and has these special advantages.

Perfectly homogenized and stable; pleasant taste without

Perfectly homogenized and stable; pleasant taske without artificial flavoring, freedom from sugar, alkalies and alcohol, no contraindications, no oil leakage, no griping or pain; no nausea or gastric disturbances, not habit forming. Next to constipation, fermentive diarrhea is a most frequent problem in summer, especially in children and the aged. Thorough and regular elimination need consideration.

# AGAROL

the original mineral oil and agar-agar emulsion with phenolphthalein, will prevent stasis, maintain normal elimination. No alkali, alcohol or sugar to cause difficulties. And Agarol is so palatable that children take it gladly.

Two regular size bottles are at your service for the asking. Send for them.

#### WILLIAM R. WARNER & CO., INC.

Manufacturing Pharmaceutists since 1856

113 West 18th Street

New York City

#### ORGANIZATION IMPROVEMENTS IN TENNESSEE STATE SOCIETY

The June issue of the Journal of the Tennessee State Medical Association contains an editorial suggesting some improvements in the State Association. The editor says:

"One cannot discuss all the changes that are needed in one short editorial, but it should be stated briefly that the Board of Trustees should be clothed with complete power to act on any matter between interim of the meeting of the House of Delegates.

"The House of Delegates should be reduced in size and really should meet on a day when the general meeting is not in session. For example, the House of Delegates at present is composed of the following groups: (1) elected delegates; (2) all officers; (3) ex-presidents in attendance.

"If all societies had been represented there would have been eighty elected delegates to the House. Add to this figure the number of officers, which includes councilors, vice-presidents, and then add the ex-presidents in attendance, and it is readily seen that the House may be composed of over one hundred delegates. The facts are that nothing like this number ever attend the session of the House. and further many of the delegates do not attend all the sessions of the House. There are a few delegates who attend every session. Besides these the House may be composed of an entirely different group each day, thus contributing to confusion, lack of understanding and lack of continuity of action.

It happened this year that matters were acted on one afternoon and the next day an entirely different group of men were in the House and the same matter acted on again. The first action was taken after full and free discussion. The second action was taken almost without discussion.

"The time consumed in the House has become so burdensome to members that good men often decline to qualify as delegates.

"Within the last two years there has been a wide divergence between two different committees in reference to the same matter.

"Complete authority should be vested in the House of Delegates composed as above suggested, then complete authority in the interim between the sessions of the House of Delegates should be vested in the Board of Trus-

(Continued on page 945-adv, xxi)

# THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

(The Pioneer Post-Graduate Medical Institution in America)

We Announce

#### FOR THE GENERAL PRACTITIONER

A combined course comprising

INTERNAL MEDICINE

PEDIATRICS

GASTRO-ENTEROLOGY

DERMATOLOGY

NEUROLOGY

OBSTETRICS

PHYSICAL THERAPY

PATHOLOGY and BACTERIOLOGY

PROCTOLOGY

SURGERY

UROLOGY

ORTHOPEDIC SURGERY

NEURO-SURGERY

GYNECOLOGY (Surgical-Medical)
TRAUMATIC SURGERY

THORACIC SURGERY

OPHTHALMOLOGY

OTOLOGY

RHINOLARYNGOLOGY

For Information Address

MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, NEW YORK CITY

(Continued from page 944-adv. xx)

tecs and it should be the duty of the Board of Trustees to harmonize the action of all committees to the end that our efforts do not end in confusion."

#### **JOURNAL OF MISSOURI**

The annual report of the Committee on Publication of the Missouri State Medical Association, which is printed in the June Journal, describes the Journal as follows:

"The 26th volume of the Journal was completed with the December, 1929, issue. During the twelve months of that year the Journal printed 84 original articles and 25 articles under the Department of Washington University Clinics making a total of 109 original articles. There were 63 editorials, 63 obituaries, 159 reports of county societies, and the report of our Seventy-Second Annual Meeting, the report of the 53rd Annual Meeting of the Southeast Missouri Medical Association, and 14 reports of the Kansas City Academy of Medicine, and numerous miscellaneous items; 119 books were received for review and 88 reviews were published. These books were sent to the medical libraries of the St. Louis Medical Society, the Jackson County Medical Society, and some highly technical works to the medical library of the State University. The Journal contained 622 pages of reading matter and 502 pages of advertising, the latter earning \$9,868.62. The total expense including cost of illustrations was \$8,671.21, leaving a profit of \$1,253.21. The largest issue was for May, 1929, which contained 108 pages. The smallest issue was for April, 1929, which contained a total of 80 pages.

"Members are very generous in sending their contributions for publication so that the editor has sometimes found it difficult to publish papers promptly. There are at this writing 25 manuscripts awaiting publication."

## JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

California and Western Medicine is the organ of the three state medical societies of California, Nevada and Utah. It is one of the largest and most successful of all the State Journals, its June issue containing 88 pages of reading matter, 64 of advertising, and 4 pages of cover. The June issue also contains the minutes of the meeting of the House of Delegates of the California Medical Associa-

# PHILLIPS Milk of Magnesia

## THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz., 12 oz., and 3 pt. Bottles.

## THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London



#### POLLEN ANTIGEN

(Ragwood Combined) Lederle

contains equal amounts of the pollons of Short and Giant Ragweed and is, therefore, indicated for attacks of Hay Fever that occur from August first to frost east of the Rocky Mountains.

Even though symptoms have appeared much relief can be afforded.

LEDERLE LABORATORIES

(Continued on page 946-adv, xxii)

the JOURNAL when torsting to advertisers

(Continued from page 947-adv. xxiii)

urge you to do everything within your power to defeat this bill.

"A copy of this resolution is to be spread on the minutes of this society of sixty-five members, and a copy sent to Senator Hiram Brock, one to Representative Virgil Eversole, and one to Dr. A. T. McCormack."

#### GRADUATE COURSE IN SOUTH CAROLINA

The graduate course under the auspices of the South Carolina Medical Association is described in the June Journal as follows:

"Some time ago the Secretary of the State Medical Association at the request of the Dean of the Medical College sent out a questionnaire to the physicians of South Carolina in an effort to learn just what interest there really is in post graduate education at the present time. Approximately one hundred and fifty physicians responded. Of this number about seventy-five stated that they would attend the course if offered at a convenient season. This large number greatly encouraged the faculty of the Medical School and it was decided to

put the course on again this summer. There are certain significant changes. Past experience seemed to indicate that the majority of practitioners were interested in medicine, pediatrics, obstetrics and clinico-pathological con-These subjects will therefore receive major attention. Past experience also seemed to show that the majority of medical men could and would leave their homes in considerable numbers and spend one whole week at the college, but not many would stay over for the full two weeks. It seemed wise therefore to concentrate on the above subjects and limit the time to one week. Now as we see it, it is the duty of the members of the State Medical Association to lend their full support to the Post-Graduate Course. Let us make our plans now to be open in Charleston promptly when the doors open. The full professorial staff will be our teachers. is an important point. In many summer courses elsewhere throughout the world, the heads of Departments are away on vacation. The Dean informs us this will not be the case in our State. The Association is keenly interested in adopting as a permanent policy some form of annual post graduate instruc-tion that will meet the need especially, of the general practitioners."

## New York Post-Graduate Medical School and Hospital

offers a four months' course in OPHTHALMOLOGY beginning October 1, 1930

The course includes: didactic lectures and practical consideration of diseases of the eye; anatomy, physiology, and pathology of the eye; refraction; operative ophthalmology on the cadaver; practical use of the ophthalmoscope and slit-lamp, etc. ¶ Under the direction of Dr. Martin Cohen. ¶ A large dispensary service in ophthalmology is available. ¶ Licensed physicians in good standing are admitted. ¶ A combined course in ophthalmology and oto-laryngology of 12 months may be obtained by following the above with an eight months' course in oto-laryngology beginning February 1, 1931.

For descriptive booklet and further information, address

THE DEAN, 302 East 20th Street, NEW YORK CITY

## CREST VIEW SANATORIUM

GREENWICH, CONN.

(20 Miles from Grand Concourse, or 25 Miles from Grand Central Station)

F. St. CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to. Charmingly located, beautifully appointed; in the hilly country 1½ miles from L. I. Sound, where the air is tonic. Easy, quick drive from N. Y. City. Physician's cooperation invited on cases. Families who must travel leave invalid or elderly relatives with us in fullest confidence. Truly homelike; no institu-

tional appearance, beyond nurses' uniforms. Committments seldom necessary. (Disturbing cases, addicts, cancer and tuberculosis, are not desired.) Senile, infirm, gastrie, cardiac, post-paralytic, and invalid types accepted—besides mildly mental elderly. \$25-85 weekly. N. Y. office, 121 East 60th St. Tel.: Regent 8587; hours 11—1.

OR, TEL. 773 GREENWICH
Established 35 Years

A well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially

# Itoland Water

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



## POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue -New York City

#### POPULAR MEDICAL EDU-CATION IN FLORIDA

Dr. H. C. Dozier, of Ocala, Florida, in his Presidential address before the Florida Medical Association on May 6, at Pensacola, offered a plan for instituting popular medical education in the State. The May Journal of the Association, reporting his address, says:

"I wish to offer for your consideration the suggestion that this Association create a special 'Educational Committee' whose duties shall be specified, and whose activities shall be directed to medical education of the lavman and the doctor himself, if necessary; through a 'Speaker's Bureau,' for talks to various organizations, associations, clubs, etc.; a 'Radio' section, for work implied by its name; a 'Scientific Service Section' which shall prepare scientifically correct articles for publication through a 'Press Service,' or to be delivered over the radio, or read before organizations; and whose duty it shall also be to provide or secure films for use of lay groups or physicians. I would also suggest that this Association approve the same general plan for its component medical societies.

"I would like to see each medical society in this state either prepare or procure fifty-two articles each year, in advance, for publication in the local newspaper once each week, over the signature of the medical society, and not that of any member or officer. I assure you the ground is fallow, if we will only sow the seeds of education."

This address was referred to a committee of the House of Dele-

gates which reported:

"The Committee recommends that the suggestions of Dr. Dozier, as given in his address, be accepted by this Association, and be used as a guide in carrying out a five-year program of medical education for the laity.

"We recommend that the Executive Committee be made responsible for carrying out this program." HAY FEVER

### and ASTHMA

have frequently responded favorably to Intramuscular or Subcutaneous Injection of:

EPINEPHRIN

and

**PITUITARY** 

(Fitch Ampul No. 45)

0

EPHEDRINE SULPHATE

(Fitch Ampul No. 93)

or

CALCIUM FITCH

(Calcium Gluconate)

(Fitch Ampul No. 171)

William A. Fitch Inc.

Manufacturing Chemists

100 West 21st Street New York, U. S. A.

Specialists in the Manufacture of G. P. Standardized Sterile Solutions for Intravenous and Intramuscular Injections

#### 1930

### PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	H. L. Nelms, Albany	.F. E. Vosburgh, Albany
ALLEGANY	.H. K. Hardy, Rushford	L. C. Lewis, Belmont	G. W. Roos, Wellsville
BRONX	.J. H. Gettinger, N. Y. City.	I. J. Landsman, N. Y. City.	J. A. Keller, N. Y. City
BROOME	.J. J. Kane, Binghamton	H. D. Watson, Binghamton.	D. P. Marris Olson
CATTARAUGUS	.C. A. Lawler, Salamanca	R. B. Morris, Olean	I R Sisson Auburn
CHATITATIONA	F. I. McCulla Tamestown	E. Bieber, Dunkirk	.F. I. Pfisterer, Dunkirk
CHEMING	I. S. Lewis, Elmira	C. S. Dale, Elmira	J. H. Hunt, Elmira
CHENANGO	.E. A. Hammond, New Berlin	a.J. H. Stewart, Norwich	J. H. Stewart, Norwich
CLINTON	.A. S. Schneider, Plattsburg.	L. F. Schiff, Plattsburg	F. K. Ryan, Plattsburg
COLUMBIA	D. R. Robert, New Lebanon Ct	L. Van Hoesen, Hudson	L. Van Hoesen, Hudson
CORTLAND	.D. B. Glezen, Cincinnatus	. P. W. Haake, Homer	.B. R. Parsons, Cortland
DELAWARE	C. S. Gould, Walton	W. M. Thomson, Delhi	W. M. Inomson, Deini
DUICHESS-PUINAM.	W. T. Catmus, Buffalo	.H. P. Carpenter, P'ghkeepsie .L. W. Beamis, Buffalo	A H Noehren Ruffalo
FCCFX	C N Sarlin Port Henry	.L. H. Gaus, Ticonderoga	.L. H. Gaus. Ticonderoga
FRANKLIN	. E. S. Welles. Saranac Lake.	G. F. Zimmerman, Malone	.G. F. Zimmerman, Malone
FULTON	.B. E. Chapman, Broadalbin.	A. R. Wilsey, Gloversville	.J. D. Vedder, Johnstown
GENESEE	C. D. Pierce, Batavia	P. J. Di Natale, Batavia	P. J. Di Natale, Batavia
GREENE	.D. Sinclair, East Durham	W. M. Rapp, Catskill	C. E. Willard, Catskill
HERKIMER	.V. M. Parkinson, Salisbury C	t.W. B. Brooks, Mohawk	.A. L. Fagan, Herkimer
JEFFERSON	I F Warren Brooklyn	W. S. Atkinson, Watertown J. Steele, Brooklyn	T I Rayer Brooklyn
IFWIS	G. O. Volovic, Lowville	F. E. Jones, Beaver Falls	F. E. Iones, Beaver Falls
LIVINGSTON	.R. A. Page, Geneseo	.E. N. Smith, Retsof	.E. N. Smith, Retsof
MADISON	L. B. Chase, Morrisville	.D. H. Conterman, Oneida	L. S. Preston, Oneida
MONROE	. W. A. Calihan, Rochester	. W. H. Veeder, Act., Rochester	.W. H. Veeder, Rochester
			.S. L. Homrighouse, Amsterdam
		nA. D. Jaques, Lynbrook D. S. Dougherty, N. Y. City	
		W. R. Scott, Niagara Falls	
ONEIDA	H. F. Hubbard, Rome	W. Hale, Jr., Utica	.D. D. Reals, Utica
		L. W. Ehegartner, Syracuse.	
ONTARIO	C. W. Webb, Clifton Springs	.D. A. Eiseline, Shortsville	.D. A. Eiseline, Shortsville
ORANGE	S. L. Truex, Middletown	.H. J. Shelley, Middletown .R. P. Minson, Medina	H. J. Shelley, Middletown
OSWEGO	A G Dunbar Pulaski	.J. J. Brennan, Oswego	I R Ringland Oswego
OTSEGO	.G. M. Mackenzie, Cooperstown	n.A. H. Brownell, Oneonta	F. E. Bolt. Worcester
QUEENS	. E. A. Flemming, Rich. Hill.	E. E. Smith, Kew Gardens	J. M. Dobbins, L. I. City
RENSSELAER	C. H. Sproat, Valley Falls	J. F. Connor, Troy	.O. F. Kinloch, Troy
RICHMOND	C. R. Kingsley, Jr. W. N. B'g'	t.J. F. Worthen, Tompk'sv'le	.E. D. Wisely, Randall Manor
ST LAWRENCE	S I Cattley Ordensburg	R. O. Clock, Pearl River	C. T. Henderson, Gouverneur
SARATOGA	W. H. Ordway. Mt. McGrego	r.H. L. Loop, Saratoga Springs.	W I Mahy Mechanicvitte
SCHENECTADY	N. A. Pashavan, Schenectady	.H. E. Reynolds, Schenectady.	.I. M. W. Scott Schenectady
SCHOHARIE	.E. S. Simpkins, Middleburg.	.H. L. Odell. Sharon Springs.	.LeR. Becker, Cobleskill
SCHUYLER	. John W. Burton, Mecklenburg	F. B. Bond, Burdett	
STEUREN	G I Whiting Conisten	.R. F. D. Gibbs, Seneca Falls. .R. J. Shafer, Corning	.R. F. D. Gibbs, Seneca Falls
SUFFOLK	.A. E. Pavne. Riverhead	E. P. Kolb, Holtsville	G A Silliman Samilla
SULLIVAN	C. Rayevsky, Liberty	L. C. Pavne. Liberty	.L. C. Pavne Liberty
TIOGA	F. Terwilliger, Spencer	W. A. Moulton, Candor	.W. A. Moulton, Candor
TOMPKINS	D. Robb, Ithaca	W. G. Fish, Ithaca	.W. G. Fish, Ithaca
WADDEN	F. Palmer Glene Falls	W. W. Bowen, Glens Falls	.C. B. Van Gaasbeek, Kingston
WASHINGTON	.R. E. La Grange. Fort Ann	S. J. Banker, Fort Edward	R. C. Paris, Hudson Fails
WAYNE	R. G. Stuck, Wolcott	D. F. Johnson, Newark	.D. F. Johnson, Newark
WESTCHESTER	W. W. Mott, White Plains.	.H. Betts, Yonkers	R. B. Hammond, White Plains
WYOMING	W. J. French, Pike	.H. S. Martin, Warsaw	.H. S. Martin, Warsaw
IAIES	H. Leader, Penn Yan	W. G. Hallstead, Penn Yan	.W. G. Hallstead, Penn Yar

# Lucous Membrane Inflammations

O-SILVOL is a valuable disinfectant in its specific field of treating mucous meminflammations without irritation. When the ethological factor is an infection ptococcus, pneumococcus, staphylococcus, or gonococcus—solutions of NEO-SILVOL we been found dependable in soothing the inflammatory process, in controlling growth bacteria, and in promoting a return to normal conditions.

NEO-SILVOL, a colloidal silver iodide compound, is effective without irritation. It does not precipitate tissue chlorides, or coagulate albumen, despite its antiseptic power. It leaves no disagreeable stains.

Select NEO-SILVOL for the treatment of any mucous membrane inflammation—in eye, ear, nose, throat, urethra or bladder.

#### How Neo-Silvol is Supplied:

In 1-ounce and 4-ounce bottles of the granules.

As a 5% ointment in 1-drachm tubes.

In 6-grain capsules, bottles of 50, for making solutions.

In the form of Vaginal Suppositories, 5%—boxes of 12.

Accepted for inclusion in N. N. R. by the Council on Pharmacy and Chemistry of the A. M. A.

## PARKE, DAVIS & COMPANY DETROIT, MICHIGAN

NEW YORK

KANSAS CITY CHICAGO

OO BALTIMORE WALKERVILLE NEW ORLEANS

MINNEAPOLIS

SEATTLE

# RADON



Consider Gold Radon Implants in the Treatment of Carcinoma of the

ace

Tonsil

Oesophagus

Bladder

qi.

Antrum

Breast

Prostate

ongue

Larynx

Uterus (Cervix)

Rectum

(Detailed Information on Request)

RADON COMPANY, Inc., 1 East 42nd St., New York

Telephones: Vanderbilt 2811-2812

# Dextri-Maltose for Modifying Lactic Acid Milk

In using lactic acid milk for feeding infants, physicians find Dextri-Maltose the carbohydrate of choices

To begin with, Dextri-Maltose is a bacteriologically clean product, unattractive to flies, dirt, etc. It is dry, and easy to measure accurately.

Moreover, Dextri-Maltose is prepared primarily for infant-feeding purposes by a natural diastatic action.

Finally, Dextri-Maltose is never advertised to the public but only to the physician, prescribed by him according to the individual requirements of each baby.

# Governed by the Same as Cow's Milk

When physicians are confrol with undependable fresh milk plies in feeding infants, it is well consider the use of reliable powde whole milks such as Mead's or well-known Klim brand. Such n is safe, of standard composition, a is easily reliquefied.

Under these conditions, Dexti Maltose is the physician's carbon drate of choice just as it is when fres cow's milk is employed.

The best method to follow is first to restore the powdered milk in the proportion of one ounce of milk to seven ounces of water, and then to proceed building up the formula as usual.

> 2 AND 3 SUPPLIED IN 1-LB AND SAMPLES AND LITERATURE ON N & CO., EVANSVILLE, IND., U.S.A.

# To get the identical product,

MI STER MOSTEROL MOSTEROL ACTERIOL originally called Acterol, specify MEAD'S Viosterol in Oil, 100 D. It is made in the same laboratories under the same conditions by the same longest-experienced personnel with the same clinical background of the five fellowships that established potency and dosage. Specify MEAD'S Viosterol to get the same identical product.

Licensed by Wisconsin Alumni Research Foundation. Supplied in 5 cc. and 50 cc. bottler with standardized dropper. Patients

MEAD'S VIOSTEROL

COUNCIL-ACCEPTED

find, the large size economical. Due to the recent change in name, it is now necessary to specify Mead's to get the American pioneer product

FOR RICKETS, TETANY AND OSTEOMALACIA

MEAD JOHNSON & CO., EVANSVILLE, IND.

# New York State ournal of Medicine

OFFICIAL ORGAN of the OCAL SOCIETY OF THE LEATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 103rd St., New York City,



Entered as second-class matter July 5, 1907 at the Post Office, at New York, N Y, under the act of March 3, 1879. Acceptance for maining at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized on July 8, 1918. Copyright, 1939, by the Medical Society of the State of New York

Table of Contents Page IV

# Starch-Free Food Variety IN DIABETIC DIET



These and many other appetizing, starch-free foods are easily made in the patient's home from

### LISTERS DIETETIC FLOUR

Strictly Starch Free

Self-rising

Carton Listers Flour (one month's supply, enough for 30 bakings) \$4.85

Ask as for the name of the Lister Depot near you. Advertised only to the physicians.

Lister Bros., Inc., 41 E. 42nd St., New York

# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

## The list of advertisers in the 1929 edition follows:==

#### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

#### Ambulance Service

Holmes Ambulances
MacDougall Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Beits, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Ine
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

#### Corsets

Linder, Robert, Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

#### Chemists, Druggists and Pharmacists

Fallows Medical Mfg. Co., Inc., Mutual Pharmacal Co., Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Flour (Prepared Casein) Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

#### **Pharmaceutical**

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physic-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Servica Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Contral Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium
White Oak Farm

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

#### Wassermann Test

Bendiner & Schlesinger

## THERE IS ONLY ONE -

The introduction of Antiphlogistine, more than thirty-five years ago, was the beginning of a movement in therapeutics for the modernization of the older methods of outward applications for the relief of congestion and inflammation. Antiphlogistine will do all that fomentation and poultices will do, and much more.

Over ordinary poultices it has

the great merit of cleanliness and asepticity.

To fomentations it is to be preferred, in that it need be applied only once in twelve hours.

The worldwide use of this topical application by the medical profession is evidence of its merit.

Write for sample and literature.

OFTEN IMITATED

NEVER EQUALLED

THE DENVER CHEMICAL MFG. CO.
163 Varick St., New York, N. Y.

#### TABLE OF CONTENTS-JULY 15, 1930

ORIGINAL ARTICLES	LEGAL	
Medicine Under Siege—By M. L. Harris, M.D., President of the American Medical Association, Chicago, Ill	Liability Insurance—Necessity of Assured Giving Prompt Notice Inflammatory Reaction from the Use of Picric Acid Claimed Negligence in the Removal of Broken Needle Claimed Negligence in Failure to Discover Carbuncle on Neck	860 861 862
Physicians and the Pharmaconogia—By W. A. Bastedo, M.D.	LONDON LETTER	
New York, N. Y	Advance of Science	
The Practical Application of a Mental Hygiene Clinic (Program)—By Noble R. Chambers, M.D., Syracuse, N. Y. 840	Annual Meeting of Missions to Seamen	863
The Treatment of Laryngeal Tuberculosis With Artificial	NEWS NOTES	
Sunlight—By Joseph W. Miller, M.D., F.A.C.S., New York, N. Y	American Medical Association	864
Interesting the Small Community-By Frederick W. Sears.	A General Medical Service for England	
M.D., Syracuse, N. Y 848	Public Relations Survey No. 14—Washington County	
Osteogenesis Imperfecta Tarda (Fragilitis Ossium) Report of Four Cases in One Family—By Morris Gleich, M.D., New	Health Exposition in Brooklyn	871
York, N. Y 850	DAILY PRESS	
EDITORIALS	Relativity	872
	Space and Time	872
The Message of the Journal	Broken Hearts	
Universality of Medical Problems	Noise and Working Efficiency	
This Journal 25 Years Ago-Popular Medical Publicity 855	Fourth of July Fatalities	873
	BOOKS	
MEDICAL PROGRESS	Books Received	874
Castric Functions in Hot Climates	Book Reviews	875
The Ultravirus of Tuberculosis	OUR NEIGHBORS	
New Data on Vitamin A	Medical Problems in California	878
Liver Benefit in Pernicious Anemia, 857	List of State Medical Activities	
Emotional Hypertension		881
Angina and Intermittent Claudication	Publicity Bureau of Indiana(adv. page xiv)	882
Rectal Thermometry Injuries		884
The Causation of Eclampsia		885
Etiological Overvaluation of Streptococci		
•	Presidential Address in Oklahoma(adv. page xviii)	886

## A Dependable Agent For Supplying Calcium In Diffusible Form

KALAK WATER presents a saturated solution of calcium as the bicarbonate.

"Of the inorganic salts of calcium, the bicarbonate was the most effective in raising the blood calcium." (W. H. Jansen—Deut. Arch. f. klin Med. Oct. 1924.)

It is not possible to present calcium bicarbonate as a dry powder or as an effervescent mixture to be added to water. This salt can be maintained as the bicarbonate only in an aqueous solution that is charged with carbon dioxide.

KALAK WATER CO. 6 Church St. » New York City



# Expectant and Nursing Mothers



## Need this Food-Iron Concentrate

TRA demands are made upon the mother during pregnancy. The developing infant requires iron, not only for building up the blood which its body contains at birth, but, in addition, an equal amount to store up in its liver for use after birth.

The amount of spinach or other greens needed to supply the unusual iron requirement is too great to be eaten. without inconvenience, while the ordinary iron preparations available are not well utilized by the body in making hemoglobin.

Fortunately, however, these objections have been overcome by the introduction of a food-iron concentrate—

#### Food-Ferrin

In Food-Ferrin are found all the elements needed by the body for blood building. Under its use anemic animals recovered with remarkable rapidity, while ample clinical confirmation testifies to its value in actual practice.

Food-Ferrin is not a medicine, but a lighly efficient blood-building food. It is agreeable to taste, never disturbs but aids digestion, does not injure the teeth, and never causes constipation.

So that you can make a test of Food-Ferrin, we would like to send you a physicians' sample with our compliments. The coupon is for your convenience,

Mail Ux This Coupon Today

#### The BATTLE CREEK FOOD COMPANY

Dept. NYM.7, Battle Creek, Michigan Send me, without obligation, a supply of Food-Ferrin for clinical trial. NAME (Write on margin below.) ADDRESS

# Cheplin's B. ACIDOPHILUS MILK

Approved by the A.M.A. Council on Pharmacy and Chemistry

This is the original product with the high concentration of viable organisms of B. Acidophilus. Careful selection is given to each group and consequently only those of proven intestinal implantation are used. Prominent investigators have demonstrated its value in:

# CHRONIC CONSTIPATION MUCOUS COLITIS

# DYSENTERY and resultant INTESTINAL TOXEMIAS

Fresh and viable cultures are always assured through the daily distribution of our Dairy Distributing Companies, located in all principal cities.

Just send in your name and address, and we will return a S.IMPLE, together with a brochure on the B. Acidophilus therapy, giving 31 important references.

CHEPLIN BIOLOGICAL LABORATORIES, Inc. Syracuse, N. Y.

THE PROPERTY OF

#### INDEX TO ADVERTISERS

RULES—Advertisements published in the Journal must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

Page	PAGE	Page
ABDOMINAL SUPPORTERS, ETC.	HEALTH RESORTS AND SANITARIUMS	PHARMACEUTICAL PREPARATIONS
K. L. Storm, M.Dxvii	Barnes' Sanitarium xxi Brigham Hall Hospital xxi Charles B. Towns Hospital xxiii	Denver Chemical Mfg. Co iii Davies, Rose & Co xvii
ARTIBILIAL RVES	Crest View Sanatorium xx1 Haleyon Rest xxi	Eli Lilly & Co
	Interpines xix River Crest Sanitarium xxi	Mutual Pharmacal Co., Inc.         xiv           Niketol, Inc.         x           Nonspi Co.         xii
COLLEGES AND SCHOOLS	Riverlawn xix Dr. Rogers' Hospital xxi Shannon Lodge vii	Olajen, Inc.         xiii           E. R. Squibb & Sons.         ix
University of Buffalo, xxi	Shannon Lodge vii West Hill Sanitarium vxi White Oak Farm xxi	Upsher Smith Co xiv William R, Warner & Co., Inc xv
DIETETIC FLOUR		
Lister Bros., Inc i	LABORATORIES	RADIUM
ELECTRICAL APPARATUS	Cheplin Biological Labs, Inc vi Lederle Antitoxin Labs xvi	Radon Co., Inc vxiii
AND X-RAY Wappler Electric Coxxiv	MISCELLANEOUS	SURGICAL APPLIANCES, INSTRU- MENTS, SYRINGES, THERMOM- ETERS, ETC.
FOODS	Classified Advertisements	lo m: 00'
FOODS  Battle Creek Food Co	Columbia University XX McGovern's Gymnasium, Inc xii Medical Directoryii-xxi	
		Kalak Water Co

#### Arthritis, Sciatica, Lumbago, Neuritis and Gout. Exclusively

Painstaking diagnosis and therapy as indicated; complete clinical laboratory and department of physio-therapy.

SHANNON LODGE is the ideal place to which the New York phy-

sician may refer his chronic rheumatic cases. Located at Bernardsville, N. J., it is quickly reached over high-speed highways. The physician may maintain constant contact and control. Absolute quiet is assured by the 120-acre property. Buildings modern, thoroughly fire protected, beautifully furnished. Equipment is the latest and complete. The Medical Director is available at all times. Registered nurses, graduate technicians, trained masseurs and completely equipped metabolic and pathologic laboratories place every needed facility at the disposal of the referring physician. The rates are all inclusive and range from \$75 a week and up, depending upon the accommodations. Reservations are necessary. Admissions



selected. No mental, alcoholic or tuberculous cases admitted.

Realizing that many of the profession are too busy to come to Shannon Lodge to personally inspect its equipment and learn of its methods, we have prepared a special booklet for physicians. Please fill in and mail the coupon below so that we may send you a copy

SHANNON LODGE, Bernardsville, N J

Gentlemen
Please send me without obligation your booklet for physicians descriptive of Shannon Lodge and its methods

Street and Number City and State

## Summer Diarrhea

Doctor

The following formula is submitted as a means of preparing suitable nourishment in intestinal disturbances of infants usually referred to as summer diarrhea:

# Mellin's Food . . 4 level tablespoonfuls Water (boiled, then cooled) . 16 fluidounces



This mixture contains proteins, carbohydrates and mineral salts in a form readily digestible and available for immediate assimilation.

The need for protein is well understood as is also the value of mineral salts, which play such an important part in all metabolic processes. Carbohydrates are a real necessity, for life cannot be long sustained on a carbohydrate-free diet. It should also be stated that the predominating carbohydrate in the above food mixture is maltose—which is particularly suitable in conditions where rapid assimilation is an outstanding factor.

Further details in relation to this subject and a supply of samples of Mellin's Food sent to physicians upon request.

Mellin's Food Company

Boston, Mass.

For Respiratory Diseases

# DISULPHAMIN

Orto-oxibenzoyl-sulphon-nucleino-formol-sodium tetradimethylamino-antipyrin-bicamphorated 3 IMPORTANT
AIDS TO
PHYSICIANS
AND SURGEONS

A Reliable Oxytocic

# THYMOPHYSIN

Temesvary)

A Valuable Hemostatic

# STRYPHNON

(Moyer & Albrechl)

Please send literature on items checked:

DISULPHAMIN |

THYMOPHYSIN [

STRYPHNON |

American Bio-Chemical Laboratories, Inc.

27 Cleveland Place New York

Sole Agents for Canada NATIONAL DRUG & CHEMICAL COMPANY of Canada, Ltd., Montreal

## Mager & Gougelman, Inc.

FOUNDED 1851

108 East 12th Street

New York City

Specialists in the manufacture and fitting of

# Artificial

Eyes

Selections on request

90 State Street......Albany, N. Y. 230 Boylston Street.....Boston, Mass. 1930 Chestnut Street....Philadelphia, Pa.

Charitable Institutions Supplied at Lowest Rates

# The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

> 305 Lexington Avenue New York City Tel. Ashland 3563

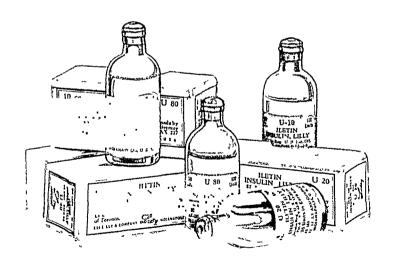
> DAY AND NIGHT SERVICE

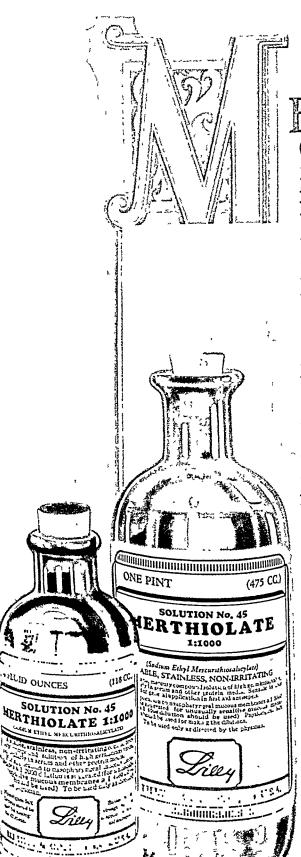
Registered Nurses
Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions

# ILETINING INSULIM

TOON!





# ERTHIOLATE

(Sodium Ethyl Mercuri Thiosalicylate) is a new mercurial germicide and antiseptic, potent in the presence of organic matter, nontoxic in effective concentration, non-hemolytic for red blood cells, colorless, non-staining stable in solution. Merthiolate is effective in such dilutions as to be economical. Merthiolate advertising is restricted to the medical field. Morder Merthiolate through the drug trade in 1:1000 isotonic solution in four-ounce and one-pint bottles. Send for sample and further information.



ELI LILLY AND C O M P A N Y

INDIANAPOLIS ... U. S. A.



#### What it is-

Serenium is a new, synthetic, organic, chemo-therapeutic agent which has the property of inhibiting growth of gonococci and staphylococci, when the drug is present in urine in a concentration as low as 1 to 15,000.

#### Indications\_

Serenium is indicated in the treatment of acute and chronic infections of the genito-urinary tract, especially those due to staphylococci and gonococci.

#### Advantages\_

Serenium offers many advantages.

- 1. Administered orally in the form of tablets—a welcome convenience to both practitioner and patient.
- 2. Preferable because of its low toxicity and high bacteriostatic power. Its presence in the urine inhibits the growth of the infecting organisms, thus limiting irritation and preventing the spread of the infection to new areas.
  - 3. Given in therapeutic dosages it



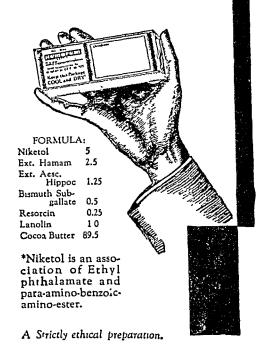
has no irritating effect on the kidneys.

4. It shortens the course of most genito-urinary infections and prevents complications. Clinical trials in leading hospitals and institutions have demonstrated its effectiveness.

#### How Marketed—

Serenium Tablets are marketed in bottles of 50 and 500.

E-R-SQUIBB & SONS, NEW YORK MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.



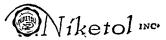
# HEMOREM SUPPOSITORIES

arrest rectal pain and discomfort

in

HEMORRHOIDS-PRURITUS ANI-AFTER EXPLORATORY OR SURGICAL INTER-VENTION IN THE ANAL REGION

The rapid and prolonged analgesic effect of Hemorem is due to the presence of 5% Niketol\*—a new local anesthetic of very low toxicity and particularly effective by absorption through the mucous membranes. Its other ingredients exert a palliative and antiphlogistic action.



37 West 47th Street, New York, N. Y.



# AMENORRHEA

DYSMENORRHEA MENORRHAGIA

# HORMOTONE

which is a combination of tonic hormones from thyroid, pituitary, suprarenal and gonads, has been used with success as a glandular aid in menstrual conditions.

G. W. CARNRICK CO.

20 MT. PLEASANT AVENUE

NEWARK, NEW JERSEY

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No 14

NEW YORK, N Y

July 15, 1930

#### MEDICINE UNDER SIEGE

By M L Harris, M D, President of the American Medical Association, Chicago, Ill Address before the Annual Meeting of the Middeal Society of the State of New York at Rochester N Y, June 2 1930

Y the word "Medicine" in "Medicine Under Siege," is meant the medical profession For ages the medical profession has been permitted to follow unhindered its humane oc cupation of caring for the sick, giving little heed to commercial and economic problems which were so foreign to its principles and to its traditions Of late, however, the world seems to have been given over to commercialism, and attempts are constantly being made to drag medicine from the humanitarian position of a sympathetic, hope-inspiring, sound medical adviser and to lower it to the level of a purely materialistic, commercial occupation, and would soon have it listed with the class of manual labor This may seem to be a pessimistic and extreme view of the situation but we think if one will devote a little study to the encroachments that are being made in the field of the practice of medicine to the attitude assumed by some of the great lead ers of industry as expressed in articles in popular lay magazines, to the dangers of misguided and misapplied philanthropy, to the extension of the work of health officers in the domain of the private physician, to the enactment by legislatures of arbitrary and unnecessary laws that place additional burdens on and restrict the independent action of the physician, we believe that one cannot fail to be impressed by the fact that the siege of medicine is on

#### Reducing the Cost of Medical Care

The purpose of a siege is to compel or coerce the besieged either by physical or moral means to surrender or to yield to the deminds of the besiegers. The object to be accomplished in the present instance, it seems to us, is to enforce a lowering or reduction of the cost of medical care. In the minds of the people the cost of medical care has been centered in the doctors' bills. Consequently these have been the target at which the propaganda has been aimed.

Whenever the people are aroused by a rather wide spread propaganda and become imbued with the idea that they are not getting what they are entitled to, they are wont to attack that which to their minds seems to offer least resistance and this often without stopping to analyze the situation in order to determine the cause of the disaffection or the effect of their attack.

#### Compensation for the Physician

The physician as a result of an ancient, cherished and hallowed tradition and the nature of his occupation, has always been of an altrustic turn of mind, and so far as his own material interests are concerned he has been labeled a pacifist in that he seldom if ever ofters resist ence to the encroachments being made in his own domain or field of activity. We need not discuss his particular field of action since it is well known and well defined. We think, however, that it will be acknowledged without equivocation that the services rendered by the physician are of an imperative or at least a highly desirable nature, therefore, the claim that he should be justly and reasonably compensated for his services needs no defense

#### Lines of Attack on the Medical Profession

It is probably owing to the particular traits and characteristics of the physician already mentioned that the siege has been laid on medicine. In laying the siege the usual plan is to so surround the besieged with the forces as to cut off their supplies. The siege may last a variable length of time. We are informed in a Greek legend that the Siege of Froy lasted ten years. The siege of medicine has been going on now for some time and the lines are gradually tightening, and unless something be done to break the siege the profession must suffer great loss. The forces engaged in this siege are quite numerous and likewise quite variable in kind. The profession has always

been possessed of the belief that the sick should have the best service that science is able to provide, and realizing how very important it is that every one who attempts to practice the art should be thoroughly grounded in the fundamental sciences pertaining to medicine—and medicine is the most comprehensible of all sciences—the profession has endeavored for years to elevate the standard of medical education and to encourage only those of scientific attainments and of the highest moral and ethical character to enter the profession. It would seem that every right-minded person would agree that this was the most approved way of insuring competent medical service for the sick at all times; but strange as it may appear, the people themselves have been the greatest obstacle to the consummation of this most laudable ambition of the profession.

#### Educational Requirements

Whenever the profession has aspired to induce legislatures to enact just and equitable regulations requiring that all who wish to treat the sick shall give evidence of possessing certain educational requirements, it has failed by reason of the enactment being defective or containing so many exceptions as to make it inoperative for the purpose desired, or to have the law overthrown by some court or judge on a mere technicality that is entirely beside the principle involved. It is owing to the failure of the people to act in this respect that permits the country to be overrun with uneducated and dishonest quacks and charlatans that prey on the ignorance and credulity of the sick.

It is claimed in this connection that the desire of the profession to have everyone who wishes to practice medicine possess a certain minimum educational requirement is but an attempt on the part of the profession to maintain a monopoly and that it is intolerant of cults and systems of practice other than its own, but science cannot be tolerant of ignorance, deception and superstition. Medicine is always conservative and requires that everything be submitted to the crucial test of science before being accepted, and demands that all else must do the same if it hopes to receive recognition.

## Legislative Attack on the Medical Profession

The law is taking quite an active part in this siege of medicine. There were introduced in the various legislative bodies during the past year 2500 Bills affecting the medical profession. Fortunately many of these bills that were fostered by the cults and which were intended to extend their rights and privileges were not passed. A number of them, however,

gave to osteopaths the same privilege accorded the regular profession. A number of bills favoring chiropractic, naturopathy, christian science, physiotherapy, sanatology, sanipractice, oralogy and drugless healing were introduced in several of the states; most of them, however, failed to pass. The number of these bills quite similar in character that are being introduced in the several states each year is constantly increasing. There seems to be a concerted action along this line all over the country and each year some gain in this respect is made.

If a man wishes to be an honest-to-goodness doctor with the kind of an education that one should have to entitle him to care for the sick and to command the respect and confidence of the people, it is not only necessary for him to spend several thousand dollars but also seven hard working years of his life in order to acquire an education that will permit him to apply for a license to practice. He must then pay a fee to the State Licensing Board for an examination and if successful in passing pay another fee for his license which will permit him to practice only in the state from which he receives the license. In addition to this in many states he will have to pay an annual registration fee to the state and an annual registration fee to the federal government for a license that will permit him to prescribe or give something to a patient to relieve his pain. Nor is this all. In some states an annual occupation tax is levied on practicing physicians. This is the door through which a scientific physician must pass before he is allowed to practice his calling, but if one without the necessary preliminary educational requirements that are imposed on the physician wishes to practice some so-called system or cultism of his own, the door is as open and easy to find as that of the average speakeasy in a prohibition town.

#### Burdensome Proposals

There have been many bills proposed in a number of the states imposing onerous duties on the physician such as to report in writing, wounds and defects coming to his attention, the names of patients who are infected with venereal disease and who fail to return for treatment. Minnesota enacted a law requiring the physician who attends or treats a child of pre-school age or of school age who is not attending school to report the same, also that any physician who observes any child in a family in which he attended or treats any patient, which child is suffering from any defect, injury or disease of a continuous nature, or which may handicap the child, to report the facts to the Department to which communicable diseases are required to be reported. A bill was introduced in Pennsylvania to require physicians to render services in any maternity

case when engaged at least three days prior to the confinement and to have a fixed fee for such services not to be varied between patients. A Georgia Bill proposed to limit the physician's fees in ordinary labor cases to \$15.00 and to make it a misdemeanor punishable by fine or imprisonment or both for a physician to refuse to attend any such case by reason of the compensation set out in the Bill. A bill was introduced in Ohio to require physicians and surgeons to file with the state board of health or the district health commissioner before performing any surgical operation a diagnosis of the disease or deformity for which an operation was to be performed. It seems scarcely possible that fanaticism could extend to such limits.

We believe that practically all will agree that the principle underlying workmen's compensation laws is right and that the costs of medical care for injuries arising out of and in the course of one's employment, including compensation for the injury, are legitimate charges on the industry, but we hold that the law exceeds its rights when it attempts to fix the physician's fees for the services rendered or the charges for hospital care so long as these are fair and just, depending on the nature of the services and the hospital care received. Nor do we believe there is any reason or justice in an opinion handed down by the Supreme Court of Massachusetts which said that when a man working under the Compensation Act is injured and taken to a hospital where he is cared for by a member of the hospital staff that the physician rendering the service is not entitled to compensation for his services since it is a part of the duties of a hospital to furnish medical and surgical care to its patients who have not called for or specified their own doctor. If such an opinion were to prevail it would be the height of injustice to the profession and could not endure.

The Insurance Companies and the Doctor

These are but a few of the activities displayed by a legal salient of the besieging forces. Closely allied with the legal forces, particularly the workman's compensation laws, are the casualty insurance companies that assume the financial obligations of the employers. These not only claim the right to have their own doctor take care of the injured but also the right to dictate the fees that any other doctor who may be taking care of the case shall charge for his services, but neither of these rights can he sustained. It is the policy of many of these insurance companies to make arrangement for the care of their patients with a hospital that will give them the lowest rates and these rates requested are often lower than the average per diem cost to the hospital. An endeavor is also made, and it has succeeded in some states, to have the rates that a hospital-may charge industrial cases, fixed by law. No hospital should make rates for this class of cases that are below the per diem cost nor should a hospital permit such cases to be entered as ward patients and assigned to members of the attending staff who are not allowed to charge for ward patients.

#### Free Clinics

We may next consider that very large group among the besiegers that may be called the charity workers. This constitutes a most important and steadily increasing group. There are something like over 5,000 clinics in this country, and it is estimated that 30,000,000 people availed themselves of the services of these clinics last year. Can it be possible that in this, the richest country in the world, where workmen receive the highest wages and the percentage of unemployment is the lowest, where the savings reach the fabulous sum of over \$19,000,000,000-I say is it possible that under such conditions about one-fourth of the population had to be treated in the clinics? Is it not surprising that such a large percentage of the people were unable to pay for their This very anomalous situation is due mainly to two causes-first, the inordinate propensity of the medical profession to bestow gratuitously its services whenever requested to do so, without attempting to analyze the situation to see whether the same are needed or even advisable, and second, the proverbial readiness of people to accept service whenever it can be had for nothing. It is astonishing the great amount of unnecessary charitable work by the establishment of out-departments of hospitals for the treatment of ambulatory patients, by teaching institutions conducting free clinics in all branches of medicine under the plea of the necessity of securing material with which to teach their students; by the establishment of governmental, municipal, public health and philanthropic free clinics, free inspection of school children, infant welfare stations, prenatal care of mothers, by the organization of hospitals and medical services by corporations such as railroads and industries, insurance companies, benevolent societies, group practice, by the creation of great foundations with almost unlimited means to provide medical services at reduced rates and in other ways,

The medical profession has stood alone in its readiness to contribute its services without compensation to many of theses projects. If it were necessary or desirable it would be done willingly but it is not. Charity is and always has been a dominant trait of the medical profession but it has no obligation, either

moral or ethical, to contribute its services gratuitously under ordinary circumstances to those who are able to pay something for them. It is unwise to force charity on people and there is great danger in too much misguided and misapplied philanthropy as it tends to make people improvident and thriftless and begets pauperism. It is particularly harmful in its ultimate effects when the government begins subsidizing state health departments or health agencies to encourage free services to those who are in need of them, such as is done by the Sheppard-Towner Bill.

#### The Health Department and the Physician

Public interest in health matters is increasing in an accelerating degree. Business men, the value and importance of health to the success of the business more than ever before. Federal, state and municipal governments are concerning themselves more and more with the health of the individual, realizing that the wealth and power of the nation depend upon that of its constituents, and that is why the field of operation of public health officers and health agencies are being constantly extended, even into the domain of the practicing physician. The work of the public health officer and that of the physician relate to the same general subject but there is a marked difference in their respective jurisdictions. The jurisdiction of the health officer is limited while that of the physician is unlimited. That of the former should be restricted to such matters of prevention of disease as concerns the community but should have nothing to do with the treatment of the individual, which is preeminently the province of the physician. The reason why so many public health officials overstep the bounds of their jurisdiction is due perhaps to the lack of interest which so many physicians take in enlightening their patients in preventative measures.

#### The Press and the Physician

The press, both dailies and periodicals, has opened its columns to the discussion of medical subjects, an opportunity usually taken advantage of by so-much-a-line writers, who draw unjustifiable deductions from limited knowledge of the matters discussed more with the idea of presenting sensational reading than of enlightening the public on the facts. The tenor of so many of these articles is so unfair as to give rise to the thought that they were intended to create in the minds of the readers a prejudice against all medical institutions and the honesty and good intentions of the physi-

As a good illustration of such an article the following is taken from a recent Sunday

edition of one of Chicago's leading newspapers: The article had a large page-wide headline-"What is Wrong with Our Hospitals." It was said to have been written by an intelligent observer (a woman who writes such articles for a living). Among other things it said—"The hospital pays no taxes; it has no bonds or stocks to pay dividends on; it does not need to earn or lay aside any funded debt or for depletion; the high-price surgeons and doctors cost the hospital nothing because they offer their work free in the charity wards and charge the private patients ample fees; some of the house staff of doctors work for nominal wages and the experience they get; the salary of superintendents and heads of departments are not enormous; many of the nurses are in trainemployers of labor, have become awakened to, ing and get little besides their board and experience; many of the workers around the wards are almost human derelicts paid very little in money and not much in food value; the cooks and kitchen help are the poorest paid variety. With no taxes to pay, with incomes from endowment funds and contributions from state, city and county, the hospitals are constantly passing the hat for individual contributions to make up deficits. While the hospitals give free service to the poor in the wards yet the private patients in the private rooms are made to pay amply for everything they get. From the moment a private patient arrives until he leaves, no service of any kind is rendered without being charged for. If a patient is sent in by his private doctor or surgeon he pays his doctor or his surgeon himself. If he has an operation he pays for everything that can be thought of in connection with it as for operating room service, for the anaesthetic, etc. If an analysis is made of the blood or of body fluids this is paid for at the regular commercial price. If an x-ray is taken the patient is charged at the regular rate of an outside laboratory. There is also a fee for the use of radium. If he has a private nurse the patient pays for her and her board. Until I became a hospital patient, I ignorantly supposed that hospitals were primarily for the care of the sick. But that is not so. They are primarily for the care of the equipment." This patient paid the munificent sum of three dollars a day for hospital care, nursing and medical service. The article ends with the statement that "seventy-five cents per head for food should be ample to defray the cost of wholesome food properly prepared and served in portions suitable to the requirements of an invalid. This leaves two dollars and a quarter a day per head for medical care, drugs, nursing, laundry and cleaning." The strange part of this is how any newspaper that hopes to have the respect of intelligent people could

print such an absurd and untruthful, if not malicious, article about hospitals and doctors

#### Mass Production in Medical Service

A new force has comparatively recently entered the besiegers, broadcasting the war cry of "mass production" Realizing that mass production has been the means of making a few men enormously wealthy and that it has resulted in reducing the cost to the people of the articles manufactured, these wealthy masters of the mills claim to have discovered a panacea for reducing the cost of medical care in what they are pleased to call "mass production" Just how mass production can be applied to the treatment of a sick person who is a distinct individual with reactions to disease and to treatment that is specific unto himself it is difficult for anyone to see but a pure business man who is engrossed in nothing but his own material affairs. But when we analyze the meaning of mass production as promulgated by these men we find it resolved into two ideas-1, lower cost and 2, one price to all In a recent article in a lay magazine, entitled "A Merchant Looks at Medicine," by one of these mass producers, it is stated that-"Un less there is one price to all, a business cannot organize for maximum service The healing business in other words is defrauded of any workable, economic check upon its activities It is held that medical care should be doled out in packages at so much a package, one price to all It is not surprising that these men of mass production who in their factories have reduced thousands of men to mere me chanical automatons should look upon them as so many puppets to be treated in a mechanical mass production manner But by enlightened physicians of humane instincts this cannot be done

#### State Medicine

From what has been said it is evident that the practice of medicine is under siege and that it is being encroached upon in a manner and to an extent that is affecting materially the welfare of the profession and it is essential that serious thought be given to these problems if disaster is to be averted But how is this siege of medicine to be raised? This is a question that concerns not only the profession of this country but also that of other civilized countries of the world We are all aware how compulsory insurance in Germany has about pauperized the general profession and has resulted in the country being overrun with practicing charlatans to a greater extent than almost any other country The situation has become very iccute in England The National Health Insurance system which has been in operation there for several years has not been entirely

satisfactory to the profession nor to the gov-The government has now introduced a Bill proposing to extend to all of the people, or to the entire population the present system of providing medical care at governmental expense to certain classes of the people This results practically in universal state med icine, or the socialization of the medical profession Medical care is to be served to all of the people and paid for by the government A physician is to be paid for his services by the government and naturally at a reduced The physician has thus become an employee of the state The profession repre sented by the British Medical Association, not being satisfied with the government's scheme has presented a proposal "for a general med ical service for the nation" The scheme presented by the Association is published quite in detail in the British Medical Journal of April 26, 1930

#### The British Plan

When the National Health Insurance Act was first proposed in England it was opposed strenuously by the British Medical Associa tion, but the political economists and the poli ticians succeeded in its becoming a law in spite of the opposition, and the medical profession had to yield to the inevitable. At that time compulsory health insurance in some form or other and so called state medicine became very live subjects for discussion in this country and some of the influential men of our own Asso ciation became proponents of the principles advocated, but fortunately for the welfare of the people and of the profession the agitation gradually subsided The health insurance system of England has survived and now that the labor party is in control in England it has been proposed to extend the national health act to make it universal in its application and to bring medical service to all classes of people This amounts practically to state medicine and if carried out would make the medical profession employees of the state. To ob viate this dire disaster, the medical profession has come forward with a plan of its own that proposes to provide the best medical care for all of the people and at the same time pre serve the independence of thought and action of the profession That the medical men of Ingland have been feeling a siege similar to that which we have just been relating as going on in this country is quite evident from the following quotation from Buzzard (Lancet, Oct 5 1929) "We cannot blind ourselves to the fact that the present position and reputition of the medical profession in the eyes of the pub-We cannot remain lie is unsatisfactory de if to the censure sometimes good natured sometimes ill natured, well founded or bise

less so frequently passed in ordinary conversation on doctors and doctoring. There can be little doubt that speaking generally we live in an atmosphere which may be described as unsympathetic and suspicious if not actually antagonistic." This expresses very clearly a feeling which seems to be growing in this country. That such a feeling must react disasterously on the people as well as on the profession is most certain. If the profession is wise it will act voluntarily and try to work out its own salvation without being coerced.

#### The Problem in the United States

The problem that has to be worked out in the United States is how to furnish the best medical service to all of the peaple all the time at prices within the means of all and without the overwhelming amount of unecessary charity that is now being given too lavishly by the profession. To begin with we must recognize that the present charity clinics do not satisfactorily solve the problem. About the only connection that physicians have with these clinics is to contribute their services without cost to the institution and to the great majority of the patients who are frequently able and should pay something for the service. In order to correct this great abuse it will be necessary for the physicians to own and conduct their own clinics.

#### Medical Centers Run by County Medical Societies

profession must organize, not we are organized today, simply for scientific purposes, but for business purposes as well. The general plan of organization of the profession is well established, and it is only necessary for each unit or county society to incorporate for business purposes and to add to its present duties that of looking after the material interests of its members. Each county society should then establish a medical center of its own, owned and managed by the society. This medical society should be the clinic of the community. What should constitute a community will naturally depend upon the size of the county or the number and size of the towns in the county, but as many centers as may be necessary to meet the needs of the people should be established. A center should consist of a suitable building or offices properly equipped for the diagnosis and treatment of all classes of cases. In other words, it is a clinic but not in the present sense of the free clinic but one in which all who receive services shall pay for them according to their economic The chief object of the center is to provide a place where those patients who are unable to have their own physician may receive the highest degree of medical care at a price within their means. There are many other advantages that these centers may bring to the physicians such as providing laboratory and x-ray facilities for its members, headquarters for society meetings, general library, etc. It is a common fear of physicians that such a center would be a great burden of expense to the society. On the contrary it would be a great source of income since everyone would pay something and experience shows that such a clinic properly managed would not only pay the expense of everhead and renewals but also earn something which could be used to help pay the physicians for their services. course, there are a few people so unfortunate as not to be able to pay anything, but such persons who are charges on the community would have to be paid for by the community at proper rates to be arranged for between the community and the center. Of course there would be a business head who with a superintendent and such other help as the size of the center would make necessary, would conduct the affairs of the center. The medical work naturally would be assigned to the doctors, the time and hours of service being arranged for in an equitable manner by the directors or trustees of the society. These centers, which would be established by the county medical society, would come under the general supervision of the state association and these in turn under the American Medical Association as in our present system of organization. The American Medical Association should encourage and foster the development of these centers all over the country. The numerous clinics that now exist for the free treatment of ambulatory patients would come under the control of the profession or else cease to exist; and the profession would then find itself master of its own business, something that is now rapidly passing into the hands of laymen.

The scheme would not interfere in any way with private practice, since those patients, who are able to pay the physician's rates will have their regular doctors as at present. The time which physicians are now giving gratuitously to the care of millions that are being treated in free dispensaries would be given to their own medical centers where all patients would pay for all services rendered in accordance with their ability and which would not only be of enormous financial gain to the profession but of inestimable value to the people by instilling in them self-respect and thrift and economy.

Let us act before we find ourselves in the same situation as our British confrères. Let us break the siege of medicine before it breaks us.

## A DISCUSSION OF UPPER ABDOMINAL PAIN' By EDWARD C REIFENSTEIN, MD., SYRACUSE, N Y

PPER abdominal pain may be a problem requiring the diagnostic skill of the internist and the surgeon. Mistakes in diagnosis have been made with serious and disastrous consequences. Unless careful consideration is given to all of the possibilities associated with upper abdominal pain, the diagnosis may be erroneous and the resulting therapeutic endeavor a failure.

Those in charge of hospital ward service can testify to the fact that it is not an uncommon experience to have patients, presenting acute upper abdominal symptoms, sent in for surgery in whom some non surgical, extra-abdominal lesion is found to explain the abdominal symp-Medical literature contains reports of such experiences where no pathology was found at operation, and a lesion, either in the chest, spine, or nervous system, was found at autopsy which would account for the abdominal symptoms Likewise patients are encountered in whom several laparotomies have been performed because of upper abdominal pain or discomfort, and in whom it is found that the complaint is referable to some serious cardiac or nervous system disease of this kind reflect upon the art and science of medicine

In recent years surgeons have tried to stress the importance of early surgery in acute upper They have tried to emabdominal lesions phasize the point that too much time should not be spent on differential diagnosis and that the operation should be done first and the This statement may be diagnosis made later accepted in those cases requiring immediate The doctrine has its limitations and is associated with certain dangers because it assumes that all upper abdominal pain and rigidity require surgery Unfortunately the surgical writers have failed to appreciate the fact that all the signs and symptoms of an acute abdomen may also be associated with the non-surgical extra abdominal disease

In the past the medical men were at fault for holding a case which required surgery too long, thus losing valuable time before calling a surgical consultant. It was natural that the surgeon should react to such a condition with the result that he felt it his duty to educate the profession relative to the importance of early surgical intervention in upper abdominal lesions. The medical profession and the internist have profited by such education.

But when one reads the discussions by surgeons upon the diagnosis of lesions associated

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica N Y, June 5, 1929

with upper abdominal pain, he rarely finds any reference to the possibility that abdominal pain may also be associated with extra abdominal At the present time it is encumbrant upon the internist to point out to the medical profession and to the surgeons that an acute upper abdomen must be appraised, not only as a possible intra-abdominal lesion requiring surgery, but also as a manifestation of an extraabdominal lesion in which surgery is not indi-It is therefore evident that these cases may assume borderline significance, and if errors in the diagnosis of the complaint are to be prevented, it is essential that there be a closer co operation between the medical men and the surgeons

While co operation is important in acute upper abdominal disease, it is frequently of equal importance in the patient with chronic upper abdominal distress in whom mistakes in diagnosis are made by both surgeon and internist. The case is sometimes treated by medical measures when surgery is indicated, and operations are sometimes performed when more study would have revealed that the condition did not require surgery. These errors in diagnosis are frequently due to hasty judgment and faulty interpretation resulting from incomplete clinical or laboratory evidence.

It is my purpose to discuss some phases of this problem and to present a few brief cast summaries illustrating some of the points. It will be helpful to consider that upper abdominal pain or distress may be a manifestation of two disease groups (1) the intra-abdominal group (2) the extra abdominal group

It has been my experience that the profession generally is familiar with the clinical picture of the various acute inflammatory conditions of the upper abdomen, whether it be from an acute cholecystitis, pancreatitis, biliary colic, perforated gastric or duodenal ulcer, or intestinal obstruction, and that it is cognizant of its responsibility associated with these various possibilities Its familiarity with these various disease conditions is no doubt due to the education which has been carried on by the surgeons However, in that group of patients in whom the complaint is one of upper abdominal distress without acute manifesta tions, the surgeons, the internists, and the medical profession soon realize their short-The relationship of comings in diagnosis upper abdominal discomfort whether acute or chronic to some intra abdominal disease, is not always easily established If the proper therapeutic agent is to be selected the various possibilities must be considered

In the extra-abdominal group of conditions, definite evidence of cardiac, pulmonary, or spinal disease; central nervous system disease; diseases of metabolism, and of the blood; and chronic nephritis may be found. In this group the manifestation of upper abdominal complaint may be either acute and serious or of a chronic discomfort. The internist can be of assistance in the detection of the diseases associated with this group. Just as the surgeon is familiar with the inside of the abdomen, so is the internist familiar with the different clinical pictures which this extra-abdominal group may present. It is therefore evident that a problem presenting so complex and bizarre a picture, and associated with so many possibilities, should require thought and consideration. All evidence should be carefully appraised and evaluated.

A carefully written history is the first essential in the differential diagnosis of upper abdominal complaints. A helpful and important history is not necessarily a lengthy history; in fact a few sentences may tell the whole story.

In writing the history it will be helpful to observe whether the patient is of the anxious, apprehensive type or of the phlegmatic type. The intelligence of the individual and his ability to accurately describe his complaint will be helpful. As the history continues valuable information may be secured concerning the patient's response to painful sensations. equal importance will be the knowledge of his environment, habits, and economic condition. Every endeavor should be made to obtain evidence of emotional disturbances; e.g., worries, anxieties, fears, disappointments, unhappiness, or an abnormal sexual life. These emotional upsets and conflicts adversely affect certain individuals so that marked disturbances of digestion or of cardiac physiology may result.

From these impressions and from the information secured from the patient valuable positive evidence may be obtained in favor of reflex conditions. These reflex conditions disturb function, and they should receive as much consideration as organic lesions. Neglect to appreciate the significance of this information or failure to obtain it, will explain some of the mistakes in the diagnosis of upper abdominal complaint as well as to explain the failure of surgery to relieve the discomfort.

The discomfort or pain may be mild or severe. From the intensity of the sensation alone one cannot evaluate the gravity of the situation. It is important to appreciate that a mild sensation in a certain type of individual may be associated with a serious intra- or extra-abdominal condition, whereas the complaint of a very intense discomfort or pain in another

type of an individual may be found upon careful analysis, to be without any serious intraor extra-abdominal disease. An aching sensation in an ignorant negro may be associated with a more serious condition than a complaint of an acute intense pain in a school teacher of high intelligence, in whom there is a certain type of a nervous system.

If the complaint is acute, only the essential points in the history should be obtained. The presence of previous indigestion has significance, especially that type associated with periodic attacks of discomfort, periods of freedom from the discomfort, and relief by food and alkalies. A direct question will usually bring a satisfactory answer and will indicate the possibility of ulcer, the perforation of which may explain the picture. Previous operations may explain an acute attack of intestinal obstruction due to adhesions. A history of biliary colic in a case of intestinal obstruction, may find explanation in the passage of a gall stone through the intestinal tract.

If one obtains evidence of epigastric or substernal discomfort or pain, especially in a male, associated with or without pain in the face or arms, and occurring with exercise, emotion, or excitement, and relieved by rest, it is valuable evidence and should immediately suggest coronary disease. The complaint may be only one of pressure occurring with exertion after meals, and it is then often erroneously interpreted as gas because of belching associated with rest.

If this evidence is obtained in a patient pre senting the signs of an acute abdomen—e.g. nausea, vomiting, abdominal pain, tenderness and rigidity, cardiac infarction must be ruled out before surgery is considered. Other signs of this condition such as moisture at the bases, evidence of collapse, a fall in blood pressure, or a friction rub over the heart, may then be found. There is usually a history of hypertension of many years' duration which evidence should also suggest vascular disease.

The history of dyspnoea on exertion with occasional attacks of nocturnal dyspnoea, indicates the possibility of a myocardial condition. Recurrent epistaxis, attacks of rheumatic fever, or hemoptysis followed in later years by shortness of breath, and irregular heart action, suggest the possibility of broken compensation associated with mitral stenosis. The right heart failure will account for the acute abdomen in these conditions, by causing congestion and tenderness of the liver. The history of a recent attack of acute polyarthritis is helpful and may suggest an acute rheumatic pericarditis as an extra-abdominal lesion associated with intense epigastric pain. The history may reveal recurrent attacks of tachycardia. A sudden transition in the rhythm or rate of the heart may be associated with sudden enlargement of the liver with resulting signs of upper abdominal pain and rigidity. The rapidly beating heart may be the cause of the condition and not a sign of peritoritis, as some surgeons believe

Discomfort in the epigastrium after meals, occurring in a female who also gives a history of having had several attacks of severe pain in the abdomen, usually occurring at night and relieved either by a hypodermic or hot drinks, puts the responsibility of the presence or absence of gall bladder disease upon the physician history of the removal of a tumor of the kidney in which hematuria was present and which was later followed by severe upper abdominal pain with jaundice, will indicate the possibility of a metastatic disease affecting the liver The history of an operation for the removal of a tumor of the breast which, in a few years is followed by severe paroxysmal epigastric pain, usually worse at night and frequently increased by a change in position, arouses the suspicion of metastatic disease of the spine or the cord

The history of severe pain in the upper abdomen in which the pain is aggravated by change in position, will suggest some arthritic change of the spine The patient is frequently awakened at night by severe paroxysms of During the height of the paroxysm the abdominal muscles are tense, rigid and tender The patient finds difficulty in turning from side to side and holds himself rigid. He also complains of severe pain in the back as well as in the abdomen If this condition should follow a case of typhoid fever, spondylitis should be considered. In two cases it was my experience to have seen an osteomyelitis of a rib associated with spinal difficulty. A culture from the abscess of the rib revealed a pure culture of typhoid bacilli

The story of polyuria with excessive thirst and the presence of sugar in the urine for some time, followed by a sudden acute attack of upper abdominal pain, collapse and prostration, suggests the possibility of acute pancreatitis

The female seeking relief from upper abdominal discomfort, with a history of frequent operations, is familiar to all of you. You are soon impressed with her anxiety as to the nature of the discomfort as well as the anxiety over the presence and significance of mucus in the stools. She describes frequent attacks of pain in different parts of the body. She suffers from recurrent attacks of headache. She usually has one or more scars on the abdomen as a result of previous operations. While this individual is usually thin and emaciated, nevertheless it is important to recognize the fact that

over-weight and well nourished individuals are sometimes affected. When operations are performed upon individuals with this history, it usually is because the indications for operation are based upon incomplete and improperly evaluated histories. The history is character istic. It is usually lengthy requiring considerable time and patience to obtain it.

The evidence from the physical examination is important. It is often valuable and may establish the diagnosis. The appearance of the patient is important. The ashen color of the patient suffering from coronary thrombosis striking. The malar flush and the cyanosis associated with initial disease, attract attention. The flushed face with the playing alaenasi is significant of acute pulmonary disease.

The posture in bed which the patient as sumes, may be of considerable diagnostic importance. The contrast between the appearance of the patient with an acute cardiac condition, propped up in bed, and the one suffering from acute peritomits where the thighs are flexed on the abdomen, is striking

In acute pulmonary disease the patient fre quently lies on the affected side. The patient with spondylitis holds himself rigid ever he attempts to move, it is observed that his entire body moves as if he were in a The character of the respiration plaster cast whether thoracic or abdominal should be appreciated. In the examination of the chest for the detection of acute pulmonary disease search should be made for impaired resonance, diminished breath sounds, increased whispered voice sounds, and moisture at the bases of the lungs These signs in the chest may account for the abdominal manifestations associated with acute pulmonary disease

If acute cardiac infarction is suspected, the lungs should be carefully examined for evidence of moisture at the bases and a pericardial friction rub searched for. These signs are of diagnostic importance in the early diagnosis of coronary thrombosis. If a decided fall in the blood pressure has occurred, it will be valuable additional evidence. Careful attention should be directed to the intensity, quality, rate, and rhythm of the heart sounds the examination for the pericardial friction rub of rheumatic fever, it may be necessary to have the patient bend forward in order that this sign may be detected. If the apex beat is found displaced upward, and if dullness and bronchial breathing are found at the left base then the possibility of an acute pericarditis with eitusion associated with the acute abdominal symptoms, should be considered

Physicians should be familiar with the fict that a sudden transition in the curdiac rate or rhythm may be associated with reute ab dominal symptoms which may appear alarming and dangerous. The sudden onset of paroxysmal auricular tachycardia, auricular flutter, or auricular fibrillation, may be associated with a dilated right heart and an enlarged tender liver. Persistent auricular fibrillation may be associated with an engorged liver which may account for a chronic upper abdominal complaint. It is essential that a physician be familiar with the diagnostic criteria which will enable him to identify the nature of the various disturbances of cardiac rate and cardiac rhythm. His ability to recognize the type of disturbance may result in a very dramatic therapeutic result.

Careful examination for evidence of mitral stenosis should be made. Attention should be directed to the presence of the characteristic mid diastolic murmur. For the detection of the murmur it is essential that the examination be made when the patient is in the left lateral position. If such evidence is found it may be a diagnostic aid in favor of an acute abdomen due to an enlarged tender liver associated with a dilated right ventricle. A diastolic murmur heard over the aortic area, along the left border of the sternum, or at the apex may suggest syphilis. An accentuated aortic second sound with a metallic ring, in the absence of hypertension, may also suggest further investigation for syphilis. Syphilis of: the central nervous system may explain obscure upper abdominal discomfort. The presence of hypertension should direct attention to the vascular system. The ophthalmoscopic examination of the eyes may reveal valuable evidence of vascular disease.

In the examination of the abdomen it is important to note the type of respiration, the presence of localized spasm, rigidity, or tenderness, and the presence of a palpable mass. The presence of cutaneous hyperesthesia may suggest a lesion above the diaphragm. It is important to observe whether a change in the position of the patient aggravates the pain in the abdomen. If so, careful palpation of the spine for evidence of tenderness should be made. As a rule the discomfort in this type of a case is of a chronic nature and will require a detailed examination of the spine for evidence of motility and fixation. A physician should be familiar with the fact that radiculitis may be associated with severe abdominal pain.

The examination of the nervous system should be complete. The reaction of the patient to sensation and to the presence of painful and tender areas should be determined. It will not be sufficient to test only the condition of the patella reflex, but attention should also be given to the achilles reflex. It is often the first reflex which will be found diminished or absent in syphilis of the nervous system. The examination of the vibratory sensation will be helpful. If it is found

to be diminished or absent, it will be a valuable confirmatory sign of spinal cord disease.

The other points in the physical examination which should be studied are: the condition of the mammary glands and pelvic organs in the female; the condition of the prostate gland in the male; and the condition of the glandular system and the skin.

Laboratory Evidence.—Certain laboratory observations are of valuable aid in the diagnosis. It is true that the laboratory evidence is often improperly evaluated. Those in charge of the Roentgen Ray and chemical laboratories can testify to the fact that many requests are made for studies and observations with the result that extensive laboratory investigations are carried out. In many instances these tests are made without the physician having the least impression or lead as to what the patient's condition is or the particular reason for doing the laboratory work.

In the minds of certain practitioners this constitutes a complete investigation, and they hope that these laboratory tests will prove to be a short cut to the correct diagnosis. In other words, they hope to "let the other fellow do it." It is often true that the more laboratory work requested, the more likely it is that the keystone of the case is missing. The keystone in the medical diagnosis is the clinical history. Without it the diagnostic structure can not be built. The more accurate the history is, the less extensive will be the laboratory invesigations required.

Nevertheless the laboratory is an essential aid in the diagnosis of certain conditions. especially true in the chronic type of discomfort or the recurrent attacks of discomfort. The gall bladder visualization test if properly done and properly interpreted, is a helpful aid in diagnosis. Questionable evidence should not be allowed to appear in the final appraisal. It is more likely to mislead than to be of aid. Whenever there is a reasonable doubt as to the significance of this evidence, it had better be omitted. Additional evidence of gall bladder disease may be the indirect signs of it which are found by means of a barium series of the gastro-intestinal tract. Careful roentgenograms of the spine taken in different positions with careful interpretations by a competent roentgenologist have distinct value.

The electrocardiogram will give valuable information in certain cases. This is especially true in the male in whom there is a complaint of upper abdominal discomfort, and coronary disease is being considered. If there is positive evidence of an abnormal electrocardiogram, e.g., inverted T wave, low voltage, prolonged Q-R-S interval, all of which indicate disturbance of the electrical conduction through the heart, then this evidence should not be ignored, but should be carefully evaluated and appraised for it indicates some change in the heart muscle. It is sometimes difficult to establish the relationship of an abnormal

electrocardiogram to the present complaint. Careful consideration of all the evidence is essential. It is important to appreciate that there may be myocardial or coronary disease present with a normal electrocardiogram. However, an abnormal electrocardiogram reveals definite evidence of some damage to the myocardium at some time.

No patient, especially a male around fifty years of age, with an upper abdominal complaint, whether this complaint be a mere discomfort or a severe pain, has been properly studied unless an electrocardiogram has been made. This is especially true in the ambulatory type of a patient who comes to us with indefinite sensations which he calls "gas." Gas is a self-made diagnosis which causes me considerable difficulty in evaluating. It is often extremely difficult to find out just what is meant by gas. It is sometimes described as pressure, or it is called "gas" because relief from the discomfort is obtained either by taking soda or from belching. It is important to consider that "gas" trouble is but a mirror and that the real image is often found in the disturbance of the coronary system. It is then that the electrocardiogram may be helpful.

In acute upper abdominal pain the blood examination may be an aid. However, too much dependence should not be placed upon a leucocytosis in favor of inflammation, because a leucocytosis also occurs with acute cardiac and acute pulmonary infarction. The spinal tap may bring the deciding evidence with positive serological findings in a case of obscure chronic upper abdominal discomfort. Chemical blood studies may have evidence of limited value. The study of the urine should always be made and cellular elements properly evaluated with the clinical pic-

ture.

An abnormal electrocardiogram or cholecystogram, or careful roentgen ray studies of the chest, spine or gastro-intestinal tract, may reveal valuable information. Careful studies of gastric acidity and motility may be helpful. These laboratory tests may furnish valuable information as well as the necessary diagnostic link in the chain of evidence. It is essential that the proper interpretation of all laboratory evidence be made in the final appraisal. Repeated laboratory tests have greater significance and value than one test. All laboratory evidence of doubtful or questionable value will justify the repetition of the test, or else the evidence should not influence the final opinion.

#### Conclusion

You will then realize that upper abdominal pain or discomfort may be a difficult problem. In order that mistakes in diagnosis and treatment may be prevented, it is important for internists and surgeons to appreciate that an acute upper abdomen may be a manifestation of an intra- or extra-abdominal disease. Surgery should not be

attempted until all the possibilities associated with these disease groups have been considered.

It is evident that the most important diagnostic aid in this problem is the history. In acute cases only very essential points should be secured, whereas in a chronic complaint a more detailed, time-consuming history may be necessary in order that the correct evidence may be obtained. The physician and surgeon must realize that severe upper abdominal symptoms may be associated with emotional upsets as well as with organic disease.

Another essential aid in arriving at the correct diagnosis is a complete physical examination. Positive signs may establish the diagnosis. Emphasis upon abnormal signs without regard to their significance and their relation to the complaint, may be harmful. The absence of abnormal physical signs may be as helpful as their presence in the final appraisal of the evidence.

The history and the physical examination should indicate the necessary laboratory aids which are required. This evidence when properly obtained and properly interpreted may be of distinct value in arriving at the correct diagnosis. Finally it is essential that the physician have the proper state of mind in approaching this problem with the chief object and desire being to relieve the suffering of an individual. This he can best do by first attempting to make a satisfactory diagnosis. In order to do this it will be absolutely necessary that he consider all the various possibilities associated with the condition and not to arrive at a hasty conclusion. After this has been done he should give the same careful attention to the therapeutic indications of the case.

In my opinion, if this manner of approach is followed more accurate diagnoses of upper abdominal complaints will be made, resulting in more satisfactory therapeutic responses.

Case No. 1, No. 4555, male, age 55 years—Seen in consultation on May 1, 1928, because of severe epigastric pain. Ten years previously had had attacks of polyarthritis. Attack of pain occurred suddenly. Ten one-quarter grain codeine tablets prescribed without 'relief. Pain paroxysmal and stabbing in character.

Examination—Patient sitting up in bed, bending somewhat forward. Located the pain in upper epigastric region and lower left chest. Temperature 99.8, pulse 104, respiration 40.

In upright position definite to and fro friction rub heard over the precordium. Forcible first sound. No murmurs. Apex difficult to locate. Dullness at left base with diminished breath sounds.

In the prone position patient has paroxysms of severe pain at which time he places his hand over epigrastric region. Examination reveals tense, rigid abdomen. Pain controlled by morphine and saheylates

Examination following day—temperature 104, pulse 120, respiration 44. Face flushed. Heart sounds of diminished intensity. Increased dullness at left base with bronchial breathing.

Diagnosis-Acute pericarditis with effusion.

Case No. 2, No. 2403, male, age 55 years— Tumor of right kidney removed on February 4, 1922. Pathological examination—hypernephroma.

Convalescence uneventful.

Seven weeks later suddenly seized with severe pain in epigastric region without vomiting. Followed by generalized pain throughout the upper abdomen and associated with light colored stools.

Examination—Rigid and tender upper abdomen. Enlargement of liver, jaundice, emaciation.

Following this attack, jaundice increased in severity, followed by nausea and vomiting. Generalized pains in different joints with weakness and later evidence of sensory aphasia. Four months later death following general exhaustion.

Autopsy—Metastatic hypernephroma of lungs, intestinal wall, liver. Tumor of inferior vena cava. Infarction of brain, medulla, spinal cord.

Case No. 3, No. 3524, male, age 73 years—Began eight days previously with severe pain in epigastric region requiring opiates. Pain associated with vomiting.

Eight hours later temperature 101. Definite epigastric tenderness and rigid abdomen. Surgeon called. Diagnosis: Cholecystitis. Temperature continued for seven days.

On the morning of the eighth day another attack of severe epigastric pain located beneath the ensiform cartilage with abdominal rigidity and marked dyspnoea and cyanosis.

Examination—Ashen-slate color of skin, cyanosis of lips and fingers, marked dyspnoea. Heart sounds distant and feeble. Gallop rhythm. Blood pressure 86/60. Moisture at both bases. Liver edge hand's breadth below the costal margin. The following day sudden death.

Diagnosis—Coronary thrombosis. Cardiac infarction.

Case No. 4, No. 3217, male, age 47 years—Chief Complaint—Discomfort in epigastric region of three years' duration. Had been studied by internist. Roentgenogram studies made of the gastro-intestinal tract. Diagnosis—Chronic appendicitis. At operation appendix found thickened. Gall bladder normal. No relief following operation. Discomfort in epigastrium persisted. Aggravated by food.

Additional history—For three years had been conscious of pain in mid dorsal region. Increased when getting out of bed or bending forward. At the time of operation six months previously x-rays of spine reported negative. Six months later x-rays of spine reported—Evidence of hypertrophic arthritis.

Improvement in abdominal symptoms with fixation of spine.

Case No. 5, No. 2606, male, age 40 years—Seen because of severe pain in upper abdomen and in dorsal—lumbar region. Paroxysmal in character. Four months previously had had severe attack of typhoid fever with hemorrhages. Two months later osteomyelitis of rib.

Physical examination—Tenderness of first lumbar vertebra. Increased pain when patient attempts to move. Abdomen rigid and tender during the paroxysms of pain. Nausea and vomiting also present. Temperature 99, pulse 80. X-rays showed destruction of twelfth dorsal and first lumbar vertebrae.

The application of a plaster cast to the body and the administration of typhoid vaccine relieved the condition.

Case No. 6, male, age 40 years—Was admitted to the University Hospital as a private patient for an acute surgical abdomen. For four days had had severe epigastric pain, nausea, and vomiting. The abdomen was rigid and tender!

Preparations for operation were made when an internist discovered evidence of cardiac hypertrophy, aupricular fibrillation, and hypertension, with a palpable liver edge, 5 cm. below the costal margin.

Digitalis therapy changed the entire picture

within twenty-four hours.

Case No. 7, male, laborer, age 38 years—Admitted to University Hospital October 20, 1926, because of pain in epigastrium of nine days' duration. Progress stationary. Past history unimportant.

Present Illness—Began on October 11, 1926, while in bed with aching in epigastric region associated with belching of gas. No other symptoms except slight dysphagia. No change for eight days. When admitted had very slight epigastric pain of aching character. No vomiting. Temperature 101, pulse 80.

Physical Examination — Essentially negative except slight tenderness on deep pressure in midepigastrium. Blood count, whites 19,000, polys 81%. Repeated blood cultures and widals negative. Examination of feces negative. Temperature continued. No new complaints.

No change in patient's condition for six days. Then chill, rapid respiration, cyanosis, temperature 105. No localizing signs. Leucocytosis continued. Blood culture negative. Two days later exquisite tenderness in epigastrium with rigidity. Surgical consultant advised observation.

Three days later operated. Liver found enlarged to the left, purple color. Manipulation followed by sudden appearance of pus from its under surface. Patient expired following day.

Autopsy—Liver weighed 3300 grs. Two large abscess cavities in left lobe, each 10 cm. in diameter containing gray purulent material. No amoebae recognized.

## HAY FEVER; ITS SYMPTOMATOLOGY

### STUDIES IN HAY FEVER IV\*

By A A THOMMEN, MD, NEW YORK, NY

Introductory The term hay fover appears to have originated among the laity shortly after Bostock first described the disease in 1819, when hay was regarded by many as the cause, and when the term fever was loosely applied to many indispositions, without recourse to the chinical thermometer synonyms have been in use, some based on the supposed cause-Rose Cold, Pollen Catarrh, Ragweed Fever, Corizza da Fieno, Rhume des Foms, others relate to the particular season of incidence-Summer Catarili, June Cold, Autumnal Catarrh, Fruhsommer-Katarrh, and others again are associated with the symptoms-Rhinitis Pruritus, Spasmodic Rhino-bron chitis, Niesfieber In Germany it has also been called Bostock'scher Katarrh, and in France Asthme hav des Anglais

As a determinative name, hav fever is a mis nomer, for the malady is neither due to hay nor characterized by any definite rise in temperature A more satisfactory term is pollinosis It is well, however, not to be too critical of the etymological significance of medical terminology Many terms do not bear too rigid an analysis, eg melancholia, hypochondria vitamine tularaemia, yet their serviceableness is undisputed, particularly if it be borne in mind that the function of any name, as of language in general, is the adequate conveyance of an idea or concept. The term hav fever is now universally in use to designate the train of symptoms induced in specifically sensitive individuals through the adequate contact with specific pollens It has been given a generic significance so that we speak of tree hay fever (or tree pollen hay fever), grass hay fever and weed hay fever It quite probably has attained a permanent place in medical nomenclature

The term hav asthma has been used to designate the asthma which is caused by pollen, and is correlative with such terms as cat asthma, horse asthma, etc. It, too, is unsatisfactory, a more correct designation being pollen asthma (The reader is referred to a previous paper for a complete discussion of the etiologic significance of pollen.)

The symptoms of hay fever vary greatly in different individuals, with regard to the time and mode of onset, the comparative intensity of the various local manifestations, the tendency to bronchial involvement, as well as their general severity and duration. In general, the symptoms result from an acute inflammation of the more readily accessible mucous membranes—the ocular, nasal, buccal, pharyngeal, eustachian and bronchial. Occasionally one observes certain cutaneous manifestations, irritations of the skin of the face and nick, a specific dermatitis, urticaria and eczema. The symptoms are similar in the three forms—tree, grass and weed hay fever.

I his is usually gradual, though The Onset not infrequently it is quite sudden. The initial symptoms are those of a mild sensation of itching and burning at the inner canthi, or a similar sense of irritation felt within the nasal cavity, the fauces, the palate or nasopharynx These are, as a rule, entirely subjective and may be viewed as being precursory or prodrom-The gradual onset is due to the occurrence of the gradually increasing quantity in the atmosphere of the offending pollens At times, the onset is sudden-that is to say, the symptoms reach their maximum development within a few minutes This type of onset results from the patient being suddenly exposed to a mass of pollen, as, for example when passing through a field containing numerous offending plants in the early pollinating stage symptoms may be divided into two groupsthe catarrhal symptoms ie the oculo nasalpharyngeal, etc., and the asthmatic symptoms

The Catarihal Symptoms The Nose initial stage of irritation which may last from several hours to a few days, is followed by certain nasal and ocular manifestations Soon. there is developed a sense of pressure at the bridge of the nose and a feeling of fulness within the misal cavity, which invariably presages the obstruction of nasal breathing because of the swollen mucosa, and which is usually accompanied by paroxysms of sneezing and a profuse watery discharge The sneeze is rarely single, but generally occurs in pro-longed, violent paroxysmal seizures in which sternutation occurs 10, 20 and even 50 times in rapid succession, frequently leaving the patient quite exhausted, in a profuse cold perspi-The threshold of excitability of the sneeze reflex is greatly lowered in the hay fever subject during the period of illness, so that though the chief cause of the sneezing paroxysms is the specific excitant of the offending pollen, the excitability of the sensitive nerves of the nasal passages is so intensified that sternutation is induced by a variety of

<sup>\*</sup> From the Hay Fever Asthma Clinic, University and Bellevic Hospital Medical College New York University

Thommen A A. The Enology of Hay Fever Studies in Hay Fever I New York State Jour of Met. April 15, 1930

ordinarily innocuous substances and circumstances.

"Your handkerchief suddenly becomes the most important object in life. By the next day the slightest draught or wind sets you to sneezing. It is a revelation. You never before even suspected what it really was to sneeze. If the door is open you sneeze. If a pane of glass is gone, you sneeze. If you look into the sunshine, you sneeze. If a little dust rises from the carpet, or the odor of flowers is wafted to you, or smell of smoke, you incontinently sneeze. If you sneeze once, you sneeze twenty times. It is a riot of sneezes. First, a single one like a leader in a flock of sheep bolts over and then, in spite of all you can do, the whole flock, fifty by count, come dashing over, in twos, in fives, in bunches of twenty."—(Henry Ward Beecher.)

The sneezing is almost invariably accompanied by a profuse watery discharge from the nose which may be so copious as to require the use of several dozen handkerchiefs daily; and yet, is at first so clear as to be almost stainless. As a result of the paroxysmal sneezing and rhinorrhoea the nasal obstruction is lessened, and the patient breathes somewhat more freely-a condition which is all too soon followed by another attack. These attacks may occur throughout the day, but are more severe at certain hours, for example on first arising in the morning when the circulation responds to a change of position and the surface of the body, particularly the extremities, is subjected to a change of external temperature. The variation in intensity of the various symptoms is due primarily, however, to the greater content of pollen in the atmosphere at various periods during the day. The ragweeds and many of the grasses shed their pollen chiefly from some time after sunrise to about

The Eyes. Coincident with, or immediately following the nasal symptoms, the itching of the inner canthus progresses along the edge of the lids and spreads to the conjunctiva generally, there being manifest a more or less marked congestion of the conjunctival and ciliary vessels associated with a profuse lachrymation and a variable amount of photophobia. The ophthalmic symptoms like the nasal, also occur in paroxysms of varying duration, but owing to the almost irresistible impulse to relieve the itching and burning, by rubbing, which serves but to intensify the irritation, the eyes soon take on the appearance of chronic inflammation. In severe cases, chemosis and ædema of the lids may occur. The complaint that the eyes feel as though hot sand or dust were in them is quite common. In addition to the burning and itching of the eyes, many patients complain of pain within the eyeballs, of constriction above the eyes, and of frontal headaches. Vision is practically unimpaired, tho the writer has seen two cases of doublevision which occurred annually, limited to the period of the hay fever symptoms.

The Mouth, Pharynx, etc.: As the disease progresses, the symptoms become more intense and the areas involved more extensive. The mucous membranes of the mouth (almost solely the hard and soft palate), fauces and pharynx become inflamed, and in many instances the inflammatory process extends into the eustachian tube. The uvula is often greatly inflamed and very ædematous. Thus are occasioned the repeated, painful swallowing movements, the disphagia and the irritative, hacking non-productive cough. The obstruction to nasal breathing described above results in mouth breathing for fairly long periods, and serves to aggravate the mouth and throat symptoms. Itching, almost intolerable in character, is commonly complained of at the roof of the mouth, and within the head or earthat is, in the eustachian tube, where, because it is inaccessible to the temporary relief afforded by scratching, it is all the more distressing. Tinnitis and impaired hearing are often associated.

Frequently, the nasal secretions, quite watery and transparent, at first, become thick, opaque and muco-purulent, and in the more severe cases produce excoriations about the tip of the nose and upper lip, associated with redness in the region of the alae. A similar change occurs in the lachrymal and conjunctival secretions, giving rise to the disagreeable adhesive condition of the eyelids, particularly in evidence when the patient awakens in the morning. In some severe cases the entire face appears swollen.

The Skin: Generalized erythema, dermatitis venenata, urticaria and eczema are sometimes observed as phases of the hay fever symptomatology. They are, however, uncommon manifestations.

Illustrative case. Male, aged 36, several of whose direct and collateral antecedents had hay fever and asthma, suddenly developed a severe attack of hay fever one morning (August 20th) whilst passing through a field of an almost pure stand of ragweed, in an endeavor to make a so-called short cut. On entering the field the patient was immediately seized with a paroxysm of sneezing. When he had progressed to the middle he experienced such severe asthmatic symptoms, that it was with great difficulty that he arrived at the other side of the field. His return home was accomplished with even greater difficulty. When seen about two hours after, it was noted that in addition to the moderately severe catarrhal and asthmatic symptoms, there was a generalized scarletiniform erythema; and areas of urticaria on the back and abdomen. Adrenalin proved quite effective. The diagnosis of ragweed pollinosis was subsequently established and phylactic treatment instituted.

The variation in the pollen content of the air and its relation to the various meteorological phenomena, will be discussed in detail in a forthcoming paper.

On at least three other occasions during that season the patient had attacks of crythenia and urticaria associated with severe attacks of the ordinary hay fever symptoms

During the past three seasons, a satisfactory response to the prophylactic and seasonal treatment with rigweed pollen extract has been obtained. On one occasion a constitutional reaction resulted from a dose of 015 mgm. Nitrogen, in which the symptoms of the mittal attack described above were duplicated.

Case II Female, aged 29 has had hay fever of moderate severity for 4 years. The patient was first even two weeks prior to the commencement of the ragweed season. The usual tests were made on the thigh, adjacent to the knee, and it was determined that the pitient belonged to the class A group ragweed pollinosis. A severe local rection occurred in the tested area which lasted for three days at which time it was noted that a definite circumscribed derinatitis was present suggestive of a weighning eczema. The patient stated that the eczematous area was similar to a rish which she had noticed occurred on her face and neck during previous hay fever seasons. It was also noted that a derinatitis developed on the arms in the areas in which the subcutaneous therapeutic injections were given. The patient had a severe attack of hay fever on August 16th. On August 20th a rash eczematous in character developed on the lower right side of the face and neck.

The rash on the arms was prevented by injecting the pollen extract more deciply (by using a 34 in, needle) and the face and neck were treated with local applications. The condition subsided about one week before the serson terminated. About a 40 per cent result was obtained chiefly because treatment was begun too late. In the three subsequent years no 13th developed and a 90 per cent plus result was obtained.

It is interesting to note that this patient normally perspired quite profusely about the head and neck Not improbably, the eczematous rash resulted from the solution of the pollen excitant in the perspiration. We must assume a greater tissue susceptibility in the areas effected. Blackley relates that he suffered from a dermatius of the scalp and face as a result of placing some rye (Secale cereale) in full bloom within his hat and wearing it on a hot summer's day in 1874.

Constitutional Symptoms There are no distinctive constitutional symptoms associated with hay fever Some individuals suffer from malaise, loss of weight, impaired appetite, constipation, insomnia, etc., which are correctly regarded as reflections of the catarrhal and asthmatic symptoms

Allied illergies In some patients, the hay fiver symptoms are aggravated by a concomitant sensitivity to other allergens. There are instruces in which a particular food, e.g. eggs, milk certain fruits, are found to disagree only during the hay fever season.

Variations in Intensity of Symptoms The symptoms are lessened or intensified according as the amount of pollen contained in the atmosphere decreases or increases. Plants

disseminate greater quantities of pollen on bright, warm, breezy or windy days, than during cloudy or rainy weather Patients are practically free from symptoms during periods of rain due to the fact that no pollen is shed at those times, and the atmosphere is cleared of pollen by the rain Symptoms are usually worse when the hay fever subject rides in a train or automobile, for thereby he is coming in contact with a greater amount of pollen per unit of time Patients are worse at night if the bed chamber windows are open to windward, for the same reason Frequently, exacerbations occur at night for the reason that, due to the cooling of the atmosphere after sundown, convection currents waft the pollen down from the upper strata

The Asthmatic Symptoms Hay Asthma, as the asthma caused by pollen is termed, should not be regarded as a complication nor as a particularly severe type of hay fever, but as a distinctive form of pollen sensitivity Clarity is attained by limiting the term hay fever to the catarrhal manifestations, i.e., to the oculo nasal pharyngeal symptoms, and hay asthmator pollen asthmator to the asthmatic symptoms. The term pollinosis includes both manifestations. The following is a typical case history

Female, aged 28 Mother and maternal aunt had hay fever paternal grandfather had asthma The first at tack occurred in 1919 (August 15th till the first week in October) It was then thought to be a severe cold ne diagnosis not being definitely made until the third season, when the symptoms were quite severe. The attack occurred each year about the same time and terminated not later than October 10th. In 1925, symp. toms began as usual about August 15th, and were con sidered somewhat milder than in previous years. On Sept 5th she retired about 10 o clock after a day of moderately severe symptoms At 2 30 that night, she was suddenly awakened by a sense of suffocation, marked difficulty in breathing and a distressful cough. The symptoms became so intense that she felt that death was impending. Relief was obtained after two hours, through a hypodermic injection of morphine During the remaining 35 days the patient had about 20 similar attacks of asthma After Oct. 10th the patient was quite well In 1926 her hay fever began as usual about dulte well in 1920 ner may rever organ as usuar arount status the astimatic symptom, however began about a week earlier than in the previous year, 1e, Aug 29th. That year the astimatic seizures were more severe and lasted for about 10 days after the termina tion of the hay fever symptoms. In 1927, and subsequent years treatment with ragweed pollen extract prevented the development of asthma and alleviated more than 90 per cent of the other symptoms

The important facts concerning pollen asthma

(1) Pollen asthma occurs in about 35 per cent of all hay fever subjects, (2) Its onset usually occurs after several seasons of the catarrhal symptoms, (3) Very often it de velops two or three weeks after the commencement of the season, (4) At first it usually ter-

<sup>&</sup>lt;sup>8</sup> The method and significance of the classification of hay fever patients according to the degree of sensitivity will be discussed in detail in a forthcoming paper treating of diagnosis.

minates before, or with, the hay fever season, but, (5) With succeeding years it tends to last longer each year. (6) There is no way of determining which hay fever subjects will ultimately develop pollen asthma. (7) The most effective method of treatment or prevention is that consisting of the subcutaneous injection of the correct pollen extracts in proper doses.

Seasonal Duration: In the major portion of the United States there are recognized three distinct hay fever seasons; (1) that due to the pollen of trees which extends from about the last week in March to the first week in June. The length of season of any particular case will depend on the genus or genera of trees in question. (For a fuller discussion the reader is referred to a previous paper.<sup>4</sup>) (2) That due to the pollen of grasses and plantain which extends from about May 30th to about July 17th. (This form has been dealt with in previous paper.<sup>5</sup>) And (3) that due to the pollen of weeds occurring from about August 15th to about the first week in October.

Duration: When once a seasonal attack has occurred it will recur each year at the same season for an indefinite period of years, if the patient be exposed to the particular pollen in question. One patient has suffered form the malady (the grass type) for 64 consecutive years with unabated severity—from the age of 4 to her 68th year. Individuals are frequently met with who have had hay fever for more than 25 years. It frequently happens that the symptoms are progressively lessened in severity in the later years. Occasionally one observes a bona fide case of hay fever, in which a spontaneous cure has occurred. Such occurrences, however, are rather infrequent. Instances have also been observed in which a spontaneous change of clinical sensitivity has occurred, e.g. a ragweed case has ceased to be clinically sensitive to ragweed pollen, but has developed a clinical sensitivity to grass pollen.

Variability of the Symptom Complex: There are three essential requisites for the development of hay fever—(1) a specific antibody, present in the blood serum (termed reagin) correlated with, (2) a specific pollen to which the patient is sensitive and (3) the tissue factor or so-called shock organ, which determines the particular clinical picture. In consequence of the variability of the third factor there results the variability of the hay fever syndrome.

There are patients in whom the eye symptoms predominate, and others in whom the nose is the chief source of trouble, and so on through the varied gamut of symptoms. The eyes may virtually be the only source of symptoms, the nose being entirely unaffected, and vice versa. Yet it is obvious that both organs are equally exposed to the pollen. There are, on the other hand, others in whom the malady expresses itself entirely or almost so, as pollen asthma.

From an analysis of cases observed during the past 10 years, it is ascertained that the most prominent symptoms (prior to treatment), showed the following distribution—nose, 45 per cent; eyes, 42 per cent; palate and pharynx, 10 per cent: ears (eustachian tube), 3 per cent. Probably not more than 2 per cent suffer from any skin manifestations of the malady. About 35 per cent of all hay fever subjects ultimately develop pollen asthma.

Termination: One of the most remarkable features of the hay fever syndrome is the almost dramatic suddenness with which it frequently terminates. A patient may suffer most intensely on Monday and awaken on Tuesday free from symptoms, to remain so. planation lies in the sudden disappearance of the offending pollen, or of the necessary concentration from the atmosphere. The transition from a condition of highly inflamed and irritated mucous membranes to that of subjective and objective symptomatic freedom is often a matter of a few hours. In other instances, the termination is gradual, due to the gradual disappearance of the offending pollen, or to a superimposed or associated bacterial rhinitis.

Complications and Sequellae: In the majority of cases of hay fever, there are neither complications nor sequellae, particularly as regards the catarrhal symptoms. It is a characteristic of the malady that a patient may suffer from ophthalmic and nasal pollinosis annually for many seasons, with no apparent pathology in evidence in the interims. is all the more remarkable when one considers the intensive character of the symptoms and signs. The explanation quite probably lies in the fact that the inflammation is caused by a chemical irritant and not by bacterial invasion. Chronic conjunctivitis and chronic rhinitis do occur as the result of a superimposed bacterial infection; such manifestations are to be regarded as sequellae. The catarrhal symptoms readily augment any tendency to the development of sinusitis.

A not infrequent sequellum to hay asthma (pollen asthma) is perennial asthma. In some such cases the period of asthmatic sequences

<sup>&</sup>lt;sup>4</sup>Thommen, A. A.: Hay Fever: The Spring Type. Studies in Hay Fever II. Medical Journal and Record, May 21, 1930; pp. 496-501.

<sup>\*</sup>Thommen, A. A.: Hay Fever: The Summer Type. Studies in Hay Fever III. New York State Jour. of Med., May 15, 1930; pp. 577-583.

is extended further each year, beyond the hay fever season, so that the patient ultimately becomes a chronic asthmatic, with seasonal exacerbations.

Finally, there is a form of the most severe asthma, which appears to be ushered in by a more or less mild pollinosis. The patient develops hay fever and pollen asthma which

speedily becomes perennial asthma of the most severe and recalcitrant type. The specific pollen sensitivity which is easily demonstrable by skin tests plays no further part in the syndrome, i.e. there are no pollen-season exacerbations. This form of asthma is fortunately rare: the writer has observed only five such cases.

### PHYSICIANS AND THE PHARMACOPOEIA

By W. A. BASTEDO, M.D., NEW YORK, N.Y.

Among the delegates to the Decennial U. S. Pharmacopæial Convention held at Washington, D. C., there was a poor representation of physicians. Many of the medical colleges and societies, each entitled to send three delegates, failed to send even one. This would suggest that the Pharmacopæia is of little interest to physicians; yet a survey suggests, not that physicians do not care, but rather that they take the Pharmacopæia and its standards for granted. They have no working interest in the botanical descriptions, the tests of identity and quality, the best menstruum for this tincture or that, and assume that these will be taken care of by the proper persons. They do not figure that the business of the Revision, Convention can be of direct importance to them. They seem unaware that attempts have repeatedly been made to turn the Pharmacopœia into a pharmacists' over-the-counter book, rather than a legal standard for prescription drugs and their preparations.

In 1900 this same state of mind produced a similar small medical delegation, and the Pharmacopœia became a book that could not be approved by physicians. This aroused them and as a consequence they sent their delegates in large numbers to the Convention of 1910. But it was only after bitter controversy that they succeeded in re-establishing the principle of a restricted and exclusive Pharmacopœia. In 1920 there was little but routine business transacted and no controversy, as the physicians were yielded to on every point.

But for the 1930 Convention medical complacency dominated and resulted in a decreased medical delegation, and as a consequence the physicians nearly lost their timehonored and obviously logical privilege of deciding what substances should be admitted to the Pharmacopocia; but as the results of the efforts of the medical delegates, together with some friendly pharmacists, two resolutions that prevented this loss were passed. By one it was resolved that the Revision Committee of fifty should be composed of seventeen medical members and thirty-three non-medical members, the medical members to constitute the "Committee on Scope."

In regard to the second, a resolution was first introduced and loudly applauded by the pharmaceutical delegates that decisions of the (medical) Committee on Scope should be referred back to the whole committee for final action, the non-medical members of the whole committee as aforesaid outnumbering the medical members by two to one. This at once aroused the medical members to action and finally a compromise resolution was accepted that while the decision of the Committee on Scope should be referred back to the whole Committee for sanction, it would require a two-thirds vote of the whole Committee to overrule any decision of the Committee on Scope. Thus the privilege of the physician to say what therapeutic agents should be recognized by the Pharmacopæia was nearly lost to them and is not complete.

It would seem that the pharmacists had determined to dominate the Convention of 1930 and to take steps to make the Pharmacopœia an enlarged and non-selective book. Their delegation largely outnumbered that of the physicians, and it was only by good fortune or the pharmacists' fear of offending physicians that the compromise resolution and not the original one, was passed. Therefore, if we wish the Pharmacopæia to continue a high-class exclusive book of standards it behooves the physicians to keep these events in mind and not to fail to send their delegates in large numbers to the Convention of 1940.

# THE PRACTICAL APPLICATION OF A MENTAL HYGIENE CLINIC (PROGRAM)\* By NOBLE R. CHAMBERS, M.D., SYRACUSE, N. Y.

NE of the most salient features of modern medical science is the emphasis upon preventive medicine and the emphasis upon the prevention of mental disease is peculiarly and particularly striking. The term mental hygiene needs no definition before this group. It is nothing absolutely new. Progressive psychiatry had been trying to do more than merely diagnose, classify and treat mental disease and by mental disease let us refer not only to the psychoses but also to the psychoneuroses and that great challenge; the psychopathic personalities. It had been making an effort to prevent mental disease. Now as the mental division of modern preventive medicine, the mental hygiene movement has become a part of the public health program and we find that not only psychiatrists but also psychologists, sociologists and lay people are vitally interested in attacking this problem—"how shall we prevent mental disease?"

The solution of the problem is theoretically simple—and is simply this—Establish in every community center of sufficient size a mental hygiene clinic. But an age-old conflict (and not a subconscious one) confronts us; that between theory and practice. The theory is plausible but many obstacles confront us in putting it into practice as we have learned in our efforts in Syracuse.

For the past few years the Mental Hygiene Committee of the Onondaga Health Assn. has been endeavoring to put over, if I may use the vernacular, a mental hygiene program in Syracuse, N. Y. and vicinity. We have just scratched the surface—we have made a start. But experience is a great teacher and as a member of the Committee without boring you with statistics I would like to relate briefly some of our experiences in the practical application of a mental hygiene clinic or program if you wish. And if I may be allowed to I shall include in some instances not only our experience in the line of mental hygiene but the entire field of neuropsychiatry as well. Much of this historical review up to a year ago comes from a survey of the mental hygiene movement at Syracuse made by one of my colleagues.

It seems needless to recall the history of the treatment of the insane—the demoniacal conception, the chains and the brutality afforded the patient. Philippe Pinel in the early part of the 19th century treated patients without mechanical restraint and just previous to this Wm. Tuke had founded probably the first asylum in New York. Connelly and Grieninger struck off the chains and attempted a sympathetic understanding of

the nature of mental processes. Then came the scientific psychiatrists such as Meynert, Wernicke, Kraeplin and Bleuler who considered the insane as sick individuals rather than as incomprehensible creatures. And lastly to Dorothea Dix of Maine goes the credit for being instrumental in organizing 32 asylums thruout the country.

So we find that just prior to the 20th century psychiatry was concerned with the hospitalization of patients and attention to their physical com-There were zealous endeavors toward clinical analysis and classification. There was as yet no effort directed toward the prevention and early care of mental disorder. It remained for Clifford Beers, Dr. August Hoch, Wm. James, Adolf Meyer and others to make the first great organized attempt to cope with the prevention and early care of mental disease when in 1909 the National Committee for Mental Hygiene was organized. One year later in 1919 the N.Y.S Committee on Mental Hygiene of the State Charities Aid Ass'n. was established which worked and still works in close contact and cooperation with the State Hospital Commission and the State Commission for Mental Defectives (both now merged into the State Mental Hygiene Commission). One of the main activities of these commissions or this commission was or is the conducting of mental, in reality mental hygiene clinics particularly in the smaller communities thruout the state. Some of which the writer had the good fortune to conduct. These clinics were handicapped by the lack of adequately trained psychiatric social workers and to a lesser extent by adequately trained psychologists. In many communities there was a splendid spirit of cooperation, but let me say here that while the adequately trained psychiatrist is perhaps the foundation of the clinic he is in dire straits, in most cases, without the above mentioned aids. A socal worker who is not properly trained and capable for this work not only does no good but all too frequently spoils the possibility of future contact for a capable worker and a mere psychometric examination stating M.A., B.A. and I.Q. is admittedly of little value. There must be an interpretation. Orton's work with reading disabilities has shown that many cases thought to be defective possess a normal intelligence. The psychologist is an important and valuable member of the clinic personnel.

The great difficulty with this plan was that many of the larger communities were left to shift for themselves and many did it creditably and many not so creditably. I shall not go into the history of experiences of other communities as there are many here who are more familiar with that situation than am I. Let us turn now

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

to Syracuse, not with the idea of presenting an historical retrospect but with the hope that our experiences may be of value to some of those who are here today

In 1908, as a result of a law passed that year making illegal the detention of the instine in penal institutions a city Psychopathic Hospital was established-the first municipal psychopathic hospital in New York State The first director was Dr Hersey Locke, who was until his death in 1922 professor of psychiatry in the Syracuse University College of Medicine I will say more of this hospital later. In 1914 with keen awareness of the lack of interest in Neuropsychiatry Dr Locke instituted at the Syracuse Free Dispensary, as a part of the medical department, a neuro psychritric clinic with a definite trend toward n ental hygiene In 1920, after six years of in tensive work and still maintaining his warm interest in it he relinquished the work to the Asso crate Professor of Psychiatry at the College of Medicine This clinic has developed and is the basis of our present mental largiene clinic shall have more to say concerning this clinic later

In 1920, in line with the irresistible interest in preventive psychiatry or mental hygiene current thruout the country, the idea of a local mental hygiene committee later to be known as the Mental Hygiene Committee of the Onondaga Health Assn, the local administrative agency of the State Charities Aid Assn took form It was comprised of a selected lay and professional personnel from the health Dept, the public school system, the University and its Medical School and other organizations. Its purpose was chiefly to create and crystallize local interest and to aid in a concrete way in solving as far and as well as possible problems of mental disease. Well do I remember the organization meeting held during a meeting of this the N Y S Medical Society in Syracuse in May 1925 when the aims and ideals of such a committee were defined and stressed by Dr Lewellyn Barker and our own beloved Dr Thomas Salmon, whose recent death left such The committee's accomplishments a great void may be briefly summarized as follows -Addresses at luncheon and other meetings of the committee by Dr Stanley Davis of the SCAA on The State Program for Mental Hygiene, Dr Richard Hutchings of the USH "Problems of Adolescence, Dr C C Carstens of the Child Welfare League of America "The Study and Care of Problem Children," Dr Wm Healy "Tru-Other speakers at these meetings have been Dr George Pratt, Dr Lawson Lowrey, Dr Marion Kenworthy, Dr George Kirchwey and Dr Wm T Shanahan In addition to these ad dresses Dr Healy addressed a group of 800 school teachers and also discussed mental hygiene Lefore the Onondaga County Medical Society

the first public address was given by Dr. Frank wood Williams of the National Mental Hygiene Committee, defining the principles and practice of mental hygiene. Of course an educational ampugin was instituted. It consisted of news paper accounts talks to school teachers, mothers clubs social workers, nurses, radio talks and the distribution of some 2500 pamphlets. The Committee has in co-operation with the University. The Stracuse Health Demonstration and the State and National Mental Hygiene Committees given two series of lecture courses for parents teachers, nurses students and the public in general on the general topic of mental hygi ne of Childhood. The first series was given at weekly intervals. Topics and speakers were —

Your Mind and You—Dr George Pratt Heredity and Environment as a basis for Men

tal Health-Dr A Meyerson

Habit Training for Young Children—Dr Law son Lowry

Relationship between parents and children— Dr Esther Richards

Special Abilities and Disabilities—Dr. Augusta Bronner

The Delinquent Child and the Delinquent Community—Dr. Ir i S. Wile

Mental Problems in the schools—Dr Marion Kenworthy

Special problems of the High School Years— Di Arthui Ruggles

Capacity and even overflow audiences greeted the speakers and altho not intended a profit was made which was utilized to establish fellowsh ps to provide intensive training in mental hygiene for selected school teachers. Driven by the impetus afforded by these lectures the University established in extension class in mental hygiene

A second set is of lectures was given last year by Dr. George Pratt taking up the Mental Hygiene of Childhood intensively. They were also very well attended and added a helpful stimulus to the interest already aroused.

Another accomplishment of the Committee has been the work in the schools. An intensive study has been made in two schools and a third school is now being included. I will revert later to this work.

A third accomplishment and one in which the committee is particularly delighted is the promise of a State Psychiatric Hospital in Syricuse. It will be completed in about a year and will be like the Psychiatric Institute in New York for intensive study of cases. It will function in close co-operation with the University and the new Medical Center and will mark a distinct step forward in the treatment preventive as well as drig nostic, of mental disease in Syracuse and vicinity

The most recent accomplishment of the committee has been the re-organization of the S. P.

C. C. and the endeavor to procure adequate child placing facilities. Our work is useless without successful follow-up.

The field of operation for a mental hygiene clinic or program and may I include the whole content of Neuropsychiatry is much the same regardless of locality so while I shall consider only Syracuse our experiences might apply to anywhere. Just as Dr. White has said "Childhood is the Golden Period for Mental Hygiene" so our mental hygiene program is largely limited to that age. We have the pre-school and the school child to consider. We have also the problem of delinquency where we see both child and adult in the courts. We have the problems in the venereal disease clinics. We have also the organic diseases of the nervous system, the psychoneuroses and psychoses to contend with. To meet the above problems we have the city Psychopathic Hospital, several general hospitals, the clinic at the Syracuse Free Dispensary and the school clinics for pre-school and school children. The Juvenile Court clinic has been temporarily discontinued for reasons to be discussed later. Our personnel consists of five psychiatrists, all of whom are in private practice. We have three psychiatric social workers, two in the schools and one in the dispensary and one psychometric examiner in the employ of the Dept. of Education. Additional social service is afforded by the Associated Charities, the city and county probation Depts., women's organizations and luncheon clubs. There have been, of course, minor disagreements and contentions, one or two of which I shall mention later, but on the whole in view of the many variously interested individuals and organizations there has been a splendid spirit of co-operation. The misunderstanding of which most of you know between the Milbank Fund and the physicians of Syracuse reflected itself but little if at all on the field of neuropsychiatry, and this, in spite of the fact that the Mental Hygiene Committee is in reality a part of the Syracuse Health Demonstration sponsored by the Milbank Fund thru the S. C. A. A. I am glad to say that peace at least ostensibly again reigns. The clinical management is now under the professional rather than lay control as it should be while the business management is the reverse, as it perhaps should be.

In the concluding portion of this paper, I am going to presume to criticise our past work and equipment and to make suggestions for the future. These criticisms and suggestions, are not for the most part personal but are the views held also by my colleagues and the social agencies and workers possessing an adequate knowledge of the subject. We appreciate the fact that we have just begun, that the major part of our program is ahead. We doff our hats to the success of clinics held in New York, Cleveland, Philadelphia and other places and hope that some day the City of

Syracuse may also be able to boast a permanent and successful mental hygiene clinic.

Turning to criticisms; the city psychopathic hospital which started so gloriously as the first municipal psychopathic hospital is now little short of deplorable. It is merely a place of detention little more than a jail. No facilities for treatment are provided and only an ordinary examination is possible there. The position of the City Psychiatrist in charge of the City Psychopathic Hospital should be full time rather than part time which it is at the present time. The salary which is disgracefully small should be adequate. Althowe do not know the plans of the State Dept. for Mental Hygiene, the new state Psychiatric Hospital will undoubtedly remedy this entire situation.

The Neuropsychiatric clinic at the Syracuse Free Dispensary is perhaps the center of our present activity. It meets twice weekly from 2-4 P.M. and examines adults and children presenting any type of neuropsychiatric problem including neuro-syphilis. Here the city school psychiatrist does part of his work, the rest being done in the schools. There are two psychiatrists present on each day, a nurse and one psychiatric social worker. The Utica State Hospital conducts a parole clinic one of these days and affords an opportunity for psychiatric consultation with the local psychiatrists. The senior medical students attend the clinics in groups thruout the school year. This clinic is tremendously overloaded and lacks system. Good work with functional cases is practically impossible. The only remedy for this situation is the strict limitation of work, the making of appointments and the exclusion of students from functional cases until after a staff conference. Only recently have these been held. It is possible and probable that the new state hospital will relieve this situation particularly in regard to the psychoses and psychoneuroses.

The delinquency problem is another deplorable condition. Until very recently the conditions at the Juvenile Detention Home had been wretched but finally thru the efforts of the Judge and other interested parties we have succeeded in obtaining the old city hospital for this purpose. Here there is plenty of room and conditions are much better, but an adequate farm school and adequate child placing facilities would almost obviate the necessity for a juvenile detention home. Very little psychiatric work is being done with adult delinquents and at the venereal disease clinic.

The work in the schools is being done most nearly ideal but it is very, very far from what we desire. Limitation is practiced and there are two psychiatric social workers and one psychologist. No attempt is being made to cope with the delinquency problem. For several years the writer attempted to deal with the Juvenile Court Problem on a voluntary basis. Some 6 months ago in

accord with the opinion of the Onon. Health Assn. the work was discontinued The Judge and the probation depts. both city and county had cooperated to the extent of their ability but they were without adequate training and this clinic was without a psychiatric social worker and a psychometric examiner which are such vital necessities for the successful operation of such a clinic. Both the school work and that in the Juvenile Court are very greatly handicapped by the lack of adequate child placing agencies so that at least many times the work of a disgracefully underpaid City School Psychiatrist for the Board of Education and his staff was to no avail for recommendations could not be carried out. The first great step in this regard has been made recently when the S. P. C. C. was re-organized as mentioned previously. We are anticipating the resumption of the Juvenile Court work in the near future with an adequate staff, but at present no new examinations are being made. cannot be ideal at the start as some of the committee would like and I would favor the resumption of this work at the earliest possible date.

There is at present no organized mental hygiene clinic for University students but the Associate Professor of Psychiatry sees those who come to him for aid. There is no use being made of the Depts. of Psychology and Sociology at the University except that a few students are doing field work at the Juvenile Detention Home not with the sanction of the Mental Hygiene Committee, but under a director, obtained by the City and the University Dept. of Sociology without con-

sulting the committee.

It is very difficult to examine functional cases at any of the General Hospitals, alone in a sound proof room as should be provided. More training both actual and practical in mental hygiene should be provided in the nurses traning schools of these general hospitals and affiliation made with the nearby state institutions. Visits to the Syracuse State School for Mental Defectives have been of great value to one of my classes.

It must be apparent to my audience that there is a tremendous problem ahead of us in Syracuse. This has possibly been partially solved in a survey of child welfare with recommendations made by Dr. Carstens. Unfortunately our educational campaign was premature and our practical work has lagged. Again I say we must make a start as soon as we can operate efficiently.

Motivated by the advice of Dr. Lawson Lowry, to make use of all existing agencies at least temporarily and to free the work from

municipal or county control as soon as possible, the writer presented a year or more ago to the medical director of the State Mental Hygiene Commission a temporary draft of a plan of solution of our problem for what was then to be called the Onodaga County Mental Hygiene Clinic but later changed to the Onondaga County Neuropsychiatric Clinic to include the whole Neuropsychiatric field as outlined above. At the suggestion of the above mentioned medical director and fellow members of the Mental Hygiene Committee of the Onondaga Health Assn. a child guidance clinic was incorporated into the plan An Institute of Research in Education and Character sponsored by the Associate Professor of Educational Psychology at the University has recently been organized and will fit admirably into the plan.

I believe that in this plan lies the solution of the practical application of a mental hygiene clinic as applied to Syracuse and vicinity It provides that the clinic be under the joint directorship of the new state hospital and the Supt. of the State School. It is to be staffed by the local neuropsychiatrists who show an interest in it and are adequately trained. They will be adequately paid for their work which will be part time. It is to work in close co-operation with the Neuropsychiatric Division of the Medical Dept. of the University. It is to make use of all existing social agencies and the University Dept's, of Psychology and Sociology under proper guidance. Its field is to be the pre-school and school work, the delinquency problem, the organic nervous diseases, the psychoneuroses and the psychoses. In association with this clinic there will also be a child guidance clinic for very painstaking work as well as the Institute above mentioned. Funds will be difficult to obtain and progress slow but it can be done.

In conclusion, if this relation of our experiences in Syracuse and vicinity in the practical application of mental hygiene clinic has been or may be of any value in guiding other communities in establishing a mental hygiene clinic, my time in preparing and your patience in listening to this paper will not have been in vain. If any generalities can be made they are; -things cannot be perfect at the start but be sure to have adequately trained and paid psychiatrists, psychiatric social workers and psychologists, be sure the child placing facilities are adequate, use all interested persons and organizations of course under proper guidance, then go ahead, their is a great field awaiting.

#### TUBERCULOSIS WITH LARYNGEAL TREATMENT OF THE ARTIFICIAL SUNLIGHT\*

By JOSEPH W. MILLER, M.D., F.A.C.S., NEW YORK, N.Y.

HROUGH the untiring energy of Dr. Wessely, the university throat clinic, Hajek of Vienna has brought forth in the last few years a very ingenious method of treating tuberculosis of the upper air passages by means of concentrated artificial sunlight.

The development of concentrated artificial sunlight. Heliotherapy for tuberculosis in general and laryngeal tuberculosis in particular is not new. The healing power of the sun was surely known to ancient civilization. The Egyptians, Persians, Greeks and Romans employed sunlight for therapeutic purposes and probably have quoted the elder Pliny's "Sol est remediorum

During the long sleep of the dark ages, heliotherapy was blotted out and modern aspects of the subject are as recent as thirty years ago; when Poncet began to use sunlight in the treatment of tuberculosis. His work made little or no impression and was left unnoticed. It was Finsen of Copenhagen who in the late 90's made the world watch him when he employed condensed sun rays in the treatment of lupus. From a scientific standpoint he was the founder of modern heliotherapy and was also the first to find in the carbon arclight an excellent substitute for sunlight which was especially effective in lupus.

However, it was Sorgo who first treated tuberculous lesions of the larynx with reflected sunlight, and was able to demonstrate a number of successfully treated cases twenty years ago.

Strandberg, working in the Finsen institute, reported relatively favorable results, using an ordinary carbon arclight in the treatment of laryngeal tuberculosis. His encouraging results impressed Prof. Hajek and he delegated his assistant, Emil Wessely to investigate the value of the carbon arclight with regards to its use in the treatment of tuberculosis of the upper air passages.

It was Wessely's intention not only to test the favorable results obtained by Strandberg but to investigate the physiology and biology of sunlight and its substitutes with a view of producing an artificial source of light resembling sunlight. Since it is known empirically and theoretically that the maximum amount of light energy causing erythema and pigmentation is due to the waves having a wave length of  $300\mu\mu$  and that these are located at the outer or blue end of the spectrum, i.e., the ultraviolet end, Wessely began to experiment with these rays to the exclusion of all others.

The plan was to imitate the blue end of the sun

spectrum as closely as possible, by the employment of a tremendous light energy and an apparatus which would allow the light energy to strike unaltered at a desired spot.

The carbon arclight yields rays closely resembling sunlight but the ordinary arclight in itself is not the best imitation of sunlight. With the addition of a certain substance-metallic saltto the carbon bars, the blue end of the spectrum becomes complete. Such impregnated earbons are now manufactured by the optical concern of C. P. Goerz Co. of Vienna. These impregnated carbons yield rays having a wave length of 290μμ, embracing the entire ultraviolet of high altitude sun at zenith. The spectral analysis of these carbons were made by Prof. Hascheck of Vienna.

In order to destroy tuberculous tissue, powerful and concentrated light is necessary; light of the inner ultraviolet having a wave length of  $300\mu\mu$  or thereabout. All this has been scientifically accomplished in the Wessely Radiation Machine (modified carbon arclight). By a specially designed Goerz system the superficial brightness is doubled, which also shortens the time of exposure to irradiation.

The following requirements are necessary for this artificial light to be of value: It must be a chemically active, cool light of a suitable photochemical intensity. It must be concentrated so as to reduce the time of exposure to a minimum and at the same time create an optimal therapeutic These requirements are all fulfilled by the Wessely machine which is an arclight burning with specially constructed and impregnated carbons according to the Goerz system, by which the greatest concentration of rays is thrown to one side and made to converge into a cone through the medium of a quartz optic. In other words, this machine is a carbon arclight water-cooled quartz lamp.

With this lamp only one patient at a time can be treated, either directly by means of the Seiffert direct universal laryngoscope or indirectly by means of an all-metal laryngeal mirror. Those in good general condition or otherwise favorable subjects without involvement of the epiglottis are irradiated directly. Patients so treated have the benefit of the rays striking the lesion, thus shortening the period of treatment considerably. Frail individuals or those with advanced pulmonary lesions or those intolerant and too sensitive and with lesions of the epiglottis are treated indirectly in the sitting posture by means of an all-metal laryngeal mirror held suspended by a special contrivance attached to the teeth.

Steel mirrors are utilized because they reflect

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y. on June 5, 1929.

about 44% of the valueable therapeutic rays into the larynx; while the ordinary glass mirrors absorb these rays reflecting only about 9%. This method is not as effective as the direct method but it is more comfortable. The patient sits in front of a large mirror which is centrally perforated like a head mirror and can observe his own larynx. In this manner he is able to regulate the laryngeal mirror himself whenever the rays do not strike at a desired area.

The results obtained by Wessely in Vienna prompted me to import this machine to the United States in 1925. One year later the trustees of the Beth Israel, Hospital, on the advice of Dr., S. J. Kopetzky have installed this machine in the out-patient department and organized a special clinic for the treatment of laryngeal tuberculosis in conjunction with the bronchoscopic clinic.

Before treatment is begun, the patient's condition is determined carefully A thorough chest examination both physical and roentgenological is made; the sputum searched for tubercle bacilli and the blood examined to determine the relative rapidity of the sinking of the erythrocytes (Fahreus). These examinations are repeated on several occasions and compared Thus we soon have an index to determine more or less accurately the status of the patient from time to time.

Of course, the best results are achieved in those patients having a good resistance and a relatively good power of regeneration. Such patients are those with mild pulmonary lesions which either become arrested or else show slight progression. These forms are usually afebrile or subfebrile and yield either normal or slightly elevated sedimentation tests (Fahreus). As far as circumscribed processes are concerned, in a certain number of cases the use of the cautery, or, in tuberculomas, the actual surgical removal may bring about healing much sooner. But here one also must remember that in certain localities these measures are dangerous; such as the anterior commissure where a matting of the cords may take place and in the region of the processus vocalis with resulting perichondritis and ankylosis. In such localities the treatment with artificial sunlight is safe and gives best results, though it may take from three to six months to accomplish it.

While in a great majority of cases the local light treatment has no effect at all on the primary pulmonary condition, in a great number of cases we have observed that with the healing of the local lesions, there is a general well-being of the patients; the fever slowly subsides, and his pulmonary condition improves. On the other hand, we have seen cases where the pulmonary condition

tion remained the same or became worse and yet healing and cicatrization was brought about in the tuberculous lesions of the larynx. Case No. 5 will illustrate this point clearly. In such cases, it takes months to bring about healing but it is accomplished nevertheless.

However, in a great number of febrile cases, local healing is never accomplished. While the lesions remain stationary, the pain disappears. About the analgesic action of sunlight much has been written and its blessing has long been known. That there are cases, because of low resistance and rapid pulmonary involvement, in which the light has no effect at all, I mentioned above in this article and also in a previous article on the subject.

Of the 74 patients treated both in private practice and at the bronchoscopic clinic, we found that laryngeal tuberculosis is somewhat more common in the male. In our series of cases the disease occurred most frequently in Italians especially young Italian girls between 17 and 22 years of age. The youngest patient was 16 years and the oldest 73. The most frequent site of the lesion was the interarytenoid space and arytenoid area either in the form of ulcers, tuberculomas, or pear shaped infiltrations. The next common locality was the epiglottis also either in the form of ulceration or infiltration. The vestibule of the larvnx and the cords were next frequently involved. And last but not least, we found that malignant type of tuberculosis which is described as a diffuse infiltration of the entire circumference of the larynx. In this form the swelling and infiltration are not limited to the mucous membrane only but take in the deeper structures giving rise to a diffuse tuberculous perichondritis which, if the patient lives long enough soon collapses and is destroyed by a process of caseation necrosis. The resulting ulcerations are extensive and respond to light therapy only when the patient's resistance is good and his pulmonary condition stationary. But in most cases with a diffuse tuberculous perichondritis, we have a fulminating progressive pulmonary involvement which shatters the victim's resistance and brings about his end in short order.

During the course of treatment, the patients general condition is looked over from time to time and the febrile cases and those showing progressive pulmonary involvement or loss of weight or strength are put to bed for weeks at a time as soon as the agonizing dysphagia has disappeared. Complete rest in bed, fresh air and good food is the best therapeutic trio in all forms of progressive tuberculosis.

As to the special value of a high and dry mountainous climate in pulmonary tubercu-

losis we agree with Fishberg that in many cases it only tends to break up the home in as much as a good many sufferers would be better off where they could get plenty of rest and good food and not be obliged to shift for themselves in the country. Everything depends upon the course of the disease. Febrile cases with rapid progressive lesions usually run to a fatal termination no matter where and how soon they are dispatched to the country. On the other hand, the slowly progressive chronic types with or without occasional elevations of temperature, will linger on for years or their processes may become arrested altogether even in large cities under favorable home-like surroundings. But in laryngeal tuberculosis, particularly the ulcerative types, the country is of no use at all. What benefit is the fresh air to the sufferer when he or she is unable to swallow? Such cases are much better off in the city or at a sanatorium devoted to the treatment of laryngeal tuberculosis.

# Report of Cases

Case No. 1. Chas. St. J., age 37, referred from tuberculosis clinic of the Dept. of Health on Dec. 14, 1925. Complaint; hoarseness for past five months and slight pain on swallowing for past six weeks. Has had pulmonary T. B. for several years; with cough and expectoration.

Examination:—Infiltration of both ventricular bands partly covering the vocal cords. The latter do not approximate centrally. The interarytenoid space was filled with tuberculous granulation tissue. The sputum was bacillary and Fahreus test shows a sinking speed of 15% in 45 minutes.

First treatment on the 22nd of December 1925 and on every other day thereafter until 17 treatments. All exposures were direct via the Seiffert's direct universal laryngoscope with chest support and lasting for from 8 to 10 minutes. Following the second exposure the pain on swallowing disappeared entirely and after 15 treatments the voice became quite normal. The ventricular bands assumed a normal aspect and the masses in the interarytenoid space gradually faded away. He was discharged on Feb. 18th, 1926 and left to find work out of town.

Case No. 2. Miss L. R., 42 years of age was referred to us from Arizona where she was confined to a Sanatorium for the treatment of her pulmonary tuberculosis. Her complaint at the first consultation was that of increasing hoarseness, cough and expectoration. Her pulmonary condition dates back for many years, she being very much familiar with the nomenclature of tuberculosis and offers information

as to how many cavities she has and where they are located. Hoarseness began gradually in September 1925.

Laryngoscopy on the 5th of April, 1926, revealed swollen and congested cords, slight infiltration of the arytenoid region and granular masses in the interarytenoid space. The pulse was 96 and evening temperature 99°. Respiration was asthmatic, she was somewhat cyanosed, her sputum was bulky tenacious and bacillary. Fahreus 24% in 45 minutes.

First irradiation on 5th of April, 1926, indirect exposures ten minutes every session on alternating days. Total exposures eighteen making a combined total of three hours of actual irradiation. During the course of treatment her voice gradually cleared and soon assumed a normal tone. The last we heard from her she had a thoracoplasty performed recently at the Mount Sinai Hospital to put at rest her diseased lung. Her larynx, however is healed to this very day.

Case No. 3. Dorothy R., 18 years of age, came on 18th of February 1926, complaining of hoarseness for past six months, cough and expectoration for past five weeks. Ten days prior to her first visit she began to experience slight pain on swallowing which became progressively worse as time went on and at the time of the examination was unbearable. She was only a few months in this country having emigrated from Russia where she had to go through a severe ordeal in her early childhood during the war and was forced to subsist for months at a time on turnips and various other herbs.

Examination:—Revealed extensive infiltration of the entire larynx interior and circumference. The appearance was that of a waxy rigid mass involving the deeper layers. The entire picture was one of an acute fulminating tuberculous perichondritis. Roentgen examination of the chest as reported by Dr. Jos. Diamond "reveals an extensive peribronchial infiltration extending to the parenchyma of both lungs. These findings are indicative of an acute fulminating form of pulmonary tuberculosis."

The entire course consisted of 34 exposures of from eight to ten minutes each between the dates of 19th of February 1926 and the 17th of April 1926. After the fourth exposure the pain lessened and after the tenth disappeared entirely. She could swallow food and drink with no effort whatsoever; but the appearance of her larynx objectively remained the same. In view of the fact that her subjective laryngeal sypmtoms subsided without any appreciable change in its pathologic structure and in view of the fact that the sinking speed of the erythocytes became faster as

time went on, we decided to suspend treatment and give her complete rest. For the next five months I was in communication with her parents who assured me that she was able to swallow food and drink painlessly. But the end came while sitting comfortably and looking through the window having no complaints to make whatsoever.

Case No. 4. M. J., 22 years of age, referred from tuberculosis clinic of Health Dept. on 8th of June 1927, with a history of having suffered from pulmonary tuberculosis for four years. The past few weeks he began to lose weight rapidly, had pain on swallowing and

was slightly hoarse.

Examination of larynx revealed a deep ulcer in the middle of the epiglottis extending deeply downward and inward to about its center. The rest of the epiglottis was infiltrated and there was some infiltration at both arytenoid regions. His weight at this time was 106 lbs. Fahreus 21° temperature 100 and sputum bacillary.

Dr. Stivelman reported on chest examination as follows:—Infiltration and multiple cavitation entire left lung, infiltration right upper lung, thickened pleura left lower, heart and trachea pulled to the left. X-ray cor-

roborates the above findings

Irradiation was begun on 9-6-27, patient reports on 11-6-27 that he is feeling better. He was irradiated three times weekly for ten minutes at each exposure. On 18-6-27 patient reports sharp pain in the left side of throat. On 28-6-27 patient is free from pain. On 18-27, ulcer practically healed and on 15-10-27 ulcer fully healed. The defect in the epiglottis was covered by a pale-looking epithelium Fahreus was 35% and weight still 106 lbs. Patient was advised to go to a sanatorium for his chest condition and was sent to Denver. From there patient writes "am feeling fine and having no trouble with my throat."

Case No. 5. Miss M. E., age 20, referred from the tuberculosis clinic of the Dept. of Ilcalth on 22nd of November 1927. Her history in brief was that until a year ago she was perfectly well, when she began to cough. She visited the Health Dept. and was told that she was suffering from pulmonary tuberculosis. No loss of weight, no night-sweats and

no hemoptysis

Examination: — Laryngoscopy showed a pear-shaped swelling of upper border of epiglottis tapering from right to left, infiltrated left arytenoid and tumefaction of the interarytenoid space. Fahreus 5% and sputum positive.

Chest examination as reported by 'Dr. Stivelman: — Infiltration and cavitation of right upper lobe, infiltration scattered radially from hilus of left lung. She was irradiated

from 26th of November 1927, to 22nd of June 1928, getting ten minute exposures three times a week. On the latter date the epiglottis was entirely healed and the swelling of the arytenoid almost completely subsided. Patient was sent for the summer to the country and returned to the clinic the last week in October with the larynx entirely healed. Her sputum, 'however, still showed occasional tubercle bacilli.

Case No. 6. Leonard C., 38 years of age, referred to us from the tuberculosis clinic of the Dept. of Health through Dr. Silberman

on 4th of January 1928.

History and complaint:—Cough and expectoration and gradual loss of weight for the past year. Pain in the throat especially on swallowing and slight hoarseness for the past eight months. Family history is negative and there is no specific history.

Physical examination by Dr. Stivelman "infiltration and cavitation of left upper pulmonary field and infiltration of right apex." X-ray corroborated the above findings. Fahreus 10% and sputum positive.

Laryngoscopy:—Laryngeal surface of epiglottis thickened and ulcerated in its middle so much so that it had the appearance as if a piece was bitten out.

Treatment began the 4th of January 1928 and terminated 8th of June 1928, at the rate of three exposures a week ten minutes each all in the indirect method. After the fourth irradiation, no pain on swallowing. The necrotic membrane covering the ulcer has now disappeared. After three months' treatment many islands of granulation tissue were seen budding from the floor of the ulcer which soon became epithelialized and healed over. He gained about 20 lbs. in weight and felt better generally. In this condition he left to find work during the summer time in the country.

Of the 74 cases treated, only two did not respond to radiation. One was a patient 73 years of age, and the other a young girl of 20. In both cases there was no subjective or objective improvement. Although the old man did admit for a time that he was feeling better, we are willing to discount that because of his anxiety to please and cooperate with us; and because it was only temporary. Both these patients were very frail, too far gone and had no regenerative powers. Of the other 72 patients, 59 showing complete healing of laryngeal lesions with no subjective symptoms referable to the larynx. The other 13 cases, while improving from their subjective laryngeal symptoms, demonstrated either partial or no healing of the tuberculous larynx. Of course, it should be emphasized

that even a greater number could have been successfully healed, were it possible to irradiate these 13 patients in a sanatorium where this mode of treatment really belongs.

Discussion by Dr. Roy S. Moore, Syracuse, N. Y.

Three years ago, I discussed the treatment of laryngeal tuberculosis before this section of the State Society, and at that time reported the results of the use of the Wessley lamp on forty odd cases. The cases were largely those having localized lesions of the larynx, found more frequently in Europe than in America. I wrote the superintendents of many of our larger sanatoriums for the treatment of tuberculosis to ascertain the extent of the use of light therapy. This spring I have again beenin touch with many of the same men. I find the work is being carried on today much the same as it was four year ago. All of the men feel that exposure of the whole body is of benefit in any type of tuberculosis. The use of the sun's rays indirectly into the larynx is practised considerably in the west where more

sunshine is available. Here in the East, the ultraviolet ray has been used rather half-heartedly in some institutions and by some men with indifferent results.

Nowhere else have I seen reported any such results as Dr. Miller brings to us. Through his courtesy, Dr. Harry Brayton and I had the privilege of meeting and examining many of Dr. Miller's patients. I examined and talked to his patients with healed ulcerations of the epiglottis, and old cases of perichondritis who told me that they swallowed water only with excruciating pain at the beginning of the treatment. The relief of pain in any type of case which can stand exposure, seems to me to open up a great field of usefulness. For many lung patients, the development of one or two lesions in the larynx, or on the epiglottis, means painful swallowing with consequent loss of weight from insufficient food, and the beginning of the end. When they can eat with comfort, they begin to regain their lost weight, and have a fighting chance.

# INTERESTING THE SMALL COMMUNITY By FREDERICK W. SEARS, M.D., SYRACUSE, N. Y.

SYCHOLOGY plays an important role in all public health work. This is especially noticeable in the smaller communities. The personality of the worker means much in all activities where the success of that activity depends on the voluntary cooperation of the public. Confidence in the physician and nurse is a great factor in relieving anxiety and securing cooperation. The health worker who can utilize all of these factors is the one who will meet with the greatest measure of success.

The gradual disappearance of the old time family physician has had a tendency to break up somewhat the close relations which have formerly existed between the patient and doctor. Yet in spite of the propaganda of the chiropractor and other cults and their ever present effort to discourage the efforts of the health worker the regular physicians still hold the confidence of the people when matters of vital interest to their families are concerned. Therefore our efforts in all communities should be, first, to secure not only the cooperation of the physician or physicians in the community but should secure his most enthusiastic assistance. Indifference on the part of the local physician is almost as bad as open opposition.

In one of the small villages of Onondaga County one elderly physician made a house-to-house canvass and secured the consent for immunization of eighty-five pre-school children.

'Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

and he stated to me he had secured the consent of all but six families in the village. This is an example of what may be accomplished by a physician who is thoroughly interested in the welfare of his community.

It is of great advantage where possible to have the physician bring his child for the first clinic treatment, especially if that child is of pre-school age. Patients are very skeptical regarding our advice if we do not practice what we preach, and the question which we are frequently asked is, "Would you give it to your child?"

In the cities the problem is largely an individual one because there is not that close social relationship in the neighborhood that there is in the more rural communities. In rural communities the people are more prone to follow leadership as there are usually a few persons in the rural communities who set the example in all public activities, and next to securing the cooperation of the physicians it is of the greatest importance to secure the endorsement and cooperative work of these leaders. Through the more rural sections the Farm Bureau, the Granges and other civic organizations play a very great role in molding public opinion. Addresses by competent speakers before these organizations will do much toward securing results. Another method which we have found very successful is talks to the school children themselves, urging the older ones to bring the smaller ones to the clinic and we frequently are able to make a very

good pre-school survey by asking the school children to collect the names of the younger children in their families and others in the neighborhood for us. This method has worked well even in the cities as we find that the parents will more readily listen to their own children than to strangers whose motives they have not been convinced are purely altruistic. For this reason we find that the house-to-house canvass in the villages has been very successful providing that the canvass was made by those who are well known in the community, but practically a failure in the cities. City people are less neighborly and it becomes more of an individual problem.

In 1926 we made strenuous efforts in the City of Syracuse to secure a high percentage of consents by means of house-to-house canvass by competent nurses. We were greatly disap-

pointed in the results.

The homes in the cities are exploited by all sorts of vendors rendering it difficult for a nurse to even get into the home to explain her mission and a large percentage of the people were either actually not at home or not at home to the nurses. If the nurses finally did get the mother sufficiently interested to sign the consent slip for her children it frequently happened that when the husband came home at night he refused his consent, therefore a large portion of time expended by these nurses was wasted.

In rural communities, however, the mother usually holds a supreme place in the rearing of her children. Her word is law so far as the children's interests are concerned and when she

gives her consent it is final,

Stress has been laid on the importance of immunizing the children of the larger centers of population as it has been shown that diphtheria tends to radiate from these centers. This is undoubtedly true as a public health measure but from the standpoint of protecting the individual it is also important to carry on the work in the smaller communities as 90 to 95% of the children in these communities are susceptible to diphtheria whereas in the larger centers only from 60 to 65% are susceptible to the disease.

Another factor which we have found of great importance is perhaps a psychological one by which we try to overcome the fear which parents have of immunizing the younger children in the family. Our plan in this has been to secure all we could for the first immunization dose and not exclude the children who are over ten years of age. A few days after the first dose is given we try and get a meeting of the parents whose children have been given the first dose as well as those who have not. We have this meeting addressed by someone competent to speak to them, answer all questions and point out to them the simplicity

and harmlessness of the treatment as shown upon the older children, urging them again to bring the smaller children to the next clinic. This, in our experience has led to great success, as many of these mothers are then not only willing to complete the work on the older children but will bring the younger ones when we have proved to them the harmlessness of the injections.

In one small village where we used this method we started with 163 first doses and we finished the three treatments with 357. Rural people are very cooperative once they have been shown that the treatment is not dangerous to their little ones. Here the personality of the worker plays a tremendous role in securing the immunization of these children.

I have been frequently asked if it is not difficult to get the children to come back for the second dose. My answer has been in the negative as practically in every instance we get a larger number of children in the second clinic than in the first, and it is only in a very few of the children that we were not able to

carry out the three treatments.

Cheerfulness and gentleness in handling the children and producing as little trauma as possible in giving the injections is a great factor in gaining their confidence. Those who have had a large experience with young children will readily endorse the fact that once they can gain the complete confidence of a child he is ready to submit to any kind of reasonable treatment.

Greater care is necessary in handling the children of these smaller communities so that no accident or unpleasant experience results as it is in these communities that news usually travels rapidly. I believe it is wise to endeavor to establish a simple technique which can be carried out rapidly and thoroughly with the least possible confusion. The room in which these clinics are held should be maintained as quiet as possible.

To summarize:

First: Secure the active cooperation of the physicians as it is their advice that will count with the parents in making the final decision.

Second: Secure the assistance of the women leaders in the community and where possible have a thorough canvass of the homes made.

Third: Give three-minute talks to the children of each school grade, urging them not only to get the consent of their parents for their own immunization, but also for the preschool children in the neighborhood.

Fourth: Make the village clinic the center for all of the school districts in the townships. The elimination of diphtheria in the smaller communities is a much simpler problem than

it is in the cities.

# OSTEOGENESIS IMPERFECTA TARDA (FRAGILITIS OSSIUM) REPORT OF FOUR CASES IN ONE FAMILY

By MORRIS GLEICH, M.D., NEW YORK, N.Y. From the Pediatric Service, Harlem Hospital, New York City

STEOGENESIS imperfecta appears to be a fetal or embryonal disturbance<sup>17</sup> due to faulty mesoblastic tissue.<sup>14</sup> This tissue, in turn, owes its poor quality to defects in the hereditary units (the chromosomes) of the parents' germ-cells.

Since we find only bone tissue affected in this disease, it seems as if the embryo or fetus begins its intrauterine life with an impaired osseous-forming mechanism. This hypofunction may be due to some endocrine disorder.

The fact that bone alone is involved speaks against some constitutional disease as the only cause. It is hardly likely that tuberculosis, lues, or alcoholism would exert such selective action, picking one system, and sparing the others, unless the individual or family had an hereditary predisposition or constitutional weakness affecting a particular system <sup>20</sup>

We are more inclined to look for an explanation in the Mendelian rule of Dominance.<sup>18</sup> Here the crossing of sub-species results in certain characteristics in the hybrid offspring; in our case, a deficiency in the mechanism for bone formation

R. H., a colored boy of nine years, was born in the U. S. A. His delivery was normal and at full term. He was nursed for ten months He had six teeth at a year. At 1½ years he attempted to walk. Soon it was noted that his legs began to curve anteriorly. At three years of age he suffered his first fracture, that of the left tibia. Operation was performed to straighten his legs. When he began to work or attempted to stand, the anterior deformity returned. He was compelled to use crutches.

A father, mother and six children comprised the family. The father broke his right femur five times over a period of 45 years. The first fracture occurred 25 years ago. Since then the slightest misstep caused fracture of the same femur. X-ray of his right femur showed marked deformity and osteoporosis. The right tibia and fibula also showed bending and marked decalcification (see Figure I).

John, another son, now fifteen years old, with a normal developmental history, walked at 3½ years. He broke his right tibia for the first time when he was three years old. Since then his legs have been broken 10-12 times. These fractures occurred either after direct trauma or an awkward step. Twice he slipped from his crutches and once he fell over a rug. Each time he sustained a fracture. X-ray of his tibiae and fibulae showed fractures, osteoporosis and antenor bowing similar to that of our

patient (Figure II). In addition, the left tibia and left fibula were markedly deformed.

Herbert, eleven years old, fell out of a high chair and fractured his left hip. X-ray of his femora, tibiae and fibulae showed no fractures. However, he had a bi-lateral coxavara and a lateral curvature of the right femur.

The other brother (four years old), two sisters (2 years and 17 years respectively) and the mother, did not give a history of fractures or deformed limbs. None of the grandparents

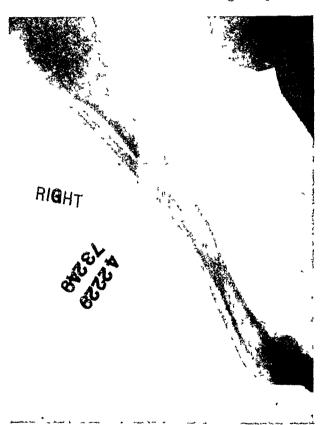


Fig I TATHER H.

Tibia and fibula show rarefaction and bowing Proximal end of tibia shows scent bony network while distal end is markedly osteoporotic Cortices thinned.

on the mother's or father's side had ever suffered fractures.

On the 9th of February, 1929, our patient (R. H.) fell out of bed and broke his right femur. He was pale, with flabby though painless muscles. His hair was soft and his skin smooth. His humeri and femora were somewhat curved laterally. A distinct, hard, callus was felt over the right femur. The lower third of both legs showed considerable anterior bowing His mentality was normal. The adipose

tissue and genitalia were normal. His teeth were in good condition. His eye-grounds were normal. There were no blue sclerotics. His chest and abdominal viscéra were negative.

X-ray showed a fracture at the middle of the right femur. The upper fragment was curved. Both legs showed bowing anteriorly. (Figure III). There were old fractures through the lower third of both tibiae. The skull showed no evidence of rarefaction. Any old evidences of a calvaria membranacea were not seen. A good deal of lime salts absorption was seen in all bones. The arms and forcarms showed no signs of a lesion. The normal rib contour was disturbed. It showed distinct depressions anteriorly near the costochondral junctions. Sella tursica X-ray showed the posterior clinoid processes to be larger than normal

Blood-serum, calcium and phosphorus taken semi-monthly, for four months were within

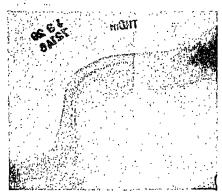


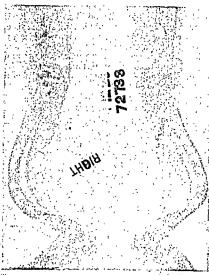
Fig. II-John H. 15 yrs. old. Rarefaction of tibia, fibula and tarsals extreme; Deformity marked; Fracture of tibia.

normal limits. They were: for Calcium—11.6, 10.7-10.6-10.4-10.5-11.6 Mg.; for phosphorus 4.3-4.4, 4.3, 4.6 Mg. per 100 c.c. Blood cholesterol was .240. Blood Kahn and Mosenthal tests were negative, Basal metabolic rate was normal. Blood urea 13.9 Mg. and creatinine 2.1 Mg. There was no sickling of red blood cells and several blood counts and urine examinations were normal. The calcium and phosphorus results were expected since we were dealing with an inactive case.

The strong hereditary tendency, the periosteal aplasia without endochondral (epiphyseal) involvement and the numerous fractures upon slightest causes, point to osteogenesis imperfecta. Osteomalacia is acquired, primarily affects adults (especially pregnant women), involves the spine and pelvic bones, as a rule,

and represents decalcification of normal bone, followed by osteoid tissue. Besides, the diaphyses rather than epiphyses are affected. One can hardly speak of these cases as late rickets. In rickets we see epiphyseal involvement. Fractures are not so evident or numerous and the response to irradiated ergosterol, cod liver oil, sunlight, even in late rickets, is prompt.

We were evidently dealing with quiescent cases of osteogenesis imperfecta. For this reason we were not surprised when adrenalin (by



- ked. Fracture

hypo), cod liver oil, Alpine light, acterol, pituitary substance (ant. and post lobes), calcium lactate, parathyroid extract and bone marrow, each given alone for periods of two to three weeks, did not produce any perceptible clinical or chemical results. However, our patient is now able to stand unassisted. We feel that time is an important adjuvant and that following osteotomy and the use of a brace or crutches he will have fairly serviceable limbs.

Since the pathological picture of fragilitis ossium shows such marked absence of calcium deposition in bones, we feel, a priori, that irradiated ergosterol, given in sufficient amounts, say 20-25 drops a day, and observed carefully, will be of decided benefit in early and active cases, e.g., in new-borns. Bookman, also Schwarz and Bass showed an increased cal-

cium and phosphorus retention, in active, early cases, when cod liver oil and phosphorus were fed to infants suffering from this disease.

Judging by x-ray pictures, rickets, osteogenesis imperfecta and osteomalacia (whether adult or infantile) show a calcium and phosphate deficiency. This does not necessarily connote a common cause, but it certainly expresses a similar pathological osseous response. This osseous response is only one of degree, mildest in rickets, more severe in osteomalacia, and severest in fragilitis ossium.

In mild rickets the pathology is usually confined to the epiphyseal ends expressing itself as cupping and mouse-nibbled in appearance. If the rickets is severe, the diaphyses are involved also, producing rarefaction and later bending and fractures. In fragilitis ossium and osteomalacia the process is most severe. The use of Vitamine D together with a diet liberal in calcium should be of decided benefit in these diseases, in their active stages.

## REFERENCES

1. Hess, Julius II.: Osteogenesis Imperfecta. Arch. Int. Med. Feb. 1917, V.19.
2. Scott, Clifton, R.: Osteopsathyrosis. C. J. Roentgenology, Sept. 1924, XII, 237.

3. Gordon: Osteogenesis Imperfecta Congenita. A. J.

Obs. Gyn. & Surg., Aug. 1928.
4. McCarthy-Frank: Osteogenesis Imperfecta, Atl. Med. Ir., July, 1928, V. 31, pg. 745.

5. Schwarz, H. & Bass, Murray: Osteogenesis Imperfecta. Report of a case with study of its Metabolism. A. J. D. Ch. 1913, V. 5 131.

6. Griffith, P. C.: Idiopathic Osteopsathyrosis in In-

fancy and Childhood. A: I. Med. Sc. 1897, 113.
7. Kienbock: Ueber Infantile Osteopsathyrose. Fortschr. a.d. Geb. d. Rontgenstrahlen Hamb. 1915, XXIII,

122, 168.

8. Bookman, Arthur: The Metabolism in a Case of Idiopathic Osteopsathyrosis. Arch Int. Med. Nov. 1911,

No. 5, 675.

9. Glover, Donald M.: Osteopsathyrosis. Report of a Case. Arch. Surg. 5, 1922, 464.

10. Bookman, A.: Osteogenesis Imperfecta. A.J.D.C.,

11. Mixsell, Harold R.: Osteogenesis Imperfecta, with report of 2 Cases. Arch. Ped. V. 36, 1917, 756.

12. Gurlt: Handbook der Lehre Von der Knochenburchen-Teil I, pp. 147, 154.

13. Nathan, P. Wm.: Osteogenesis Imperfecta. A.J. Med. Sc. Jan. 1905, p. 1.

14. Knaggs, R. Crawford: Osteogenesis Imperfecta, Br. J. Surg. 11, 1923, 1924, 737.

15. McCrudden: Osteogenesis Imperfecta. Arch. Int. Med. Je. 15, 1910, p. 596.

16. Braithwaite, J. V. C.: Osteogenesis Imperfecta. Proc. Roy Soc. Med. 21, 1857, Oct. 1928.

17. Hirsch, I. Seth: Generalized Osteitis Fibrosa. Radiology XII, June 1929, 505.

18. Lynch, Clara J.: Tumor Susceptibility in Heredity. J. Exp. Med. 39, 481, Mch. 1924.

19. Dwyer, Hugh L. & Eckelberry, Orren S. Osteomalacia in children: A study of the mineral Metabolism. A.J.D.C. 31, May 1926, 639.

20. Draper, George, Etc.: Studies in Human Constitution. VI. Clinical genetics. J.A.M.A. V. 92, No. 260, Je. 29, 1929.



# NEW YORK STATE JOURNAL OF MEDICINE

Published semi monthly by the Medical Society of the State of New York under the suspices of the Committee on Publication. CHARLES H. GOODEICH, M.D., Chairman. ..... Brooklyn CHARLES GORDON HEYD, M D ...... 

Editor in Chief-ORRIN SAGE WIGHTMAN, M D Adtertising Manager-Joseph B Tuffs ...... New York

Business and Editorial Office-2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writers,

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City, Telephone, Atwater 7524

#### **OFFICERS**

President-William H Ross, M D First Vice-President-Henry L. K Shaw, M D.	Brentwood
Secretary-Daniel S. Dougherty, M D.	New York
Treasurer—Charles Gordon Heyd, M D Speaker—John A. Card, M.D	Poughkeepsie

#### TRUSTEES

JAMES T. ROONEY, 'ARTHUR W. BOOTH

# .....New York

## CHAIRMEN, STANDING COMMITTEES

Arrangements— Legislative—Harry Aranov Pub Health and Med, Edu Scientific Work—Arthur ] Medical Economics—Georgi Public Relations—James E Medical Research—Josuua

## CHAIRMEN, SPECIAL COMMITTEES

Group Insurance— Periodic Health Ex Nurse Problem—N Physical Therapy—
Anti Diphtherio—Nathan B. Van Etten, M. D...........Bronx

### PRESIDENTS, DISTRICT BRANCHES

First District-George B.	STANWIX, M D	Yonker
Second District-CHARLES	H. Goodsich, M I	)Brookly
Third District-EDGAR A. Fourth District-WILLIAM	L. Munson, MD	Granvill

#### SECTION OFFICERS

Medicine—Jorn Wyckoff, M.D., Chairman, New York; David A. Haller, M.D., Secretary, Rochester.

Surgety—Charles W. Wers, M.D., Chairman, New York; David A. Haller, M.D., Secretary, Rochester.

Surgety—Charles W. Wers, M.D., Chairman, Rew York, David M. Procklyn; George H. Bonnetond, M.D., Secretary, Utica.

Pediatrics—Masshall C. Parse, M.D., Chairman, New York, Douclas P. Arnold, M.D., Secretary, Syracuse

Eye, Eer, Nove and Throat—Conrad Berns, M.D., Chairman, New York; Richard T. Atkins, M.D., Secretary, New York.

Public Health, Hygiene and Sanitation—Arthur T. Davis, M.D., Chirman, Rivethead, Frank W. Laidlaw, M.D., Secretary, Middletown.

Newrology and Psychatry—Norle R. Clambers, M.D., Chairman, Syracus; Isvind J. Sands, M.D., Secretary, Brooklyn

Dermatology and Syphilology—Earl D. Osborne, M.D., Chairman, Builalo; Leo Spiegel, M.D., Secretary, New York.

### LEGAL.

Office at 15 Park Place, New York. Telephone, Barclay 5550 Counsel-LORENZ J. BROSNAM, ESQ. Attorney-MAXWELL C. KLATT, Esq. Consulting Counsel-Lloyd P. STRYKER, Eso.

Executive Officer-Joseph S LAWRENCE, M D, 100 State St., Albany, Telephone Main 4 4214 For list of officers of County Medical Societies, see this issue, advertising page xxii

## THE MESSAGE OF THE JOURNAL

This Journal is designed to carry messages from the leaders of the Medical Society of the State of New York to the members. The scientific department, for example, contains the messages of the leaders in medicine, surgery, and the specialties; the legal department carries the opinions of the legal counsel regarding actual medico-legal cases in which members of the society are involved.

There is space for messages from every officer and committee chairman. The President is establishing a commendable precedent by sending, his editorial comment and message in each issue of the Journal.

N. Y. State J. M.

July 15, 1930

cium and phosphorus retention, in active, early cases, when cod liver oil and phosphorus were fed to infants suffering from this

Judging by x-ray pictures, rickets, osteogenesis imperfecta and osteomalacia (whether adult or infantile) show a calcium and phosphate deficiency. This does not necessarily connote a common cause, but it certainly expresses a similar pathological osseous response. This osseous response is only one of degree, mildest in rickets, more severe in osteomalacia, and severest in fragilitis ossium.

In mild rickets the pathology is usually confined to the epiphyseal ends expressing itself as cupping and mouse-nibbled in appearance. If the rickets is severe, the diaphyses are involved also, producing rarefaction and later bending and fractures. In fragilitis ossium and osteomalacia the process is most severe. The use of Vitamine D together with a diet liberal in calcium should be of decided benefit in these diseases, in their active stages.

## REFERENCES

1. Hess, Julius H.: Osteogenesis Imperfecta. Arch. Int. Med. Feb. 1917, V.19.

2. Scott, Clifton, R.: Osteopsathyrosis. C. J. Roent-genology, Sept. 1924, XII, 237.

3. Gordon: Osteogenesis Imperfecta Congenita. A. J.

Obs. Gyn. & Surg., Aug. 1928.
4. McCarthy-Frank: Osteogenesis Imperfecta, Atl. Med. Jr., July, 1928, V. 31, pg. 745.

5. Schwarz, H. & Bass, Murray: Osteogenesis Imperfecta. Report of a case with study of its Metabolism. A. J. D. Ch. 1913, V. 5 131.

Griffith, P. C.: Idiopathic Osteopsathyrosis in Infancy and Childhood. A. J. Med. Sc. 1897, 113.
 Kienbock: Ueber Infantile Osteopsathyrose. Fort-

schr. a.d. Geb. d. Rontgenstrahlen Hamb. 1915, XXIII,

8. Bookman, Arthur: The Metabolism in a Case of Idiopathic Osteopsathyrosis. Arch Int. Med. Nov. 1911, No. 5, 675.

9. Glover, Donald M.: Osteopsathyrosis. Report of a Case. Arch. Surg. 5, 1922, 464.

10. Bookman, A.: Osteogenesis Imperfecta. A.J.D.C., 7, 1914, 436.

11. Mixsell, Harold R.: Osteogenesis Imperfecta, with report of 2 Cases. Arch. Ped. V. 36, 1917, 756.

12. Gurlt: Handbook der Lehre Von der Knochenburchen-Teil I, pp. 147, 154.

13. Nathan, P. Wm.: Osteogenesis Imperfecta. A.J. Med. Sc. Jan. 1905, p. 1.

14. Knaggs, R. Crawford: Osteogenesis Imperfecta, Br. J. Surg. 11, 1923, 1924, 737.

15. McCrudden: Osteogenesis Imperfecta. Arch. Int. Med. Je. 15, 1910, p. 596.

16. Braithwaite, J. V. C.: Osteogenesis Imperfecta. Proc. Roy Soc. Med. 21, 1857, Oct. 1928.

17. Hirsch, I. Seth: Generalized Osteitis Fibrosa. Radiology XII, June 1929, 505.

18. Lynch, Clara J.: Tumor Susceptibility in Heredity. J. Exp. Med. 39, 481, Mch. 1924.

19. Dwyer, Hugh L. & Eckelberry, Orren S. Osteomalacia in children: A study of the mineral Metabolism. A.J.D.C. 31, May 1926, 639.

20. Draper, George, Etc.: Studies in Human Constitution. VI. Clinical genetics. J.A.M.A. V. 92, No. 260, Je. 29, 1929.



## UNIVERSALITY OF MEDICAL PROBLEMS

. The problems of medical practice are everywhere the same. The presidents and secretaries of the medical societies of the several states discuss the same problems that are engaging the attention of the physicians of New York State, as any one may see by reading the Department of "Our Neighbors" of this Journal The medical societies of practically every state provide courses in graduate medicine, sponsor campaigns in diphtheria prevention, and cooperate with departments of health. While nearly all are considering popular medical publicity, Indiana and some other states have made it a major activity, and have evolved standard methods for providing the medical education of the people.

The medical profession of New York State has had its own special problem in outlining and delimiting the fields of activities of the medical profession, the departments of health, and the voluntary health agencies. New York has been the headquarters of voluntary organizations which control millions of dollars of endowment funds with which to conduct "demonstrations" in methods of promoting health, but all other states also have felt the influence of the endow-

New York State has also led in health legislation, especially in state aid of local municipalities in their public health work; but some of the western states have gone farther than New York in the cooperation of the Government with local physicians. Five county medical societies in Iowa, for example, contract with the county officials for the medical attention given to the poor.

As the physicians of each state seek the solutions of their own problems, they can find abundant precedents in other states. It has been the policy of the New York State Journal of MEDICINE for several years that about fifteen per cent of each issue shall be devoted to the experiences of other states in the administration of their medical societies.

Although the several states have made great progress in the solution of their medical problems, none has gone nearly so far as England has gone. The English statesmen have given deep thought to medical conditions in their relation to social problems. They developed methods of bringing medical education within reach of the poor years before the governing bodies of the American municipalities recognized the need of such services. Moreover, the physicians of England have cooperated with the Government in evolving methods which will be efficient and satisfactory to both the physicians and the patients. The description of the plans and their evolution will be found in the pages of the British Medical Journal, which is the national organ of the medical profession of the British Isles. Although the English physicians have not yet solved all, or even most, of their medical problems, yet they have advanced much farther than any state of the United States.

Frequent references have recently been made to the reports of committees of the British Medical Association. An abstract of a report on "A General Medical Service" is found on page 866 of this Journal. An abstract of a report on "Hospital Service" will appear in the Journal of August first; and other reports will be abstracted in later issues of this Journal. Preserve these

reports for information and reference.

## LOOKING BACKWARD

# This Journal Twenty-Five Years Ago

Popular Medical Publicity: The eternal question of popular medical publicity was acute twenty-five years ago, as is shown by the following letter from a doctor printed in this Journal of July, 1905:

"As a member, I wish to protest against endorsement of-Ladies' Home Journal. Please see enclosed giving long-distance treatment. For a so-called reputable journal, it is quack-

ery of the worst type."

The clipping which the doctor sent was as

follows:

"Mrs. L.K.T. asks if it is not dangerous to bind a baby's abdomen tightly to prevent rupture, especially after the third month.

Warmth is needed over the abdomen to aid digestion and the wool-ribbed knit band with shoulder-straps will answer this purpose admirably, and also be much more comfortable for baby than a tight flannel binder.

"Doctor C. will, at all times, be glad to answer the questions of Journal readers. Where an answer is desired by mail a stamped and addressed envelope must be enclosed.

The Journal made no comment on the letter and the article. Our own comment is that departments of health today are inclined to classify such advice as hygienic, rather than medical; and that the medical profession seems to approve such advice.



# MEDICAL PROGRESS



The Gastric Functions in Hot Climates .-W. Borchhardt of the Institute for Marine and Tropical Diseases, Hamburg, has made a study of the physiology and pathology of the stomach in natural and artificial hot climates in both man and animals. These studies include the period of acclimation of Northerners. The blood naturally is forced to the surface to meet the demand for heat regulation by sweating, and therefore the splanchnic circulation is depleted. Dogs with gastric and duodenal fistulæ were subjected to sham feeding and it readily appeared that less gastric juice was produced in hot climates. Analogous results were produced by the use of sweating baths in the temperate zone. Passing to human subjects, four volunteer students were tested with trial meals in the hot air cabinet with high humidity. When the stomach contents were siphoned out 21/2 hours later they were found to be poorly digested, with marked hypochlorhydria. The author apparently made no actual tests in the tropics, but has noted that the unacclimated lose their appetite, the stomach being defective in both motility and secretion. Hence the great demand for condiments-paprika, curry, etc, with food. Lacking some such resource stasis would probably result and the half digested food would accumulate in the stomach. The pancreas and intestinal glands are similarly affected, intestinal stasis develops, and the liability to infectious disease is increased. Not only the hotter condiments but ordinary spices and pungent foods are needed to correct this tendency.-Klinische Wochenschrift, May 10, 1930.

The Ultravirus of Tuberculosis.--A. Calmette mentions the discovery in 1910 by. Fontés of Rio that pathogenic particles exist in the filtrates of cultures of tubercle bacilli (apparently only fresh cultures). This discovery apparently passed unnoticed and Calmette did not become aware of it until 1923. Ever since this period he and his assistants have been at work on the problem and, with many other investigators, they have not only corroborated Fontés but have built up a large body of important facts. The ultravirus has been found in many of the body fluids and it is known to pass through the placenta and infect the fetus. The unknown virus can be cultured in special media (vitaminiferous). The toxin which forms in these cultures is not a tuberculin. It tends to locate in the lymphatic, structures and is a group capable of carrying diseases in which the ordinary acid-fast tubercle bacillus is not represented. In another group ultravirus and

the tubercle bacillus are pathogenic, the former constituting the primary infection, for the tubercle bacillus is alone pathogenic. To designate this second group, we may use the term bacillosis. The ultravirus alone is able to produce a great variety of clinical affections, as inflammation of serous membranes, tuberculides, and even acute miliary tuberculosis which is not necessarily, according to Calmette, a bacillosis. The granules may be due to the presence in the blood of the ultravirus. However, it is not denied that a This discovery marks a bacillary form exists. new stage in the evolution of our knowledge of tuberculosis, following the revolutionary discoveries of Villemin and Koch. Calmette is silent as to the discovery in America of pathogenic fatty and carbohydrate extracts of tubercle bacilli, which still further complicates the subject. -Deutsche medizinische Wochenschrift, May 2, 1930.

Dietetic Treatment of Tuberculosis.-W. Gloor of Zürich sums up the results of the Gerson-Sauerbruch-Herrmannsdorfer tuberculosis diet which had been given a setback by inaccurate radio and newspaper propaganda in Germany. The diet consists essentially of marked restriction of salt, reduction of carbohydrates at the expense of protein, abundant raw vegetables and fruits, separate mineralization, and cod-liver oil. Patients take 7 small meals a day and the requirements of cooking technique are great. Specially trained cooks or nurses administer the diet and must know how to vary it to keep the patients' appetite active. Sixteen different spices are used to give flavor to the food and the diet must be continued for many months. In skin and bone tuberculosis without severe general symptoms, patients take to the diet readily, but in many cases of pulmonary tuberculosis there is great difficulty in getting them to accept it. It is the task of the dietician to overcome the loss of appetite. This treatment can hardly be carried out in the home. The author discusses 3 groups of tuberculosis patients. Excellent results are obtained in skin tuberculosis as shown especially in the recoveries from lupus. The second group is concerned with bone tuberculosis and even fistulous cases are seen to improve, although only 50 per cent of positive results are claimed from the diet alone. main interest in the diet is believed to lie in pulmonary tuberculosis. Sauerbruch and associates had treated one group of 116 cases, all of open tuberculosis. In 43 of these the treatment was

too recent for statistics but of the others 35 showed great improvement, with disappearance of bacilli: 20 showed notable improvement; 11 were unimproved, and seven patients died. The experience of other men has not always been as favorable. We have to discount a group of cases in which improvement might have occurred without the diet. It must not be forgotten that the diet of tuberculosis is a very old subject and that the regimen in question differs from some of the older diets chiefly in the restriction of salt. It is extremely difficult to evaluate the significance of alleged consumptive cures. In many patients who might improve in sanatoriums the financial circumstances are too limited to provide for the diet in less favorable environment. The author cites a few cases in which remarkable results were obtained but believes that under such favorable circumstances the exact pathological and clinical type of the disease is of essential significance. For example the fever curve might play an important role. Cases in high altitude sanatoriums do not apparently benefit additionally from the diet. Onestions which are very pertinent for the immediate future are the significance of the alkalinebase element of the diet and the amount of vitamins which it contains. Sauerbruch claims that the diet favors an acidosis which he regards as desirable. The character of the diet likewise suggests that it is rich in vitamins, but both these subjects require further study.--Schweizerische medizinische Wochenschrift, May 17, 1930.

New Data On Vitamin A .- Beth and Hans von Euler refer to the consensus of opinion of investigators that carotin is the most active principle of vitamin A. The author has tested a large number of carotinoid substances for vitaminiferous properties, and also alleged vitamin A preparations for carotin. Some of the latter are clearly not carotin and in all probability owe their activity to some carotinoid. Carotin exerts no antirachitic activity and some preparations of vitamin A behave in this respect, like vitamin D. The subject of vitamin A is becoming increasingly complicated instead of simplified by recent studies. As a growth agent it is but one of many substances, some protein like tryptophan, while some of the hormones, notably the thyroid and ovarian. act to increase growth. All other growth agents are vitaminiferous-notably the water soluble B vitamin which may be a constituent of the others. Carotin was once believed to stand in some close relationship with the chlorophyll of plants, while originally it was regarded only as the coloring principle of carrots, yellow corn, the yolk of egg, cream, etc., and looked upon as practically inert. By eliminating it from the diet of domestic animals these could be made to produce white cheese, eggs with white yolks, etc. Now it has become

one of the most important of biological substances, through its relationship to vitamins.—Klinische IV ochenschrift. May 17, 1930.

Does Liver Substance Benefit the Spinal Complications of Pernicious Anemia?-Dr. H. Lottig of Hamburg states that spinal cord symptoms develop in 80-90 per cent of all cases of pernicious anemia and that authorities differ widely as to whether or not liver treatment is of benefit in this group of symptoms. Some have seen positive results, especially in recent cases. In an attempt to decide this question Lottig has analyzed 13 cases, of which 9 were from Nonne's and 4 from Schottmüller's clinic. In 6 of the author's 9 cases there was improvement in the spinal symptoms and those related to the posterior columns were much more amenable to treatment than those proceeding from the lateral columns. Recent cases are more responsive to treatment than old ones and benefit may not be apparent until the blood has been regenerated. The four cases of Schottmüller are separately taken up. Case 1 in an old man consisted in numbress of some of the peripheral sensations with beginning deafness and urinary disturbance. After 6 weeks of liver treatment the tactile anesthesia and difficulty in feeling and walking, along with the hearing, had improved and the bladder anesthesia had disappeared. The second patient had numerous spinal symptoms and had evidently taken too little liver for their relief. In the clinic under ample liver and massage she improved remarkably but was unable to take the medicine in sufficient doses, so that as before she relapsed but improved again under full treatment. Patient No. 3 progressed to ataxia and weakness of the legs, but under liver treatment could get about without The spinal symptoms of the fourth support. patient nearly disappeared after 3 months of liver treatment, but reappeared when the treatment was intermitted. She was so anemic that a blood transfusion was given along with the liver and the patient showed marked improvement in her nervous symptoms .- Muenchener medizinische Wochenschrift, May 16, 1930.

Emotional Hypertension.—Edward J. Stieglitz presents a study of 8 cases of extreme vascular instability associated with emotional hypertension. All of the patients had normal arterial tension when at rest. The average age was 37 years. The average blood pressure for the group was 126/80 at rest and 173/109 after psychic excitement. The symptoms were quite variable, being referable to the cardiac apparatus, the head, cutaneous sensations, and the respiratory functions. Emotional instability was characteristic of the group. Sexual disturbances were likewise frequent and notable. One factor was common



# LEGAL



# LIABILITY INSURANCE—NECESSITY OF ASSURED GIVING PROMPT NOTICE

By LORENZ J. BROSNAN, Esq. Counsel, Medical Society of the State of New York

Since the majority of the members of the Society either own or operate a motor vehicle, in connection with which they carry some form of insurance, your counsel feels that it would be of interest to the profession to call attention to a recent decision of the Appellate Division in the City of New York in connection with the necessity of giving prompt and proper notice to the insurance company after the happening of an accident.

In the case to which reference has already been made, the plaintiff brought an action seeking reimbursement from the defendant insurance company for a sum expended in the settlement of two actions brought to recover damages by reason of plaintiff's negligent operation of an automobile. Such settlement was effected after the defendant had refused to defend the actions. Its refusal was based upon plaintiff's alleged breach of a condition in the policy which required immediate notice of accident.

The facts in the case disclosed that the plaintiff owned two automobiles, one a touring car being covered by defendant's policy issued in September of 1922. At this time and until March of 1923, the plaintiff's other car, a sedan, was covered by a policy in the X insurance company. On the latter date coverage on both cars was transferred to the defendant's policy. Subsequently the sedan was involved in the accident out of which the actions arose.

Through inadvertence and mistake, the plaintiff gave prompt notice to the broker who had secured the first policy on the plaintiff's sedan car. This broker in turn gave prompt notice to the X insurance company, and when the actions were begun the plaintiff delivered them to the same broker, who again in turn sent them to the X insurance company, which said company retained them for about three weeks before it was discovered that its policy no longer covered the risk. On that day the defendant company for the first time, and after a lapse of twenty-six days, received notice of the accident.

The policy which the plaintiff had with the defendant company contained the following provision with reference to giving notice of accident:

"In the event of accident the assured shall give immediate written notice thereof to the company, and forward to the company forthwith after receipt thereof every process, pleading and paper of any kind relating to any and all claims, suits and proceedings. The assured shall give to the company full cooperation, and when ever requested by the company shall aid in securing information and evidence and the attendance of witnesses and in prosecuting appeals."

The Appellate Division held, by a divided court, that there must be judgment for the defendant insurance company since the plaintiff had failed to comply with the clause above quoted. In so holding, the court said:

"'Immediate notice' under this clause is notice within a reasonable time under all the circumstances, \* \* \*. In \* \* \* (citing a case), which is among the latest utterances of the Court of Appeals upon the precise question, it was held that a delay of twenty-two days was unreasonable in the absence of explanation or excuse. In \* \* \* (citing a case) a delay of ten days was held, in the absence of proper explanation, to be unreason able as a matter of law. \* \*

"Here the plaintiff had notice of the accident on the day of its occurrence. The only excuse or explanation offered is that through his inadvertence and mistake notice was sent to the wrong company. No claim is made that he did not know of the change of coverage from the \* \* \* Company to the defendant. His failure to notify defendant was due to his own forgetfulness or negligence. In these circumstances we are constrained to hold that he has not sufficiently excused or explained his delay."

One of the Judges of the court dissented from the majority opinion, holding that on the facts above stated the plaintiff was entitled to judgment.

The dissenting opinion is a most interesting one, the learned Judge saying among other things:

"Where, as here, the plaintiff with due diligence gave immediate notice to the broker and the latter inadvertently forwarded the notice to the company who had previously written the insurance, instead of the defendant, the latter cannot plead such inadvertant default to avoid its obligation to the plaintiff in the absence of any change of position or prejudice. It is a well established principle that where a loss has cocured under a policy of insurance and a right to payment ac-

LEGAL 861

crues, provisions of the policy relating to requirements after the loss must be construed liberally with a view to avoiding, it possible, an excusable forfeiture \* \* \*. In the foregoing case, where there was a delay of twelve days, and the position of no one was shown to have been changed to their prejudice, Judge Crane, writing for a unanimous court, said: "The position of no one was changed in the meantime \* \* \* What reason is there for placing a narrow and strict construction upon the words 'immediate notice of loss?" When we consider that this is not made one of the conditions which voids the policy, but is linked up to those provisions relating to requirements after the loss, we should give this policy a reasonable interpretation and a fairly liberal construction. Such is the law A liberal construction always obtains with reference to the procedure after loss \* \* \*. The fire occurred; there is no fraud; the loss has been sustained; the policies covered the loss, and this point relates to those things which must be done by the insured in connection with the remedy. He must give immediate notice of the loss, which we have held repeatedly means notice within a reasonable time. \* \* \*

"In the case at bar, as soon as the mistake was discovered and within a period of twenty-six days the defendant was advised of the loss. There is no claim of change of position or prejudice by the delay. This is not a case of deliberate default If such were the case relief would not be afforded by the courts, \* \* \*. Here the plaintiff having shown a reasonable excuse for the delay in the giving of notice to defendant, and the latter not having changed its position or been prejudiced, the plaintiff is entitled to judgment in accordance with the submission."

Unless, of course, the plaintiff takes the case to the Court of Appeals and that court should reverse the ruling of the Appellate Division, the majority opinion of the Appellate Division represents the law. In any event, the case illustrates the necessity for careful attention on the part of the policy-holder in a situation of this kind, to see that prompt notice is given to the insurance company.

## INFLAMMATORY REACTION FROM THE USE OF PICRIC ACID

In this case the plaintiff called at a hospital clinic for examination and treatment. The plaintiff was examined by the physician in charge of the clinic, who made a diagnosis of pharyngitis' and 'turned the plaintiff over to one of the assistants at the clinic, recommending that blood be taken for a Wassermann test.

The patient was taken to one of the treatment rooms where his arm was bared. Before inserting the needle, the associate physician, not finding the requisite alcohol for the purpose of sterilizing the site for the injection of the needle, used a bottle labelled "2% Picric Acid." The patient immediately complained of pain and a burning sensation at the site of the application, and the location immediately became red.

The doctor then bared the other arm, sterilized a portion above the elbow with iodine, made the necessary injection and drew into a syringe a sufficient amount of blood for the purpose of a test. By this time the first arm had become quite red and swollen. A vaseline dressing was applied and the patient was advised to return for the purpose of treatment for the arm and to ascertain the result of the Wassermann test. Thereafter the patient

did return on various occasions for a period of three weeks. He received surgical attention for a slight sloughing where the arm had shown the reaction to the pieric acid,

On the occasion of such subsequent visits, however, he did not see the Chief Surgeon of the clinic who had first examined him, nor the associate surgeon who had applied the picric acid.

Thereafter, the patient began an action against the Chief Surgeon of the clinic and the hospital where the clinic was maintained, charging that the defendant hospital was negligent in failing to give the plaintiff sufficient and proper medical attention and further charging that the said hospital permitted the plaintiff to be treated by negligent and incompetent employees, contending that both physicians were employees of the defendant hospital. After permitting the action to lie dormant for a long period of time the plaintiff finally voluntarily discontinued the action, upon it being established that the defendant hospital was a charitable institution, thereby terminating the action in favor of both the defendant hospital and the defendant physician without a trial.

# CLAIMED NEGLIGENCE IN THE REMOVAL OF BROKEN NEEDLE

In this case, a needle became imbedded in the plaintiff's thumb during the course of his employment, which needle broke.

He was referred by his employer to the defendant physician who took an X-ray picture, which showed a piece of needle about one-quarter inch from the distal end. The defendant physician then sterilized the surface of the thumb, took a sterilized needle and injected neocaine into the lateral side at the level of the distal end of the proximal phalanx, thereby desensitizing the area where the broken needle was shown to be. The physician then made a slight incision, and with his forceps pulled out the needle shown by the X-ray. One suture was then inserted, the wound bandaged and the patient sent home.

The patient returned the next day, and the wound was dressed with dry sterile gauze. returned two days later, and the same dressing was applied. The day following, the wound appeared to be healing nicely and a similar dressing was applied. The patient returned the next day, the bandage having been previously removed and the suture taken out by someone other than the attending physician. A slight redness of the lateral aspect of the thumb was noticed. The patient said that he had consulted another physician who had treated the thumb, but the nature of the treatment was not disclosed. The defendant physician then dressed the wound with a solution of chlorazene, and prescribed chlorozene tablets to be dissolved and the bandage to be moistened

occasionally. The patient continued to return on each alternate day thereafter for one week, and on each occasion the wound was dressed.

About a week after the removal of the suture, a slight ulcer was noticed on the surface of the thumb. For the next five days the same treatment and dressings as previously were applied. On the day following the last of these treatments, the defendant physician was called to the plaintiff's home. By that time the patient had developed a cellulitis of the thumb without any definite localization. He was then ordered to the hospital to be operated upon the following day, but the patient did not go and the defendant physician never saw the patient thereafter.

Since the plaintiff had been injured in the course of his employment, he had continued to receive compensation for his injury. Subsequent to his treatment by the defendant physician, an action was instituted charging that the defendant had negligently operated for the removal of the needle from the plaintiff's injured thumb and that the said operation was performed without consent, causing the plaintiff to suffer extreme pain, injury and damage. The answer contained the defense that the plaintiff had been fully compensated for his injuries by the awards made by the Workmen's Compensation Bureau. In consideration of this defense the plaintiff ultimately discontinued the case, thereby terminating the action in the doctor's favor without a trial.

## CLAIMED NEGLIGENCE IN FAILURE TO DISCOVER CARBUNCLE ON NECK

In this case, the plaintiff had several times visited the defendant physician for minor ailments, and on a certain date came to the doctor's office complaining of trouble with his neck. The doctor examined the patient and found an infection at the back of the neck which he opened, and a little pus emitted. He placed a gauze bandage on and sent the patient home, and repeated this procedure for each of the next five days, renewing the dressings.

On the sixth day, he was called to the plaintiff's home and found him up and about, but complaining that he was unable to get to the defendant's office. The doctor says he found the neck in about the same condition and repeated the dressing. The doctor called on the man daily from that time up to the 11th day subsequent to the original visit to the doctor's office, each time repeating the dressing.

On the eleventh day, the doctor saw that the infection was spreading and the condition was worse, and he recognized that the man needed radical aid which the doctor states he did not feel

competent to give him, so the doctor put him in a closed car and hurried him to a surgeon's office. From what the surgeon states, he found the man suffering from a very large carbuncle extending over the entire back of the neck. The surgeon put the man in the hospital, and on the following day operated, cutting out the carbuncle which had spread the entire distance across the back of the neck. He kept the man in the hospital for four weeks, and then for two months afterwards the patient went to the surgeon's office and had dressings done, after which time the opening in the neck healed and the patient got well.

The physician's bill was readily paid.

The defendant says that he did not recognize the patient's condition as a carbuncle at first, and the surgeon says that mistakes of this kind are often made by ordinary practitioners.

Suit was commenced, but about two and onehalf years subsequent to the joinder of issue by the service of an answer, the plaintiff consented to discontinue the action.



# LONDON LETTER



Advance of Science: Sir Arthur Keith, the leading anthropologist, Curator of the Hunterian Museum at the Royal College of Surgeons, in delivering the Annual Oration to the Medical Society of London, chose for his theme the "Inexorability of the Law of Evolution." He compared the 120 specialists constituting the Harley Street area of 1880 with the 954 of 1930 and argued that the advance of science with its ancillary sciences, chemistry, physics, pathology, physiology and biology, had called into being a new race of specialists, for the eight-fold increase of specialists contrasted markedly with the mere doubling of the medical population of London in these fifty years. Sir Arthur pointed out that the same process was at work in our hospitals and medical schools. No longer was the teaching done solely by the medical and surgical staffs, but this work was undertaken by an army of experts and organized teams. The "laboratory idea" was displacing bedside teaching. Fifty years ago research was undertaken by a member of the medical or surgical staff who "to gain his end, was willing to offer up his wife and family as an economic sacrifice." He was an amateur, however gifted, and progress demands his replacement by the professional. The effect perhaps is to deprive our teaching branches of some of their most gifted investigators, who prefer to devote their whole time to research, and this tendency to exalt research above teaching may well do as much to impede the progress of medicine as to accelerate it. And just as specialization must increase, so, by the laws of evolution, must unification increase in medicine. "It was the same law that transformed a brood of discrete independent protozoa into the co-ordinated complexity of cells which form the body of a living animal." instanced the progressive interest assumed by the Government, starting with the National Insurance Act of 1911 and passing on through the medical inspection of schools, the anteand post-natal services, down to the most recent legislation whereby the Municipal hospitals are placed under one Central Authority. "However much we may regret the loss of personal liberty, we cannot escape State Control in the long run,"

This was Sir Arthur Keith's conclusion and many agree with him. That a national medical service might come into being owing to a gradual enlargement of the scope of Government control is obvious, and so insidiously do these changes take place, that the profession

may hardly realize it until it is done. It is sad to contemplate that the greatest of all professions may, owing to its very virtues be mechanized and controlled; but we possess a knowledge which is essential to the national life, and in the present temper of public opinion this knowledge should be available equally to rich and poor. We must be prepared to fall in with a system which makes our knowledge available to all, while doing our best to safeguard research and the teaching of medicine.

Annual Meeting Missions to Scamen: The

Prince of Wales, presiding at the seventyfourth Annual Meeting of the Missions to Seamen, expressed a hope that all Societies with similar aims and aspirations should join together to avoid overlapping and obtain greater efficiency with economy. This suggestion coming from so high a source, is sure to receive the most careful consideration. There is one difficutly only to surmount, but it is a very serious one. It may be summed up in two words-pride and jealousy. A cynic said that all Charitable Organizations were started originally by someone who wanted a job as paid secretary. However dubious their origin, the organizations have in the course of time collected round them a body of people, some of whom get their living out of them, while to others they are a source of legitimate pride, and indeed have become one of the real interests in life. Both parties may well view with the gravest concern the submerging of their pet scheme in some great and soulless organization. But if amalgamation would lead to economy and a decrease of overlapping, our Voluntary Hospitals might well be interested. In London each hospital raises. its income from many sources, suscriptions, payment by patients, including grants for work done by such organizations as the Hospital Savings Association and other forms of Insurance, grants from the King Edward's Hospital Fund, payments by local authorities and so on. But it is not easy, nor is it made easier by the fact that each hospital is competing with the others. In some towns such as Leeds and Sheffield the hospitals combine so far as collecting their revenue is concerned, with the result that nearly £9 500,000 is raised every year throughout the provinces for the hospitals, which generally show a balance on the right side. J. M. CARSON, F.R C.S.



# **NEWS NOTES**



# AMERICAN MEDICAL ASSOCIATION

The eighty-first Annual Convention of the American Medical Association was held on June 23-27, 1930, in Detroit, Michigan. The Medical Society of the State of New York was represented by its full representation of fifteen delegates as follows:

A. J. Bedell, Albany
Arthur W. Booth, Elmira
John A. Card, Poughkeepsie
Thomas C. Chalmers, Richmond Hill
Daniel S. Dougherty, New York
Frederick H. Flaherty, Syracuse
J. Richard Kevin, Brooklyn
Samuel J. Kopetzky, New York
George A. Leitner, Piermont
Grant C. Madill, Ogdensburg
James E. Sadlier, Poughkeepsie
Harry R. Trick, Buffalo
Nathan B. Van Etten, Bronx
James N. Vander Veer, Albany
Orrin S. Wightman, New York

The New York Delegation was represented on the ten reference Committees with two chairmanships,—Dr. Grant C. Madill on the Reports of the Trustees and the Secretary, and Dr. T. C. Chalmers on Miscellaneous Business. The delegation was also represented on four other reference committees—Dr. Arthur W. Booth on Medical Education; Dr. J. N. Vander Veer on Constitution and By-Laws; Dr. N. B. Van Etten, on Reports of Officers; and Dr. Arthur J. Bedell on Credentials. Thus out of fifty reference committee assignments, six went to New York delegates.

One hundred and thirty-three physicians from New York State registered on the first day of the session.

The tentative programs of the Scientific Sections, which were printed in the A. M. A. Journal of May twenty-fourth, listed 298 papers, to be presented by 343 authors, and discussed by 103 other doctors. The number of authors from New York State was 48, or 14 per cent of the whole number; while the discussors numbered 23, or 14.5 per cent of the total. While a casual reading of the program might seem to show that New York State was not well represented on the program, yet the fact is that New York with fifteen delegates, or exactly 10 per cent of the delegates from the State societies, had 14 per cent of the scientific papers.

The business of the American Medical Asso-

ciation, like that of the Medical Society of the State of New York, is transacted in the House of Delegates whose minutes are being published in the A. M. A. Journal, the first installment appearing in the June 28th issue. But physicians generally will have an immediate interest in the special features which are reported in the daily newspapers. The Detroit Free Press and the Detroit News made special efforts to secure and publish accounts of those actions which have a wide appeal to the medical profession and to the public. The impressions given by the accounts in those two newspapers are probably as correct as those which would be given by any physician attending the sessions, for the reporters obtain their information directly from the officers or the speakers. The following abstracts were taken from the two newspapers.

Pension Bill:—The News of June 24 says: "Criticizing provisions of the liberalized World War Veterans' Pension Bill as 'without basis in the science and art of medicine,' the American Medical Association, through a resolution adopted by its governing body, the House of Delegates, today came to the support of President Hoover in his fight on the measure.

"The resolution attacks provisions of the bill enlarging hospital facilities at the command of the Veterans' Bureau as 'unsound and socialistic in character.' The duty of providing medical care for veterans disabled by diseases or injuries not of service origin is the duty of the states rather than that of the Federal Government, the resolution maintains."

Sheppard-Tower Act:—The News also said: "Resolved, that the House of Delegates of the American Medical Association condemns as unsound in policy, wasteful and extravagant, unproductive of results and tending to promote communism, the Federal subsidy system established by the Sheppard-Towner Maternity and Infancy Act, and protests against a revival of that system in any form."

Inaugural Address:—The News gave over a column to the inaugural address of President W. G. Morgan and said:

"He referred to the experience of Germany and England in their experiments in compulsory health insurance, under the pressure of growing paternalism.

"'Physicians who lend themselves to such a

scheme, having to see from 90 to 100 patients a day, cannot exist under such circumstances.

"There is nothing inspiring in the thought that the "people"-by which term it cannot be contended that the better elements of our citizenry are meant-must be catered to at the expense of a dignified, self-respecting and selfsustaining part of the population.

"'I do not believe the "people" will be responsible if the time ever comes when the medical profession supinely falls into the lockstep ranks of state-controlled servants. It will be the fault rather of blatant propagandists within our own ranks, operating through unthinking sentimentalists, political tricksters, and noisome newspapers.

"'It cannot be denied that the great middle class of our citizens-the men and women of moderate means, of intelligence, of self-respect, and of carnest purpose who constitute the backbone of our government—have long faced the problem of the high cost of illness and hospital care. But how much of this high cost may be laid on the physician, particularly on

the great rank and file of our profession, the bedside physicians?

"Dr. Morgan granted that certain health measures, such as epidemiology, sanitation. and the care of the mentally diseased, the tuberculous and the indigent sick, require governmental supervision, although they involve more

than prevention

"'But we are not willing,' he said, 'to accept the view expressed by some that public health or preventive medicine has practically no limits. We are not willing to see the entire population, with the exception of the rich, taken away from the individual physician and turned over to the salaried physician, who, by virtue of the circumstances under which he must render his service, will not be able to devote to the individual patient the careful study that is or may be required. And when I say that we are not willing to see these things come to pass, I have in mind the interests of the sick and not the bank account of the physician.' "

Scientific Exhibits:-The exhibit of broken bones impressed the News reporter, for he

"Broken bones are being featured in this, the eighty-first annual convention of the American Medical Association.

"Dr. Paul Nicholas Leech, director of the scientific exhibit, believes there is something resembling poetic justice in the fact that the doctors of America are emphasizing broken bones in their visit to Detroit. An increasing number of fractures has been the result of an intensified industrialism of which Detroit is symbolic, he says.

"Detroit means automobiles to the American Public, and the mention of automobiles brings to the physician visions of an illimitable pro-

cession of plain and fancy fractures.

"This year the great scientific exhibit in the drill half of the Masonic Temple is emphasizing broken bones. In a long series of booths a small army of 75 volunteer physicians are working alternately and continuously upon a group of athletic-appearing young men models, or patients.

These young men are supposed to develop any one of a variety of the most complicated fractures upon a moment's notice. The attending physicians thereupon plaster them, wrap them and swing them in the most approved modern fashion, while little groups of visiting physicians look on and ask searching questions about the technic employed"

Medical Examination of Automobile Drivers: The Association also discussed the subject of Medical Examinations for auto owners' licenses, and according to the Free Press of June 25, it suggested the following plan:

"Each county shall have a licensing board composed of physicians, to be appointed by the Governor of the state, and to be paid by fees from the applicants or by state salaries.

"All applicants shall present a physician's

certificate of physical fitness

"The board shall examine all persons brought to them for physical license; shall pass on the fitness of all applicants about whom individual examiners may be in doubt, and may qualify an exception to be made.

"All applicants must have vision up to a certain standard (minimum of 20-50 in one eye. and 20-100 in the other, with or without glasses). Double vision shall disqualify."

Medical Centers:-The Free Press of June 24 gave considerable space to the policies of the A. M. A. as outlined by the President and the President-elect, and said:

"Several definite proposals for changing the physician's status for his own and the public's betterment were made at the initial meeting of the house of delegates. Most startling was President Harris' that county medical societies establish public centers for the treatment of patients unable to pay full charges, 'These centers would take the place of the present free centers established in many cities, and, being under control of the doctors, would be far preferable to state-owned, or charityendowed institutions' he said.

"'Medicine is being besieged on every side by forces that are becoming stronger and stronger, and unless some defensive effort is made the profession must eventually capitulate and become socialized and become employes of the state,' he declared.

"The establishment of these pay medical centers will do much toward maintaining professional independence of thought and action, and it is infinitely better to do these things voluntarily than to be forced to yield to coertion."

The principal features of the plan proposed by Dr. Harris are included in the address which was given by Dr. Harris before the Medical Society of the State of New York and which is published on page 823 of this Journal.

Principles of Hospital Service:—The Free Press also gave an excellent summary of the address of President-elect Morgan, who proposed the following statement of principles:

"1. The physician is no more obligated to provide for the care of the indigent sick than

his fellow citizen.

2. In mutual charitable undertakings for the care of the sick, each citizen contributes what he has,—the layman, physical necessities;

the physician, professional skill.

3. When a hospital offers its facilities to a mixed clientele, pay, part-pay, and pauper, the distinction between the sources of those facilities should be clearly recognized. The physical equipment and service of a hospital are of general public origin, and their uses may

be sold or given away in the discretion of lay boards; but the professional facilities are, and always must be, the contribution of the medical staff as individuals, and cannot become, in any sense, the property of the institution.

4. When a hospital is owned and operated by government, and supported by taxation, to which the medical profession contributes its due proportion, medical attendance should be paid for by taxation, along with all the other

facilities supplied by the institutions.

5. No hospital, instituted and supported by public philanthropy or community cooperation of any kind, should be permitted to increase its revenue, and so reduce its financial burden upon the public, by any system of collecting fees for medical attendance, and thus engaging in the corporate practice of medicine.

of, the membership of the association should be guided by these principles in accepting posts on the staff of hospitals, and should refuse to support by the contribution of their services or by the references of their patients,

any institution violating them."

Detailed descriptions of the proceedings of the convention will appear in the current issues of the Journal of the American Medical Association.

# A GENERAL MEDICAL SERVICE FOR ENGLAND

The Council of the British Medical Association has made an extensive study of the whole medical situation for England and Scotland, and has made a report which is printed in a supplement of the *British Medical Journal* of April 26, 1930. This report covers sixteen pages and contains proposals for a complete general medical service for the nation. It is exceedingly well written after the manner of the best English publications. Not only is it entirely logical, but its diction is clear and simple and easily understood.

The medical service which it proposed is an extension of the present National Health Insurance Acts system, which, in this country, is popularly called "health insurance." It contains no criticism of the health insurance system; but, on the other hand, it assumes that the present plan, so far as it goes, is satisfactory both to the insured and to the physicians. It sets forth plans for extending that service to include all other people who are not entirely independent financially. It is of special value to the physicians of New York State who are now studying the means of bringing efficient medical service within the reach of all classes of persons. While New York has taken up this matter only within the last two or three years, the physicians of England have studied this problem for a quarter of a century in all its phases, and have developed some well-considered principles which apply equally well to New York State.

The report contains seventy-three numbered paragraphs which are further subdivided for ease of reference and for logical development of the subject. It states eight fundamental principles, as follows:

1. A satisfactory system of medical service must be directed to the prevention of disease no less than to the relief of individual sufferers.

2. The medical service of a community must be based on the provision for every individual of a general practitioner or family doctor.

3. A consultant service, and all necessary specialist, and auxiliary forms of diagnosis and treatment should be available for the individual patient, normally through the agency of the family doctor.

4. The interposition of any third party between the doctor and the patient, so far as actual medical attendance is concerned, should be as limited

as possible.

5. As regards the control of the purely professional side of the service, the guaranteeing of the quality of the service, and the discipline of the doctors taking part in it, as much responsibility

as possible should be placed on the organized medical profession.

- 6. In any arrangement made for communal, or subsidized, or insurance medical service, the organized medical profession should be freely consulted from the outset on all professional matters by those responsible for the financial and administrative control of that service
- 7. The medical benefits of the present National Health Insurance Acts should be extended so as to include the dependents of all persons insured therein.
- 8. Every effort should be made to provide the medical and nursing service faculaties in institutions (home hospitals) where the family doctor may treat those of his patients who need such profession, and who can thus remain under his care.

The report is principally an amplification of these eight principles. It is based essentially on numbers two and three,—that medical service shall be given through the family doctor so far as is possible, and that all other service shall be auxiliary to him. As a matter of fact, it would seem that the success of the present National Health Insurance plan depends on the free choice of physicians by the patients.

The introduction to the report gives a brief outline of reasons for making it, and says that in the last twenty years at least seven factors have increased the attention which the public has given to the subject of health:

- 1. Medical inspection of schools.
- 2. National health system.
- 3. The ministry of health.
- 4. The devastating influenza epidemics.
- 5. The maternity and child welfare schemes of medical authorities.
- Public inquiries into different aspects of the question.
- 7. Increasing interest in the subject taken by the press.

The report states that the British Medical Association has studied the outline of the question with the object, 1, of eliciting the views of physicians, and, 2, of focusing these views into practical schemes. The Association now submits a coherent and inclusive scheme of medical service based on the seven basic principles which have been already stated. The Association believes that its scheme will provide the community wth a service which is, 1, available for every class of population; 2, comprehensive enough to cover the whole field of preventive and curative medicine; and, 3, sufficiently elastic to permit of further development. It refers to a statement in a pamphlet in 1918, which said: "The system of medical prevention which the ministry of health should seek to establish is one which would give to all who are in need of it

every kind of treatment necessary for the cure and alleviation of diseases, and would utilize for this purpose every class of medical practitioner." This principle has been stated by the New York STATE JOURNAL OF MEDICINE as: "All forms of medical service for all classes of people."

The introduction to the report goes on to say: "The scheme may be compared to a plan submitted by an architect to a householder who wants to extend the house in which he lives and to introduce all modern improvements householder may on seeing the plan decide that it would cost too much, and that he must put up with his house as it is, or he may make suggestions for the amplification of the plan. But the householder knows that if he wants to extend his house, he is, as regards the essentials, in the hands of the architects and builders. public may be assured that the architects' scheme here presented is putting forward something which they believe complete and adequate for its purposes; which they think is financially within the collective means of its prospective users; and which can be added and adapted to the extensive constructor with great advantage. The plan has the advantage which a great many schemes from time to time presented to the public conspicuously lack, namely, that it is in accordance with the beliefs and traditions of the medical profession, and would have its wholehearted support."

New York physicians, reading this statement of the support of the medical profession, must remember that the National Health Insurance plan has been in operation in England for a sufficient length of time to have become adapted to the needs and methods of the family physician.

The second part of the report deals with the kind of service required. It states the first elementary principle that medical service must be preventive as well as curative. Such prevention is promoted by various agencies, among them being, 1, the individual patient or head of the family; 2, the family doctor; 3, the public schools for the education of children; 4, public health authorities and voluntary agencies chiefly by health propaganda; and 5, the regular organized public health service.

Commenting on these principles, the report says: "Doctors have their responsibilities and do not wish to shirk them; but it must be recognized that progress in the prevention of disease is much more dependent on the education of the people, on action by the government and by local authorities, and by self control on the part of individuals, than upon any action by doctors. The medical profession can provide the necessary instruction, but it depends on others whether that instruction is put into practice."

The report then goes on to a discussion of the medical services required for the treatment of diseases, which is embodied in the second principle enumerated above. It emphasizes that the family doctor is distinguished from the specialist as the real guardian of health, and devotes a whole page to the relations of the family doctor to the specialist and the consultant.

Included among specialists are pathologists, bacteriologists, x-ray workers, láboratory technicians, and other experts in technical lines. A complete medical service will include profession for all these classes of service which will be given through hospitals or medical centers.

The report also lists auxiliary helpers which will be required such as nurses, mid-wives, ambulances, and an administrative clearing house; and also hospital services of all kinds, including that in dentistry.

The report considers the employment of auxiliaries who give treatments such as physical therapy and massage, and gives the following principles governing their employment:

- 1. "All persons so employed shall have been properly trained and found capable of giving the required treatment;"
- 2. "No treatment shall be undertaken under such auxiliaries except on the recommendation of and under the responsible care of qualified medical practitioners."

Under the head of "Extension of Existing Services," the report considers four classes of patients:

- 1. Those who will prefer to pay directly for all medical service, institutional and non-institutional.
- 2. Those who are able to pay for service in their own homes by a voluntary insurance scheme.
- 3. Those who will be able to obtain home service by a system of National Insurance and also to contribute toward institutional treatment through a voluntary insurance system.
- 4. Those for whom the whole service must be provided without any charge to themselves.

The report emphasizes the principle that every person should pay for medical service according to his needs. About one-third of all the population constitute a class of poor persons who are supplied with medical service through the National Health Insurance. At the opposite end of the financial classification stands that large class who can provide all forms of medical service for themselves. Between these two groups are those members who could provide at least a part of the medical service through some form of voluntary insurance.

The report then considers the provisions for the home care of the patients, including nursing and consulting services, and then discusses at some length the "home hospital," or, what is called nursing home, or private hospital in the United States. The report advocates the construction of nursing homes by the municipalities.

The importance of the general hospital, with its varied facilities for diagnostic treatment, is emphasized in a lengthy paragraph. Pay for all doctors giving medical services is also emphasized.

The report also considers at some length, prenatal care of mothers, infant welfare, and the medical inspection of school children; and also the relation of the Health Department to the whole plan.

The Legislation required to bring the plan into operation would include the following points:

- 1. Extending the present National Health Insurance benefits.
- 2. The incorporation of a national maternity service scheme into the National Health Assurance system.
- 3. The extension of medical benefits to dependants of insured persons.
- 4. The introduction into the National Health Insurance system of the present poor law class for home attendance.

The cost of the extended medical service is briefly discussed and is estimated to be about \$55,000,000 annually.

## APPENDIX

# An Appendix to the report outlines the proposed service as follows:

GENERAL OUTLINE OF SCHEME

The scheme is based broadly on the principles and considerations set out in the foregoing paragraphs, and must be considered in strict connection therewith.

## A. Services Available

- 1. Under a contributory insurance scheme,
  - (I) A general practitioner or family doctor service similar to that provided

under the National Health Insurance Acts and Regulations;

(II) Those services included in the National Maternity Service Scheme excepting the institutional provision which is made by the local authority;

(III) Where recommended by the family doctor:

(a) a consultant and specialist service, both for consultation and for

special treatment when necessary apart from institutional treatment;

(b) a nursing service of visiting

nurses;

(c) such ancillary services as pathological laboratory, massage, x-ray, electrical treatment,

(d) pharmaceutical service for drugs,

medicines, and appliances,

(IV) Dental service, as may be arranged with the dental profession,

Provided by the local authority, for the community generally, and as supplementary to, but apart from the insurance scheme.

(I) When recommended by a medical practitioner and in accordance with the rules of the particular hospital or class of hospital or institution:

(a) residential accommodation and treatment, either in home hospital or special hospital, general hospital or special hospital, maternity hospital, tuberculosis sanatorium, infectious diseases hospital, or convalescent home;

(b) non-residential, for special treatment, other than such as can be included under (1) (III) (a) above.

- (11) Certain ancillary services for children not above school age, as cleansing for verminous conditions, and such routine treatment as can properly be undertaken (subject to general medical supervision) by a school nurse. (Advantage might be taken of the centres where these services are provided to administer certain treatment which it is the duty of a general practitioner or specialist to provide under this scheme where such treatment can be more conveniently carried out at such centres).
- (III) Communal and general health services, as:
  - (a) those known usually as sanitary services;

(b) vaccination;

(c) medical inspection of children not above school age;

dove school age;
(d) educative and non-treatment centres, such as those now known as ma-

ternity and infant welfare;
(e) health education in the schools and otherwise.

# B. Persons Included in the Contributory Insurance Scheme

Compulsory:

(I) All insured persons are defined in the National Health Insurance Acts. (II) All dependents of those insured persons:

(III) Such other persons and their dependants who are so poor that they must be provided for entirely by the community, as may be contracted for by a county council or county borough council, through its Public Assistance Committee.

## 2. Voluntary:

(a) Voluntary contributors, as defined by the present National Health Insurance Acts;

(b) Any other person, not being employed persons, whose income from all sources does not exceed £250 per annum.

(c) Dependants of above-mentioned

persons.

- C. CONTRIBUTIONS FOR PERSONS INCLUDED IN THE CONTRIBUTORY INSURANCE SCHEME
- Weekly premiums paid partly by or for the insured person and partly by the enployer (if any), or wholly by a voluntary contribution.

2. Agreed payments from local authorities under B 1 (III).

A proportion in each case paid by the State.

#### D. Administration

 Central authority—the Ministry of Health (special department); in Scotland the Department of Health.

2. Local authority—the county or county borough council (corresponding bodies in Scotland), provided that:

(I) local authorities might commbine for

this purpose;

 (II) in populous counties with large urban districts a suitable combination of such districts within a county might be constituted an area for this purpose;

- (III) each council must set up a statutory committee, to be called the "Hospitals and Medical Services Committee," which shall be constituted partly of members of the appointing council (so that the Public Health Committee, the Education Committee, the Mental Health Committee,\* and the Public Assistance Committee may all be represented thereon) and partly of the representatives of those bodies of persons who are rendering service under the scheme;
- (IV) all matters relating to hospitals and other medical services not within the reference of other committees of the council shall stand referred to such

committee; and action with regard thereto shall be delegated to such committee, except the power of raising a rate or of borrowing money, the power of appointing administrative officers, and such other matters of a general character as may be reserved by the council with the consent of the Ministry of Health;

- (V) either the chairman or vice-chairman of the committee shall be a member of the appointing council.
- 3. Administrative medical officers: the medical officer of health, together with, in large populous areas, a special assistant medical officer for administrative work.
- 4. (a) A central consultative medical committee, representative of the medical profession, occupying a place similar to that now held by the Insurance Acts Committee of the British Medical Association, whose function shall be to consider matters affecting the medical profession in its relations to this scheme, and to deal with the Ministry of Health in such matters.
- 4. (b) Local medical committees, taking the place of the present Local Medical and Panel Committees, representative of all the medical practitioners of the area; and such other similar committees representative of bodies of persons rendering service as might be necessary, with defined functions.

Under the above council of a county borough might have the following committees dealing with health matters:

- (1) The Public Health Committee, dealing with the sanitary services in the widest sense, with vaccination, with the maintenance and conduct of educative non-treatment centres, and with health propaganda outside the schools.
  - (2) The Education Committee, dealing with health education in the schools, and having a defined relation with school medical inspection and the work of the school nurse.
  - (3) The Hospitals and Medical Services Committee, dealing with all the services named in section A, other than those allotted to other committees.
  - (4) The Mental Health Committee,\* dealing with lunacy and mental deficiency.

(Notes: (a) The Public Assistance Committee would deal with non-medical assistance, and would contract for any required medical assistance where needed.

(b) The Maternity and Infant Welfare Committee might be retained, but would preferably be merged in (3). Blind persons would be aided as regards education by (2), and in other respects by (3) and the Public Assistance Committee).

\* Combining the functions of the present Asylums and Mental Deficiency Committees.

The benefits of the system are summarized in Paragraph 70 as follows:

"There will be a complete coordination of the whole medical service for the community. The family doctor on whom the service primarily rests will be in relation with every hospital in his area and with every medical service provided. He will be able to pass on his patients as they require it to any of the services, non-institutional or institutional, in the area. The hospitals, no longer acting as isolated institutions, their beds and their other services will be so used as to be available as and when necessary for those in need of their services. The medical officer of

health will be able to do his own special work with satisfaction, knowing that for every person in the community there are available all those medical services, for the lack of which much work of the health administration is at present futile."

The more one studies the report the more he will realize its importance and its value to the physicians of New York State.

The report makes frequent reference to a previous report of the British Association entitled "A Maternity Service Scheme," which was published in the Supplement of the British Medical Journal of June 29, 1930, page 258.

# PUBLIC RELATIONS SURVEY NO. 14-WASHINGTON COUNTY

## Population

The population of Washington County is approximately 47,000. There are eight villages in the county, the largest of which has a population of 5,761 and the smallest, a population of 2,100.

# 2. Industries

Farming, paper making, and slate quarrying are the principal industries. There are several shirt and dress shops, one silk spinning mill and one linen thread mill and a number of smaller specialty shops.

### 3 Physicians

There are forty physicians in the county doing active practice

## 4 Hospitals, Institutions, Clinics

There is one general hospital in the county, located at Cambridge, New York. It is rated at 112 beds with 17,198 hospital days for 1929.

There is a Child Health camp situited at Greenwich, New York This camp is open for eight weeks during July and August This is run on the Preventorium idea and takes undernourished children. The children are taken for the full eight week period and will number forty for 1930.

The Great Meadow prison is situated at Comstock and has approximately 1,200 inmates

There is a home for aged females at Greenwich, New York This institution accommodates about twenty inmates

There is a permanent chest clinic at Hudson Falls, New York This operates approximately thirty clinics a year Three hundred and seventy-two patients were examined in 1929. This clinic is equipped with modern a ray laboratories and the examinations are conducted by a salaried diagnostician from without the country. This clinic is supported by appropriations from country and state funds.

Monthly prenatal clinics are conducted at convenient points in the county. They are supervised by members of the state department of health

Orthopedic and mental hygiene clinics are

also conducted by the department of health at regular intervals

### 5 Public Health

Practically every village and town has a health officer with one or two exceptions where health districts have been consolidated Health officers are salaried according to population of their respective health districts

The highest salaried health officer in Washington county receives \$1,000 per annum

There is one county nurse. This nurse is also a director of the chest clinic

State nurses doing prenatal, orthopedic and mental hygiene cover the county very regularly

There are four school nurses employed in the county and compensated by their respective school districts. Their salaries range from \$1 200 to \$1,800 per annum

To my knowledge there is no dental hygienist employed in the county at present

Active tuberculosis is cared for at various

sanatoriums without the county

Immunization against diphtheria has been thoroughly prosecuted in every part of the county

## 6 Organizations

The American Legion and its Auxiliary, the Rotary club, the Elks club and the Women's club with various other organizations throughout the county have taken a very active interest in various public health programs, especially the Child Health camp

Respectfully submitted

M A ROGERS, Chairman Public Health and Relations Committee, June 21, 1930

### HEALTH EXPOSITION IN BROOKLYN

Brooklyn, New York City, is to hold a Brooklyn Public Health Exposition during the week of next October 20, under the sanction and endorsement of the Medical Society of the County of Kings, and the Second District Dental Society Shirley W Wynne, M D Health Commissioner of New York City, Hon Henry Hesterberg, Borough President, Luther F Warren, M D, President of the Medical Society of the County of Kings, and George Crawford Douglass, D D S, President of the Second District Society are Honorary Chairmen of the Exposition

Headquarters for the exhibit which is to be held in the 23rd Regiment Armory, have been opened in the Brooklyn Chamber of Committee Building, 66 Court Street

In connection with the Exposition Borough President Hesterberg has issued a proclamation setting aside the week of the exhibit as Public Health Week. There will be broaderst from one or more of the larger radio stations, messages from the Health Commissioner, The Commissioner of Sanitation, and other speakers equally as well known to the general pubhe

Many concerns are taking space in the exposition These include lines illustrative of the aims of the exhibits such as drugs and chemicals, medicines, orthopedic appliances, exercising appliances, x ray apparatus, first-aid, medicinal and toilet soaps, dental supplies, dental appliances and equipment, health foods, health resorts, sick room supplies, nurses' equipment, professional office equipment and hospital supplies

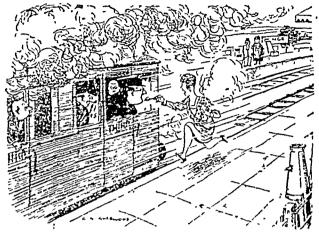
There are 4,000 physiciaus, 3,000 dentists and 2750 retail diaggists in Brooklyn. For these the exposition will be open from 11 \ M to 1 P M daily so that manufacturers may provide demonstrations not offered through the usual channels of merchandising. Fictory, experts and technicians will through this have an opportunity to meet the profession.



# THE DAILY PRESS



# RELATIVITY



From the BROOKLYN DAILY EAGLE of May 3, 1930.

Every event in life has important relations to all other events. Einstein says that if one planet were disarranged from its assigned place, it would start a train of events which would disrupt the Universe. On the same principle, the omission of one's daily dose of medicine after breakfast will utterly ruin that day,-for the wife, at least,-and will start a train of worries which may extend even to the railroad station. The only thing lacking in the cartoon is the family doctor with a look of pained surprise that his patients take his advice with intense seriousness; but possibly he may be one of the couple standing indifferently in the background. Blessed is the doctor whose patients have a deep and abiding faith in him.

## SPACE AND TIME

The Einstein theory of the reality of space and time is a very present actuality to Edward Hope, columnist to the New York *Herald Tribune*, who on June 18 wrote:

"Well, the editors may get all excited, if they like, about Professor Einstein's statement that space is the only reality in the world. It may be a new idea to them, but it isn't to us. We feast our reason upon all sorts of abstractions and allow our soul to flow over and under and around them. And in the end we fetch up at one Fact, space, empty space. Before us every day is Space . . . the space from up here to way down there at the bottom. . . .

"That Space has eaten up Time is no news to us, either. . . . 'When'll you be through?' people ask us almost daily, and we never answer in obsolete terms of minutes or hours. "In,' we usually say, 'about seven inches.'

"Only one man among our friends says that he understands all the theories Professor Einstein brings forward. And now we have a chance to test him on this latest one. We are going to ask him to lunch with us sixteen hundred miles from next Wednesday."

## **BROKEN HEARTS**

An editorial writer in the New York Times of June 28 discusses broken hearts as follows:

"Modern science pursuing its unpleasant practice of lending aid and comfort to superstition, apparently finds Dr. W. J. Mayo sympathetic to the view that maidens thwarted in love may very well have died of a 'broken heart.' He has just told the doctors and surgeons at Detroit that there is good ground for the ancient tradition associating the emotions and the heart. 'Stern control of the emotions throws a strain on the heart.'

"It will be noted that he speaks of injury

wrought to the heart by stern control over the emotions. The myriads of prematurely deceased heroines of fiction and poetry died not from stern control of feeling but no control. It was precisely because they loved too readily and trusted too easily that they paid the price of Lucia di Lammermoor.

"When lovely woman stoops to folly, argued Oliver Goldsmith, her only way out is to die. But by the Mayo doctrine it would be seventeenth-century New England deacons who succumbed to broken hearts as the result of too

firm a hand on the emotions."

#### NOISE AND WORKING EFFICIENCY

The campaign for the abatement of noise which has been conducted by the Department of Health of New York City (See page 573 of the Journal of May 15, 1930) has drawn forth favorable comments from the daily papers. The New York Sun of June 27 makes the following editorial remarks on the good results of noise abatement:

"New recruits volunteer daily in the warfare against noise. Industry is pressed into service because scientists have been able to démonstrate that unnecessary noise means waste. The industrial economist has long known this to be so; studies reported by Ethelbert Stewart, Commissioner of Labor Statistics in the Federal Department of Labor, set, forth the details. Comparative tests indicate that reduction or elimination of disturbing noises often results in greater output and fewer mistakes on the part of workers.

"In one concern where many machines are used, reduction of 28.5 per cent in noise was followed by increase of 12 per cent in output.

Another concern, after moving to a quieter place from a room next to a boiler shop, reported that in the new place 110 units were completed in the time required to complete eighty in the old. A telegraph company, after reducing by 30 per cent the volume of noise in an operating room, found that errors in transcribing messages decreased by 42 per cent and that the average cost of handling a message decreased by 3 per cent.

"These reports are in conformity with recent conclusions reported by Dr. Donald A. Laird, of Colgate University. His experiments showed, among other things, that noise has an inhibiting effect on the normal contractions of the stomach; that outside noises when entering a sleeping room without awakening a sleeper nevertheless raise the sleeper's blood pressure and increase muscular tension.

"Commissioner Stewart suggests that business and industry would find it profitable to give more attention than they commonly do to noise as a factor in reducing the efficiency of employees."

#### FOURTH OF JULY FATALITIES

The Associated Press keeps a record of the Fourth of July fatalities which occur throughout the nation. The New York *Times* of July 6 summarizes the records as follows:

"Apperica paid its price in human life yesterday to celebrate the 154th anniversary of its independence.

"The dead numbered 178. Many other hundreds were injured. Property damage was unusually high.

"Deaths due directly to fireworks totaled twelve. This was the largest number of such deaths recorded in the three years. The Associated Press has been keeping a nation-wide check upon Independence Day fatalities. A year ago there were seven deaths from fireworks. In 1928 there were cleven.

"Automobiles, however, took the most lives eighty-one. In the past three years their holiday toil has increased steadily. In 1928 they took fifty-four lives; last year, seventy.

"There were fifty-seven drownings yesterday, a decline of fourteen from a year ago and of forty-nine from 1928.

"Deaths from fireworks were concentrated yesterday, as in the two previous years, in the New England, Middle Atlantic and Middle Western States. These sections also had long lists of injured. In New York City, where the sale of fireworks is forbidden, 275 persons were treated

for hurns from bootlegged fireworks. At least seventeen persons were seriously injured in Chicago, where celebration of the day with fire-crackers was virtually unrestricted. Chicago had its celebrants who also used firearms and dynamite for their noisemaking; and fire persons were injured by stray bullets. Two were seriously injured by the dynamite.

"In Springfield, Ill., a 77-year-old woman, who was celebrating both her own birthday and the nation's, was seriously injured when a bomb destroyed her home."

Comparative table July 4 fatalities, 1928-1930:

Year	Fire works	Autos	Drown- ings	Other Causes	Total
1928 .		54	106	34	205
1929 .		70	71	11	159
1930 .	12	81	57	28	178
Totals	30	205	234	73	542

The article closes with the following item regarding West Springfield, Massachusetts:—

"Officials of this town of 16,500 inhabitants maintain that the ultimate of safety and sanity was reached in yesterday's Independence Day observance, when a record was set up of no arrests, no fires, no false fite alarms, no fireworks casualties and no motor accidents."



# BOOKS RECEIVED



- Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.
- URO-DIAGNOSTICO DE LA TUBERCULOSIS Y el Cuerpo de Doctrina que le Sirve de Fundamento "La Tuberculo-sis es una Ptomainosis." Por el Dr. Lorenzo Comas y Martinez. Trabajo presentado al 2nd Congreso de la Asociación Médica Panamericana celebrado en la ciudad de Panamá, República de Panamá, Febrero de 1930. Octavo of 103 pages. (Santiago de Cuba, 1930.)
- A Survey of the Law Concerning Dead Human Bodies. By George H. Weinmann. Octavo of 199 pages. Washington, D. C., The National Research Council of the National Academy of Sciences, 1929. Paper, \$2.00. (Bulletin of the National Research Council No. 73.)
- IMMUNITY IN INFECTIOUS DISEASES: A Series of Studies. By A. Besredka. Authorized translation by Herbert Child, M.R.C.S. (Eng.), L.S.A. Octavo of 364 pages. Baltimore, The Williams and Wilkins Company, 1930.
- THE CHILD'S HEREDITY. By PAUL POPENOE. Octavo of 316 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1929. Cloth, \$2.00.
- REFLEX ACTION: A Study in the History of Physiological Psychology. By Franklin Fearing, Ph.D. Octavo of 350 pages, illustrated. Baltimore, The Williams and Wilkins Company, 1930. Cloth, \$6.50.
- THE PRE-SCHOOL CHILD AND HIS POSTURE: A Program of Corrective Exercises Through Games. By Frank Howard Richardson, A.B., M.D., and Winifred Johnson Hearn, B.S. Octavo of 220 pages, illustrated. New York and London, G. P. Putnam's Sons, 1930. Cloth, \$2.50.
- PRINCIPLES AND PRACTICE OF DERMATOLOGY: The Treatment of Skin Diseases in Detail. By Noxon Toomey, M.D. Volume Three. Octavo of 512 pages. St. Louis, The Lister Medical Press, 1930. Cloth, \$7.50.
- Medical Gymnastics and Massage in General Practice. By Doctor J. Arvedson. Translated and Edited by Mina L. Dobbie, M.D., B.Ch. Third Edition. 12mo of 298 pages. Philadelphia, P. Blakiston's Son and Company, 1930. Cloth, \$2.50.
- THE MECHANISM OF THE HEART AND ITS ANOMALIES: Anatomical and Electrocardiographic Studies. By EMILE GÉRAUDEL. Translated, with an introduction by Louis Faugères Bishop, M.A., M.D., and Louis Faugères Bishop, Jr., Ph.B., M.D. Octavo of 266 pages. illustrated. Baltimore, The Williams and Wilkins Company, 1930. Cloth, \$10.00.
- CANCER OF THE BRENCH. By WILLIAM CRAWFORD WHITE, M.D., F.A. 16mo of 221 pages. New York and London, 1 Tanker and Brothers, 1930. Flexible leather, \$3.00.
- UTERINE TUMORS. By 311 Lightles C. Norris, M.D. 16mo of 251 pages, illustra tolding flexible leather, \$3.00. (Harper's Medical Monographs.)

  THE NORMAL DIET: A Simple trol form of the Fundamental Principles of Diet form. Thuttual Use of Physicians and Patients. By W. D. Sansum, M.S., M.D. Third revised Edition. 12mo of 134 pages.

- St. Louis, The C. V. Mosby Company, 1930. Cloth, \$1.50.
- THE DEVIL: An Historical, Critical and Medical Study. By MAURICE GARÇON and JEAN VINCHON. Translated by STEPHEN HADEN GUEST from the Sixth French Edition. Octavo of 288 pages. New York, E. P. Dutton and Company, Inc., 1930. Cloth, \$3.50.
- AIDS TO THE MATHEMATICS OF PHARMACY. By ARTHUR W. LUPTON, M.C., Ph.C. 16mo of 95 pages. New York, William Wood and Company, 1930. Cloth, \$1.50.
- HYGIENE FOR NURSES. By JOHN GUY, M.D., and G. J. I. LINKLATER, O.B.E., M.D. 12mo of 212 pages. New York, William Wood and Company, 1930. Cloth, \$1.75.
- THE DRAMATIC IN SURGERY. By GORDON GORDON-TAYLOR, O.B.E., M.A., F.R.C.S. Octavo of 88 pages, illustrated. New York, William Wood and Company, 1930. Cloth, \$4.00.
- A SHORTER SURGERY: A Practical Manual for Senior Students. By R. J. McNeill Love, M.B., M.S., F.R.C.S. Second Edition. Octavo of 371 pages, illustrated. New York, William Wood and Company, 1930. Cloth, \$5.00.
- THE IMPROVED PROPHYLACTIC METHOD IN THE TREAT-MENT OF ECLAMPSIA. By PROF. W. STROGANOFF. Third Edition, revised and completed. (First English Edition.) Octavo of 154 pages. New York, William Wood and Company, 1930. Cloth, \$3.50.
- LECTURES ON COLONIC THERAPY: Its Indications, Technic and Results. By O. Boto Schellberg. Octavo of 55 pages, illustrated. New York City, The Oboschell Corporation, 1930. Paper, \$2.00.
- VENEREAL DISEASE: Its Prevention, Symptoms and Treatment. By Hugii Wansey Bayly, M.C. Fourth (American) Edition. Octavo of 242 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$3.50.
- VARICOSE VEINS With Special Reference to the Injection Treatment. By H. O. McPheeters, M.D. Second revised Edition. Octavo of 233 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$3.50.
- NORMAL FACTS IN DIAGNOSIS. By M. COLEMAN HAR-RIS, M.D., and BENJAMIN FINESILVER, M.D. Octavo of 247 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$2.50.
- Trauma, Disease, Compensation: A Handbook of Their Medico-Legal Relations. By A. J. Fraser, M.D., Octavo of 524 pages. Philadelphia, F. A. Davis Company, 1930. Cloth, \$6.50.
- Modern Otology, By Joseph Clarence Keeler, M.D., F.A.C.S. Octavo of 858 pages, illustrated. Phila-delphia, F. A. Davis Company, 1930.
- An Outline of Contraceptive Methods for Physicians and Medical Students Exclusively. By James cians and Medical Students Exclusively. By James F. Cooper, M.D. Octavo of 23 pages. New York City, The American Birth Control League, 1930.

### BOOK REVIEWS



~ PRACTICAL MASSAGE AND CORRECTIVE EXERCISES WITH APPLIED ANATOMY By HARTYIG NISSEN Fifth Edi tion revised and enlarged by Harry Nissen Octavo of 271 pages, illustrated Philadelphia F A. Davis Company, 1929 Cloth, \$2 50

This is the manual of the Posse Nissen School of Physical Education One part of the book describes the various manipulations and their effects, another part deals with applied anatomy and corrective exercises while a third section goes into the treatment of diseases and injuries which require this form of therapy Flatfoot comes in for consideration. Interesting and authoritative

The Use of THE NEWER KNOWLEDGE OF NUTRITION Foods for the Preservation of Vitality and Health By E V McCollum, Ph D, ScD, and Nina Sim-Monds, ScD Fourth Edition Octavo of 594 pages, illustrated New York, The Macmillan Company 1929 Cloth, \$5 00

The authors of this book stand in the very forefront of the authorities on the subject of nutrition, and it is quite fitting that they should have dedicated their book to Dr C Eijkman who first produced, experimentally, a disease of dietary origin (Beri-Beri) At the time of a disease of dietary origin (Beri-Beri) the appearance of the first edition of this book in 1918, the science of nutrition was in its infancy and no work had more influence in placing the subject on a firm basis than Dr McCollum's investigations Many of the things which, at that time were advanced as comparatively new and possibly unproven are now recognized universally in the field of nutrition

This fourth edition has been brought up to date to May, 1929, with new material regarding anemias both secondary and permicious, dietary requirements for blood regeneration, control of gotter through provision of iodine, the relation of diet to bone development, the calcification of fractures, as well as the prevention of rickets. The physiological effects of light and the changes which it effects in ergosterol are taken up, in addition to

the relation of the diet to Pellagra

While neither of the authors is a physician and while their book is of special interest for the laboratory worker in nutrition, nevertheless, it makes fascinating reading for all those who are in active practice, especially those who deal with the nutrition of the growing child

WM HENRY DONNELLY

GRENZ RAY THERAPY By GUSTAV BUCKY M D Trans lated by Walter James Highman, M.D. Octavo of 170 pages, illustrated New York, The Macmillan Company, 1929 Cloth, \$3 50

The author describes a new ray which rests between the ultra violet and "soft' X ray section of the spectrum adjacent to the latter, and terms it the "Grenz Ray," literally translated meaning a 'border ray"

Its length is about two Angström units, shorter than ultra-violet but longer than the softer X-rays He states since but approximately 10% of X-rays are absorbed by the skin, as against 88% of Grenz Ray, the therapeutic efficacy of the latter for cutaneous diseases is readily apparent.

Much space is given to argumentation defending the author's claim-contradicted by others, but on the other hand, he frankly admits much is to be done before establishing the Ray therapeutically

The well known physicist, Dr Otto Glaser of the Cleveland Clinic, has contributed a chapter on its physics and infers, if he does not actually state, the Grenz to be a very soft X ray

A chapter is given to the treatment of various skin lesions with their end results, but here again, the relative sparsity of material calls for more work before its superiority is convincing. Claim is made for its general effect upon the autonomic nervous system to the end that various endocrine conditions, nay, even duodenal ulcer, c in be improved

Its position in the armamentarium of the Radio-therapist may eventually be established, but for the time being, a conservative viewpoint is probably safest

MILTON G WASCH

THE PATHOLOGY OF THE LYE BY JONAS S FRIEDEN-WALD AM, MD, FACS Octavo of 346 pages illustrated New York, The Macmillan Company, By Jonas S Frieden-Octavo of 346 pages 1929, Cloth, \$4 50

The dearth of works on pathology of the eye makes the ophthalmologist reach out at once for any work on this subject. When the name Friedenwald is signed to such an effort, the interest of the most dormant is en-

sured

The introductory chapter, instead of being burdened with an elaboration of well known anatomical descriptions, is composed of well selected points on significant anatomical and physiological aspects One has a satisfied feeling as each page is turned This is but an appetizer for the feast of pathological pabulum to follow. The text proper seems delightfully lacking in that long drawn out dryness so apt to burden descriptive science only is the diction pleasing, but there is none of that verbosity so apt to clutter a scientific effort. The author's arrangement of the material presents the subject in such a way that the reader may spend a few moments now and then, laying aside the book when interrupted, and yet carrying with him a complete picture of some special entity All through the book one is struck by the writer's very level headed and honest presentation of problems which are usually seen in a very biased light "The Pathology of the Eye" is a real addition to the American Ophthalmologic literature. JOHN N EVANS

CPIDEMIC ENCEPHALITIS Etiology-Epidemiology-Treatment Commission, William Darrach, Chairman 12mo of 849 pages New York, Columbia University Press, 1929

The subject is considered under three headings, etiology, epidemiology and treatment. In addition, a brief

chapter is devoted to a consideration of other forms of encephalitis including Post-Vaccinal Encephalitis. This work fulfills the purpose of The Commission, namely "to collect and tabulate" the work throughout the world on the subject of Encephalitis "so that the collection would be available to all who are interested" The literature has been reviewed critically by Dr Josephine B Neal, Director of The Survey, and her co workers, and a serious attempt has been made by them to evaluate the various manifold efforts particularly in treatment and also the experimental work in etiology A tremendous amount of time and laborious effort must

have been expended in this analytical survey.

However, as can be expected in a book of this scope, little original data has been offered except for a few control of the c hmited conclusions drawn from the accumulated statistes This book serves its intended purpose well and is highly recommended. As a work of reference on the subject of Epidemic Lincephalitis, it is ideal

HARLD R MERWARTH

MODERN METHODS OF TREATMENT. By LOGAN CLENDEN-ING, M.D. Third Edition. Octavo of 815 pages, illustrated. St. Louis, The C. V. Mosby Company, 1929. Cloth, \$10.00.

Easily first among modern classics. Like the younger generation in all things else, it is audacious. As a super-Paracelsus, Clendening puts the medical house in order with gusto and authority. This is the third edition of an engaging work. A wide range of therapy is covered and the reader's interest never allowed to flag. The author succeeds admirably in his most commendable aim so to describe each therapeutic procedure as to make it easy of application by novices. The work combines practicality and scholarship. Seven collaborators supplement the chief author's efforts and the result is a standard work of the highest order.

A. C. J.

MEDICAL LEADERS FROM HIPPOCRATES TO OSLER. By SAMUEL W. LAMBERT, M.D., and GEORGE M. GOODWIN, M.D. Octavo of 331 pages, illustrated. Indianapolis, The Bobbs-Merrill Company, 1929. Cloth, \$5.00.

The author's method in this interesting work is that which divides the gamut of medical history into periods stamped by great personalities. Thus Paracelus, Vesalius, Paré, Harvey, Jenner, Lister, Gorgas, Osler and the other giants are portrayed in relation to their backgrounds and the inevitable evolution of medicine traced down the ages into the living present. Philosophic, economic, social and political factors are discussed illuminatingly and we are made to see that steady growth is the central fact of the great drama. A capable performance which should intrigue the intelligent laity, for whom the book seems primarily intended.

A. C. J.

THE NERVOUS CHILD. By HECTOR CHARLES CAMERON, M.A., M.D. Fourth Edition. 12mo of 249 pages. London and New York, Oxford University Press, 1929.

This is the fourth edition of a work which first appeared in 1919, and which has enjoyed international popularity on account of the commonsense method of handling the subject, as well as the authoritative standing of the author on this particular phase of Pediatrics. Dr. Cameron is the physician in charge of the Children's Department at Guy's Hospital, and it is a Pediatric education in itself to attend his clinics in the out-patient department of that Hospital, in which he treats not only the nervous child but the child sick from whatever cause. It strikes the American visitor as rather remarkable that the head of the Pediatric Department of a great institution should spend hours of his time in the out-patient department examining and treating cases himself and lecturing upon them to both under-graduate and graduate students.

Since the third edition of this book appeared in 1924, it has been thought necessary by the author to add a chapter on the "Underlying Disturbances of Metabolism in the Nervous Child." It is in the treatment of just such cases that Dr. Cameron has achieved a wide reputation and it is also here that his method of the administration of sugar in the form of dextrose at bed time has been of real service. The pale, exhausted, irritable, nervous child inclined to recurrent attacks of vomiting shows, as a rule, blood sugar at a low level, if not a definite hypoglycemia, ketonemia, and a diminution of the alkaline reserve of the blood. In view of these findings, the administration of glucose (dextrose) is founded on a good physiological basis. Such cases must have a restricted fat intake with a proportionately raised intake of sugars and starches. A daily small dose of alkali is found helpful such as a teaspoonful of bicarbonate of soda. By dietetic regulation along these lines and the free administration of glucose and of a small amount of alkali, good results can be obtained; such as, rapid increase in weight, improvement in color and energy.

The previous edition of this book has been so widely read and so favorably received that it would not seem necessary to do any more than merely outline the contents of the chapter which has been added to the present issue.

WM. HENRY DONNELLY.

THE EYE IN GENERAL MEDICINE: The Constitutional Factor in the Causation of Disease with Special Reference to the Treatment of Diseases of the Eye. By A. MAITLAND RAMSAY, M.D., LL.D. Second Edition of "Diathesis and Ocular Diseases." Octavo of 255 pages. New York, William Wood and Company, 1929. Cloth, \$5.00.

The first edition of this small work was published in 1909, under the title "Diathesis and Ocular Diseases." The present edition attempts to represent the original material from a more modern angle.

The reviewer feels the attempt has been only partly successful. We still find the subject viewed through the steel frames and black glasses of 25 years ago.

The word pathognomonic is frequently used together with certain very positive statements about certain little understood processes. This attitude typical when ophthal-mology was finding itself, is of necessity to be discarded in this iconoclastic period. Moreover, a simple recitation of evidence should be more useful. While the author takes this old-fashion method of presentation, it must not be inferred that his book is lacking in modern material. The reference to "sluggish liver" and allied expressions need not detract from our appreciation of the effort. There is a certain homely quality to this old-fashion method of looking at problems ophthalmological which is most pleasing. Perhaps after all, we have but changed the words of the older forms of expression without having a clearer idea of what we mean.

One feels that he is absorbing very valuable bits of very useful information while perusing this little work.

J. N. Evans.

HYGIENE OF THE MOUTH AND TEETH. By THADDEUS P. HYATT, D.D.S., F.A.C.D. 16mo of 64 pages. Brooklyn, N. Y., Brooklyn Dental Publishing Company, 1929.

"Hygiene of the Mouth and Teeth" is an epitome, consisting of sixty-four pages, written by Thaddeus P. Hyatt, D.D.S., one who has considerable experience in the educational fields along these lines. The book has been written especially for the lay public, and brings home the proper health and conservation of the teeth and the importance of a clean mouth and sound teeth.

L. F. CRASSON.

SURGICAL RADIOLOGY. By A. P. BERTWISTLE, M.B., Ch.B., F.R.C.S. Ed. 12mo of 142 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, \$3.50.

This little book of one hundred and thirty-four pages with twenty illustrations is another work on Roentgenology which consists of practically nothing more than an enumeration of the conditions of the human body which may be shown by Roentgen examination.

The chapter on the recognition and localization of lesions of the brain is well written and instructive. As the author states, this is a reprint from an article published in the *British Journal of Radiology* and is evidently a subject to which he has given considerable thought.

The remainder of the book is more or less superficial and is of no particular scientific merit. At times, the author's language is rather ambiguous and further editing would be of value.

This same method of handling the subject has been done before by both American and British authors in a much better way. The few illustrations are good.

AN OUTLINE OF NEUROLOGY AND ITS OUTLOOK Being the Eleventh Earl Grey Memorial Lecture By Sir E Farguhar Buzzard, KCVO MA MD Octivo of 24 pages London and New York Oxford University Press, 1929 Paper, \$35

In this, the Eleventh Earl Grey Memorial Lecture, the author has given us essentially an historical outline of the development of man's knowledge of his nervous system in its various phases beginning with Alemeon and Hippocrates down to Sherrington, Jickson, Freud and Pavlov In all but two of the twenty four pages, he develops his historical sketch through five different paths of approach in the contributions of the anatomist physiologist, clinician pathologist and psychologist. The final one and one half pages are devoted to The Outlook of Neurology," with a baldly frank painting of the true state of Neurology.

The pamphlet is a concise, erudite presentation, remark able for its clarity. It makes genuinely delightful reading. Such a valuable little pamphlet should be in the

possession of every student of neurology

HAROLD R MERWARTH

THE TREATMENT OF THE COMMON DISORDERS OF DIGES TION A Handbook for Physicians and Students By John L Kantor, Ph D, M D Second Edition Octavo of 300 pages, illustrated St Louis, The C V Mosby Company, 1929 Cloth, \$600

In this second edition, the author has added several chapters on Diserses of the Colon One is pleased to review a work of this nature for, as practicing physicians, we are all interested in the treatment of disease. Although the volume has been enlarged, the sequence is uninterrupted. The concise mainier in which the author presents both the subject matter and the questions of therapy will meet with the general approval. In the discussion of Gastric and Duodenal Ulcer, the thoroughness and simplicity of expression make interesting and profitable reading. The book is well illustrated, especially in the chapters on Colon Disorders to which subject the author has made a great many valuable and original contributions. It is a book which should be in the office of every physician for it contains a great deal of information of a practical nature and covers the entire subject.

THE TREATMENT OF FRACTURES AND DISLOCATIONS IN GENERAL PRACTICE. By C Max Page, DSO, MS, FRCS, and W ROWLEY BRISTOW MB, BS, FRCS Third Edition Octavo of 284 pages, illustrated London and New York, Oxford University Press, 1929

The want of a short treatise of this kind has been felt for a long time by the general practitioner. The authors have shown good judgment in the allotment of space to the various fractures and dislocations in proportion to the frequency of their occurrence. A spirit of commendable conservatism pervades through the entire work. The specialist will possibly consider that skeletal traction and open reductions have not been sufficiently emphasized in some cases but the aim of the book as expressed in its title is sufficient justification for the adopted conservatism.

Considered as a whole, the book is thoroughly scientific intensely practical, well written and excellently illustrated

Geo Webb

The Volume of the Blood and Plasma in Health and Disease. By Leonard G Rowniree, M.D., and George E Brown, M.D. 12mo of 219 pages Phila delphia and London, W.B. Saunders Company, 1929 Cloth, \$3.00 (Mayo Clime Monographs.)

Rowntree Keith and Geraghty introduced in 1915 the dye method of determining the plasma and the blood

volume The new principle involved was the direct introduction into the circulation of a known amount of a non toxic, slowly absorbable dye. After remaining in the circulation long enough to be thoroughly mixed (3 to 6 minutes), the concentration in the plasma was determined colorimetrically by a suitable standard mix ture of dye and serum and from the extent of the dilution of the dye, the plasma volume was determined By utilizing the hematocrit values after rapid centrifugalization, the total blood volume was computed and normal values established. The plasma volume was found to be in a normal man approximately 5% of the body weight and the total blood volume 88% of the body weight The authors formerly used vital red but now generally employ Congo red principally on account of its availability

This monograph reviews the subject and adds the results of prolonged experience. A criticism of the dye method with some comparisons to the carbon monoxide method, a description of the technic and a consideration of normal subjects are presented in the early chapters

Studies are reported concerning more than 250 cases of various diseases in which the method was used Among the conditions of much interest are polycythemia vera, leukemia, pernicious and secondary anemia, essent al hypertension, myxedema, obesity and various types of edema as found in glomerulonephritis, nephrosis cardine disease and diabetes mellitus. The largest blood volume was found in polycythemia vera and the smallest in pernicious anemia. It is of interest to note that in essential hypertension no significant increase was found in the blood volume or plasma volume or any disturbance in the relationship of cells to plasma The vascular bed is too small for the volume of blood rather than the volume of blood too large for the vascular system" is of course in accord with prevailing ideas. In cardiac edema high values for both blood and plasma were generally found also in nephrosis but not in glomerulonephritis

The belief is expressed by the authors that 'another milestone has been reached that henceforth in dealing with the blood, concentration studies will fail to suffice and that information concerning total quantities will be demanded in many instances."

This conclusion seems to be justified by the work presented and the method may indeed prove to be a very valuable one in the study of some diseases, the pathogenesis of which is very imperfectly understood

W E. McCollon

Blood Grouping in Relation to Clinical and Legal Medicine. By Laurence H Snyder, ScD Octavo of 153 pages Baltimore, The Williams & Wilkins Company, 1929 Cloth, \$500

This book calls to the attention of the physician the practical importance of the subject which until only recently interested primarily those engaged in the field of genetics and immunology. Only those who have done investigative work on isohemagglutination and have searched the tremendous literature on this subject can test appreciate the masterly way in which the information has been sifted and properly evaluated by the author

The chapters on the Heredity of Blood Groups and its medicolegal aspects deserves special comment. Here the author leaves out nothing of value, although the pages are few In these pages, however, are found the essence of volumes

The subject of blood transfusions is treated in detail

with separate chapters on the history and technique of, as well as the indications for transfusions

The extensive bibliography and clear illustrations are additional features which should make this book extremely popular

Silik H Polarks

# 쏓

# OUR NEIGHBORS



#### MEDICAL PROBLEMS IN CALIFORNIA

The May issue of California and Western Medicine contains the Annual address by Dr. M. R. Gibbons, President of the California Medical Association, in which he says:

"The esteem in which we are held as a group has everything to do with proper direction of the changes which many of us think are inevitable.

"The medical profession is the largest educated group with a common interest. It is a highly educated group. It has a very high proportion of good minds; yet, are we respected and do we carry weight in proportion to our mental equipments and attainments? I think not. If not, what are the reasons? I believe that it is because (1) we are not a business group; (2) we submit to exploitation; (3) we do not exhibit cohesion or concert of action; (4) we do not talk the same language as laymen; (5) our code of ethics disconcerts them.

"And now I come to the most important economic subject before the medical profession to-

day—state health insurance.

"All about us are evidences of forces working in that direction; (1) The various federal provisions for wholesale health care, the Army, Navy, Public Health Service, Veterans' Bureau, and all that these embrace. (2) The State and City health machinery. (3) County hospitlas providing medical care at wholesale rates. (4) Employers' hospitals and health service. (5) Workmen's compensation for industrial injuries. (6) Private health insurance and hospital associations. (7) And most of all, the attention focused on the high cost of medical care by the activities of the national committee.

"It will be easy for the people to accept the idea of state health insurance. Insurance is under-

stood and is gaining more adherents every day, due to the supposed efficiency and economy of large organizations. Hence, it will be easy to reason that the independent doctor is inefficient, whereas the medical machine would be efficient. Such reasoning, we know, is not true without important qualifications, but we must be prepared to convince many people. If we exhibit prejudice, we can have little influence in shaping legislation.

"It is customary to consider the California Workmen's Compensation Law to be practically perfect. It is a remarkably effective law and is administered in an enlightened manner. However, in its insurance phase, where the patient-doctor relation comes in, it permits the interposition between the patient and the doctor of a layman, ordinarily without sympathy or knowledge or appreciation of the delicate balance necessary for the best results.

"The production of the traumatic neurosis cases is chargeable in a large measure to this arrangement. There is no means of knowing to what degree this is a fact. My estimate is that one-half of all such cases are precipitated or aggravated by unsympathetic or harsh or misguided handling by laymen. These conditions should be prevented.

"Another objection to lay intervention is that laymen have shown a knack for selection of doctors who are insurance-minded, or are at least pliable. The doctors reflect the insurance company's attitude toward the insured. The fine example of some insurance companies which have enlightened medical supervision shows what is possible."

#### LIST OF STATE MEDICAL ACTIVITIES

The Annual report of the Committee on Medical Economics of the Ohio State Medical Association, which is printed in the May number of the Ohio State Medical Journal, gives the following list of socialized Medical activities now in existence:

"As for 'state medicine' in the several states, including Ohio, there are the accepted and recognized departments and functions of the State Départment of Health, including sanitary engineering, water and sewage control, communicable diseases, hygiene and State De-

partment of Health Laboratory; the function of examination and licensing of physicians and other practitioners, medical education in the state medical school, university hospital and student health service, workmen's compensation, department of welfare with its 23 state institutions, including 11 institutions for the care of the insane, feeble-minded and epileptic wards of the state, as well as the other penal and correctional institutions, bureau of juvenile research, etc., division of health and physi-

(Continued on page 880-adv. xii)

## Dextri-Maltose for Modifying Lactic Acid Milk

In using lactic acid milk for feeding infants, physicians find Dextri-Maltose the carbohydrate of choice:

To begin with, Dextri-Maltose is a bacteriologically clean product, unattractive to flies, dirt, etc. It is dry, and easy to measure accurately.

Moreover, Destri-Maltose is prepared primarily for infant-feeding purposes by a natural diastatic action.

Finally, Destri-Maltone is never advertised to the public but only to the physician, prescribed by him according to the individual requirements of each baby.

DEXTRI MALTOSE NOS 1, 2 AND 3 SUPPLIED IN 1 LB AND 5 LB TINS AT DRUGGISTS SAMPL'S AND LITERATURE ON DEGUISTS MEAD JOHNSON & LO EVANSVILLE IND USA -In Rickets, Tetany and Osteomalacia-



Because of our long experience,
Mead's Viosterol in Oil, 100 D,
does not turn rancid in properly closed containers. We were
first in America to produce pure
ergosterol and also to standardize activated ergosterol. Mead's
Viosterol (originally Acterol) is
admittedly the pioneer that set
the now accepted standards of
safe potency and dosage.

Specify the American Pioneer Product— MEAD'S Viosterol in Oil, 100 D— Mead Johnson & Co, Evansville, Indiana

### "Hold Fast to That Which is Good"

The Mead Policy that for years has proved itself professionally and economically valuable to physicians who feed infants also applies to Mead's Viosterol in Oil, 100 D (originally Acterol). As with Dextri-Maltose, we feel that Mead's Viosterol is a part of the physician's armamentarium, to be prescribed by him alone.

Therefore, we refrain from lay advertising of Mead's Viosterol or any other Mead Product; furthermore, we do not print dosage directions on the bottle, on the carton or in a circular. "Hold fast to that which is good"—the Mead Policy, Dextri-Maltose and Mead's Viosterol (originally called Acterol).



MEAD JOHNSON & CO., Evansville, Ind., U.S.A.



# OUR NEIGHBORS



#### MEDICAL PROBLEMS IN CALIFORNIA

The May issue of California and Western Medicine contains the Annual address by Dr. M. R. Gibbons, President of the California Medical Association, in which he says:

"The esteem in which we are held as a group has everything to do with proper direction of the changes which many of us think are inevitable.

"The medical profession is the largest educated group with a common interest. It is a highly educated group. It has a very high proportion of good minds; yet, are we respected and do we carry weight in proportion to our mental equipments and attainments? I think not. If not, what are the reasons? I believe that it is because (1) we are not a business group; (2) we submit to exploitation; (3) we do not exhibit cohesion or concert of action; (4) we do not talk the same language as laymen; (5) our code of ethics disconcerts them.

"And now I come to the most important economic subject before the medical profession to-day—state health insurance.

"All about us are evidences of forces working in that direction; (1) The various federal provisions for wholesale health care, the Army, Navy, Public Health Service, Veterans' Bureau, and all that these embrace. (2) The State and City health machinery. (3) County hospitlas providing medical care at wholesale rates. (4) Employers' hospitals and health service. (5) Workmen's compensation for industrial injuries. (6) Private health insurance and hospital associations. (7) And most of all, the attention focused on the high cost of medical care by the activities of the national committee.

"It will be easy for the people to accept the idea of state health insurance. Insurance is understood and is gaining more adherents every day, due to the supposed efficiency and economy of large organizations. Hence, it will be easy to reason that the independent doctor is inefficient, whereas the medical machine would be efficient. Such reasoning, we know, is not true without important qualifications, but we must be prepared to convince many people. If we exhibit prejudice, we can have little influence in shaping legislation.

"It is customary to consider the California Workmen's Compensation Law to be practically perfect. It is a remarkably effective law and is administered in an enlightened manner. However, in its insurance phase, where the patient-doctor relation comes in, it permits the interposition between the patient and the doctor of a layman, ordinarily without sympathy or knowledge or appreciation of the delicate balance necessary for the best results.

"The production of the traumatic neurosis cases is chargeable in a large measure to this arrangement. There is no means of knowing to what degree this is a fact. My estimate is that one-half of all such cases are precipitated or aggravated by unsympathetic or harsh or misguided handling by laymen. These conditions should be prevented.

"Another objection to lay intervention is that laymen have shown a knack for selection of doctors who are insurance-minded, or are at least pliable. The doctors reflect the insurance company's attitude toward the insured. The fine example of some insurance companies which have enlightened medical supervision shows what is possible."

#### LIST OF STATE MEDICAL ACTIVITIES

The Annual report of the Committee on Medical Economics of the Ohio State Medical Association, which is printed in the May number of the Ohio State Medical Journal, gives the following list of socialized Medical activities now in existence:

"As for 'state medicine' in the several states, including Ohio, there are the accepted and recognized departments and functions of the State Department of Health, including sanitary engineering, water and sewage control, communicable diseases, hygiene and State De-

partment of Health Laboratory; the function of examination and licensing of physicians and other practitioners, medical education in the state medical school, university hospital and student health service, workmen's compensation, department of welfare with its 23 state institutions, including 11 institutions for the care of the insane, feeble-minded and epileptic wards of the state, as well as the other penal and correctional institutions, bureau of juvenile research, etc., division of health and physi-

(Continued on page 880-adv. xii)

(Continued from page 880-adv xn)

graphs, may be listed free service in private practice, hospitals and dispensaries, as well as failure of physicians to charge for preventive work, immunization, etc. Public health federations, health conservation leagues, parentteachers organizations, state and local, have distinctive socialized functions.

"Other group socialized functions include industrial medicine, insurance examinations and practice, insurance including periodic health examinations, health and accident insurance, railway and public utility medical service, lodge practice, trade union health benefits, life extension institutes, health by mail laboratories, contract practice, group disability insurance, health magazines and even syndicated health literature in newspapers and other lay publications.

"These data are significant. They have been gathered and here expressed, to inform the profession of the wide extent over which medicine has already been socialized and to provoke serious thinking on the possible results

of further extensions.

#### BLUE RIBBON CAMPAIGN IN KENTUCKY

A blue ribbon children's campaign conducted in Kentucky is the subject of the following editorial in the June issue of the Kentucky Medical Journal:

"We have just returned from a trip through Eastern Kentucky where we had the privilege of assisting the County Medical Societies and the County Health Departments in pinning blue ribbons on several thousand children who came up to the standards fixed by joint action of the State Medical Association and the State

Board of Health.

"It is worthy of note that this year, fifty thousand Kentucky children have received blue ribbons. This means either that their eyes, noses, thoats and sinuses, teeth, posture and weight for age conditions were normal or have been corrected to the normal. A careful study in several counties revealed the interesting fact that this has necessitated an average of five trips to the doctors' and dentists' offices for each of them. More than two hundred thousand other children have also been reached in this campaign and have started toward their corrections in the same way.

"Think of what this means in terms of the future of these children. They have been taught, along with other things they are learning, that doctors and dentists are the people who are armed with the scientific knowledge necessary to preserve their health and lives.

(Continued on page 882-adv. xiv)

### IF YOU HAVE A CLINIC

in which calcium medication or other reconstructive agents have a place You are invited to make an extensive therapeutic test of the comparative value of

# COLLOIDAL

The characteristics Olajen are:

1. Colloidal Dispersion of the calcium and other salts (demonstrable)

Rapid and complete assimilation (verifiable)

3. Positive Clinical Results where calcium is indicated and in malnutrition, debility, nervous exhaustion

4. A flavor that makes medicine a treat-important for children and neurotics

Please write us in what clinic you will use Olajen, for about how many cases, and we shall be glad to send there an ample supply (quantitative formula on every jar) descriptive literature, etc.

There is absolutely no obligation. Olajen will make its way on its own clinical merits.



OLAJEN, Inc. 451 West 30th Street

New York City

# Dispensing

We are dedicated to the service of physicians because the Company is

# OWNED AND OPERATED BY AND FOR PHYSICIANS

We manufacture and standardize ALL of our own pharmaceuticals and every drug or chemical is assayed or tested before being used.

Save Money on Your Purchases— Write for catalogue and information

MUTUAL
PHARMACAL CO., Inc.

107 North Franklin Street
SYRACUSE, NEW YORK



(Continued from page 881-adv. xiii)

The cults that will be devised by quacks in the future will find an army of citizens who have been taught faith in science and who will refuse to be misled.

"The Medical Profession of Kentucky has made no greater contribution to the citizens of the State than in the inauguration and successful maintenance of the Blue Ribbon Campaign. This is but one of the instances of the proud record of our profession to our Commonwealth.

"Armed with these facts physicians can go before the people of the State with a proper pride in their achievements and can easily maintain the leadership that has so long been bestowed upon us in matters pertaining to scientific medicine and Public Health."

#### PUBLICITY BUREAU OF INDIANA

The Indiana State Medical Association has a Bureau of Publicity consisting of four or five members who meet weekly. The meetings of March 25, April 1 and April 8 are printed in the May Journal of the Indiana State Medical Association. The principal business transacted was as follows:

"The material from the director of the Child Hygiene Division of the Indiana State Board of Health asking for and making some suggestions in regard to pre-natal and maternity education in Indiana was discussed by the Bureau.

"The following form letter was sent to 121 editors of newspapers who had not been receiving our releases regularly:

"'For several years the Bureau of Publicity of the Indiana State Medical Association has prepared and distributed free of charge to the newspapers of Indiana weekly bulletins telling of new developments in medicine, giving information upon various diseases, and making suggestions concerning individual and community health.

"These bulletins have been written in language that the average reader can understand and an attempt has been made to make them as interesting and, at the same time, as scientifically correct as possible.

"'In checking over our records we find that your paper is not on our mailing list. If you should desire to have the name of your paper placed upon our mailing list to receive these weekly bulletins, please return the enclosed postcard with the name and address of the person to whom they should be sent.'

"Thirty cards were returned requesting that the articles be sent to these newspapers regularly. Only one editor expressed any feeling against using the material.

(Continued on page 883-adv. xv)

(Continued from page 882-ad 110)

"The meeting of April first took the following actions

"The release, 'Taking the A\ out of La\atives' was read and approved for publication Saturday, April 12

Radio releases from the Marion County Fuberculosis Association were approved for broadcast on the following dates April 5th, April 12th, April 19th, and April 26th

"The Bureau approved the suggestion that the newspaper releases for Saturday, May

10th, be upon National Hospital Day

"The following letter was received from a special representative of the National Food Bureau who recently had visited the headquarters office

"I have just returned to the office and want to thank you for your cooperation and interest in the articles that have appeared in the newspapers, also the special news letter that was sent to the medical profession

"'This is what helps to climinate these food faddists and quacks from preying on the pub-

lic'
"Letter received from an Indiana physician telling of a 'Dr' Frank McCoy who is writing

a health article daily for his newspaper in which opinions are continuously expressed which are not complimentary to the medical profession. This letter was to be referred to the National Food Bureau.

'Article, 'Doctors and Their Ethics' published in Liberty of April 5, 1930, brought to

the attention of the committee

'The minutes of the meeting of April 8 contain the following entries

'The following letter received from the Post and Commercial-Mail at Columbia City, Indiana "'At the present time in this community

there are a number being treated for 'trenchmouth' by local dentists and physicians

"'If you have a bulletin such as we receive weekly through the secretary of the Whitley County Medical Society, telling of this disease and preventive treatment, we feel that by publishing it both the association and the newspaper would be rendering the public a valuable service'

"As a result of this letter the release entitled 'An Unpaid War Debt,' upon trench mouth, was prepared and approved for publication Saturday, April 19th

(Continued on page 884-adv x11)



# Yes...the children

THEY need alkaline medication more often perhaps than adults. Summer diarrhea, cyclic vomiting, rickets, infectious diseases, all call for it.

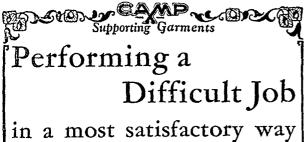
You can give it to them to suit their taste by using Alka-Zane Palatable in itself, it can be added to milk, or fruit juices, after effervescence has subsided.

Final decision on the true worth of Alka-Zane rests with the physician. We will gladly send a twin package, with literature, for trial.

Alka-Zane is a granular, efferescent salt of calcium, magnesium, sodium and potassium carbonates, citrates and phosphates

Dose, one teaspoonful in a glass of cold water.

WILLIAM R. WARNER & CO, Inc. 113 West 18th Street, New York City Alka-Zane
for Acidosis



Designed for relief of scrotal hernia—this garment performs its work better than any belt or truss on the market.

It hugs the body closely, following the groin line. Beneath—a fitted, resilient pad protects the ruptured part. Perineal straps fitting close to the side of the leg hold the pad firmly. No slipping from place. No irritation. The CAMP PATENTED ADJUSTMENT, lacing at back, pulling from lower front, governs tightness and pressure.

A support affording decided comfort to the patient. In different body heights, all sizes. Sold at the better drug and surgical houses.

Write for physician's manual



HAY FEVER causes great inconvenience and suffering in about 1% of the population. 85% of these attacks from August 1st, to frost East of the Rocky Mountains, are due to the Short and Giant Ragweeds. Pollen Antigen (Ragvocd Combined) Lederle contains equal amounts of these two pollens and is, therefore, indicated for such attacks.

S. H. CAMP AND COMPANY

Manufacturers, JACKSON, MICHICAN

CINCAGO

LONDON

MEW YORK

Arcthandise Wart

262 Regent St., W. 305 Fifth Ave.

Even though symptoms have appeared much relief can be afforded.

Detailed information on request

LEDERLE LABORATORIES
NEW YORK

(Continued from page 883-adv. xv)

"Requests for speakers:

"April 8th—Rotary Club, Sheridan, Indiana: The Conquest of Disease.' Speaker obtained.

"April 24th—Cass County Medical Society, Logansport, Indiana. Arrangements being made for speaker.

"May 21st—Indiana Pharmaceuticai Association. Lafayette, Indiana. Matter to be brought to the attention of the Bureau at next regular weekly meeting.

"June 5th—Fountain-Warren County Medical Society, Covington, Indiana. Arrangements completed for speaker.

"The Bureau of Publicity expressed its gratitude for the splendidly efficient work that is being carried on by the Better Business Bureau in ferreting out and bringing to light the misrepresentations of quacks.

"A report received from the Committee on the Cost of Medical Care was brought to the attention of the Bureau and will be considered in detail at the next meeting."

## COUNCILOR DISTRICT MEETING IN WISCONSIN

The common routine of reports of county societies and district branches is relieved in the following report of the Seventh Councilor District taken from the June issue of the Wisconsin Medical Journal:

"The annual meeting of the Seventh Councilor District was held at Sparta on the afternoon and evening of May 13th. Sixty-five members were present.

"The program for both afternoon and evening sessions was put on by Dr. Buerki, Superintendent, and four members of the staff of the Wisconsin General Hospital. The clinicians were Dr. Gonce, Pediatrics; Dr. Burns, Orthopedics; Dr. Gale, Chest Surgery; and Dr. Harris, Obstetrics and Gynecology.

"According to previous contract none of these men presented papers. Each was put upon the "witness stand" for the period of an hour and required to answer any and all questions put to him covering his particular field of work. At the close of the sessions it was the consensus of opinion that each had acquitted himself with great credit. The questions asked covered a wide field and gave all present an opportunity to press questions of personal interest and concern.

"The banquet at the Sidney Hotel was somewhat marred by an unwarranted raid of the banqueters by the Sparta police force. Without warning six of them suddenly closed

(Continued on page 885-adv. xvii)

(Continued from page 884-adv 111) all exits to the dining-room and proceeded to frisk the hip pockets of all present, especially the La Crosse delegation.

"No 'oil' was struck until Dr. Robert Flynn of La Crosse started to jump through a window. Three policemen caught him and after a terrific battle relieved his hip pocket of a half-pint bottle-full of milk and a red nipple on it. He was arrested for carrying concealed weapons.

#### COLLECTION AGENCIES IN WISCONSIN

Agencies for the collection of bills which are owed to physicians frequently seek to advertise in the columns of state medical journals, but from the nature of their work they are likely to be misunderstood by their clients. One point of view is expressed by the following editorial from the June issue of the Wisconsin Medical Journal:

"We have several times referred to the 'ways and means' of collection agencies in these columns. That we carry the advertising of no Wisconsin company is, in itself, evidence of our opinion of such advertising of Wisconsin and Illinois companies as has been proffered for our acceptance. In the past we have more than once pointed out the necessity of studying contracts of these agencies most carefully before signing, regardless of what the solicitor says they contain and mean. That this is most essential may be evidenced by a recent experience of a member in the southern part of the

"Signing a contract for what he thought to be a six months' trial of the services, he finds that two years later the agency claims their fifty per cent on accounts collected by the physician himself a year after the contract supposedly had expired. He wrote the agency pointing out that their contract said 'This agreement to be in force for a period of six months from date hereof except claims in process of collection which shall be released when paid or discharged,'

"The agency calls his attention to the matter which follows the word 'except' and then says 'as long as claims are in our office our work continues. We never quit,' .

"May we again repeat that these contracts have been a source of a very considerable numher of complaints in the office of the State Society. If you believe in the efficiency of these agencies whose advertising you do not find in the columns of this Journal, then he careful what you sign."



In bottles of 35 intact from laboratory to patient.

Physiologically standardized more accurate than tincture drops.

Sample and literature upon request

Davies, Rose & Co., Ltd., Boston, Mass.

### STORM"

#### The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis. Hernia, Obesity, Pregnancy, Relaxed Sacroiliae Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mall orders filled in Philadelphia only

Katherine L. Storm, M.D. Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York

THE ABDOMINAL SUPPORTER CO. New York City 47 West 47th Street

## PRESIDENTIAL ADDRESS IN OKLAHOMA

The June number of the Journal of the Oklahoma State Medical Association contains the address of the President of the Oklahoma State Medical Association, delivered May 27, in which Dr. E. S. Ferguson of Oklahoma City discusses the two subjects, the State Health Department and Rural Physicians, as follows:

"Perhaps the deplorable state in which the administration of public health in our own commonwealth finds itself is partially due to the fact that we have kept our light under a bushel. The people of the great state of Oklahoma would not tolerate present conditions if they fully understood the importance of securing a Commissioner of Public Health thoroughly qualified by training and experience to discharge the significant duties of his office and the necessity of perpetuating his tenure until some legitimate cause arises for his removal.

"If properly informed, the people would promptly see the desirability of removing the state health department from the domination of politics and they would act upon this realization. They would make sure that civil service principles governed appointments and removals; that merit and experience would have the right of way over political expediency and the influence of personal friendships. Of greater importance to the citizenship of the state would be the protection of a co-ordinated and well sustained public health program.

"I would suggest that the State Medical Association go on record as favoring a non-partisan health board, the members to be chosen because of their knowledge of public health matters and their interests in the general welfare of the state. The duties of this board should include the selection of a well qualified Com-

A well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially if

# Itoland Water

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



# POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York City missioner of Health. It should serve as an advisory committee in the administration of the health department and in the appointment of county health officers.

"What a different attitude the public might take could it be brought to realize that medical science has so depleted the ranks of disease in rural communities and so improved and refined the methods of diagnosis that it is often impossible for a physician to retain his self respect, secure legitimate opportunities for professional advancement and at the same time make a living in such communities. The physicians are not, as is often thought, too good in their opinion for the rural community; but the rural community, from the medical standpoint, is not good enough for the physician. What is the solution?

"We must, with the co-operation of the public health, through education, bring the facilities for refined methods of diagnosis and special therapeutic procedures, to the rural communities. other words, we must establish county or district medical centers with well-equipped hospitals as Such hospitals their units. might be partially supported by taxation and partially by private fees. With such a center availthe well-trained young able. physicián can afford to locate in rural communities.

"Once more the need of education is made evident. Let us strive to win the approbation of the public (1) by a continuation of the gracious and kindly practice of the art of medicine; (2) by the judicious pursuit of the science of medicine; and (3) by a modest but confident dissemination of the knowledge which has to do with both the art and science of our great profession."

HANDY EFFICIENT

#### THE WACOLITE

USEFUL ECONOMICAL



GEORGE TIEMANN & CO., 107 EAST 28th STREET, NEW YORK, N.Y.

### 5,000 PRESCRIPTION BLANKS, \$8.00

Printed on Famous "Hammermill Bond Linen Finish" Padded, 100 to a Pad With a special department equipped with automatic machinery, we can

assure you of first class printing.

Specializing in Prescription Blanks, we print over 80,000 a day.

Specializing in Prescription Blanks, we print over 60,000 a
SEND IN YOUR ORDER BY MAIL

We can also take care of all your other printing and engraving requirements at prices proportionally low.

Call—ORChard



**OUICK SERVICE PRESS** 

242 E. BROADWAY NEW YORK CITY



ESTABLISHED 1892

# "INTERPINES" GOSHEN, N. Y.



PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-QUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt. DR. C. A. POTTER DR. E. A. SCOTT

#### RIVERLAWN

DR. DANIEL T. MILLSPAUGH'S SANATORIUM

PATERSON, N. J.

A private institution for the care and treatment of those afflicted with mental and nervous disorders. Selected cases of alcoholism and drug addiction humanely and successfully treated. Special rates for the aged and semi-invalid who remain three months or longer.

Paterson is 16 miles from New York City on the Eric Railroad with frequent train service. Buses render half hourly transportation from the Hotel Imperial and Martinique.

Apply for booklet and terms

ARTHUR P. POWELSON, M.D., Medical Director

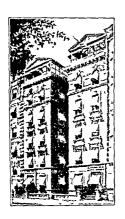
45 TOTOWA AVENUE PHONE: SHERWOOD 8254 PATERSON, NEW JERSEY

#### 1930

### PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	.H. L. Nelms, Albany	F. E. Vosburgh, Albany
ALLEGANY	.H. K. Hardy, Rushford	L. C. Lewis, Belmont	G. W. Roos, Wellsville
BRONX	.J. H. Gettinger, N. Y. City	I. J. Landsman, N. Y. City.	J. A. Keller, N. Y. City
BROOME	.J. J. Kane, Binghamton	.H. D. Watson, Binghamton.	C. L. Pope, Binghamton
CATTARAUGUS	.C. A. Lawler, Salamanca .C. F. McCarthy, Auburn	W B Wilson Auburn	I R Sisson Auburn
CHAUTATIONA	F. J. McCulla, Jamestown	E. Bieber, Dunkirk	F. I. Pfisterer. Dunkirk
CHEMUNG	I. S. Lewis, Elmira	C. S. Dale, Elmira	J. H. Hunt, Elmira
CHENANGO	.E. A. Hammond, New Berlin	I.J. H. Stewart, Norwich	J. H. Stewart, Norwich
CLINTON	.A. S. Schneider, Plattsburg.	.L. F. Schiff, Plattsburg	. F. K. Ryan, Plattsburg
COLUMBIA	. D. R. Robert, New Lebanon Ct.	L. Van Hoesen, Hudson	L. Van Hoesen, Hudson
CORTLAND	.D. B. Glezen, Cincinnatus	W. M. Thomson Dalhi	W. M. Thomson Delhi
DELAWARE	.A. Sobel, P'ghkeepsie	H. P. Carpenter, P'ohkeensie	H. P. Carpenter. P'ghkeepic
ERIE	.W. T. Getman, Buffalo	L. W. Beamis, Buffalo	A. H. Noehren, Buffalo
ESSEX	C. N. Sarlin, Port Henry	L. H. Gaus, Ticonderoga	L. H. Gaus, Ticonderoga
FRANKLIN	. E. S. Welles, Saranac Lake	G. F. Zimmerman, Malone	G. F. Zimmerman, Malone
FULTON	. B. E. Chapman, Broadalbin.	A. R. Wilsey, Gloversville	J. D. Vedder, Johnstown
TRENESEE	. C. D. Pierce, Batavia	W M Page Catabill	C. F. Willard Catalyil
HERKIMER	. V. M. Parkinson, Salisbury Co	W. B. Brooks, Mohawk	A I Fagan Herkimer
JEFFERSON	.F. G. Metzger, Carthage	.W. S. Atkinson, Watertown.	W. F. Smith, Watertown
KINGS	.L. F. Warren, Brooklyn	.J. Steele, Brooklyn	J. L. Bauer, Brooklyn
LEWIS	.G. O. Volovic, Lowville	F. E. Jones, Beaver Falls	F. E. Jones, Beaver Falls
MADISON	.R. A. Page, Geneseo	E. N. Smith, Retsof	E. N. Smith, Retsof
MONROE	L. B. Chase, Morrisville	W H Veeder Act Rochester	. L. S. Preston, Uneida
MONTGOMERY	La V. A. Bouton, Amsterdan	.W. R. Pierce. Amsterdam	S. L. Homrighouse, Amsterdam
NASSAU	L. A. Newman, Pt Washingto	nA. D. Jaques, Lynbrook	A. D. Jaques, Lynbrook
NEW YORK	G. W. Kosmak, N. Y. City	D. S. Dougherty, N. Y. City.	J. Pedersen, N. Y. City
NIAGARA	G. L. Miller, Niagara Falls	W. R. Scott, Niagara Falls.	W. R. Scott, Niagara Falls
ONCODACA	H. F. Hubbard, Rome H. B. Pritchard, Syracuse	Hale, Jr., Utica	D. D. Reals, Utica
ONTARIO	C. W. Webb, Clifton Springs	D. A. Fiseline Shortsville	D A Fiseline Shortsville
ORANGE	S. L. Truex, Middletown	H. J. Shelley, Middletown	H. J. Shelley, Middletown
ORLEANS	. D. F. MacDonell. Medina	R. P. Milnson, Medina	R. P. Munson, Medina
OSWEGO	. A. G. Dunbar, Pulaski	. J. J. Brennan, Oswego	. J. B. Ringland, Oswego
OUSEGO	. G. M. Mackenzie, Cooperstown . E. A. Flemming, Rich. Hill.	A. H. Brownell, Unconta	I.M. Dobbins J. J. Ciss.
RENSSELAER	. C. H. Sproat, Valley Falls	.l. F. Connor. Trov	O. F. Kinloch Trov
RICHMOND	C. R. Kingsley, Ir. W. N. B'g'	t.l. F. Worthen, Tompk'sv'le.	.E. D. Wisely, Randall Manor
ROCKLAND	I. W. Sansom, Sparkill	R. O. Clock, Pearl River	D. Miltimore. Nyack
SAPATOCA	S. J. Cattley, Ogdensburg	S. W. Close, Gouverneur	C. T. Henderson, Gouverneur
SCHENECTARY	W. H. Ordway, Mt. McGregoN. A. Pashayan, Schenectady	r.H. L. Loop, Saratoga Springs	W. J. Maby, Mechanicville
SCHOHARIE	E. S. Simpkins, Middleburg.	.H. L. Odell Sharon Springs.	
SCHOILER	. John W. Burton, Mecklenburg	F. B. Bond, Burdett	Becker, Cooleskin
SENECA	.A. I. Frantz. Seneca Falls	R. F. D. Gibbs, Seneca Falls.	.R. F. D. Gibbs, Seneca Falls
STEUBEN	.G. L. Whiting, Canisteo	R. J. Shafer, Corning	R. J. Shafer, Corning
SULLIVAN	A. E. Payne, RiverheadC. Rayevsky, Liberty	P. Kolb, Holtsville	G. A. Silliman, Sayville
TIOGA	F. Terwilliger, Spencer	C. Fayne, Liberty	W A Moulton Candon
TOMPKINS	. D. Robb, Ithaca	W. G. Fish, Ithaca	W. G. Fish. Ithaca
ULSTER	. E. F. Sibley, Kingston	. F. H. Voss, Kingston	C. B. Van Gaasbeek, Kingston
WARREN	. F. Palmer, Glens Falls		W. W. Bowen, Glens Falls
WASHINGTON	R. E. La Grange, Fort AnnR. G. Stuck, Wolcott	D. F. Johnson M	K. C. Paris, Hudson Falls
WESTCHESTER	.W. W. Mott. White Plaine	P. Junisun, Newark	D. F. Johnson, NewarkR. B. Hammond, White Plains
WYOMING	W. J. French, Pike	H. S. Martin, Warsaw	.H. S. Martin, Warsaw
'ATES	G. H. Leader, Penn Yan	W. G. Hallstead, Penn Yan	.W. G. Hallstead, Penn Yar

## For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

### CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770

# RADON



Consider Gold Radon Implants in the Treatment of Carcinoma of the

Face Lip Tonsil

Oesophagus

Bladder

Tongue

Antrum

Breast

Prostate

Larynx

Uterus (Cervix)

Rectum

(Detailed Information on Request)

RADON COMPANY, Inc., 1 East 42nd St., New York

Telephones: Vanderbilt 2811-2812

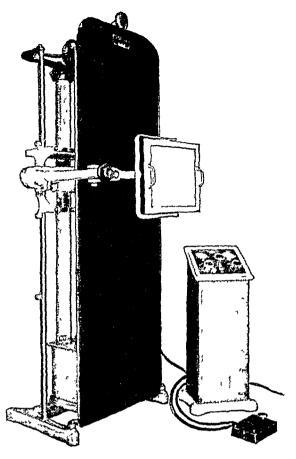
# An invaluable diagnostic aid in daily practice

NCE you have learned the advantage and the convenience of having a fluoroscope in your office, you will wonder how you ever got along without it.

You will find it invaluable in making and confirming diagnoses, in determining fractures, in locating foreign bodies and in cardiac, chest and gastro-intestinal examinations.

The Wappler Fluoroscopic Unit is widely used by physicians and roentgenologists. It is of superior construction, simple and convenient in operation and provides ample protection for the operator.

It consists of the Wappler Vertical Fluoroscope, with the Wappler Radiographic



and Fluoroscopic Transformer and Control Unit. The transformer is conveniently placed in the base of the fluoroscope, forming a very compact self-contained unit.

The investment required is surprisingly small for an apparatus of such high quality. Mail the coupon for full information.

### WAPPLER ELECTRIC COMPANY, INC.

General Office and Factory, Long Island City, N. Y Show Room, 173 East 87th Street, New York City

	Wappler Eli Long Island Please se Fluoroscopic	City, N ?	MPINY, Inc Y. ulletin 97-G	, descrip	tive of	the W	appler	1
$\{$	Name _	·- ·-		~				(4)
9	Address				*****	~	<u>-</u>	3
7	Citv			State	-		<b></b>	

#### HARRY F. WANVIG

Authorized Indemnity Representative

The Medical Society of the State of New York 80 MAIDEN LANE NEW YORK CITY

TELEPHONE JOHN 0800-0801

# Weather Means Suffering

When the mercury climbs in the thermometer, it is likely to go up in the sphygmomanometer as well Concentration of the blood resulting from excessive perspiration frequently means higher blood pressure Symptomatic relief is required

This relief from physical distress is well afforded by Pulvoids Natrico, which promptly lower blood pressure without shock, pending exact diagnosis and treating of the underlying cause One patient I had with a pressure of 300 was lowered to 205 in a week, is representative medical comment on Pulvoids Natrico

The coupon below, with your check or money order for \$500, will bring you postpaid a bottle of 1000 Pulvoids Natrico This is our special price to physicians and hospitals only



The Drug Products Co., Inc. 26-02 Shillman Avenue Long Island City, New York

- ☐ I enclose \$3.00, for which send the 1000 Pulvoids Natrico post paid
  ☐ Send me PREE booklet, High Blood Pressure His Dagnostic Significance, Its Efficient Treatment
- I dispense and want your free cata-

Name Address City

Please mention the JOURNAL when writing to advertises



#### TABLE OF CONTENTS-JULY 1, 1930

ORIGINAL ARTICLES The Treatment of Polypoid Sinusitis—By G. Allen Robinson, M.D., New York, N. Y	Index of Activities of Medical Societies of Counties and States, Second Quarter, 1930	799 801 801 802 802 803
The House of Delegates	DAILY PRESS	
MEDICAL PROGRESS           Familial Nosebleed Without Hemophilia         771           Mechanism of Prostatic Obstruction         771           Age and Sex Incidence of Carcinoma         771           Treatment of Pernicious Anemia         772           Present Status of Pernicious Anemia         772           Treatment of Angina Pectoris         773           Acetylcholine in Arterial Embolism         773           Diet in Skin Tuberculosis         773           Nasal Sinus Disease in Children         774           Foods in Goiter Problem         774           LEGAL           The Institute of Law of Johns Hopkins University         775           HOUSE OF DELEGATES	Loans Corporation in New Jersey(adv. page xviii)  Advertising by County Medical Societies(adv. page xx)  Secretaries' Conference in Indiana(adv. page xxiii)	804 805 805 806 806 810 812 815
Ninutes of the Annual Meeting		



KALAK WATER presents a saturated solution of calcium as the bicarbonate.

"Of the inorganic salts of calcium, the bicarbonate was the most effective in raising the blood calcium." (W. H. Jansen—Deut. Arch. f. klin Med. Oct. 1924.)

It is not possible to present calcium bicarbonate as a dry powder or as an effervescent mixture to be added to water. This salt can be maintained as the bicarbonate only in an aqueous solution that is charged with carbon dioxide.

KALAK WATER CO. 6 Church St. » New York City

## WHEN A DIABETIC SAYS:

"What can I eat that tastes good?"

One of the problems in diabetes is to keep the patient diet-happy' And Knox Sparkling Gelatine can be of real service.

As you will note in the recipe below, Knox Gelatine combines perfectly with the foods prescribed for the diabetic diet. It makes dishes that are appetizing and different to the eye and the taste. It supplies the diet variety that satisfies the patient's appetite and it supplies the food-bulk that the patient's hunger craves.

People suffering from diabetes really enjoy gelatine dishes—and they can enjoy them if they have our diabetic recipes prepared by one of the country's recognized dictitians. Remember, Knox Gelatine is free from sugar.

# KNOX is the real GELATINE

Contains No Sugar

WINTER SAL	ΛD	(Six Se	rein	(1)	
	Grams				Cal.
2 tempoons Knox Sparkling Celatine	4.5	4			
14 cup cold water,	-	-	-	***	
cup hot water			_	****	
i teaspoon ealt	-		-	****	
l) cup vinegar	150	43	54	~-	***
14 cup chopped stuffed olives	70	ï	19	<b>^</b> 8	
14 cup chopped celery	60	ĩ		ž	
4 cup chopped green pepper	25	_		i	
14 cup eream, whipped	75		30	2	
	Total —	51	103	13	1183
One so	TYLES	2 5	17	2	197

One serving 85 17 2 187

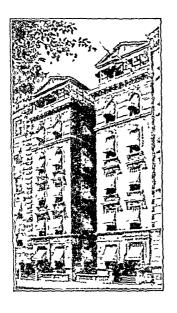
Soak gelatine in told water. Bing water and salt to boil and dissolve gelatine in it. Add vinegar and set and et to chill. When nearly set, beat until frothy, fold in cheese, oliver, criery, pepper and whipped cream. Turn into moilds and chill unit farm. Unmould on letture leaf and serve.

SPINACH SA	LAD	(SL	s Seri	ingo)	
11/4 sablespoons Knox Sparkling	Grams	Prot.	Fat	Carb,	Cal.
Celeuna	10	9			
If cups boiling water			***		~~
cup told water cups boiling water tablespoons lemon juice	ŽÖ	_		-3	_
f tempoon salt	300	76 13	10 5	7	=
	Total	28 S	10.5	9	242.5

Saak gelatine in cold water and dissolve in booling water. Add treson jusce, sait, strain and chill. When nearly set, sit in a chopped spineth, mold and chill until firm. Serve on lettuce hearts or trader chicary leaves and garainb with hard cocked egg, cut lengthwise in sintle and spinals do with pepthas. Serves with mayonassa.

you agree that recipes like the ones on this page wi our complete Diabetic Recipe Book—it contains do glad to mail you as many coples as you desire. Kne town, N. Y.	ill be helpful in your dia zens of valuable recomn ox Gelatine Laboratories	betic practice, write for sendations. We shall \$2, 432 Knox Ave., Johns.
IOWE, IV, I.		State

# For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

# CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

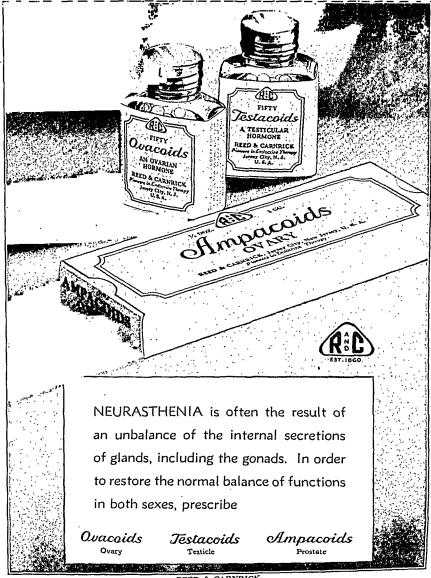
New York City

Telephone Schuyler 0770

#### INDEX TO ADVERTISERS

RULES-Advertisements published in the JOURNAL must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

PAGE	Page	Page
ABDOMINAL SUPPORTERS, ETC. S. H. Camp & Coxvi	Charles B. Towns Hospital         vi           Twin Elms         xxxi           West Hill Sanitarium         xxx           Westport Sanitarium         xxx           White Oak Farm         xxx           INSURANCE	Granger Calcium Products, Inc. XXX Hynson, Westcott & Dunning. XXXi Wm. S. Merrell Co. XiX Mead Johnson & Co., Inc. XX Merck & Co., Inc. XIII Parke, Davis & Co. XXXIII Chas. H. Phillips Chem. Co. XXXIII Chas. H. Phillips Chem. Co. XXXIII Petrolagar Labs., Inc. XIII Sandoz Chemical Works, Inc. XIII William R. Warner & Co., Inc. XXIII
AND X-RAY  Cambridge Instrument Co xxvi  FOOD  Knox Gelatine Labs	MISCELLANEOUS	RADIUM  Radon Company, Incxxiii  SURGICAL APPLIANCES, INSTRUMENTS, SYRINGES, THERMOMETERS, ETC.
Breezehurst Terrace XXX Brigham Hall XXX Crest View Sanatorium XXXI Haleyon Rest XXX Four Gables XXX Interpines XXX	Arlington Chemical Co	Taylor Instrument Cos



REED & CARNRICK
Pioners in Endocrine Therapy
155-159 Van Wagenen Avenue
Jersey City, N. J., U. S. A.

# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

### =The list of advertisers in the 1929 edition follows:=

#### Abdeminal Supports and Binders

Camp, Sherman P.
Donovan, Cornellus
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

#### Azabulanco Servico

Holmes Ambulances MacDougali Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopsedic Appliance Co.,
Inc.

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopsedic Appliance Co.,
Inc.

#### Corsets

Linder, Robert, Inc. Pomeroy Company United Orthopsedic Appliance Co., Inc.

#### Chomists, Druggists and Pharmacists

Fellowa Modical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan. Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc. United Orthopsedic Appliance Co., Inc.

#### Pharmaceutical

Fellowa Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publisher

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Servica Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Eta.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium
White Oak Farm

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

#### Wassermann Test

Bendiner & Schlesinger

# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

### The list of advertisers in the 1929 edition follows:

#### Abdeminal Supports and Binders

Camp, Sherman P. Donovan, Cornelius Low Surgical Co., Inc. Pomeroy Company Storm, Katherine L., M.D. United Orthopaedia Appliance Co.,

#### Ambulance Service

Holmes Ambulances
MacDougall Ambulance Service

#### Artificial Limbs

Lew Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

#### Braces

Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company
Schuster, Otto F., Inc.
United Orthopsedic Appliance Co.,

#### Corneta

Linder, Robert, Inc. Pomeroy Company United Orthopaedic Appliance Co.,

#### Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P. Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. omeroy Company Inited Orthopsedic Appliance Co., United

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan. Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopsedic Appliance Co.

#### **Pharmaceutical**

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co., Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M. York Medical Exchange Norris Registry for Nurses Nurses' Service Bureau Official Registry Psychiatric Bureau Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Broezehurst Terrace Contral Park West Hospital Crest View Sanatorium Halcyon Rest Hough, Frank L. Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogera' Hospital
Sahler Sanitarium Stamford Hall Sunny Rest Westport Sanitarium White Oak Farm

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co., Inc.

#### Wassermann Test

Bendiner & Schlesinger

# A Serviceable Sedative Adult and Child

IN the milder manifestations of nervous irritability, Luminal in small doses has proved highly efficient. ... The conditions in which it is being widely prescribed for children and adults include the following:

CHOREA

NEURASTHENIA

CARDIAC NEUROSES

MENOPAUSE DISORDERS

**PERTUSSIS** 

DYSMENORRHEA

GASTRIC NEUROSES

HYPERTHYROIDISM

PRE- AND POSTOPERATIVE CASES

A most agreeable form of administering this sedative and antispasmodic is Elixir of Luminal, containing 1/4 grain to the teaspoonful. Its taste appeals to the most fastidious patient.

# Elixir of LUMINAL

"Luminal Trademark Reg U S Par Off and Canada Brand of PHENOBARBITAL

Dose: For adults, 1 to 2 teaspoonfuls, two or three times daily. For children, proportionately less.... To prevent precipitation of Luminal from its solution, it is not advisable to add other drugs to the Elixir.

How Supplied: Elixir of Luminal is supplied in 4 ounce and 12 ounce bottles.

Sample and literature on request.

### WINTHROP CHEMICAL COMPANY.INC.

170 Varick St., New York Windsor, Ont., Canada

Winthrop Quality has no substitute

Please mention the JOURNAL when writing to advertisers

127 H

# HAY FEVER

# An Advertising Statement

TAY FEVER, as it occurs throughout the United States, is actually perennial rather than seasonal, in character.

Because in the Southwest—Bermuda grass, for instance, continues to flower until December when the mountain cedar, of many victims, starts to shed its pollen in Northern Texas and so continues into February. At that time, elsewhere in the South, the oak, birch, pecan, hickory and other trees begin to contribute their respective quotas of atmospheric pollen.

But, nevertheless, hay fever in the Northern States at least, is in fact seasonal in character and of three types, viz.:

TREE HAY FEVER—March, April and May GRASS HAY FEVER—May, June and July WEED HAY FEVER — August to Frost

And this last, the late summer type, is usually the most serious and difficult to treat as partly due to the greater diversity of late summer pollens as regionally dispersed.

With the above before us, as to the several types of regional and seasonal hay fever, it is important to emphasize that Arlco-Pollen Extracts for diagnosis and treatment cover adequately and accurately all sections and all seasons—North, East, South and West.

FOR DIAGNOSIS each pollen is supplied in individual extract only. FOR TREATMENT each pollen is supplied in individual treatment set.

ALSO FOR TREATMENT we have a few logically conceived and scientifically justified mixtures of biologically related and simultaneously pollinating plants. Hence, in these mixtures the several pollens are mutually helpful in building the desired group tolerance.

IF UNAVAILABLE LOCALLY THESE EXTRACTS
WILL BE DELIVERED DIRECT POST PAID
SPECIAL DELIVERY

List and prices of food, epidermal, incidental and pollen proteins sent on request

THE ARLINGTON CHEMICAL COMPANY YONKERS, N. Y.

A great

advance in

Calcium

Therapy

# advance in CALCIUM Gluco-YANDOZ

Per Os - Palatable
Intramuscular - No Irritation
Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

SANDOZ CHEMICAL WORKS, Inc. 61-63 Van Dam St. NEW YORK, N. Y.



## TRADE PYRIDIUM MARK

Phenylazo-alpha-alpha diamino-pytidine hydrochloride

## For the treatment of urinary infections

May be administered orally or applied locally.

Non-toxic and non-irritative in therapeutic doses.

Marked tissue penetrative power.

Rapidly eliminated through the urinary tract.

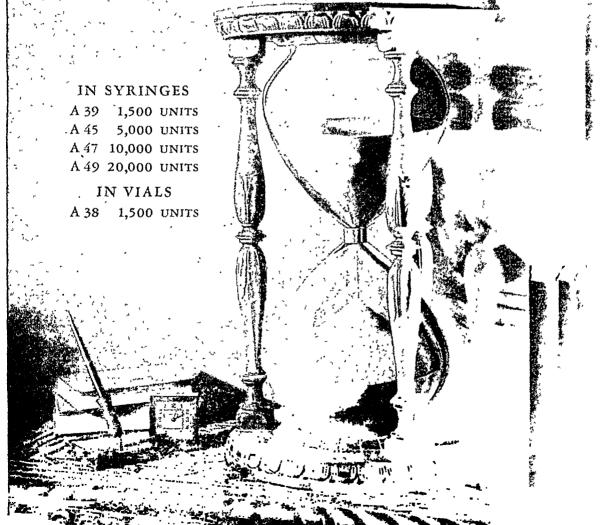
Send for literature

MERCK & CO. INC.

Rahway, N. J.

# Ware The dueater!

Every Tours specifical and alkay to be costly to despation in the office and a section of the leasure. Antitoxin, like, comments is a section of the postern y, its concentration, its comparation in the comparation in the comparation in the comparation is debutily and himpidity and to its ready availability and himpidity and to its ready availability and himpidity and to its ready



PROGRESS OF ROUGH RESEARCH

# NEW YORK STATE IOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 13

NEW YORK, N. Y.

July 1, 1930

#### THE TREATMENT OF POLYPOID SINUSITIS\* By G. ALLEN ROBINSON, M.D., NEW YORK, N. Y.

OLYPOID sinusitis, or degeneration of the mucosa of the nose and accessory sinuses is a pathological process frequently encountered and stubborn to treat. The results of medical treatment and surgical measures are usually discouraging to both the patient and the physician. The etiology of this condition is not well understood. It is usually but not always associated with a suppurative sinusitis. Skillern states that repeated attacks of coryza, each one leaving greater changes in the mucosa, contribute to the ultimate forma-tion of polypoid tissue. Influenza appears to be a predisposing factor. Vasomotor changes also play a part in the process, hyperemia of the tissues with a continued exudation of serum into the interstitial spaces plus the force of gravity tends to produce mucous polyps. The pathological picture shows round-cell and leucocytic infiltration in the mucosa, edema of the connective tissue, hypertrophy of the mucous glands, thickening of the periosteum and finally bone absorption. The polyps may appear as myxomatous, adenomyxomatous and angio-fibro-myxomatous varieties. In rare instances a myxomatous polyp may undergo a malignant transformation. I refer to a case in a woman, aged 57 years who had a large myxomatous polyp which filled the right nasal cavity and extended into the pharynx. A suppurative sinusitis preceded this condition. The polyp was removed and both clinically and microscopically was the myxomatous variety. Five months later a recurrent deep purplish vascular mass was noted. The pathological report showed cavernous hemangioma. There was a rapid recurrence and section of the tissue one month later showed an angio-fibro-

The symptoms of polypoid sinusitis depend upon the extent and severity of the disease. Nasal obstruction, mucoid or muco-purulent

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

discharge, headaches, loss of smell, bronchitis and not infrequently asthma are the chief symptoms.

In the early stages of the disease with a few polyps present, conservative removal, including a small area of surrounding tissue may suffice. In the advanced stages the ethmoid capsule and other accessory sinuses show polypoid degeneration. Hence more radical procedures are undertaken. The late Doctor Sluder has stated that regardless of the surgery-conservative or radical-the end result is that the patient still has polyps. Removal of the polyps does not affect the underlying inflammatory process which must be attacked.

Radium and other physical agents have been used post-operatively in polypoid sinusitis with considerable benefit. The action of radium upon this psuedo tumor tissue is to produce a fibrosis in the sub-mucosa. It is noted that after radium treatments fewer polyps recur and that they are decidedly more fibrous in character than the usual myxomatous variety. The interval between recurrences is lengthened and the nasal discharge diminished. An ethmoidectomy with removal of the polyps should precede the application of the radium. In this way the base of the polypoid areas may be made accessible for treatment. The radiation treatment consists in the application to the ethnioid area one week after radical operation of a 50 milligram radium capsule screened with 0.2 mm. platinum and 1.0 mm. of brass. Only gamma radiations are thus employed. Radon may be used in a similar manner as radium. The time of application is from three to four hours giving 150 to 200 milligram hours per treatment. The applications are made at intervals of ten days to two weeks for an average of four treatments. In recurrent cases after ethmoidectomy the local recurrences may be removed and radium applied immediately. A double string of silk or dental floss is attached to a small ring in one end of the radium

capsule. Vaseline gauze packing is used to maintain the tube in position and is applied between the tube and septum to prevent overaction of the radium on the septal mucosa. The loose end of the string is strapped securely to the patient's cheek and around the ear as there is a possibility of the tube being dislodged to the nasopharynx and swallowed.

In a small group of cases usually in young people in which there are large vascular polyps, gold radon implants of 1.0 millicurie each may be inserted into the tumor tissue using one implant to each cubic centimeter of tumor tissue. Hemorrhage is thus controlled and operation is performed four to six weeks later. This type of treatment also applies to another pathological process, the fibromas of the nasopharynx, many of which will disappear after radium treatment or reduced in size and made avascular and rendered safely operable.

In polypoid disease of the maxillary antrum radical operation, preferably the Caldwell-luc is performed. Recurrences do not appear to be as frequent as in polypoid ethmoiditis. An intranasal opening into the antrum should be maintained so that endoscopic examinations may be made. It is more difficult to apply radium in the antrum than the ethmoid area. However, small radium capsules may be inserted into the antrum through the intranasal opening, or radon implants of not more than one millicurie strength may be inserted into the recurrent polypoid mucosa. A recent case referred by Dr. William Holden, a woman 56 years of age, gave the history of asthmatic attacks for many years with nasal catarrh and finally impaired hearing. Her asthmatic condition had been treated for many months by vaccines without improvement. Dr. Holden performed a bilateral Caldwell-luc operation and many large polypoid masses were removed. The asthma disappeared and patient remained well for a year, when the attacks recurred. Endoscopic examination at this time revealed four of five polyps three to eight millimeters in diameter in the right antrum.

The left antrum was free and the ethmoid areas showed thickened mucosa but no polyps. Five 1.0 millicurie gold implants were inserted into the polypoid masses in the antrum and after a few days the asthmatic attacks disappeared. The ethmoid areas have received treatment by means of the radium capsule.

The patient's condition is markedly improved, polypoid areas in anthra have become fibrous and a shrinkage of the hyperplastic mucosa in ethmoid area has been noted.

#### SUMMARY

1—In a series of forty cases of polypoid sinusitis treated by radium twenty-eight had

previously received surgical intervention by partial or complete ethmoidectomy and antrotomy.

- 2—Asthma, a complicating factor in nine cases, was controlled in seven.
- 3—The mucoid and muco-purulent secretions have been lessened.
- 4—Headaches have been relieved and in a few cases the sense of smell has returned.
- 5—Small polypi have been made to disappear and the interval between the recurrences has been lengthened.

#### Discussion

John J. Rainey, M. D., Troy, N. Y.—! became interested in the treatment of polypoid sinusitis with Radium several years ago About that time the late Doctor Sluder of St Louis published a paper in the Laryngoscope giving his experience with Radium in this disease. Later he discovered the paper written by Lyons and acknowledged him as the pioneer. (It was the experience of Lyons nine of ten years ago that encouraged me to use Radium. My results have been uniformly good.) To one class of patients in particular, Radium is a blessing. I refer to those who have had as many operations for polypi as there are specialists within a radius of fifty miles.

I should like to quote one case: Female; age, 50 years in 1926; complained of constant cold in the head, difficulty in breathing, frequent attacks of asthma. She had several operations for removal of nasal polypi, followed by a stay in California with no benefit. The polypi were small and confined to the ethmoid region. These were removed in October 1926. Beginning 10 days later she was given 150 mg. hours every twelve days for three treatments. The swollen ethmoid region still persisted. In December of the same year she was given 200 mg. hours for three periods at twelve day intervals.

For a month after she had no perceptible benefit. She then spent nine months in California and came home relieved of all her symptoms and is enjoying splendid health. I suggest that radium be used in frontal sinus operation instead of the radical Killian. Care should be used that the capsule does not slip into the pharynx and swallowed.

Tissues should be sent to the laboratory for complete examination.

Since Lyons' original paper there have been several on this subject. With the exception of one or two none in my opinion could add anything to his. I feel, however, in Dr. Robinson's paper we have one that is refreshingly brief, authoritative and the last word in the treatment of polypoid sinusitis.

#### WHAT IS AHEAD IN MEDICINE

By WILLIAM H. ROSS, M.D., BRENTWOOD, N. Y.

An address by the President of the Medical Society of the State of New York before the Women's Medical Society of the State of New York at its twenty-fourth Annual Meeting on Monday, June 2, 1930, in the Hotel Seneca. Rochester, N. Y.

OT long ago there was an editorial in the New York Herald Tribune on "Evolution and Health." And one paragraph said:

"Much of the present muddled state of affairs in the medical profession as to its relationship is due to the transition of a changed front of mankind toward disease. Physicians are increasingly the conservers and suppliers of the positive commodity of good health; decreasingly the emergency repair men called in only when something has gone wrong. No one can doubt that the change is for the better, although the transition is not, nor can be, alogether painless."

is not, nor can be, alogether painless."

Is the medical profession living enough in the

present or is it adhering too much to traditionthat subtle influence that so often controls us and is defined well by Dr. Wilber as "that process by which one generation seeks to secure its conclusions from change by the next generation." When Emerson tells us that "we inherit the follies and stupidities of mankind as well as its progress,' it should make us think of the dangers of living too much in the past and being guided too much by its influence and not coming into professional relationship to the new things in better health. The medical profession must create a new relationship and establish a new adjustment to correspond to present day social trends because these social trends are leading to new public demands. If we do not do these things, there is danger of a declining influence in the years to come. There was once a time when every man was in control of his own relationship to others, but in these days groups of people work together and individual relationships no longer can be depended upon as a professional guide.

There is a great deal of talk of the preventive era in medicine, but it is just because we have rather suddenly recognized a new condition. The factors that have produced this so called new era have been going on a long time. We have not thought of them as an evolution. Prevention was applied to scurvy one hundred fifty years ago; to smallpox one hundred thirty-two years ago, and to many other diseases as bacteriology developed during the last fifty years. But this does not answer the problem, because the new attitude of mankind toward disease and the public knowledge of medicine create a new situation that can only be met by a new relationship. If the public were not advancing about as fast as we are in the effort to improve health, we would not have to consider questions of relationship so quickly.

Medicine has come to have a public character because the public has become educated in health matters. Government has become more interested in health and in welfare. The semi-governmental effort in the White House Conference to build child health into civilization, and the effort to find the facts regarding the high cost of medical service headed by the Secretary of the Interior,

are striking examples.

There is another fact confronting the medical profession, a natural economic trend downward unless we readjust our relationship to the new demands and new conditions. The greatest objective of organized medicine is the improvement of its science and art; and just as this advances, disease diminishes and there is less work to do unless new work is taken on. Just now there is a readjustment going on not entirely unlike that which comes from a disturbance of the law of supply and demand in production or in industry. Preventive work must be more largely incorporated with medical practice in order to restore the balance. However, the more one studies these things, the less serious economically they seem to be. It seems as if they would almost cure themselves if we just keep along with present tendencies in a spirit of cooperative relationship.

Even though there are many health activities going on technically outside of medicine, there is just as much need of physicians as there ever was. It simply is a little less along curative lines and a little more along preventive lines. These two can keep a balance; and that is all there is of it. It is sheer absurdity to get excited at all about these conditions. The remedy for it all is to go along with present day social trends and with the results produced by the welfare activity of governments and official agencies and with the interests of the general public in more health, along lines of cooperation, and become the medical part of all this present great irresistible movement; and when that is done, have confidence in This is just as important for the profession as it would be in Wall Street.

I read a paper on a subject closely related to this at the New York County Medical Society last year. Afterwards I heard a very interesting discussion. I came to the conclusion that all the resolutions in the world would not stop pay clinics, group practice, life extension and medical centers; but that open-minded association of practitioners of medicine with them (in a cooperative relationship), would give an opportunity to minimize the evil and capitalize the goodand the good outweighs the evil. The profession is standing in its own light if it continues to oppose these movements that are simply the result of the social trends of the times. Evolution is steadily going on in everything else in the world

—in industry, in business, in civic affairs, and in government—and medical practice and public health are no exceptions.

One of the most ticklish questions is the interrelationship of the medical profession and the health organizations. A relationship exists and has always existed, but it has not usually been realized until some group has objected to the activity of some other group. This relationship, unrecognized until something happened, until somebody believed that their rights and privileges were interfered with, has so often created a disturbance that was inimical to the advancement of public health that it has led to the formation of a Standing Committee of the Medical Society of this State known as the Public Relations Committee. The primary duty of this committee was to undertake the harmonizing of differences between the medical profession and health organi-From that starting point the Public Relations Committee has gone forward into a statesmanlike conception of the purposes of organized medicine and the need for readjusting its relationship to other agencies in line with the natural forces of society and the present day social trends that have caused medicine to have its public character and have caused the public to make certain demands in health service that did not exist even ten years ago.

The Public Relations Committee is an outstanding committee of the Society in its capacity to influence public opinion and to help to reestablish the influence of the family physician in human affairs. This committee appeals more largely to the common sense of laymen and to the ideals of medicine. It appeals more largely to the character, integrity, and honor of the profession; and as time goes on it must stimulate more and more correct medical organization and stress the two great purposes for which organized medicine exists, namely, the advancement of the science of medicine and the betterment of public health.

Contact with many medical men this year in many medical meetings makes me believe that the medical profession should adopt as a principle a cooperative relationship with every health or welfare effort in the State, and that it should not wait for an invitation. The profession should go to the State government or any of its departments with an offer to help in any public health project. It should go with a plan for betterment, and in the spirit of conference, and with the objective of the advancement of public health, public welfare, and the common good.

The profession ought to follow the same plan with the unofficial health agencies, child welfare organization, and parent-teacher associations. In no other way will we ever secure the leadership that we ought to have, and avoid the danger of a declining influence.

Previous to three years ago there did not exist an organized effort on part of the medical profession to cooperate with other health agencies. There was not a definite organized effort within the profession for the betterment of public health and the welfare of the practice of medicine by cooperation. Both of these objectives are now coming to be considered essential and we are, therefore, making progress.

The leaders of the profession have generally sensed the danger of continued indifference to health effort of unofficial health agencies. contacts with medical men increase in number, there comes the sense of an awakening to the influence of present day public opinion in regard to health and the danger of professional disregard of an effort to unite all the forces, working in the interest of better health. The public shows many evidences of its believing that protection from disease is essential to the economic and social welfare of people; and there are many evidences that the profession is beginning to realize that cooperation with health agencies is essential to its economic welfare also. If these observations are correct, then it is only a matter of time until the whole profession will come to see the view point that the leaders of the profession have seen and that men of vision in the profession now recognize.

There is a common ground for agreement, and the Public Relations Committee is endeavoring to set up a program based on the cardinal principle of cooperation that will benefit the public as well as the profession, and that will grow as the years come and go until the profession of medicine is again the mighty force, through the family physician, that it once was in human affairs.

The work of this committee is creating medical and public interest which is the first essential in the building up of any program that is to be of value to the public and to the profession also.

Up to about three years ago there was a great deal of misunderstanding, suspicion, distrust of health agencies, and of any welfare health legislation. That there is an evolution going on in the attitude of the profession is shown by the fact that there is much less misunderstanding, suspicion, distrust of health agencies, and of welfare legislation. Today there is considerable unity and cooperation between health and welfare agencies and the medical profession.

So long as unselfish men will lead the effort to establish cooperative relations with all health and welfare agencies having the same ideals as medicine, and will meet them in a spirit of conference with a program that these agencies can join in with and then ask them to advance it by a program of education, there will slowly be laid a secure foundation that will mean a better profession, rendering greater public service.

This talk and these comments on Public Relations applied to medicine and my experience in working with this Committee for three years express something of the expectation and outline, in part, the plan that I hope to advance next year.

In conclusion I want to add that what Edward Bok did for American commerce in advocating advertising, should let us see the power of advocating that the profession of medicine assumes the proper relationship to health organizations and to the public health generally. We should not try to reform other factors in the great health movement today until our own attitude is re-

formed into a spirit of cooperation. As an inspiration we might adopt Bok's creed:

"Wherever your lives may be, make you the world a bit more beautiful, and better, because

you have lived in it."

There is more than medicine in a doctor's life. It is something greater than that. Often a doctor comes nearer to awakening finer things in an individual than anyone else does in human relationships. Beyond what we know and beyond what we do, there may be an influence that we do not realize. A doctor sees things face to face. There is a something and no one knows what it is because it is not measurable.

### BILATERAL TUMORS OF THE TESTICLE. REPORT OF TWO CASES\* By J. L. WOLLHEIM, M.D., NEW YORK, N. Y.

TUMORS of the testicle are not particularly common. They occur as one half of one percent (½ of 1%) of all tumors or one in two hundred. They are quite rare over the age of fifty. Bilateral growths of the testicle are of very great rarity. A very thorough search of the literature made by Hinman', revealed only seventeen cases of bilateral testicular tumor reported. Higgins', of the Cleveland Clinic reported one other case. Several other cases were reported but their authenticity does not seem clear. My two cases here reported bring the literature to twenty. Archie L. Dean's of the Memorial Hospital, N. Y., saw or has records of one hundred and sixty-five cases of tumor of the testes and never came across a bilateral case.

In order to more thoroughly understand the subject of the rarity of bilateral testicular growths, a brief resumé of the new pathology should be undertaken. The most recent classification varies tremendously from that of old. Ewing, Chevassu, Hinman, Schultz, Eisendrath', and others have done an immense amount of work on the pathology of these growths, and I believe that the classification as given by Young', is the most practical of all.

All tumors of the testicle are supposed to be malignant with but a very small percentage of benign ones, and even these according to some authorities are malignant, if only the specimen is gone over more thoroughly. Pathologically they are divided into three classes according to the number of embryonic layers contained in them.

1st class: Seminoma, a type of malignant tumor probably springing from the seminifer-

\*Presented in abstract form before the Yorkville Medical Society, New York, on May 20, 1929.

ous tubules. It contains only one type of cell and is decidedly malignant. Ewing claims that though usually only one type tissue can and is seen, that a thorough study of them reveals them as multiple layer tumors embryonically.

2nd class: Teratoma or Embryoma, a type of malignant tumor having several types of tissue, and springing from two or more of the original embryonic layers. Though one type cell may predominate, it probably shows the evergrowth of that type cell, among other types of cell. They always show evidence of having sprung from two or more layers. Teratoma and Seminoma make up probably over 95% of all tumors of the testes.

3rd class: An occasional tumor of the testicle showing tissue not like the above two classes, and in them we can recognize pure fibroma, adenoma, endothelioma, sarcoma, pure myoma, and a tumor like case one here reported, lympho-sarcoma exceedingly rare.

Tumors of the testicle never infiltrate or involve the tunica albuginea though they infiltrate the testicular structure, and finally replace all of it in the malignant cases. In the benign cases the tumor is often found pushing aside the testicular tissue aside but never replacing it. Incidentally it is interesting to note that primary tumors of the epididymis are never seen. Malignant tumors of the testicle may be accompanied by secondary hydrocele and the tap is usually bloody. The glands draining the testicles are rarely felt, as they are not inguinal but iliac, aortic, retro-renal and thoracic, and this fact has a bearing on treatment.

After these few preliminary remarks two unusual and interesting cases of bilateral primary tumors of the testicles are here reported. Case No. 1: Bilateral primary lympho-sar-coma of the testes.

Chas. T., referred to me January 20, 1926. Age 66: Married: Hotel proprietor, had a history of chancre forty years previously, present illness, painful swelling right side scrotum for six weeks. Examination showed a nodular swelling of both the right and left testes, epididymes and vasa. All markedly infiltrated. There was also a secondary hydrocele on the right side. Prostate and vesicles felt normal, there was no discharge from the urethra, and the urine was clear. There were no glands felt and the remainder of examination was negative. Blood Wasserman was negative. Hydrocele showed bloody serum, it looked clearly like a primary tuberculosis and available to surgical removal. January 26, 1926, I removed both testicles, epididymes, and vasa up to the internal rings and there the vasa seemed quite normal. Pathological report: "The specimen consists of two testes, (right and left) each testis possessing an attached and intact epididymis. Both testes appear larger than the average in size, measuring about 5cm. in the diameter by 3.5cm. wide and 2.5cm. in thickness. testis is structurally normal and covered with a smooth, uniform, glistering fibrous capsule. Both epididymes are increased in diameter thruout the entire length, the increase being most marked in the testicular segment. The glistening tissue which appears uniform thruout their course. On section both testes appear essentially alike and reveal a uniform, light, cream colored, firm, and somewhat soft, nearly homogeneous tissue. This tissue extends to the tunica albuginea. No normal appearing testicular tubular tissue can be recognized. The epididymis on section present somewhat similar, cream-colored tissue with considerable admixture of epididymal and connective tissue."

Microscopically, "multiple sections representing all parts of both testes and epididymes present, extensive atypical cellular tissue, in many areas completely replacing the original tubular tissue, of the testes. In other areas there is an occasional tubule which appears embedded in the surrounding infiltrating cellular tissue mentioned above. The cells of this tissue are mononuclear, they are slightly larger than the normal monocyte. They possess a moderately large nucleus with a definite zone of cytoplasm. All of the cells stain deeply, the cytoplasm especially appearing basophilic. These cells show a remarkable uniformity in size, shape and staining properties. There is a considerable proportion of mitotic cells scattered thruout the above cellular tissue.

Thruout this cellular tissue is present a moderate degree of fine, fibrillar, reticular fibrosis. Microscopic sections of the epididymes show structurally intact tubules. There is a varying degree of atypical cell infiltration of the areolar connective tissue, these cells resembling closely those described above. The cellular infiltration is most marked in the lower pole being essentially diffuse in extent. In the upper poles and in the cords proper the atypical cell infiltration is more focal in extent, many of the foci being perivascular. The above description would appear to include all of the pos-The above desible pathological changes present. The condition is characterized by an extensive diffuse infiltration and replacement of both testes and epididymes by an atypical, mononuclear, hyperchromatic, and hypermitotic cellular tissue resembling most closely in its structure that of normal lymphocytic tissue. The pathologic diagnosis is: Bilateral lymplio-sarcoma involving both testes nd epididymes. Pathologic Discussion:—The above pathologic findings would indicate a simultaneous involvement of both testes by a clinically primary lympho-sarcomatous process. The possibility of this condition representing an extension of a pre-existing abdominal lympho-sarcoma should be considered."

Signed: W. E. Youland. M.D.

most marked in the testicular segment. The epididymes are covered with a smooth fibrous glistening tissue which appears uniform thruout their course. On section both testes appear could be felt.

Why primary? Because at the time of operation no other lesions could be noted, the procular state and entire pelvis felt normal, no glands could be felt.

Young reports an unilateral lympho-sarcoma, and Kocher describes a "lymphoid" sarcoma and notes that it is very malignant.

This patient died of generalized abdominal masses, within six months after operation.

Case No. 2: Bilateral primary tumor of the testicle.

The second side involved with malignant teratoma, twenty-seven years after the removal of the first testicle for tumor. Mr. A. P. T., age 54: referred to me January 16, 1929, with large painful swelling left side of scrotum of about one year's duration. Previous history (this is of much interest because it may show some relation of trauma to tumor growths). In 1898 while in the Spanish War, patient fell astride a fence with an eighty-pound pack. He crushed both testicles but in time the swellings subsided. Two years later, however, (1900) the right testicle began to swell and continued so till (1902) when a very large tumor was removed with the testicle. This operation was done at the Lutheran Hospital in St. Louis and the size of the tumor was said to be tremendous. The exact report could not be obtained as the records were destroyed by fire

in 1916, and as the hospital never made routine microscopic examinations, the exact type of tumor could not be ascertained. To quote a recent letter from the Lutheran Hospital. "In those days we did not make any pathological or microscopic reports. All our records were destroyed by fire in 1916" (what a pity).

After this operation the remaining testicle seemed to atrophy for awhile but later it developed again. The patient married later and

his wife bacame pregnant four times.

The present illness began about one year ago or twenty-seven years after the removal of the first testicle. The left testicle got larger and harder till operated on by the author, April 13, 1929. There were no glands felt anywhere and the Wassermann reaction was negative. Before operation patient received four preventative x-ray exposures to scrotum, abdomen, retro-renal region. Operation was under general anesthesia, and no post operative complications developed. After operation he was given ten more deep x-ray exposures. Tumor weighed 242 grams, (8 oz.) but very much smaller than the other side according to patient.

Pathological report: Gross examination shows a well encapsulated tumor with extensive necrosis. Weight 242 grams. Histological examination shows as embryonal carcinoma of the testicle which we consider prob-

ably of the teratomatous origin.

Signed: Elise S. L. 'Esperance.

That the first tumor was a tumor we need hardly doubt, as the patient is a dentist who is versed in pathology and is definitely positive it was many times the size of present tumor

and was told it was a large fibroma. Personally I doubt the fibroma, as all sarcomata (old classification) are stony hard and feel like fibromata. I believe it probably was a well encapsulated (within the tunica albuginea) teratoma, as most of these tumors are. At any rate it was a tumor and that is what interests us only now.

At present time patient is doing exceedingly well, gaining weight, but we can't tell the outcome for some time.

A word about the pre-operative, operative, and post-operative precautions. These cases should be deeply x-rayed to scrotum, pelvis, retro-renal region before operation. At operation the cord and vessels should be tied off before the tumor is manipulated, the vas stump as precaution should be cauterized and the entire operative field and cavity should be treated with alcohol to be sure of no transplantation of tumor cells.

Post-operatively these cases should be exposed at least several times to x-ray to destroy any possible pelvic, iliac, aortic, and retrorenal glands, the last should be done posteriorly.

#### References:

- (1) Young's Practice of Urology.
- (2) Annals of Surgery, Aug., 1928.
- (3) Personal Communication.
- (4) Archives of Surgery, May, 1921.

#### Note

On November 15, 1929, Mr. A. P. T., patient No. 2, had gained 18 lbs. in weight, looks and feels well, attends to his practice and seems to be free from recurrence.

# NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication. CHARLES H. GOODRICH, M.D., Chairman......Brooklyn CHARLES GORDON HEYD, M.D......New York DANIEL S. DOUGHERTY, M.D.....New York

Executive Editor-Frank Overton, M.D......Patchogue Editor-in-Chief-Orrin Sage Wightman, M.D......New York Advertising Manager-Joseph B. Tufts......New York

Business and Editorial Office-2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writers.

# MEDICAL SOCIETY OF THE STATE OF NEW YORK

# Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### **OFFICERS**

First Vice-President—Henry L. K. Shaw, M.DAlbany Second V Sccretary—Daniel S. Dougherty, M.DNew York Assistant Treasurer—Charles Gordon Heyb. M.DNew York Assistant	nt-Elect—William D. Johnson, M.D
---	----------------------------------

#### TRUSTEES

JAMES F. ROONEY, M.D	AN ETTEN, M.DNew York
ARTHUR W. BOOTH, M.D	DILL, M.DOgdensburg

## CHAIRMEN, STANDING COMMITTEES

zirungemenis—- ,	
Legislative—HARRY ARANOW, M.D	New York
Pub. Health and Med. Education-T. P. FARMER, M.	I.D., Syracuse
Scientific Work-ARTHUR J. BEDELL, M.D	Albany
Medical Economics-George F. Chandler, M.D	Kingston
Public Relations-James E. Sadlier, M.D	Poughkeepsie
Medical Research-Joshua E. Sweet, M.D	New York

# CHAIRMEN, SPECIAL COMMITTEES

Group Insurance-John A. Card, M.D	Poughkeepsie
Periodic Health Exam's-C. WARD CRAMPTON,	M.DNew York
Nurse Problem-Nathan B. Van Etten, M.I	DBronx
Physical Therapy-RICHARD KOVACS, M.D	New York
Anti-Diphtheria-NATHAN B. VAN ETTEN, M.I	)Bronx
Anti-Diphtheria-Nathan B. Van Etten, M.I	)Bronx

# PRESIDENTS, DISTRICT BRANCHES

First District-George B. STANWIX, M.D	Yonkers
Second District-CHARLES H. GOODRICH, M.D	.Brooklyn
Third District-EDGAR A. VANDER VEER, M.D	Albany
Fourth District-WILLIAM L. MUNSON, M.D	.Granville

Fifth District—Augustus B. Santry, M.D....Little Falls
Sixth District—George M. Cady, M.D....Nichols
Seventh District—E. Carlton Foster, M.D....Penn Yan
Eighth District—W. Ross Thomson.......Warsaw

#### SECTION OFFICERS

Medicine—John Wyckoff, M.D., Chairman, New York; David A. Haller, M.D., Secretary, Rochester.

Surgery—Charles W. Webb, M.D., Chairman, Clifton Springs; Arthur M. Wright, M.D., Secretary, New York.

Obstetrics and Gynecology—Onslow A. Gordon, Jr., M.D., Chairman, Brooklyn; Gedree H. Bonnefond, M.D., Secretary, Utica.

Pediatrics—Marshall C. Pease, M.D., Chairman, New York; Douglas P. Arnold, M.D., Vice-Chairman, Buffalo; Brewster C. Doust,

M.D., Secretary, Syracuse.

Eye, Ear, Nose and Throat—Conrad Berens, M.D., Chairman, New York; Richard T. Atkins, M.D., Secretary, New York.

Public Health, Hygiene and Sanitation—Arthur T. Davis, M.D., Chairman, Riverhead; Frank W. Laidlaw, M.D., Secretary, Middletown.

Neurology and Psychiatry—Noble R. Chambers, M.D., Chairman, Syracuse; Irving J. Sands, M.D., Secretary, Brooklyn.

Dermatology and Syphilology—Earl D. Osborne, M.D., Chairman, Buffalo; Leo Spiegel, M.D., Secretary, New York.

#### LEGAL

Office at 15 Park Place, New York. Telephone, Barclay 5550

Counsel-Lorenz J. Brosnan, Esq. Attorney-MAXWELL C. KLATT, ESQ.

Consulting Counsel-LLOYD P. STRYKER, ESQ.

Executive Officer-Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4-4214. For list of officers of County Medical Societies, see this issue, advertising page xxxii

# TURNING OVER A NEW LEAF

The meeting of the House of Delegates marks the end of a formal year of the Medical Society of the State of New York, and the beginning of a new administration. Yet there is no break in the activities of the Society, or confusion in the change of officers, for there is a continuity of both the essential personnel and the policies of the Society. This Journal has frequently carried

attention to the continued activities of the presidents and the chairmen of committees after their terms of office have expired. Office holding in the Medical Society of the State of New York is a school which inspires the officers to continue their leadership. The new officers simply turn over a new leaf of the unified records of the Society.

## PRESIDENT'S COMMENTS ON CURRENT ACTIVITIES

The Special Commission, appointed by the Governor to study the adequacy of the present health laws and the need for a revision of the health program of 1913, has had one meeting. Fourteen subjects were assigned for study,

one to each of the members, with authority to appoint others to assist in the study from within or without the commission.

The following are the subjects to be studied and the chairmen of the committees to whom they are assigned:

1. Medical Care, Dr. Ross.

2. Cancer Control, Dr. Cottis.

Social Hygiene, Dr. Keyes. 3.

- Industrial Hygiene, Mr. O'Hanlon. Health Education, Mrs. Leach.
- 5.
- 6. Mental Hygiene, Mr. Folks.
- 7. Health Laws and Sanitation, Dr. Nicoll.
- State Aid. Dr. Parran. 8.
- 9. Tuberculosis, Mr. Kingsbury.
- 10. Public Health Nursing, Miss Tucker.
- 11. Laboratories, Dr. Simon Flexner.
- 12. Maternal and Infant Welfare, Dr. Farrand.
- 13. Orthopedics, Mr. Morganthau. 14. Public Health Personnel Training, Dr. Linsly
- R. Williams.

From time to time there will be reported the

progress of these committees.

The Executive Committees of most of the District Branches have met in the last month and selected the places and dates for their next annual meetings. At the same time, in conference with the Presidents of the component County Societies, they have outlined their tentative programs.

Physicians have been showing an increased interest in the affairs of the District Branch in most sections of the state. According to registration records, in the last two years the total attendance at the annual meetings of the District Branches has been greater than at the annual meetings of the State Society, and it is surprising to know that only a small number of the men who attend the annual meeting are registered also at their District Branch meeting.

In preparing the programs this year, the committees are uniformly providing a place for the discussion of subjects relating to the economics of the practice of medicine, including a discussion of the physicians' part in the administration of the new Public Welfare Law and in the administration of the Workmen's Compensation Law.

As physicians, we are being called upon much more frequently than in the past to help communities solve their medical problems and, therefore, it is important that our programs should not be limited to subjects relating to our scien-

tific advancement alone.

Dr. Allen Freeman, Professor of Public Health Administration in the School of Hygiene at Johns Hopkins University, who last year made a public health survey of Steuben and Suffolk Counties, recently submitted a typewritten copy of his survey to the Steuben County Medical Society. The report is very elaborate, extending over more than two hundred typewritten pages A few exceptions were taken to the report as presented; these were discussed and Dr. Freeman will make revisions in accordance with the suggestions for the final draft of the report

It is understood that other surveys are to be made and the reports finally published in book

form.

About two weeks ago Dr. Freeman began a similar survey of Ontario County. We are hoping that the physicians will aid him in this survey. Here is an opportunity for the physicians who are not health officers to have record made of the public health work they do in connection with their private practice. It is well known that the health officer is greatly aided by the general practitioner, but never before has an effort been made at its evaluation.

The County Society of each county under survey should invite Dr. Freeman to a regular meeting, or to a special meeting if that is more convenient, for the purpose of meeting him before he begins his survey, in order that he may be able to explain what he particularly desires to incorporate in his survey. His findings, when finally published, are likely to be considered an authority not only of the public health activities of the county, but of the full medical activities as well.

W. H. Ross, President.

# THE HOUSE OF DELEGATES

This issue of the Journal, pages 777-795, contains the minutes of the annual meeting of the House of Delegates of the Medical Society of the State of New York, which took place on June second and third. To record exactly what takes place requires time and labor in both the secretarial and the editorial offices. Not only must the actions be recorded, but the record must also contain cross references to other resolutions and even to the proceedings of previous years. The fact that the minutes, filling nineteen pages of the Journal, were prepared in time for the July first issue is a demonstration of the efficiency of the secretary's office.

The minutes cover an unusually comprehensive range of subjects, nearly 100 sections being required, as compared with about 60 last year. Yet very few topics of a controversial nature were discussed. A preliminary description of the proceedings of the House of Delegates on page 734 of the June fifteenth Journal said:

"It was a striking fact that every controversial question and every suggestion for extending the field of the activities of the State Society had been under discussion during the year, and that some committee was prepared to give a definite opinion on the subject. The discussions revealed an unexpected breadth of the investigations, and a comprehensiveness of decision on the part of the officers and committeemen. The proceedings were convincing evidence of the great extent which the intelligent evolution of State Society activities has undergone during the last decade."

This opinion is confirmed by the close study required by the preparation of the minutes.

The peculiar work of the editor has been that of paragraphing and indexing the minutes. The editor is credited with an eagle eye and a mind that is literal and unimaginative. If he understands the minutes, it is reasonable to suppose that they are intelligible to the readers of the Journal.

# LOOKING BACKWARD

# This Journal Twenty-Five Years Ago

Venereal Disease Education: A quarter century ago popular education regarding venereal diseases was only timidly suggested, although the Society for Social and Moral Prophylaxis had been formed. Dr. Edward L. Keyes, Jr., writing in this Journal of July, 1905, said:

"I am not at all sure but that, if every boy in this world were given the best possible chance of avoiding venereal disease, more than half of them might not go ahead and get infected anyhow. But the point is, they don't get the chance.

"We are not giving our children or our fellows a fair share of the enlightenment which we possess, or ought to possess. They have a right to freedom and all means necessary to its attainment; they have a right to virtue and health and all means necessary to their attainment. The practical difficulties in the way of

imparting this necessary knowledge in such a way as to produce a good moral effect are great, but not insuperable.

"The spirit of the Society for Social and Moral Prophylaxis will not die. The rumor must spread; it must interest brother and son as well as mother and wife, prelate, and physician, and father of family. I cannot doubt that, in the end, it will produce a marvelous change in public spirit, that, as it was the triumph of the eighteenth century to make seduction unfashionable and of the nineteenth to make drunkenness unfashionable, so it may be the glory of the twentieth to make the law of public opinion the same for man as for woman."

The prediction has been fulfilled, and Dr. Keyes is still a foremost leader in the movement.

# \$

# MEDICAL PROGRESS



Familial Nosebleed Without Hemophilia .--Professor Hans Curschmann reports several cases of very severe nosebleed in two families of Jews (which were unrelated). In the first family the patient was 54, his father, an uncle and an aunt died of nosebleed and two others in the family suffered from the same affection. while six others seemed immune. The patient developed the disease at 25, although in the earlier generation it began around puberty. His attacks, which recurred every few weeks, often threatened life. Aside from this symptom, he showed no hemorrhagic tendency and his brothers and sisters were free in this respect. Nothing abnormal was found in the nose. The spleen was slightly enlarged. The other organs in the body were approximately sound. The red blood cells were somewhat reduced but the blood counts as a whole were normal. The behavior of the thrombocytes and the coagulation time of the blood were normal. The author did not have the opportunity of studying the patient during an attack. The patient of the second family was also aged 54 and a maternal uncle likewise had suffered from recurrent nosebleed. Aside from these two cases there were no bleeders in the family. The patient had suffered since childhood and every few weeks, according to the family physician, "literally swam in blood." He was otherwise normal and even the spleen was not enlarged. Although the nose had been repeatedly cauterized, a rhinologist pronounced it quite normal. The blood counts, coagulation time, etc., were within normal limits. Differences between these two cases and hemophilia are at once apparent, for in the latter females are regarded as immune and it is never restricted to one location in the body. We may for the time being style these cases as familial, monosymptomatic, pseudo-hemophilia. Doubtless many mild abortive cases could be added to this list. Under the head of treatment the author states that local treatment habitually failed, and he does no mention internal hemostatics. The most successful treatment, whether or not the blood is normal, is irradiation of the spleen.-Klinische Wochenschrift, April 12, 1930.

The Mechanism and Treatment of Prostatic Obstruction.—Kenneth M. Walker reviews at length the mechanical and dynamic or spasm theories of prostatic obstruction, which lead him to the conclusion that the most satisfactory explanation of retention is that there exists a constant mechanical obstruction acting

along the lines suggested by Swift Joly and that this is supplemented by the variable factors of congestion and spasm. He takes issue with the tendency in some quarters to regard the fact that the gland is enlarged as the allimportant point, and as a consequence its removal as the primary object of treatment. It is dilatation of the bladder and embarrassment of the kidneys, rather than the enlargement of the prostate, that should preoccupy the medical man who is called upon to care for a patient with prostatic enlargement. Although for a large number of patients total removal of the gland is the best and possibly the only measure available, there are others who neither require, nor should be subjected to, this ordeal. In cases in which there is a marked intravesical projection, total prostatectomy may be the operation of choice, but in some cases a permanent cure may be obtained by removing only the enlarged middle lobe. Since, according to Joly's theory, it is the height of the enclosed portion of the intravesical projection that is the determining factor in causing the obstruction, it is of great importance to remove not only the free portion of the middle lobe that projects into the bladder but also the V-shaped segment at its base. If the projection is a large one, this is best done by open operation; if inconsiderable it may be done with great advantage by a large electrode working through an operating cystoscope. Bar formations are best destroyed by diathermy applied through an operating cystourethroscope, or by means of a diathermy punch, though the fibrous type not infrequently yields to such simple measures as dilatation of the bladder neck by bougies, instillations into the posterior urethra, and prostatic massage. The author finds that an increasing number of cases of prostatic obstruction are becoming amenable to perurethral methods of treatment.-British Medical Journal, May 3, 1930, i, 3617.

The Age and Sex Incidence of Carcinoma.—Theodore R. Waugh and T. L. Fisher present statistics on the age incidence of carcinoma from the records of the Royal Victoria Hospital, covering the period from 1915 to 1928. A total of 22,993 surgical specimens were examined of which 1,756, or 7.63 per cent were primary cancerous growths. Of this 1,118 or 63.6 per cent were from females, and 638, or 36.4 per cent were from males. The average age of all the patients was 53.5 years, that of

the females 50.6 years, that of the males 56.5 years, a difference of approximately six years. Comparing the figures for each year there was nothing to suggest that toward the close of the period cancer tended to occur in younger individuals, or that the public, as a whole, on account of being better informed, sought treatment at an earlier age. In the five year periods the age incidence in all cases, both male and female, shows a gradual increase up to 50 years, a fairly constant number up to the 65th year, and then a rapid decline. While there are fewer cases of cancer in individuals over 60, the probability of having the disease increases for those who live beyond that age. With reference to the involvement of various organs, the breast led by far with 455 cases, or 25 per cent; next in number was the cervix with 231 cases, or 13.1 per cent, and then the lip with 125 cases, or 7.1 per cent. The cervical growths were principally premenopausal; endometrial growths, post-menopausal. Of the 125 cases of cancer of the lip, all but five were in males, a ratio of 24 to 1. There was a steady rise in incidence from the youngest patient, who was 30 years of age, to the 55 pear period, suggesting an ever increasing ratio of incidence to male population as the years go on. There were 51 cases of cancer of the prostate, or 2.9 per cent of the total cases. This in no way represents the true frequency of involvement of this organ, as many patients go unoperated upon and undiagnosed, as any autopsy service will show. A study of the involvement of various organs shows distinctly that carcinomata arising from glandular epithelium tend to occur on an average earlier than those from squamous-celled epithelium, with the exception of the cervix and prostate both of which derive their epithelium from the mesoderm.—Canadian Medical Association Journal, May, 1930, xxii, 5.

Treatment of Pernicious Anemia with Dried Pig's Stomach.—Prof. G. Rosenow. internist at the Hufeland Hospital, Berlin, calls attention to the occasional failure of liver diet in this affection, and also notes the high price of liver and the desirability of other preparations as a reserve. The pioneer in substitutes is Castle of America, who found that predigested muscle fiber with hydrochloric acid had the same value as liver and he assumes that the achylia is a cause rather than a result of per-Other experimenters have nicious anemia. tested powdered dried pig's stomach with the favorable results already known. Dr. Rosenow has thus far treated but two patients with a preparation made according to the American formula, but the results are so brilliant that he feels justified in reporting them. There was steady improvement while the treatment was maintained and no recurrence after the remedy The achylia still continued, was discontinued. however. Characteristic was the marked increase of the reticulocytes during the first days of treatment. The blood picture became normal and the general condition improved in proportion. Severe secondary anemias did not respond to the treatment. Powered pig's stomach has also given good results in Vienna, at the Mayo Foundation, and in Holland and thus far no failures seem to have been noted. In addition to other advantages over liver extract is economy of dose, only about one-third as much being required. It is evident that the new preparation opens up therapeutic possibilities not only in pernicious anemia but in other fields.—Klinische Wochenschrift, April 5,

The Present Status of Pernicious Anemia.— Prof. P. Morawitz states that this common affection is still insufficiently known to general practitioners. The success of the new liver treatment has made it obligatory for them to make correct diagnoses. Although the patients have a peculiar yellowish white color, the nutrition is often excellent. The condition requires careful differentiation from numerous secondary anemias. The patients mostly complain of exhaustion, palpitation and indigestion, which are not typical. Important symptoms pertain to the tongue and nervous system. At least half the patients give a history of the peculiar glossitis. One of the author's patients had the painful tongue for twenty years preceding the disease proper. Almost equally common are abnormal sensations in the tips of the fingers and toes. A much enlarged spleen is evidence against pernicious anemia. The urine is mostly dark, the reverse being found in secondary anemia. The occasional association with disease of the spinal cord is well known. A diagnosis cannot be made from the blood picture alone, for the so called characteristic picture is sometimes found in secondary anemias. The alleged frequency of achylia gastrica which is not overcome by histamin injection is a moot point. After testing 500 cases the author is unable to generalize. In some cases of achylia, cancer of the stomach is present. If hydrochloric acid is present we must revise the diagnosis very carefully. Achylia doubtless indicates atrophy of the stomach from one of various causes. The liver treatment has not been known to influence achylia favorably. This is also true of spinal cord complications. Liver is not exactly a specific for pernicious anemia, for it is often of value in secondary anemias, notably those due to hemorrhage. Raw liver is the most active form, as strong heating damages the active principle. Marked increase in hemoglobin is a

signal for reducing the dose of liver. Rectal feeding with liver is said to be of value but the author has not yet tested it. Dried pig's stomach is recommended, but the author suggests fresh preparations as being more efficacious. The new forms of treatment can hardly be called curative but they have done much toward prolonging life and relieving symptoms. In other words they are on a par with insulin in the treatment of diabetes.—Münchener medizinische Wochenschrift, April 4. 1930.

Muscle Extract in the Treatment of Angina Pectoris and Intermittent Claudication.—Lcd by the report of J. S. Schwartzman of Odessa on the treatment by muscle extract of angina pectoris, particularly of the variety known as "angine d'effort" or angina ambulatoria, M. S. Schwartzman has employed this method with very promising results. The underlying considerations on which the administration of muscle extract is based are was follows: J. S. Schwartzman, in 1927, described a peculiar phenomenon which occurs invariably with a hypotonic heart muscle, as in infectious diseases, anemia, cachexia, chronic pulmonary tuberculosis, heart failure, etc. If the patient contracts any muscle group, there are noted a muffling of the heart sounds, shortening of the systole, diminution of intensity, or even disappearance, of systolic murmurs, if any have been present; all this being the result of a diminution of the amplitude of the cardiac contraction. This heart reflex bears a certain resemblance to what happens in angina pectoris, in which the coronary angiospasm might be accompanied by muscular spasm. It has been observed that a few preliminary exercises would abolish the phenomenon, and the fact is known that anginal pain sometimes disappears if the patient continues his effort. Hence arises the assumption that some antispastic substance is at work during the contraction of active skeletal muscle, and that such substances obtained from the skeletal muscle of a healthy young animal might counteract the spasm in angina pectoris. Their deficiency in the muscular system, on the other hand, would be an important factor in the production of the anginal syndrome. The author reports an illustrative case of angina ambulatoria treated by daily injections of muscle extract for three weeks. After the third injection there was an improvement in sleep; after the sixth injection the sensation of constriction about the chest diminished, and after the twelfth injection the patient was able to walk two and a half miles without discomfort. In view of the striking resemblance of angina pectoris to intermittent claudication, the treatment was applied to cases of the latter condition with encouraging results.—British Medical Journal, May 10, 1930, i, 3618.

Acetylcholine in Arterial Embolism .- G. Faroy and H. Desoille state that this substance has recently been used extensively in spasm and progressive thrombosis of arteries, but so far as they know it has never been used in ischemia consecutive to arterial embolism, save in two very recent cases of their own. The first patient was a woman of 37 with a mitral lesion and asystolia. There was an embolism in the lower part of the left lower extremity with coldness and cyanosis. There was no edema. The leg was quite powerless. The right lower extremity showed edema but the temperature and color were normal. The embolism was manifest. In addition to the usual treatment of heart failure acetylcholine was injected by the intramuscular route, one half a gram (71/2 grains) twice daily. In the evening when only one injection had been given, the temperature of the limb was nearly normal, but the cyanosis had not been changed. The following morning the color of the skin had become normal and the patient was able to move her toes. On the next day edema set in. After a few days of freedom from the original symptoms, cyanosis and coldness returned, treatment was resumed but the general state of the patient was now very grave and death took place from heart failure. Autopsy was not permitted. The treatment had no effect on the blood pressure and the improvement must be attributed to the action of the drug on the collateral circulation. The second patient was a woman of 29 with a mitral lesion and partial decompensation. She developed suddenly an embolism in the artery of the right lower extremity derived probably from phlebitis of the opposite limb. As a result there was progressive dry gangrene of the right foot and leg. The patient in addition to treatment of heart failure received acetylcholine. The result was remarkable, for the symptoms of gangrene all receded, but unfortunately the patient developed an embolism in the brain and succumbed to coma in a few days. It is impossible to say whether the whole foot could have been saved in case of survival, but the loss should have been minimal.-Le Progrès Médical, April 12, 1930.

The Dietetic Treatment of Skin Tuberculosis.—M. Gerson of Cassel devotes an article in the Klinische Wochenschrift for April 12, 1930, to an analysis of several criticisms of his method of treating tuberculosis by a salt-free diet. Wichmann had said that the smooth, dry, squamous form of lupus gave no response to this method, and that he had not seen a single

instance of a cure of the disease in the sense of the disappearance of all the lupus nodules. On the other hand Bommer asserted that the cure of lupus by the dietetic treatment was an absolute fact. Jesionek stated that the tuberculous lesions of the skin disappeared entirely. The author himself says that all his patients were promptly and completely cured with only one exception. This was a farmer's wife who had extensive areas of lupus vulgaris on the nose and cheeks. During the first six weeks of treatment the progress toward recovery was most satisfactory, but then there came a halt. On questioning the woman the writer learned that she still adhered strictly to the dietary regulations, but had begun to treat herself to "a little" salt. She said she wanted the salt, and was content with the improvement already reached. Gerson reports several cases in which a rapid healing was obtained by his salt-free diet and repeats that during the 18 months he has been using the method he has yet to see a case of failure.

Wichmann replies to Gerson in the same issue, saying that a year and a half is too short a time to warrant the assertion of a permanent cure, and repeats his statement that to call the dietetic method an absolute cure for all forms of tuberculosis is not in accordance with the facts.

Nasal Sinus Disease in Small Children .-L. W. Dean states that in considering the etiological factors concerned in the production of sinus disease in children one must think of deficient diet, poor hygiene, allergy, metabolic disturbances, climatic conditions, especially lack of sunshine, swimming, endocrine disturbances, nephrosis, diseased tonsils and adenoids, nasal blockage, and infection, especially in contagious disease. It is more important to know what prepares the tissues for infection than to know the infecting organism. Vitamins and hygienic measures are the most important factors in keeping up immunity or resistance. The first step in treating sinus disease in young children is the eradication of the cause. Only by taking into consideration all the systemic etiological factors above mentioned can one possibly treat the condition. The securing of a painstaking history is of the greatest importance. The second step is the examination by the pediatrist, including a complete report as to the child's metabolism, as to endocrine disturbances, as to allergy and all things which have any bearing on the condition. Diet, hygiene, and clothing must be regulated; allergy, if present, must be controlled. It is quite essential that these children

should lead an out-door life and do all things that normal children do, including swimming. with the precaution that the head be kept out of the water. Diseased tonsils and adenoids should be removed. Only rarely is it necessary to operate upon a septum. During an acute exacerbation ephedrine is especially beneficial. When polyps are present an allergic basis should be carefully sought. Polyps should be removed in the usual way. If they return, cauterization with trichloracetic acid or other simple measures, or the use of radium, should be considered. If an apron of lymphoid tissue on the wall of the pharynx persists in spite of sinus treatment this should be attacked with the x-rays. Operation on the nasal sinuses of children, other than meatal drainage of the maxillary sinuses, is very rarely indicated.—Laryngoscope, May, 1930, x1. 5.

Foods in the Solution of the Goiter Problem. -William Weston, writing in the Southern Medical Journal June, 1930, xxiii, 6, asserts that iodine deficiency in its organic relations is probably America's foremost public health The United States Public Health problem. Service places two-thirds of the United States in the goiter area. He has been convinced, as the result of careful observation, that goiter is practically nonexistent in South Carolina. From this he inferred that fruits and vegetables locally grown contained a high percentage of iodine. In order to study the subject a research laboratory was established to make complete chemical analyses of all foods grown in South Carolina, which are used in human and animal diets. These analyses soon demonstrated that South Carolina fruits and vegetables contain enormous amounts of iodine, as well as of manganese and iron. The green, leafy vegetables are by far the best sources of these elements. The tomato is destined to play an important rôle in the science of nutrition. Turnip tops and cabbage are poor sources of copper and manganese, but are good sources of iodine. A comparison of the milk produced in South Carolina with that of Wisconsin, Michigan, and some of the other prominent dairy states shows a surprising difference in regard to the iodine, iron, and manganese content. Milk produced in South Carolina from cattle fed on native foods runs about one thousand parts per billion of iodine as against less than one hundred parts for the Mid-Western The solution of the goiter problem, in the author's opinion, will be accomplished through a food supply rich in iodine, iron, manganese, and copper and probably other important mineral elements.

# LEGAL



## THE INSTITUTE OF LAW OF JOHNS HOPKINS UNIVERSITY

By LORENZ J. BROSNAN, ESQ.
Counsel, Medical Society of the State of New York

The law has lagged far behind medicine in the adoption and application of scientific research as an aid in the ascertainment of truth. with a view to a proper solution of the respective problems that are ever present in these two great professions. Within the last decade, there has been a notable interest by those outside the legal profession in the administration of justice in this country. The public eye has been focused upon the workings of our courts, and the voice of public opinion, both within and without the profession, has again and again been heard in a scathing denunciation of the antiquated methods by which our laws are administered. One of the most eminent members of the Bar of the City of New York summed up the situation in this language:

"The opinion that the law is unnecessarily uncertain and complex, that many of its rules do not work well in practice, and that its administration often results not in justice but in injustice is general among all classes and among persons of widely divergent political and social opinion."

It is, then, with genuine satisfaction that we are able to say that an earnest and scientific attempt is being made by a distinguished group of men to ascertain the true situation with respect to the conditions now obtaining in the administration of justice in America. The Institute of Law of Johns Hopkins University has undertaken this all-important task. Institute has assembled a small but extremely able group of men whose objective is the gathering of information necessary for the shaping of sound reform measures in the law. Fortunately, this movement is generously endowed and is under the able leadership of Walter Wheeler Cook who, after teaching mathematics at Columbia University, entered the legal profession and became Professor of Trusts at Yale University; Leon Carroll Marshall, distinguished economist of the University of Chicago; Hessel Edward Yntema, Professor of Roman Law and Conflicts at Columbia University; and Herman Oliphant, Professor of Contracts and Trade Regulations at Columbia University. These gentlemen are all resident at Johns Hopkins University, and

have assembled a splendid staff to assist them. There will be no law school curriculum associated with the plan, and most of the assistants who are engaged in the work of the Institute will be members of the Bar already trained in other schools.

The purpose of the Institute of Law is to find out, not what the law is, but why it is Complex as are the legal structures of the nation, the states and local municipalities. it is apparently the business of no one to seek to determine whether or not the law is achieving the purposes for which it was created. Legislators are busy in their enactment throughout the nation of thousands of statutes and regulations. Lawyers are engaged in seeking specific application of the law to the problems of their individual clients. Students are preoccupied with their attempts to learn the elementary principles of the law. Hence, there has been no determined effort to investigate and report upon the obvious defects in the workings of our laws. Many old rules have been preserved despite their inadequacy when they come in contact with modern con-Tremendous social, political and economic changes have been wrought by the years. The country, highly cosmopolitan in its nature, has often been forced to patch and piece with legal device to cover specific situations.

An accurate study of the law involves the investigation not only of legislative and judicial bodies, but of the vast number of administrative boards and commissions and councils of arbitration which have grown up in recent years. To survey the vast field of law in the United States, or even attempt to seek out scientifically the facts upon which an accurate statement of present conditions may be based, requires the undivided attention of able leaders, as well as a sufficient sum of money to carry on their work. Fortunately for this investigation, Johns Hopkins has assembled a distinguished group of men fully qualified for their task, and thanks to its generous donors, it has also a fund to carry out the objective of this movement.

As a first step in the solution of the problems under advisement, there was sent to every member of the Bar of the City of New York a questionnaire accompanied by a letter which states, among other things, the following:

"The Johns Hopkins University is inviting the lawyers of New York, beginning with those in New York City, to participate in this undertaking by supplying basic data in the form of information as to one or more pieces of litigation each has handled. The accompanying schedule of questions is being sent to all members of the Bar with a request for answers from those who are handling or are in touch with litigation and for the information of those who are not.

"New York has been chosen as the first state to be studied because the procedural systems of many states were modeled on that of New York and because more legal business is handled by its courts than by those of any other state.

"An accurate knowledge of how the machinery is working at every stage of a proceeding is essential and this can be obtained only by ascertaining what occurs in a great many actual cases. The real purposes for which our procedural rules are used and the practical effects of their use are vital matters not to be found in court records. These records are not to be neglected, but, in order to make the study thorough-going and practical, the data in public records must be supplemented by information which can be obtained only from the lawyers themselves. For that reason, full information as to actual cases is being sought from lawyers. It will be observed that the name of the case to be selected by each of them is not asked for in the enclosed questions. In consequence, it has been necessary to ask for certain items of information, which would be obtainable from court records if the names of the cases were known.'

Some idea of the nature of the information sought to be elicited by the Institute may be shown from a few of the inquiries set forth in the questionnaire:

Were you attorney for the plaintiff or the defendant?

A statement of the facts of the case is requested.

What caused the dispute involved in this litigation to arise?

Conciliatory efforts to effect a settlement and to avoid or terminate litigation.

A history of the pleadings is then requested, followed by a history of the trial, including a question as to what expert testimony was used, and what was its practical value.

A description is asked of any steps taken by either side to get the hearing on any motion or the trial before a particular judge.

If there were an appeal from the judgment, a detailed list of questions is to be answered.

What valuable business relationships of the parties if any, were destroyed (a) by the controversy and (b) by the litigation?

State the steps taken to collect the judgment

or to secure other relief granted.

The outcome of the case.

What was the last step in finally disposing of this case and when was it taken?

What was your client's total outlay in connection with this litigation?

These questionnaires were sent out on March 1st, 1930, and it is interesting to note that Professor Herman Oliphant in a letter to the New York Law Journal under date of May 26th, 1930 says:

"On March 1, 1930, these questions were sent to all lawyers in New York City. They were accompanied by a letter signed by leading lawyers and judges requesting cooperation. It has been very encouraging to note the interest with which the Bar has received these questions. Lawyers have heard on innumerable occasions that law reform is their personal problem, and that they have a professional duty to assist in the improvement of legal methods. They seem to realize that here is a real opportunity of translating these words into action.

"Sometimes the busy lawyer at first hesitates before answering these questions. He feels that the court records should be examined instead of encroaching upon his valuable time. But he does not have this feeling when he comes to realize that the court records give but a meagre outline of actual conditions and that he is being called upon to contribute the story of only one or two cases. He may feel that the things asked for are matters between him and his client. But he soon sees that the inquiry relating to a closed transaction does not ask for the name of the case, and that even his own name will be kept in the confidential files of the university."

The legal survey thus contemplated by the Institute will be done in a painstaking manner, to the end that the conclusions reached will be based on as complete an investigation as it is possible to make. The committee that has undertaken this work will merit the everlasting gratitude of every citizen of this country, if it can assist in eradicating the numerous defects in the administration of justice. Not only the legal profession, but every citizen who has the welfare of his country at heart, eagerly awaits the findings and proposed reforms of this committee upon the conclusion of the survey which this Institute has now under way.



# HOUSE OF DELEGATES



## MINUTES OF ANNUAL MEETING

The Annual Meeting of the House of Delegates of the Medical Society of the State of New York was held at the Hotel Seneca, Rochester, on Monday afternoon, June 2nd, 1930. Speaker, Dr. John A. Card; Secretary, Dr. Daniel S. Dougherty.

#### 1. COMMITTEE ON CREDENTIALS

The Speaker: The first order of business is the report of the Committee on Credentials; Dr. Dougherty.

The Secretary: Mr. Speaker and Gentlemen, the Committee on Credentials has the pleasure of reporting that there is no duty for it to perform, as there are no disputed delegations.

The Speaker announced that the Secretary would call the roll by Counties for the purpose of determining the presence of recognized delegates.

The Secretary then called the roll by Counties. (For roll call by members, see Section 94.)

The Speaker: There being a quorum present, we will proceed to the regular order of business. The next item of business will be the reading of the minutes of the previous meeting.

#### 2. Approval of Minutes

The Secretary: I move that they be adopted as published in the New York State Journal of Medicine of July 1, 1929, page 824.

Motion seconded, and carried,

#### 3. Reference Committees

The Speaker: I will now ask the Secretary if he will read the list of Reference Committees, to act at this session of the House of Delegates.

The Secretary read the following reference committees: (See also Journal May 15, page 603).

Reference Committee on the Report of the President: Charles H. Goodrich, Kings, Chairman; Henry J. Noerling, Columbia; John J. Beard, Schoharie; Luzerne Coville, Tompkins; Joseph P. Henry, Monroe.

ville, Tompkins; Joseph P. Henry, Monroe.
Reference Committee on the Reports of the Secretary, the Council, Councillors and the Board of Censors: Edward C. Podvin, Bronx, Chairman; Luther C. Payne, Sullivan; Edwin A. Griffin, Kings; Horace M. Hicks, Montgomery; Samuel J. Kopetzky, New York.
Reference Committee on the Reports of the Treasurer and Trustees: Charles C. Trembley, Franklin, Chairman; W. Grant Cooper, St. Lawrence; Cornelius J. Egan, Bronx; Wendell C. Phillips, New York.
Reference Committee on the Report of the Committee on Legislation: Walter T. Dannreuther, New York, Chairman; Joseph B. Hulett, Orange; John J. Rainey, Rensselaer; Jacob A. Keller, Bronx; Frederic E. Elliott, Kings.

Reference Committee on the Report of the Committee on Scientific Work and the Committee on Arrangements: Frederick J. Schnell, Niagara, Chairman; Lyman C. Lewis, Allegany; Milton G. Potter, Erie; Norman L.

Hawkins, Jesterson: John Bauer, Kings. Reference Committee on the Report of the Committee on Public Health and Medical Education: Reeve B. Howland, Chemung, Chairman; Clarence V. Costello, Mon-roe; Claude C. Lytle, Ontario; George S. Towne, Saratoga; Thomas C. Chalmers, Queens,

Reference Committee on the Reports of the Committee on Medical Economics and the Committee on the Pol-lution of the New York State Waterways: Witt Stet-ten, New York County, Chairman; Slaan, Sloan, Oneida; Aaron Sobel, Dutchess; Harrison Betts, West-chester; Alec N. Thomson, Kings.

Reference Committee on the Report of the Committee on Public Relations: George M. Fisher, Oneida, Chairman; Louis A. Friedman, Bronx; William P. Howard, Albany; Walter D. Ludlum, Kings; Charles R. Barber,

Reference Committee on the Report of the Legal Counsel: C. Knight Deyo, Dutchess-Putnam, Chairman; Edward M. Colie, New York; Floyd S. Winslow, Monroe; Joseph L. Golly, Oncida; George E. Welker, Yates.

Reference Committee on the Reports of the Committee Neterence Committee on the Reports of the Committee on Medical Research and the Committee on Periodic Health Examinations: Thomas P. Farmer, Onondaga, Chairman; Brayton E. Kinne, Albany; Charles D. Ver Nooy, Cortland; Sylvester C. Clemons, Fulton; James W. Smith, New York.

Reference Committee on the Reports of the Committee Reference Committee on the Reports of the Committee on Nursing and the Committee on Physical Therapy: Edward R. Cunniffe, Bronx, Chairman; Frederick H. Flaherty, Onondaga; Herbert B. Smith, Steuben; John F. Black, Westchester; Peter J. Dulligan, Kings. Reference Committee on the Report of the Committee

to Form a Plan to Make Toxin Anti-Toxin Available to Every Child in the State: Nathan Ratnoff, New York County, Chairman; Charles T. Graham-Rogers, Kings; Ernest E. Smith, Queens; Charles E. Padelford, Orleans; Vincent S. Hayward, Bronx.

Reference Committee on Credentials: D. S. Dougherty, New York, Chairman; George W. Cottis, Chautauqua,

Peter Irving, New York.
Reference Committee on New Business-A: William Krieger, Dutchess-Putnam, Chairman; Albert G. Swift, Onondaga; George A. Leitner, Rockland; Lucius H. Smith, Wayne; C. Ward Crampton, New York.

Reference Committee on New Business-B; George W. Kosmak, New York, Chairman; Leon M. Kysor, Steuben, Louis A. VanKleek, Nassau; Luther F. Warren, Kings; Frank M. Dyer, Broome.

Reference Committee on New Business-C: Terry M. Townsend, New York, Chairman; John E. Jennings, Kings; Ralph T. Todd, Westchester; William J. Lavelle, Queens; Adelbert B. Allen, New York.

# 4. Address of the President

The next order of business is the address of the Presi-

The Secretary: Owing to the fact that this has appeared in print in the New York State Journal of Medicine, of May 1, 1930, page 495, I would ask the privilege of making the motion that it be referred, without reading to the proper committee for report later.

The Speaker: It is so ordered, without a vote.

#### 5. Annual Reports

The Secretary: Moved, that as all the reports have been printed in the May first issue of the Journal and distributed to the delegates, that they be referred to the respective reference committees as printed.

Motion seconded, carried and so ordered.

The Secretary: Certification of Specialists I would like to supplement the report of the Executive Committee by saying that at the last meeting, which was pleid after the report was printed, the recommendation the obtaining of Delegates, passed last year, regarding the obtaining of a law or a ruling of the Regents, certifying specialists, was referred to a special committee consisting of Drick, who will report to the Executive Committee at its next session. (See Section 53).

The Speaker: It is so ordered. I will now ask the various reference committees if they will proceed to their several duties.

Dr. Farmer: Mr. Speaker, as Chairman of the Committee on Public Health and Medical Education, I would like to submit a supplementary report.

## 6. Unfinished Business

The Speaker: That will be referred to the appropriate committee. Now, is there any unfinished business arising from the minutes of the last session, Mr. Secretary, have you anything on your desk?

The Secretary: No, sir.
The Speaker: There being none, we will proceed to

the matter of new business.

Dr. Bonnar stated that there were certain resolutions which had been passed by the Erie County Medical Society on the 19th of May, which he desired to read and have action taken.

# 7. Economics and (8) Officers Opposing Official Action

Dr. Kasmierczak, of Eric County: Read the following resolutions:

1. RESOLVED. That the New York State Journal of Medicine devote more space to economic matters in preference to scientific articles.

2. Resolved, That the Medical Society of the State of New York, through its Secretary, obtain an annual report, if possible, of the medical beneficiaries under the

compensation law.

3. Resolved, That any officer or member of a committee of the Medical Society of the State of New York, or any officer or member of a committee of a County Medical Society shall first resign his official position before opposing any resolution or measure which the State Society or his County Medical Society has adopted. (See Section 60.)

4. Resolved, That the activities of members of the Committee on Medical Economics of the Medical Society of the State of New York, as shown by opposition to the bill for free choice of physician in compensation cases and in other matters affecting the economic side of medical practice calls for an entire new personnel and shall not be chosen from physicians who are connected with industrial plants. (See Section 61.)

The Speakers This will be referred to Reference

Committee on New Business A.

9. Prescriptions for Alcohol and Narcotics

The Secretary presented the following resolutions from Dr. Van Etten of Bronx County.

WHEREAS, The confessions of the penitent to his priest, the communications of the client to his counsel, and the confidences of the patient to his physician, have been held inviolate from remote ages and have been jealously guarded by the courts, and

WHEREAS, The regulations of the Volstead Act for the enforcement of the 18th Amendment and the provisions of the Harrison Act require physicians to state the diagnosis of the disease or ailment of the patient on the stub of every prescription they write for alcohol and on every prescription they write for narcotics, and

WHEREAS, The stubs of all prescriptions for alcohol must be surrendered to Prohibition Commissioners for inspection by them and their clerks and all prescriptions for narcotics are open to inspection by Federal Agents,

now, therefore,

BE IT RESOLVED, That the Medical Society of the State of New York hereby voices its protest against those portions of the prohibition and narcotic laws which deprive the citizen of his age-old right to privacy regarding his diseases and ailments, which compel the physician to betray the confidential communications of his patient, to violate the ethics of the medical profession and to violate the law of the State of New York, and

BE IT FURTHER RESOLVED, That the Delegates of the Medical Society of the State of New York to the American Medical Association be, and hereby are, instructed to present the above Resolution to the House of Delegates of the American Medical Association for action at its next meeting in Detroit.

The Speaker: Referred to Reference Committee on New Business B. (See also Section 66. For action, see Section 76.)

10. STERILIZATION OF THE UNFIT

The Secretary read the following resolution from the Seneca County Medical Society:

WHEREAS, The number of idiots, feeble-minded and insane individuals are assuming each year an increasing proportion, and

WHEREAS, Such individuals are themselves non-producing and a charge upon the State for their support, and

WHEREAS, Such conditions are becoming almost intolerable in regard to social, financial and hygienic aspects, it is hereby

RESOLVED, That the Medical Society of the State of New York, acting in the interest of humanity and for the prevention of further increase in the birth and propagation of mental defectives, does hereby place itself on record as favoring the sterilization of lunatics, idiots, the feeble-minded and epileptics. Such sterilization to be performed in suitable cases, subject to proper medical and legal supervision. And be it

FURTHER RESOLVED, That a committee of the Medical Society of the State of New York be instructed to draft a bill, embodying the above resolutions, for presentation to the Legislature of the State of New York at its next session.

The Speaker: Referred to Reference Committee on New Business, C. (For action, see Section 67.)

## 11. QUALIFICATIONS FOR PUBLIC HEALTH POSITIONS

Dr. Browder of Kings presented the following resolution:

WHEREAS, in the early days of health work, health officers were practicing physicians, or sometimes laymen,

Whereas, today special training leading to degrees in

public health is available; now, therefore, be it RESOLVED, That the Medical Society of the State of New York, through its State and County Committees on Public Health and Public Relations, advise the public of the need of special training and aptitude for public health

work, and be it further RESOLVED, That these committees inform appointing individuals and boards that specially qualified personnel should be appointed to positions involving responsibility for community health; be it further

RESOLVED, That nothing in this resolution is intended

to displace or disparage present officers who, through long experience, have acquired much of the information which is now being given by formal instruction, but that the only intent of the resolution is to provide for filling vacancies and newly created positions in health work.

The Speaker: Referred to Reference Committee on

New Business B. (For action, see Section 74.)

# CHOICE OF PHYSICIAN

Dr. Sadlier introduced the following resolution:

WHEREAS, the House of Delegates, at its last meeting, approved of an addition to the Workmen's Compensation Law authorizing the injured workman to select his own physician or surgeon, and

WHEREAS, such an amendment was proposed to the last

legislature and frowned upon by it, and

WHEREAS, at the hearing given this amendment representatives of labor and the workman made no effort to support the bill, and

Whereas, there is nothing in the law at present which

prevents the injured workman from selecting his own physician, and

WHERFAS, a survey made by the Department of Labor of the treatment stations in New York City revealed that many are unsanitary and madequately equipped, and

WHEREAS, no evidence has been brought forth to prove that the injured working man is not properly and promptly cared for under present conditions

BE IT RESOLVED, that the House of Delegates recon-

sider the action taken a year ago

The Speaker That will be referred to Reference Committee on New Business A

#### 13 GOVERNOR'S SPECIAL COMMISSION TO REVISE LAWS

Dr Sadher I have one other resolution, Mr Speaker WHEREAS the medical profession has cooperated in the development of the public health program adopted by the state in recent years, and

WHEREAS, the profession is satisfied that the public has profited greatly by its efficient administration, and WHEREAS, it believes there is need for re statement of

the program with suggestions for its revision in accordance with the advancement of scientific knowledge and

the prevailing social and economic conditions, therefore Be It Resouven, that the Medical Society hereby expresses its approval of the action of the Governor of the State in Creating the Special Health Commission to study and report to him upon the working of the Public Health Law, and offers him such assistance as it may have opportunity to render, and

BE IT FURTHER RESOLVED, that the Society realizes the social trend of today in which the State is assuming greater responsibility for the provision of adequate medical care for the indigent and wishes to assure the Governor that it will maintain its traditional spirit of cooper ation in providing the public with the best medical ser

VICE, and
Br It Still Further Resolved that the Commission be requested in preparing such recommendation as it may choose to make as a result of the study, to respect the traditional strategic relationship that has always existed in well regulated instances between physician and patient, and not to permit the state in its impersonal way to supplant the family physician

The Speaker Referred to Reference Committee on New Business C (For action, see Section 70)

Dr Woodruff, of Eric Presented the following resolution

#### 14 TREE CHOICE OF PHYSICIAN

RESOLVED, That a special State Committee be appointed composed of members who have declared themselves in favor of free choice of physician in compensation cases with power to act in the several counties of the State for the purpose of unifying all interests in support of an amendment to the Workmen's Compensation Law which

amendment to the Workmen's Compensation Law whiten shall permit injured employees the privilege of selecting their physician if they so desire, and be it further Risolven that each County Medical Society in the State shall recommend a volunteer representative from its members to be appointed to said State Committee and such volunteer member shall become chairman of the county sub-committee should the County Medical Society see fit to increase the personnel of its sub committee. The Speaker Referred to Committee on New Busi-

#### 15 COMMERCIALIZATION OF MEDICAL PRACTICE

Dr Fisher, of Oneida Presented the following resolu-

WHEREAS the following card appeared in the last is sue of the New York State Medical Journal under the heading "Classified Advertisements' as follows

"Registered Optometrists or Physicians wanted to take charge of optical department in chain stores. Positions open in Binghamton, Schenectady and Utica. Exceptional

opportunities offered to men with New York registra tions Preferably men of middle age Address Optom etrist Box 1204 Providence R I"

THEREFORE Be it resolved that this House of Delegates of the Medical Society of the State of New York considers it a poor policy and establishing a bad precedent in publishing in the Journal any advertisement which will lower the dignity of the practice of medicine, and would suggest to the Advertising Manager and Editor that more care should be taken in admitting advertisements of this nature

AND BE IT FURTHER RESOLVED That this House of Delegates does not consider it good form for any member of the Medical Society of the State of New York to commercialize the practice of his profession by entering the employ of chain stores or department stores in profes sional mainer, and that by doing so he subjects himself to censure by his County Society or the State Society

The Speaker Referred to Reference Committee on New Business C (For action, see Section 71)

#### 16 Practice of Medicine by Corporations

Dr Messing, of New York presented the following

WHERLAS, There have recently sprung up a number of organized groups practicing medicine under an incorpor ate name be it resolved that the House of Delegates of the Medical Society of the State of New York bring a test case before the higher courts to test the legality of these corporations practicing medicine under the laws of

the State of New York

The Speaker Referred to Reference Committee on
New Business B (For action, see Section 77)

#### 17 PAY CLINICS

Dr Ferber, of New York Presented the following resolution

WHEREAS, in the City of New York certain pay clinics are operating under the provisions of the Dispensary Law,

WHEREAS these pay clinics are charging patients who come there for treatment an amount equal to that which would ordinarily be paid by the patient to a private physician and

WHEREAS the said paid clinics operating as aforesaid are endangering the economic life of the individual

Now, Be It RESOLVED, That the Medical Society of the County of New York desires to register its protest against pay clinics operating in the manner hereinbefore de scribed

The Speaker Referred to Reference Committee on New Business C (For action see Section 69)

The Speaker Are there any committees ready to re

#### REFERENCE COMMITTEE ON PUBLIC RELATIONS REPORT

Dr Fisher Your Reference Committee on the Report of the Committee on Public Relations (Journal, May 1, Page 516) respectfully reports as follows

Our report must necessarily be one of commendation The many and varied changes which have taken place during the past few years and probably will continue during the years to come, in relation to the physician and public organizations both state and privately controlled, proves the value and wisdom of having a Committee on Public Relations

We have arrived at a time when it is utterly impossible we nave arrived at a time when it is utterly impossible and not advisable for any individual physician to cope with these questions alone, even in our smaller communities or larger centers of population. These questions must be studied so collectively or in mass as is the tendency of the times in all great public or private interests. Well does your Committee 513, 'There was once a

time when every man was in control of his own relationship to others but in these days groups of people work together and individual relationship no longer can be

depended upon as a professional guide."

It should be a source of gratification to this House of Delegates to know practically all of the County Medical Societies have established a Public Relations Committee and we commend the efforts of your committee in holding meetings with the several County Committees at the annual District Branch meetings, thus keeping in close personal touch with all sections of the State.

The investigation suggested by the House of Delegates as to whether many hospitals prevent physicians and surgeons from collecting for services rendered industrial patients admitted to the wards has been thoroughly considered and should be endorsed by this House, and we would again suggest to the Committee they continue the work in New York City until changes are made which will give to every practitioner the opportunity to receive proper recompense for his labor.

# 19. RURAL HOSPITALS

Your committee has given the study of the rural hospitals and health centers due consideration and the rules and regulations which they have formulated are broad and liberal from the standpoint of both the physician and laity and should receive our most hearty support.

We are in full accord with the Council in endorsing the report of the Committee on Public Relations as expressing the sentiments of the Medical Society of the State of New York and delegate to the Committee the power to take such action as will be effective in putting the following recommendations in force:

"That all state aided county general hospitals shall have

an open staff.
"That hospital standards shall conform to the requirements of the American College of Surgeons and of those

of the American Medical Association.
"That the Board Managers shall consist of five members, at least three of whom shall be physicians in good standing and members of their county medical societies. They shall be selected by the county medical society in accordance with the law prescribing the method of nominating the physician members of a county board of health.

"That the Committee on Public Relations of the Medical Society of the State be given the power to carry on negotiations with the State Department of Health regarding the organization of State aided general hospitals and to report progress from time to time to the Executive Committee or to the Council or the House of Delegates."

We do not consider a further resolution by this House necessary as the Council is the representaive body of the

House of Delegates when not in session.

It is very satisfactory to note the cordial relationship which exists between the Public Relations Committee and the State Departments of Health, as well as all the lay organizations with whom they have been called upon to confer and we would suggest a continuation of the monthly letter to the President and Secretary of each County Medical Society and the Chairmen of all Public Health and Public Relations Committees.

We are of the unanimous opinion that the Medical Society of the State of New York is to be congratulated in having a committee composed of such energetic and painstaking personnel of physicians who are all busy men, sacrificing a great amount of their own valuable time to the mutual interest of the entire profession and

the public at large.

I move the adoption of the report. Motion seconded and carried.

20. CHARGES TO INDUSTRIAL PATIENTS IN FREE WARDS Dr. Fisher: Your Reference Committee on the Report of the Report of Committee on Public Relations has Where resolution to present: WHEREAS, The Municipal Charter of New York City

prevents attending physicians from making the charges for services rendered industrial patients while under treatment in the wards of general hospitals, thus rendering an injustice to the physician in charge,

THEREFORE, BE IT RESOLVED By this House of Delegates of the Medical Society of the State of New York that the Corporation Counsel of the City of New York be petitioned to aid in the revision of the Municipal Charter so as to allow suitable fees to be rendered by such attending physicians for medical and surgical services, and be it

FURTHER RESOLVED that the Public Relations Committee be instructed to present this Resolution to the Corporation Counsel, or other powers as they may deem best and to use all honorable means in securing the desired revision of the Municipal Charter.

The Speaker: Referred to Committee on New Business C. (For action see Section 68.)

# 21. CHOICE OF PHYSICIAN BY INJURED WORKMEN

Dr. Ferber, of New York: Presented the following resolution:

WHEREAS, under the terms and provisions of the Workmen's Compensation Law, the injured employee is deprived of a right to select his own physician, and

WHEREAS, this situation likewise obtains in cases coming within the jurisdiction of the State Insurance Fund, now be it

RESOLVED, That the New York County delegation request the Medical Society of the State of New York through its proper committee to confer with the Commissioner of Labor with a view to enlisting the support of the said Commissioner of Labor in cases coming un-der the jurisdiction of the State Insurance Fund, to permit the injured employee to select in the first instance a physician of his own choice,

The Speaker: Referred to Reference Committee on New Business A. (See Section 62.)

# 22. PAY OF PHYSICIANS IN PUBLIC EMPLOY

Dr. Messing, of New York: Presented the following resolution:

Whereas, employed physicians in the State of New York are paid on the average less than \$5.00 an hour,

Whereas, the services rendered by such physicians are reasonably worth a minimum of \$5.00 per hour. Now, be it.

RESOLVED, That the New York County Delegation expresses the conviction and opinion that employed physicians shall be paid a minimum fee of \$5.00 per hour.

The Speaker: Referred to Reference Committee on New Business B. (For action see Section 75.)

# 23. President's Address-Woman's Auxiliary

Dr. Goodrich: Your Reference Committee on the President's Address, begs leave to report in part as follows:

1. "Women's Auxiliary. We recommend that a special committee be appointed to consider the question and advisability of a Women's Auxiliary from every standpoint, said committee to report to the Executive Committee."

I move the adoption of this recommendation. Seconded and carried.

# 24. CANCER PREVENTION

2. "Cancer Prevention. We recommend that a special committee be appointed to provide lectures for the public, presenting these lectures wherever possible in co-operation with cancer prevention groups already organ-ized. Wherever these lectures are given it should be stated that they are given under the auspices of the State Medical Society. We also recommend that this committee be constituted as a sub-committee of the Committee on Public Health."

I move the adoption of this recommendation. Seconded and carried.

#### 25. Executive Committee Meetings Program

3, "Advance program of Executive Committee Meet-

ings." We recommend that this recommendation be adopted.

Motion seconded.

Dr. Kevin, of Kings: Moved to amend by inserting the words "so far as practicable," which amendment was accepted by the Committee.

The motion was made for adoption of the resolution as amended, was seconded and carried.

#### 26. HISTORICAL RECORDS

4. "Historical Records. We recommend the adoption of this recommendation.

This has to do with the collection and preservation of museum records, and specimens.

Motion seconded.

The Speaker: Dr. Goodrich, will you please read the paragraph on the President's Report, relating to this matter?

Dr. Goodrich: "There is again brought to the fore the proposition of a new State Museum building in Albany, wherein might be housed a wonderful collection of various articles portraying the history of medicine in this

State and perhaps in this country.
"The Director of the Museum is anxious to assemble such a collection and I would offer the suggestion that a special committee might be appointed whose duty it would be to obtain old instruments, books and implements, etc., during the coming summer and arrange with the director for such to be put on display as a 'Collection loaned by the Medical Society of the State of New York,'

and by individual members.
"Many of our County Societies have old records, which are now subject to fire hazards. These should be housed perhaps in a central fireproof vault. Or at least copies of them should be made and sent to our Secretary's office for future preservation."

Dr. Phillips, of New York, spoke on the possible cost

of this undertaking, and suggested that an appropriation would have to be made therefor.

A vote was taken and the motion was carried.

#### 27. STATUS OF VICE-PRESIDENT

5. "The Vice-President and Executive Committee, We recommend the adoption of this recommendation. This refers to the attendance of the ranking Vice-

President at Executive Committee Meetings.

It involves a small change in our by-laws.

The Secretary called attention to the fact that a resolution of the House of Delegates usually takes the place of an amendment to the by-laws, and stated that most of, the work of the House of Delegates should be done in the form of resolutions, which makes them flexible.

Motion seconded and carried.

#### 28. Bond of Those Appealing to Censors

6. "Censors. We recommend the adoption of this section, the size of the bond to be suggested by the Counsel." (Journal, May 1, Page 497.)

I move the adoption of this recommendation,

On motion duly seconded and carried the recommendation of this committee was referred back to the committee, for further consideration.

#### 29. PRELIMINARY REPORT OF PROCEEDINGS OF THE House of Delegates

7. "Reports of Proceedings of the House of Delegates. We recommend the adoption of this recommendation." The Speaker: Will you please state what that recommendation is?

Dr. Goodrich: The recommendation is that the Speaker give a brief resumé of the proceedings of the House of Delegates to be given to the members of the House at the end of the meeting.

The Speaker: Will the Vice-Speaker please take the chair?

The Vice-Speaker then took the chair.

The Speaker: How is it possible to give so soon after adjournment a resume of what has taken place in the House of Delegates? It is impossible and unnecessary, for the minutes are fully recorded and published in the JOURNAL within a month after the meeting. I recommend that the resolution be defeated.

Dr. Phillips, of New York: I move that this portion of the report of the Reference Committee be tabled.

Motion was seconded and carried-65 to 17.

#### 30. REIMBURSEMENT FOR EXPENSES

Dr. Goodrich: 8. The expenses of officers and com-The committee favors the recommendation for reimbursement of hotel and necessary incidental expenses for members traveling on society business, and urges the adoption of the President's recommendation.

I move the adoption of this recommendation; motion

seconded.

Dr. Rooney, of Albany: Who is to say what is necessary and unnecessary expense? I would not object to this recommendation if a limit were set to the total expenses in a year. This is necessary, as the income of the society is limited. I move that this section be referred back to the committee for further consideration,

Dr. Goodrich: I recommend that the matter be referred to the Board of Trustees.

The Secretary: A point of order; this cannot be re-ferred to the Board of Trustees, The Executive Committee is the proper referee. I am in accord with Dr. Rooney in recommending that the matter be referred back to the Reference Committee.

Dr. Rooney, of Albany: I agree with the Secretary. Dr. Goodrich: I would like to ask for information in regard to the functions of the Board of Trustees and the

Executive Committee.

The Speaker: The Executive Committee and not the Board of Trustees is the proper referee in this matter. Dr. Coville, of Tompkins: Moved that the words "Executive Committee" be substituted for the words "Board of Trustees."

Dr. Goodrich: I would like to call attention to Chapter VI, Section 2, of the By-Laws.

The Speaker: The resolution is to the effect that the

Trustees approve the expenses.

The Secretary: I would like the Counsel's opinion on

The Counsel: There is no provision in the By-Laws by which the Board of Trustees can pass upon the resolution in question. I therefore sustain the resolution of the Chair.

Dr. Ludlum, of Kings: I move that this portion of the report be referred back to the Reference Committee. Motion seconded and carried. (See Section 49.)

#### 31. FORMAL ANNUAL MEETING

9. "Formal Annual Meeting. We recommend that the House of Delegates resolve to hold the annual meeting in 1931 at noon or some other designated daylight hour, in accordance with the recommendation of the President.

Your committee feels that it is wise, perhaps, to undertake this for one year, and see if the result is all that the President hopes for,

I move the adoption of this recommendation. Motion seconded. Voted upon and Lost.

4.

#### 32. Annual Banquet

10. "The Annual Banquet. We recommend the adoption of this section of the President's recommendation." Gentlemen, you probably all heard this, and all read this section, and you will note that in the third paragraph it says, "I would therefore suggest that the House of Delegates recommend to the Board of Trustees that a sufficient sum be appropriated in the next budget, perhaps \$2,000.00 or so much as is necessary to provide a social evening, including a banquet of a simple nature, perhaps, as a trial for our next annual session.

I recommend the adoption of this recommendation. Motion seconded. The motion to adopt this resolution

was defeated.

## 33. Conferences of Secretaries and Legislative CHAIRMEN

11. "Secretaries and Legislative Chairmen's Meetings. We recommend its adoption." Motion seconded and carried. (See Sections 41 and 47.)

## 34. Tri-State Conference

12. "Tri-State Conference. We recommend that the Conference be continued and that a sum of \$150.00 be approved for the coming year."

I move the adoption of this recommendation. Motion

seconded.

The Secretary moved as an amendment, that it be referred to the Executive Committee for the amount of the appropriation.

Amendment seconded.

The motion as amended, that the meetings be continued and the appropriation be referred to the Executive Committee, was placed before the House. (See Section 48.)

Seconded and carried.

## 35. DISTRICT BRANCH GOVERNMENT

13. "Special Committee on District Branch Work. We recommend its adoption." (Journal, May 1, page 498.)

Motion seconded.

The Secretary then spoke on this motion explaining and expounding the work of the District Branches and the District Branch Meetings. He urged against expenditure for District Branches, since he did not con-

sider it would be beneficial.

The Speaker explained that the motion was for the appointment of a Special Committee to study the District Branch Government, and report to the next meet-

ing of the House of Delegates.

The vote was taken and the motion was lost. (Journal, May 1, page 499.)

## 36. Councillors' Monthly Meeting

14. "Councillors and Executive Committee Meetings. We do not favor the adoption of this recommendation because of its impracticability and its extravagance in member's time and Society money.

We move that the recommendation be not adopted.

Seconded and carried.

## 37. Annual Address of President Elect to House of Delegates

15. "The Address of the President-Elect. We recommend the adoption of this section and add a recommendation that this address be given at the annual meeting in 1931."

The Speaker: Before we proceed with the recommendation I will ask if the President-Elect has anything

he wishes to say on this question.

The President-Elect: I believe that the recommendation made is a good one. If the President-Elect has done any work at all, and has come in contact with a sufficient number of the medical men, and with their organizations, if he has found out something of what is being and has been done in medicine, it is my opinion that he ought to have a definite opportunity to tell it.

Motion was seconded and unanimously carried.

Dr. Goodrich: That's all we have prepared so far. The Speaker: Are there any other committees ready to report?

# 38. Physicians' Cards in Daily Newspapers

Dr. Landsman of Bronx County presented the following resolutions:

(1) WHEREAS, The Bronx County Medical Society feels that publications in the foreign press of the city of New York of medical notices of individual physicians is contrary to the true spirit of medical ethics, and

(2) Whereas such publication has heretofore been condoned by the Medical Society of the State of New

York, therefore, be it

(3) RESOLVED, that the Medical Society of the State of New York express its disapproval of such publications and consider it contrary to the practices and principles of ethics of the medical profession.

The Speaker: Referred to Committee on New Busi-

ness C. (For action see Section 72.)

## 39. New York Academy of Medicine's Report on UNETHICAL PRACTICES

Dr. Landsman of Bronx County presented the following resolution.

Whereas, it has come to the attention of the Bronx County Medical Society that the New York Academy of Medicine has caused to be published in the lay press of the City of New York articles which were false; and

WHEREAS, these published articles convey to the public the impression that the medical profession as a whole were overcharging the public for medical service

and indulging in unethical practices; and

WHEREAS, these said published articles with their coincident state-wide distribution have given to the public the impression that the medical profession was foisting on the public physicians not truly qualified as specialists in their varied fields; and

Whereas, such publication methods tend to bring the body of the medical profession of the entire state of New York into disrepute.

THEREFORE, BE IT RESOLVED, that the Medical Society of the State of New York express to the New York Academy of Medicine its disapproval of such publicity methods.

The Speaker: That will be referred to Reference

Committee on New Business C.

# 40. Support of Public Health Measures

Dr. Thomson of Kings: There is circulating in Kings County a petition which is obtaining a considerable number of signatures, a copy of which I have in my hand, and which prompts the following resolution:

WHEREAS, Governmental officials and legislative bodies concerned with the protection of the public health are often petitioned to abolish existing health and welfare

protective measures, and

WHEREAS, the medical profession is frequently represented as being opposed to these destructive procedures from ulterior motives; Therefore, be it

RESOLVED: That the Medical Society of the State of New York, through its appropriate State and County Committees concerned with public health, public relations and legislative matters, use all legitimate efforts to arouse the interest of official and unofficial agencies concerned with the maintenance of health, to the end that they will obtain, by petition or otherwise, adequate appropriate support by the general public to counteract petitions now known to be in circulation for the purpose of creating sentiment favoring the repeal of such constructive health measures as vaccination against small pox, immunization against diphtheria, and the like.

The Speaker: Referred to Committee on New Busi-

ness A. (Report in Section 63.)

#### 41. REFERENCE REPORT ON COMMITTEE ON LEGISLATION

Dr. Dannreuther: Your Reference Committee on the Report of the Committee on Legislation have noted with interest and approval the activities of the Legislative Committee and the cooperative work of the Executive Officer.

We congratulate the Legislative Committee on its success in promoting the election of Dr. Grant C. Madill as a member of the State Board of Regents.

It is evident that the chiropractors almost succeeded in securing the necessary legislative support to insure the enactment of their bill this year and that it is essential that the medical profession solicit the active coop-eration of influential laymen in its future opposition to similar bills.

We suggest that the members of the Legislative Committee and the Executive Officer confer with the Commissioner of Labor early in 1931, so that the Medical Advisory Council bill may be certain of the necessary

support after its introduction.

We endorse the Legislative Committee's suggestion that the individual County Society Legislative Committees endeavor to interest powerful labor organizations in vigorously advocating the passage of the bill to allow the injured workman free choice of physician.

Your Reference Committee desires to stress the importance of action on the part of all the County Society

Legislative Committees.

After careful consideration of the formal suggestions made by the Legislative Committee to the House of Delegates, your Reference Committee submits the following comments and recommendations:

1. The State Society has previously ruled that no new medical legislation shall be initiated or introduced except through the Committee on Legislation and with the approval of the Executive Committee.

2. We recommend that the Chairman of the State

Legislative Committee be authorized to call a yearly meeting of the Chairmen of the County Legislative Committees and that this recommendation be referred to the Executive Committee for action. (See Section 33.)

We recommend that the Chairman of the Legislative Committee be empowered to enlist the aid and cooperation of educational institutions, organizations and interested welfare groups in our opposition to new cults and quack organizations.

I move the adoption of the report. Motion seconded and carried.

#### 42. PRIZE ESSAYS

The Secretary presented the following report from the Committee on Prize Essays: Gentlemen:

The Committee on Prize Essays begs to report that one essay was submitted for the Lucien Howe Prize, which after careful consideration by the Committee was not deemed worthy of the prize,

THOMAS H. CURTIN, Chairman,

I move the adoption of the report,

Motion seconded and carried,

The Speaker: Are there any other committees ready to report?

#### 43. SECRETARY'S REPORT

Dr. Kopeteky: Your Reference Committee on the Reports of the Secretary, Council, Councillors and the Board of Censors, has the honor in commenting upon the Secretary's Report to second his suggestion and express its appreciation of the efficient and willing work of the staff in the Secretary's Office.

#### 44. Appreciation of Legal Counsel

2. "The Committee expresses its deep regret at the

loss to the Society of the services of Mr. Lloyd Stryker and at this time suggests that the House of Delegates send him a vote of appreciation for all he has done for this Society and its members during his term of duty with it as its Legal Counsel."

I move the adoption of these recommendations.

Motion seconded, and carried, unanimously."
3. "It welcomes Mr. Brosnan and wishes him every success in his new affiliation with the Society."

#### 45. MEETING ROOMS AT HEADQUARTERS

"The Secretary's comment that the lack of room at the headquarters of the Society necessitated the absence of the clerks and stenographers, so that the Council and its committees might meet, has engaged our attention, and this Committee recommends that through the proper authorities a room be hired for its meetings, the expenses sent through proper channels and incorporated in the budget, so that the routine work of the Society be not handicapped and the Council have adequate facilities for its meetings.'

I move that the recommendation be adopted.

Motion seconded and carried.

#### 46. Appreciation of District Branch Officers

"The committee approves the work and commends the activities of the officers of the eight district branches. I move that the recommendation be adopted. Motion seconded and carried.

#### 47. Conference of County Secretaries

6. "Your committee feels that the conference of the Secretaries of the County Societies is of great moment and should be continued." I move the adoption of the recommendation, Motion seconded and carried. (See Section 33.)

#### 48. TRI-STATE CONFERENCE

7. "Your committee feels that the Tri-State Conference has possibilities of development, but feels that the Medical Society of the State of New York should have an authorized delegation to this Conference, and recommends that the delegates shall be the President of the Society and two others whom he shall designate. (See Journal, May 1, page 502.)

I move that the recommendation be adopted.

Motion seconded.

Dr. Rooney of Albany moved to amend by inserting a clause that in the event of the inability of the President to serve, that the First Vice-President act in his place.

Dr. Kopetaky: With the permission of the rest of the

Committee, I will accept that amendment.

The Speaker: The original motion as amended was put to a vote, duly seconded and carried. (See Section 34.)

#### 49. REIMBURSEMENTS FOR EXPENSES

"The question of the expenses of the Presidents of the District Branches is before us, and we feel that the duties required of such Presidents entail traveling and other expenses, which are truly the business of this Society, and we recommend that the proper body authorize the payment of these expenses of the Presidents of the District Branches in their official visits to the County Societies."

I move the adoption of this recommendation. Motion seconded and carried. (See Sections 30, 49

and 85,)

#### 50. REFERENCE COMMITTEES, APPOINTMENT AND MEETING

"This committee recommends, in order to facilitate the work of the House of Delegates, in line with surgestions in the Secretary's report of this year and last year, a change in our proceedings, namely, that the

Speaker, as is his custom, notify the members of the various Reference Committees of their appointments to such committees, and that all the Reference Committees shall meet on the morning of the day of the opening session of the House of Delegates, act on the reports of the officers and committees having to do with matters belonging to their committee which have been printed and are in the hands of the delegates some weeks prior to the meeting. These Reference Committees will then be ready to report on their work at the opening of the House of Delegates at its session in the afternoon. Extra and newer business can be taken care of by the Committees during the session of the House of Delegates.'

I move the adoption of this recommendation. Motion seconded and carried.

# 51. SARATOGA SPRINGS HEALTH RESORT

10. "Your committee heartily commends the development of the Saratoga Health Resort by the Governor's Special Committee.

## 52. Welfare Act of 1929, and Indigent Patients

11. "In reference to the resolutions presented by the Eighth District Branch (Journal, May 1, page 536), whose purport is that in the enforcement of the Poor Law (Public Welfare Act), passed April 12, 1929, medical aid shall be given to indigent families, your committee heartily recommends the resolution that the family physician be paid by the county for his services to the indigent patient.'

I move the adoption of this resolution. Motion seconded and carried.

## 53. Certification of Specialists

12. "Your committee has taken under consideration the supplementary report of the Executive Committee on the certification of specialists by the Regents of the State of New York (Section 5). Your committee feels that the idea of qualifying specialists to the public is a wise and proper procedure. Your committee knows that in some specialties there are already existing boards representing national societies of specialists. Your committee would rather move cautiously in recommending that the Regents be asked to take any steps in this matter until it has been more fully studied and its effects on the Medical Practice Act of the State better understood. We should be the last to do anything which might open the door to an amendment to the Medical Practice Act which we fought so long to secure. Your committee therefore recommends that this matter be referred to a committee for further study, for cooperation with existing agencies having similar purposes, and that before the society commits itself, the report of this committee shall come before this House of Delegates."

I move the recommendation be adopted.

Motion seconded and carried.

I now move the adoption of the report as a whole. Motion seconded and carried.

# 54. Reference Committees and Annual Reports

Dr. Ludlum, of Kings, presented the following amendments to the By-Laws:

Amend Chapter X to read as follows:

CHAPTER X. Section 10, At least one month before the meeting of the House of Delegates the Speaker shall appoint such Reference Committees as he shall deem expedient for the purposes of the meeting. Immediately after the organization of the House of Delegates he shall formally announce the appointments to the committees. Only members of the House of Delegates are eligible for appointment on the Reference Committees. Such committees shall consist of five members, three members constituting a quorum, and shall serve during the meeting at which they are appointed.

Section 11. Reports of Officers and Standing Committees shall be printed at least one month before the meeting of the House of Delegates and sent to the members of the Reference Committee appointed according to Section 10 for their preliminary consideration. All recommendations, resolutions, measures and propositions presented to the House of Delegates and which have been duly seconded shall be referred immediately to the appropriate reference committee.

Section 12. Each reference committee shall, as soon as possible, take up and consider such business as may have been referred to it and shall report when called

upon to do so.

The Speaker: This will lie over until the next session of the House of Delegates.

# 55. By-Laws-Amendment Regarding Trustees

Dr. Ludlum: I have another amendment to the By-Laws, which is simply a verbal correction, and not a change in the substance.

"In Article V of the Constitution the officers of the society are said to include 'five trustees.' Therefore Chapter 11 of the By-Laws should not say that: 'The House of Delegates shall be composed of - officers of the Society'-and 'Trustees.'

Therefore we offer as an amendment that, in Chapter 11 of the By-Laws this be omitted: "; (d) Trustee" and for the letter "(e)" be substituted "(d)."

Also in Chapter 111, Section 1, twice, and in Section 2 once that, "Trustee" be omitted as unnecessary."

The Speaker: That will lie over until the next session of the House of Delegates.

# 56. COMMITTEE ON DIPHTHERIA PREVENTION

Dr. E. E. Smith, of Queens: I wish to read the following report for Dr. Ratnoff, Chairman of the Special Reference Committee on the "Report of the Committee to form a plan to make toxin antitoxin available to every child in the State." (Journal, June 1, page 665.)

"That this House of Delegates" request the cooperation of the Departments of Health and Education and of Health and Education officials of every county, city, town, village or district of the State in a continuous campaign of education to reach those responsible for the pre-school as well as the child of school age."

I move the adoption of this recommendation.

Motion seconded and carried.

2. "That the filing of every birth certificate should be answered by a letter to the parents-which should advise them to take their babies to their family physician for instruction in disease prevention-for vaccination against smallpox and for immunization against diphtheria.

I move the adoption of this recommendation.

Motion seconded and carried.

3. "Your Reference Committee further recommends as a part of the campaign of education that physicians throughout the State be supplied with warning slips to be sent to all the families in their respective practices, which slips shall bear the endorsement of approval of the local Board of Health and the local County Medical Society and which slips shall urge the administration by the family physician of toxin antitoxin to all children up to ten years of age.'

I move the adoption of this recommendation.

Motion seconded and carried.

"Your Reference Committee commends the report of the committee and recommends its adoption as a whole." Motion seconded and carried.

# 57. TREASURER'S AND TRUSTEES' REPORTS

Dr. Trembley, of Franklin: The report of the Treasurer has been reviewed by your Reference Committee, who desire to commend the Treasurer upon his excellent and concise report and to suggest that it be accepted and approved by the House of Delegates.

In reviewing the report of the Trustees, your Reference

Committee wishes to commend them for their watchful economy where expenditures were not justifiable, and their wise additional appropriations where the work of the committees would have been handicapped by the amount assigned in the budget.

I move the adoption of the report.

Motion seconded and carried.

The Speaker: Are there any other committees ready to report?

## 58. ARTICLES ON ECONOMICS IN THE JOURNAL

Dr. Krieger, of Dutchess-Putnam: Reference Com-

mittee A, presented the following resolution:

RESOLVED, That the New York Journal of Medicine devote more space to economic matters in preference to

scientific articles.

We will say as to that, that the Journal has given all the space it has been asked for, for economic articles. The Journal has repeatedly asked for articles on economics, but has not had any response, and that ten per cent of articles in the Journal have been on economic matters.

We recommend that this resolution be referred to the

Editor-in-Chief of the Journal.

Motion seconded and carried.

# 59. LIST OF PHYSICIAN BENEFICIARIES OF WORKMEN'S COMPENSATION

Resolven, That the Medical Society of the State of New York, through its Secretary, obtain an annual report, if possible, of the medical beneficiaries under the compensation law.

The committee does not approve this resolution, and I

move that it be not adopted.

Motion seconded.

Dr. Rooney, of Albany: I rise to a point of information. As some of the delegates are not familiar with the exact tenor of the resolution, I would request the pro-

poser to state its purpose.

Dr. Bonnar, of Eric. In this resolution, which was passed by a large majority of the Eric County Society lie Secretary of the State Medical Society is requested to institute means if possible by which we can, in a measure, determine where this reputed \$20,000,000 is spent by the insurance societies, or the State, in behalf of the Workmen's Compensation Service. Where did this \$20,000,000 go? Who were the beneficiaries of this \$20,000,000? We want the attitude of this House of Delegates on this all-important financial measure. It is an economic measure, because if you take the \$20,000,000 and divide it up amongst the 12,000 doctors of this Society, it would go a long way to eliminate any hardships, and aid them materially.

The Secretary: It is absolutely impossible for the Secretary's office to compel the thousands of people that are receiving compensation to give this information. There is no machinery through which it could be handled. There is no way by which it may be obtained. The resolution says, if possible but I say it is impossible.

lution says, if possible, but I say it is impossible.

Dr. Rooney, of Albany: All this money spent is a mater of public record. Any physician can get it; I can see no reason for placing the additional burden on our Secretary.

Dr. Bonnar: I just want to say that the information given by Dr. Rooney is exactly what we want, and that the information ought to be brought home.

Motion made and duly seconded that this resolution

be not adopted. Carried.

8.)

## 60. Officers Opposing Official Actions

# Dr Krieger: I have another resolution. (See Section

RESOLVED. That any officer or member of a committee of the Medical Society of the State of New York, or any officer or member of a committee of a county medical society shall first resign his official position before oppos-

ing any resolution or measure which the State Society or his county medical society has adopted.

The committee does not approve of this resolution.

I move that it be not adopted.

Dr. Rooney moved that the recommendation on this resolution, and the resolution itself, be tabled (See Section 78)

Motion seconded, voted upon and carried.

#### 61. PERSONNEL OF COMMITTEE ON MEDICAL ECONOMICS

Dr. Krieger: Resolved, That the activities of members of the Committee on Medical Economies of the Medical Society of the State of New York, as shown by opposition to the bill for free choice of physician in compensation cases and in other matters affecting the economic side of medical practice calls for an entire new personnel and shall not be chosen from physicians who are connected with industrial plants. (Section 7.)

The committee does not approve of this resolution, I

move that it be not adopted. Motion seconded.

The Speaker: The motion before you is not to adopt that resolution.

Dr. Leitner, of Rockland: The committee would like to reconsider this whole question, and we will make another report and bring it before the House.

Motion seconded.

The Speaker: The motion before the House, which was made and seconded is, that this resolution be referred back to the committee for reconsideration.

On vote the motion was carried.

#### 62. FREE CHOICE OF PHYSICIAN

Dr. Krieger: Whereas, under the terms and provisions of the Workmen's Compensation Law, the injured employee is deprived of a right to select his own physician and

WHEREAS, this situation likewise obtains in cases coming within the jurisdiction of the State Insurance Fund, Now, be it

Resolved, that the New York County Delegation request the Medical Society of the State of New York through its proper committee to confer with the Commissioner of Labor with a view to enlisting the support of said Commissioner of Labor in cases coming under the Jurisdiction of the State Insurance Fund, to permit the injured employee to select in the first instance a physician of his own choice. (See Section 21.)

The committee recommends the adoption of the suggestion that the action taken by the House of Delegates last year on the free choice of physician be reconsidered.

I move the adoption of this recommendation. Motion seconded.

The Speaker: The motion before the House now is to reconsider the action of the House of Delegates taken a year ago, with reference to the free choice of physicians.

Dr. Rooney, of Albany: It seems to me that we are dealing with a matter of great importance; we are dealing with a situation that does not alone exist in New York City, one which is present in every state of the Union, that is working under this law.

You gentlemen must know, and I am sure you do know, that what legislation you enact in this House, and that as a result of the legislation enacted here, the changes that are made in the organic law of the State, of which we are all citizens, are embodied in the body of the law of practically every state of the Union. You can expect the repeal, within five years, of any law that is not enacted as a law in this State.

Now, this controversal matter, has been agitated here year in and year out, for a great many years, and this House has gone on record in opposition to the principles the chairman of your reference committee which recommends that we reconsider statements that have been made year after year for six or seven years.

If you do it, gentlemen, you will inculpate your selves. If you do it, you do in effect justify every one of these interests that have been organized, many of the larger interests, against us. I know, because I have seen this movement increase. Some six years ago I sat in a committee of this Society, which was asked for by the then Commissioner of the Workmen's Compensation Bureau, Mr. Sayer. Mr. Sayer endeavored to his utmost to have three representatives of this Society on that Committee, and when this was learned, what did they do, made Mr. Sayer head of the Liability Agency in New York City.

Now, let us not be sentimental about it. We are not going to get it next year or the year after, or the year after that, because we have against us bodies whose interest this will not serve; but, shall we fail? Shall we fail in a matter of principle, and accept the position

of defeat?

Dr. Sherwood of Niagara: In addition to what Dr. Rooney has pointed out to this body, please bear in mind that no doubt within the not distant future, we will have some form of industrial health insurance

This bodes ill for the general practitioner.

The reason this body has been in favor of this idea of freedom of choice, is in behalf of the general man trying to make his way in the general practice of medicine. Our County Society, however, went into that, into this matter of choice of physicians, in compensation cases, not thinking that those so active in its behalf would make the progress that they made at the last session of the Legislature. They were surprised, and those members of the Associated Industries, in Niagara Falls, were very apprehensive lest this bill become a law. However, the answer of this body, and of those counties which endorsed this move, have been impressive to those who have been trying to treat with members of the Associated Industries, to protect themselves.

The principle of free choice is very fine, and hardly a physician will disagree with the principle, but the application of that principle is the stumbling block, and until the State Society devises some means by which those who pay the bills are protected, they are bound to suffer, as every man of practical experience knows.

I, for one, would like to know what the Medical Society of the State of New York has to offer to protect those who are paying the bill.

Dr. Sadlier, of Dutchess-Putnam: As the introducer of this resolution, and as one who voted last year for the free choice of insurance in industrial places, I should like to say a word in reference to the resolution before

Industrial Compensation Insurance is for surgical work, not medical, and furthermore, it is a specialized branch of surgical work to a very criticizable degree, getting more and more so every day. It involves a very vast responsibility. I have seen before us, day by day, in our individual practice, the question of lacerated hands and compound fractures, and the various forms of injury in the industries. I ask you, would you have an injured man go to a medical man, or would you

have him go to a surgeon?

Furthermore, we are placing the Medical Society of the State of New York in a rather peculiar position. We are asking for something that the employee or at least the Department of Labor, does not seem to be asking for. Now, I understand, I was not there, but I understand at the hearing on this amendment, this last winter in Albany, that labor did not raise its voice in favor of this amendment. Are we not being placed in a rather false or selfish position, asking for something that the employees want? I hope there will be a general rediscussion of this. It is an important question, and ought to be decided.

Dr. Leone of Eric: I am opposed to that resolution.

I might state in the beginning that I was the one that appeared in behalf of this bill last winter, and it is very much the fact that labor was not represented, and there were very few of us there. There was a representative of the State Industry there, and he brought there all he could get, perhaps in behalf of the opposition. My small committee financed its own activities, had to take care of their own practices but naturally we were limited by time and circumstances, to go up and down the State, to bring the labor people to the Council at Albany, but I have assurances from a great many of them that they are heartily in favor of our bill, so don't let anyone think that because last year there were a few of us there, that that does not mean that there is no one for the bill.

I want you to know that there is a good deal of sentiment throughout the State in favor of the workmen, and I am pretty sure that this proposition is coming to the fore again, perhaps next year.

Dr. Kopetzky of New York: The County from which I am a delegate is on record and has stood for the free choice of physicians by the injured workman, and we would deprecate any action by the House of Delegates here, of vitiating that stand. The accidents that terminate a notification, do not seem to be lessened, when they go to an Industrial Agency, as they do now in New York, to the Myer Wolf Agency, to adjust the same, because of the inexperienced men who handle them individually. I think that the statements of Dr. Sadlier are an indictment of the profession, and I do not think he wants it understood as such. This body is here to legislate on the assumption that we are dealing with honest, competent practitioners.

I think Dr. Rooney has hit the key note in this matter. The steps abrogating the right which we claim of the free choice of the injured, to seek his physician would be a step backward for this Society, and I hope that

that resolution will not prevail.

Dr. Thomson of Wyoming: I want to say that I entirely agree with Dr. Sadlier. We are not taking into consideration the public. The public must be protected to a certain extent. An injured man sometimes does not know what he should do about a physician. He does not know that one man is better for doing certain work than another man. Take myself, for instance. I cannot treat a fracture as well as another man in my own county, because he knows better how to handle that.

Dr. Cottis of Chautauqua: They work both ways. We assume that all the members of our profession are honest and qualified men. If I understand it, the men who are proposing the continuance of our stand on the free choice, are doing it largely on the theory that any man who has the choice, is naturally a crook.

There is no question, that there is a difference in the qualifications of medical men, to do certain classes of work. You wouldn't go on record in telling the public that if they had to have a cardiac operation that they are crazy to go to any man with an M.D. after his name. We also recognize the fact that there are men who are not qualified to consider cases like that, or to consider a traumatic surgery. It is true that these industrial organizations, like the Wolf agency, recognize this. We ought not to stand for it, but we are not going to get rid of those who do, and we are standing for that, if they stand for that, that the workmen should have no protection whatever.

It seems to me that we ought to recognize both these things, that the present Industrial Commission is bad, and it is a question of whether the Medical Fraternity and the public are men free and equal.

I would like to see Dr. Sadlier's resolution prevail, but I would like to clear the air, and get this thing out of the way. I mean, this extreme attitude and start in the proper way, that we should have a free choice among qualified men, that we should work out

some system by which the community should have a list of names that are perhaps recommended by the County Society as being men who have the proper

County Society as being men win have the proper training to take care of surgical cases.

Dr. Ferber of New York spoke along the same lines as did Dr. Hoywood, of the Bronx; Dr. Colic, of New York, and Dr. Woodruff, of Erie.

The Speaker: We will now take a vote on this control of the speaker of the thouse is that the proposition. The question before this House is, that the House of Delegates reconsider its action of a year ago on the free choice of a physician in compensation cases. The action a year ago was that they approved the free choice of physicians Now, Dr. Sadlier's resolution is that we reconsider that.

The motion was seconded, and on vote it was de-

feated. Dr. Kopetsky of New York: I now move the adoption

of the original resolution.

The Speaker: You heard the original resolution read.

Motion seconded and carried.

Dr. Rooney of Albany: I move that a Special Committee be appointed composed of members who have declared themselves in favor of free choice of physicians, in Compensation Cases, for the purpose of unifying all of the interests.

Motion seconded.

Amendment made that it be with authority to make

necessary provision for counsel.

Amendment seconded and carried.

## 63. SUPPORT OF PUBLIC HEALTH MEASURES

Dr. Krieger: The committee has again taken up the following resolution. (See Section 40.)

WHEREAS, Governmental officials and legislative bodies concerned with the protection of the public health are often petitioned to abolish existing health and welfare

protective measures, and

WHEREAS, The medical profession is frequently represented as being opposed to these destructive procedures from ulterior motives; Therefore, be it
RESOLVED, That the Medical Society of the State of
New York, through its appropriate State and County
Committee concerned with public health, public relations
and legical test constructions. and legislative matters, use all legitimate efforts to arouse the interest of official and unofficial agencies concerned with the maintenance of health, to the end that they will obtain, by petition or otherwise, adequate appropriate support by the general public to counteract petitions now known to be in circulation for the purpose of creating sentiment favoring the repeal of such constructive health measures as vaccination against smallpox, immunization against diphtheria, and the like.

I move the adoption of this resolution.

Motion seconded and carried.

#### 64. COMMITTEE ON MEDICAL RESEARCH

Dr. Farmer: Your Reference Committee on the Reports of the Committees on Medical Research and Periodic Health Examinations has reviewed the report of the Committee on Medical Research (Journal, May 1, page 523) and recommends that the committee be commended for its action in opposing the Vaughn Assembly Bill Int. No. 157 in the State Legislature and the Bill HR 1884 in Congress, and that the chairman and members of the Committee on Medical Research be thanked for their services.

I move the adoption of the report. Motion seconded and carried.

#### 65. COMMITTEE ON PERIODIC HEALTH EXAMINATIONS

Your Reference Committee has carefully reviewed the report of the Committee on Periodic Health Examinations. The report is extensive and widespread in its scope, and indicates that the Committee on Periodic Health Examinations has been very active during the past year. In its report it envisions a ten-year program.

While, undoubtedly, this is in conformity with the instructions of the House of Delegates in creating the Special Committee on Periodic Health Examinations last year, still your Reference Committee does not believe that the State Medical Society at this time should adopt or ap-prove such a program but rather should instruct the Special Committee on Periodic Health Examinations to make further studies in order to report more concretely just what such a ten-year program would comprise, the cost of such a program and to what extent the State Medical Society would be involved.

The Committee on Periodic Health Examinations presents two resolutions in its report. One is as follows:

Be It Resolven, That the Medical Society of the State
of New York hereby recognize its duty and privileges in

the premises as follows:

The Society should take a leading part in the education of the public on the subject of periodic health ex-amination, cooperating with responsible organizations of a public, semi-public or private character, working toward the same end.

The Reference Committee recommends the approval of

this resolution.

I move its adoption. Motion seconded and carried.

In the report of this resolution is discussed in two parts, A. and B. Under the relation of the State Medical So-A and B. Under A the relation of th State Medical Society to a large number of other organizations is taken up. Your Reference Committee believes that the State Medical Society should take the leading part in a cam-paign for periodic health examinations. Your Reference Committee further believes that the Committee on Periodic Health Examinations should work with the standing Committee on Public Relations in evolving a plan of cooperation with other organizations in a campaign for Periodic Health Examinations. Under B: The committee recommends that there shall be prepared by the Society a plan of procedure for health examination campaigns to be conducted by the local committee or city medical societies. Your Reference Committee recommends that the Special Committee on Periodic Health Examinations prepare a model plan of procedure for health examination campaigns for use of county medical societies.

I move the adoption of this part of the report.

Seconded and carried.

The second resolution is as follows:

"BE IT RESOLVED, That the Society undertake to inform its members in so far as possible, as to the best methods of conducting health examinations for men, women and children under the various conditions of life, employment and other circumstances, so that they may receive the greatest possible benefit from the procedure. Furthermore,

Be IT RESOLVED, That the Society investigate the health examination procedures now carried on by various commercial organizations, industries, associations and the like, with reference to the character and efficiency of the examination, the benefit to the examinee, the compensation to the medical examiner, and general effect of this growing practice upon the welfare of the public and the medical profession; and that the Society deduce from this investigation a set of principles of procedure with reference to the economic aspects of the health examination."

Regarding the first part of this resolution your Refer-

ence Committee would state that the instruction to the medical profession on the technique of making a periodic medical profession on the technique of making a periodic health examination properly, has been and still is offered to county societies by this State Society under the direction of the Committee on Public Health and Medical Education in cooperation with the Special Committee on Periodic Health Examinations. Regarding the second part of the resolution your Reference Committee, while aware of the apparent need for the investigation of health examination procedures by various commercial organizations, etc., nevertheless feels that the Special Committee

Examinations should obtain more regard and report the same to the Committee which could then authortion after having obtained advice of matter. Regarding the relation of ninations to industry and employees it t such matters be left to the Commitnomics subject to the aid and advice umittee on Periodic Health Examinaecommendation is made regarding the ation dealing with the examination of Your Reference Committee believes that as to the Committee on Legislation.

on Periodic Health Examinations redures for the purposes of: "A. Interesteties in periodic health examinations. ussion in the county society of the entire ning a preliminary allocation or designans willing to interest themselves in periminations, and to hold themselves out as multee approves Procedure No. 1: "The e health examination shall be outlined to reieties." Your Reference Committee aplure No. 2. "Endorsement of the value and ciety." Your Reference Committee approves o 3. "News items in all local papers cover'c."

crence Committee does not approve Procedure h reads as follows: "Carefully prepared, paid nts to appear in local papers, expounding calth examination. Advertisements to appear orization of county medical society (and State ) and to be paid for and subscribed to by those ty society members who volunteer to do so." ur belief that this matter should be left to edical societies and that no advertisement should nder the authorization of the State Committee the approval of the House of Delegates, Council utive Committee.

e that this recommendation be not adopted. ded and carried.

Reference Committee commends the Special ttee on Periodic Health Examinations for organis public meeting to be held immediately after the ssion of this year's annual meeting, believing that a meeting will arouse enthusiasm in popularizing ic health examinations.

have that the report of this committee be adopted whole.

conded and carried.

### 66. Prescriptions for Alcohol

he Secretary: The following resolution has been ded in by the Warren County Society:

The National Prohibition Act concedes to physicians legal right to prescribe and use alcoholic liquors when ysical examination shows them to be necessary in the re of the sick and

WHEREAS, The regulations of the Prohibition Act and repartment regarding such use and prescribing are detrirental to the sick and obnoxious to members of the medi-

al profession for the following reasons:

First: Because they arbitrarily limit the amount of alcohol a physician may prescribe for a sick person without taking into consideration the kind of illness from which the person suffers or any other circumstance which a physician considers in determining what dosage is required and

Second: Because they require physicians to file with the Prohibition Department the names of patients for whom alcoholic liquors are prescribed and the names of the dis-eases from which those patients are suffering thus forcing physicians to violate one of the fundamental principles of their profession and disclose facts about their pa-

tients which are sacredly confidential and which should not be revealed by the physician under any circumstances.

BE IT RESOLVED, That the Medical Society of the County of Warren takes this occasion to register a vigorous protest against that provision of the act which dictates to our profession what dosage of this medicinal agent we may use in caring for the sick and our Society aiso

PROTESTS against that section of the regulations which forces us to betray the confidential communications of our sick patients and to reveal the nature of their dis-

eases and

BE IT FURTHER RESOLVED that this protest be spread upon our minutes and that copies he sent to our representatives in the state and national legislature and to the local newspapers and that our delegates to the State Medical Meeting be instructed to ask the cooperation of the State and National Medical Societies for the elimination of these intolerable conditions. (See also Section 9; for action, see Section 76.)

The Speaker: Referred to Committee on New Business B.

67. STERILIZATION OF THE UNFIT

Dr. Townsend, of New York: Your Reference Committee on New Business C has the honor to submit this report as the result of their deliberations.

1. We recommend the rejection of the resolution on "Sterilization of the Unfit" since the definition of "The Unfit" is so vague as to permit a large source of error. (See Section 10.)

We move the adoption of this resolution. Motion sec-

onded and carried.

68. CHARGES TO INDUSTRIAL PATAENTS IN FREE WARDS

2. We recommend the adoption of the resolution to revise the Municipal Charter of the City of New York to permit attending physicians to receive fees for medical and surgical services rendered to industrial patients in municipal hospitals.

We move the adoption of this resolution. Motion sec-

onded and carried. (See Section 20.)

## 69. PAY CLINICS

3. We recommend the adoption of the resolution reg istering the protest of the delegates from New York County against the maintenance of pay clinics as now operated under the provisions of the Dispensary Law of the State of New York.

We move the adoption of this resolution. Motion sec-

onded, and carried. (See Section 17.)

# 70. Governor's Special Health Commission

4. Your committee recommends the adoption of the resolution expressing approval of the action of the Governor of the State in creating a special Health Commission and its recommendation in preserving strategic re-lationship between physician and patient rather than impersonal relationship between State and patient. (See Section 13.)

We move the adoption of this resolution. Motion sec-

onded and carried.

# 71. COMMERCIALIZATION OF MEDICAL PRACTICE

5. We recommend the adoption of the resolution criticizing such physicians who commercialize the practice of their profession by entering the employ of chain stores or department stores in a professional capacity except when in the employ of said store in the care of its employees. (See Section 15.)

We move the adoption of this resolution. Motion sec-

onded and carried.

# 72. Physicians' Cards in Daily Newspapers

6. We recommend the rejection of the resolution concerning the publication of medical notices of individual

physicians, believing that this is a matter for adjustment by the county societies as varying conditions present themselves, (See Section 38.)

I move the adoption of this recommendation.

Motion lost.

The Speaker: Will Dr. Townsend read the original

Dr. Townsend: WHEREAS, the Bronx County Medical Society feels that the publications in the foreign press of the City of New York of medical notices of individual physicians is contrary to the true spirit of medical ethics, and

Whereas, such publication has heretofore been con-doned by the Medical Society of the State of New York.

Therefore, be it

RESOLVED, that the Medical Society of the State of New York express its disapproval of such publications and consider it contrary to the practices and principles of ethics of the medical profession.

It was moved that this original resolution be adopted.

Seconded and carried.

# 73. New York Academy of Medicine's Report on Unethical Practices

7. We recommend the rejection of the resolution concerning the unpleasant publicity resulting from the releases of the annual report of the New York Academy of Medicine because of unsupported statements contained in the resolution. (See Section 39.)

I move the adoption of this recommendation.

Seconded and carried.

Motion to adjourn until 7:45 P. M. made, seconded and carried.

The Speaker: I will call on Dr. Kosmak, of New York, Chairman of Reference Committee B on New Business.

#### 74. QUALIFICATIONS FOR PUBLIC HEALTH POSITIONS

Dr. Kosmak: I have a number of resolutions, which this committee has had under consideration. This is the first set of resolutions. (See Section 11.)

WHEREAS, in the early days of health work health officers were practicing physicians or, sometimes, laymen,

WHEREAS, today special training leading to degrees in

WHEREAS, today special training leading to degrees in public health is available; now, therefore, be it RESOLVED. That the Medical Society of the State of New York, through its State and County Committees on Public Health and Public Relations, advise the public of the need of special training and aptitude for public health work, and be it further RESOLVED. That these committees inform appointing in-

dividuals and boards that specially qualified personnel should be appointed to positions involving responsibility

for community health; be it further

RESOLVED, That nothing in this resolution is intended to displace or disparage present officers who, through long experience, have acquired much of the information which is now being given by formal instruction, but that the only intent of the resolution is to provide for filling vacancies and newly created positions in health work.

The committee universally approved this set of resolu-

tions, I move their adoption.

Motion seconded and carried.

## 75. PAY OF PHYSICIANS IN PUBLIC EMPLOY

Dr. Kosmak: WHEREAS, employed physicians in the State of New York are paid on the average less than \$500 per hour; now, be it

RESOLVED, that the New York County Delegation expresses the conviction and opinion that employed physiclars should be paid a minimum fee of \$5.00 per hour. (See Section 22.)

The committee disapproves of this resolution.

I move that it be not adopted.

Seconded and carried.

#### 76. Prescriptions for Alcohol and Narcotics

Dr. Kosmak: WHEREAS. The confessions of the penitent to his priest, the communications of the client to his counsel, and the confidences of the patient to his physician, have been held inviolate from remote ages and have been jealously guarded by the courts, and

WHEREAS, the regulations of the Volstead Act for the enforcement of the 18th Amendment and the provisions of the Harrison Act require the physicians to state the diagnosis of the disease or ailment of the patient on the

stub of every prescription they write for narcotics, and WHEREAS, The stubs of all prescriptions for alcohol must be surrendered to Prohibition Commissioners for inspection by them and their clerks and all prescriptions for narcotics are open to inspection by Federal agents,

now, therefore,

BE IT RESOLVED. That the Medical Society of the State of New York hereby voices its protest against those portions of the prohibition and narcotic laws which deprive the citizen of his age-old right to privacy regarding his diseases and ailments, which compel the physician to betray the confidential communications of his patient, BE IT FURTHER RESOLVED, That the Delegates of the

Medical Society of the State of New York to the American Medical Association be, and hereby are, instructed to present the above resolution to the House of Delegates of the American Medical Association for action at its

next meeting in Detroit. (See Section 9.)
I move the adoption of these resolutions.

Motion seconded and carried unanimously. Dr. Kosmak: I have another set of resolutions of a similar character introduced by the County of Warren. (See Section 66)

WHEREAS. The National Prohibition Act concedes to physicians the legal right to prescribe and use alcoholic liquors when physical examination shows them to be necessary in the care of the sick, and

WHEREAS, The regulations of the Prohibition Act and Department regarding such use and prescribing are detrimental to the sick and obnoxious to members of the medical profession for the following reasons:

First: Because they arbitrarily limit the amount of alcohol a physician may prescribe for a sick person without taking ind of illness from which the · · zircumstance which a physicia . what dosage is required and

Second: Because they require physicians to file with the Prohibition Department the names of patients for whom alcoholic liquors are prescribed and the names of the diseases from which those patients are suffering thus forcing physicians to violate one of the fundamental principles of their profession and disclose facts about their patients which are sacredly confidential and which should not be revealed by the physician under any circumstances. Therefore,

BE IT RESOLVED, That the Medical Society of the County of Warren takes this occasion to register a vigorous protest against that provision of the Act which dictates to our profession that dosage of this medicinal agent

we may use in caring for the sick and our Society also PROTESTS against that section of the regulations which forces us to betray the confidential communications of our sick patients and to reveal the nature of their diseases and

BE IT FURTHER RESOLVED. That this protest be spread upon our minutes and that copies be sent to our representatives in the state and national legislature and to the local newspapers and that our delegates to the State Medical Meeting be instructed to ask the cooperation of the State and National Medical Societies for the elimination of these intolerable conditions.

I move the adoption of this resolution

Motion seconded and carried.

# 77. PRACTICE OF MEDICINE BY CORPORATIONS

Dr. Kosmak: WHEREAS, there have recently sprung up a number of organized groups practicing medicine under

an incorporate name, be it

RESOLVED, that the House of Delegates of the Medical Society of the State of New York bring a test case before the higher courts to test the legality of these corporations practicing medicine under the laws of the State of New York. (See Section 16.)

After a conference between our committee and the endorser of this resolution, he has agreed to withdraw the

same as a matter of expediency.

The Speaker: It will so be recorded in the minutes. The Speaker: Are there any committees that have anything further to report?

# 78. OFFICERS OPPOSING OFFICIAL ACTION

Dr. Krieger: The committee has reconsidered the resolution which was referred back and we disapprove of it as worded. I would ask you that if the person introducing this resolution would make it specific so that the committee could understand it, we would be very glad to reconsider it

The Speaker: Then the committee wants more information?

Dr. Krieger: Yes.

The Speaker: Please read the resolution.
Dr. Krieger: Resolved, That any officer or member of a committee of the Medical Society of the State of New York, or any officer or member of a committee of a county medical society shall first resign his official position before opposing any resolution or measure, which the State Society or his County Medical Society has adopted.

No action taken on this resolution.

# 79. COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

Dr. Howland: Your Reference Committee on the Report of the Committee on Public Health and Medical Education heartily endorses the work of the committee on their Graduate Education program. (See Journal, May 1, page 523.)

We endorse the recommendation that the charging of a registration fee be indefinitely postponed, and the grouping of counties be encouraged as far as possible.

We congratulate the committee on the new courses offered, and urge their acceptance by the county societies.

We endorse the plan for the extension of graduate teaching by giving over a whole day for four to six lectures, and second, the extension of more intensive clinical teaching to small groups simultaneously with the weekly lectures.

The committee feels that the Committee on Public Health and Medical Education know better which courses are best adapted to any given county. We offer the suggestion that county societies planning their courses for the coming season consult early the chairman of the Public Health and Medical Education Committee for in-

formation and advice.

We note that the Public Health and Medical Education Committee have been very active in public health activities during the past year, that it met with twelve other committees for discussion of problems of great importance to our Society and the public at large; all this we heartily endorse, and we wish to congratulate the Society on the excellent work which has been done by this Committee, as is evidenced by its report and the results so far obtained, and we wish to call special attention to the remarkable work done by its Chairman Dr. Thomas P. Farmer, and to express the hope that he will be continued in this important position, until he may carry to completion the work so ably outlined.

I move the adoption of this report.

Motion seconded and carried.

Dr. Howland: The Reference Committee also has a supplementary report to consider here.

The committee held a meeting in New York City on April 17th, at which time the subject of cancer as a public health problem and especially the relation of the work of the American Society for the Control of Cancer in the State of New York to this problem was discussed.

The following resolutions were adopted:

RESOLVED. That since the cause of cancer is not definitely known and its treatment definitely settled, the Committee on Public Health and Medical Education feels that information to the public about cancer should be in the hands of medical men whose minds are receptive to any suggestion, treatment, thought or plan of action concerning this disease which will stand scientific investigation, and that this committee support all efforts toward such scientific investigation.

RESOLVED, That the Committee on Public Health and Medical Education incorporate among its postgraduate

courses lectures on cancer.

RESOLVED, That it is the opinion of this committee that the work of Dr. Swan, as director of the New York State Committee of the American Society for the Control of Cancer has been a benefit to the people of the State. The committee recommends that the future direction of this work be continued in the hands of a regular licensed physician who is a member of the Medical Society of the State of New York.

The committee also approved of a plan for publication in the Journal of the State Society of short articles on "How Physicians Can Practice Medicine in Their Regular Routine Work."

I move the adoption of this report. Motion seconded and carried.

# 80. COMMITTEE ON POLLUTION OF WATERWAYS

Dr. Stetten, of New York: Reference Committee on the Report of the Committee on the Pollution of the New York Waterways, begs to report as follows (Journal, June 1, page 664):

Your Reference Committee compliments the Committee on the Pollution of Waterways upon its careful analysis of the problem, and heartily approves the recom-

1. That the Medical Society of the State of New York approves of the desire and plan of the State Department of Health to secure for all municipalities supplies of water from sources other than rivers.

2. That the Medical Society of the State of New York commends the activities of the State Department of Health aiming ultimately to secure universal treatment

for all sewage deposited in the rivers.

3. That the Medical Society of the State of New York endeavor, through its membership, to acquaint the public with the facts above detailed and secure as far as is possible enthusiastic support of the principles "No river water for domestic purposes" and "No untreated sewage for the Mohawk and Hudson Rivers.'

I move the adoption of this report. Motion seconded and carried.

# 81. Committee on Nursing

The Speaker: Are there any other committees ready to report?

Dr. Cunniffe: Your Reference Committee on the Reports of the Committee to Study the Nurse Problem

and on Physical Therapy.

The statistics showing the status of the nurse in the different parts of the State contained in this report is noted, also the new standards for admission to Training School which require two years of High School in 1930, three years in 1931 and four years in 1932. These requirements are now a law having been enacted by the last Legislature. (Journal, June 1, page 668.)

The statement regarding the non-enforcement of the Nurse Registry Law and the request of this Committee

for a favorable action by the House of Delegates in the form of a request to the Department of Education to stimulate the License Bureau to the observance of this law is approved and, therefore, we suggest that the House of Delegates forward this request to the Department of Education. I move its adoption. Sec-

onded and carried.

The Committee's recommendations that the student entering a school of nursing should be at least 18 years of age, should present a certificate of complete health examination from a physician known to the school, that she have character endorsements from two reputable persons, one of whom should be a physician, that no hospital should conduct a training school of nursing where the daily average of patients is less than twenty with affiliations or less than fifty without affiliations.

I move its adoption, Motion seconded and carried.

The recommendation that she be a native or citizen of the United States, is considered unwise and un-American, and is therefore disapproved, and I so move.

Motion seconded and carried

Dr. Cumiffe: The Committee approves the recommendations regarding Group Nursing in hospitals, part-time or hourly nursing in homes, and the liberal support of visiting nursing organizations, only when properly supervised by medical authority, and we recommend its adoption.

I move its adoption.

Motion seconded and carried.

#### 82. COMMITTEE ON PHYSICAL THERAPY

Dr. Cunniffe: Your Reference Committee commends the Committee on Physical Therapy especially for its activities in sending information regarding the status, scope and limitations of physical therapy to the different county societies, hospitals and interested physicians. (See Journal, May 1, page 521.)

The report on the inadequate physical therapy teaching in medical colleges of the State of New York is noted and this committee feels that the Medical Society of the State of New York should recommend that or the State of New York should recommend that more instructions be given to the undergraduates in the different medical schools of the State, also they should suggest the introduction of a post-graduate course in physical therapy for which course Physicians only would be eligible, it is felt that in this way more physicians will be induced to study physical therapy, thereby increasing their efficiency and decreasing the field of activity for the non-medical physiotherapist. I move the adoption of this recommendation.

Seconded and carried,

The committee's action in endeavoring to stimulate interest in physical therapy, in recommending the appointment of special committees on physical therapy in the different county societies, in inviting the County Committees to attend the stated monthly regional meetings, also the work of the Chairman in addressing the different county societies and for arranging a program for the State Society Meeting in Rochester, is noted and commended.

and commenced.

The committee's report reads as follows: A peculiar situation was created by the abusinshment of the Medical Practice Act, to practice physiotherapy to the practice physiotherapy to the constraint of this constraint of the constra

the carrying out of this supervision or for the revocation of the license for due cause.

It is recommended that this situation be called to the attention of the State Legislative Committee with instructions to introduce necessary legislation to correct

it,

The report of the committee on the matter of physical therapy in industrial work is so incomplete that no recommendations can be made. It is suggested, however, that this matter be investigated still further and a more complete report of the situation be presented at the next annual meeting.

I move the adoption of this report Motion seconded and carried.

#### 83. COLLECTION AGENCIES

Dr. Goodrich: The report of the special committee to consider the resolutions of the Medical Society of the County of Erie, of April 23, 1930, and the report of the Special Committee of the Committee on Medical Economics:

Your committee, appointed by the President to consider the resolutions from the Medical Society of the County of Erie, having considered:

(a) the Resolutions, (b) the report of the Special Committee from the Committee on Economics,

(c) a second communication from Erie County Society submitted by the Secretary,

(d) the complete report of the Committee on Eco-

nomics, and (e) the form of contract issued by the Knicker-

bocker Adjustment Service Company; make the following report.

1. While absolving the said Adjustment Service Company from any intent to deceive, there are certain ambiguities in the wording of their contract which might readily mislead. Because of this we believe that certain of the complaints set forth in the Erie County

Society's resolutions are well founded.

2. We recommend that the House of Delegates establish by resolution, the policy of accepting no advertisements of collection agencies unless such agencies are formally certified by the Society.

3. We recommend the official deletion from the records of this Society paragraphs Nos. 5, 6, 7, 8 and 9 of the Report of the Committee on Medical Economics as printed on pages 33 and 34 of the Annual Reports.

I move the adoption of this report. Motion seconded and carried.

#### 84. COMMITTEE ON MEDICAL ECONOMICS

Dr. Stetten: Your Reference Committee on the Report of the Committee on Medical Economics has carefully considered the committee's report. (Journal, May 1, page 527.)

In regard to fees paid to physicians for insurance work, your Reference Committee concurs in the Committee's opinion that fees for health and accident insurance examinations should be the same as fees for life insur-

ance examinations.

In regard to the Knickerbocker Adjustment Service Company in New York, your Reference Committee deems the inclusion of this discussion inadvisable in the committee's report, and recommends the deletion of the entire matter from the records of the Society.

Your Reference Committee also believes that the paragraph containing personal reference to Dr. Knicker-bocker should also be deleted from the report.

Your Reference Committee concurs in the suggestion of the Committee on Medical Economics that full-time personnel should be employed by the State Society to combat the evils tending toward the economic detriment of the practitioner of medicine,

I move the adoption of this report.

Motion seconded and carried.

#### 85. REIMBURSEMENT FOR EXPENSES

Dr. Goodrich: The Reference Committee on the Address of the President will continue its report as follows:
In regard to re-referred articles, the committee favors the reimbursement of hotel and necessary expenses of the members traveling on Society's business, and urges the adoption thereof, and recommends that this matter be re-

ferred to the Executive Committee for consideration and recommendation to the Board of Trustees. I move the adoption of this report.

Motion seconded and carried. (See Sections 30 and

# 86. Bond of Those Appealing to Censors

In regard to the recommendation concerning Censors (see Section 28), we recommend that there be added to Section 3, Chap. 10 of the By-Laws, the following words:

"The appellant must also state if he desires to be present in person or by counsel. In the event that the appellant shall so declare, he must file with the notice of appeal a bond in the sum of Five Hundred Dollars to cover the costs of said appeal. In the event that the appellant fails to appear, either in person or by counsel, after making the aforesaid declaration, he shall forfeit to the State Society, such share of said bond as represents necessary expenditures incident to convene the Board of Censors on said appeal."

Also add to Sec. 7, Chap. IX.

"The Appellant must also state if he desires to be present in person or by counsel."

I move the adoption of this report.

The Secretary then moved on a point of order, stating that it is an amendment to the Constitution, and has to lie over until next year.

The Speaker: The report of the committee will have

to be accepted or rejected.

The Secretary: This House cannot accept a recommendation on an amendment. The committee can recommend that an amendment be placed before the House and laid over, but they cannot recommend its acceptance.

Motion made to adopt the report of the committee with the exception of the amendment to the By-Laws.

Motion seconded and carried.

Dr. Rooney: I hereby give notice of a proposed amendment to the By-Laws as suggested by the chairman of the committee. It will lie over until next year.

# 87. Publications and Medical Publicity

Dr. Goodrich: In regard to the recommendations of the President concerning a Committee on Publicity, we would first offer his peroration as a preamble (see Journal. May 1, page 499):

"Lay people are more medicine conscious in these years since the War. We are only doing a small part in guiding their education or reading, and are leaving this to organizations who have ideal at times, I fear, higher than ours, as exhibited by their efforts, while we supinely stand aside and let them pull or push us about."

We recommend:

First: The abolition of the present Publication Com-

mittee of the Executive Committee.

Second: The establishment of a new Standing Committee of five in accordance with the President's recommendation, to be called the Committee on Publication and Publicity. This change of name is suggested for the sake of clarity. The establishment of this committee would make necessary its addition to the list of Standing Committees designated under Sec. 1, Chap. 10 of the By-Laws.

I move the adoption of this resolution.

Motion seconded.

Dr. Rooney moved that the matter be tabled. Motion seconded, and carried. (For action, see Section 90.)

## 88. COMMITTEE ON SCIENTIFIC WORK

The Speaker: Are there any other reports of committees?

Dr. Schnell, of Niagara:

Your Reference Committee on the report of the Committee on Scientific Work and on the report of the Committee on Arrangements commends the thorough and painstaking manner in which these committees have performed their duties.

We note with satisfaction the excellent type of scientific program provided both from the standpoint of subject

matter and of distinguished essayists. We consider it a signal achievement that the committee has been able to prevail upon the President of the American Medical Association, Dr. Malcolm L. Harris, to honor this meeting of the Medical Society of the State of New York with his presence.

We endorse the plan of having two general sessions as part of the program of the scientific meetings, where all may have an opportunity of hearing that which is of general interest to the entire profession. As a suitable subject for at least one of these general sessions at future meetings, we suggest a review of medical and surgical ad-

vances during the year.

We approve the innovation of advancing the hour of the first scientific session to Tuesday as worthy of trial. If experience proves this change practical and popular, we recommend its continuance.

We approve the reduction of the price of the annual banquet to four dollars. We disapprove the suggestion that the State Society furnish a free banquet to all registrants attending the annual meetings.

We approve the innovation of the public dinner meeting with the public as scheduled on this year's program for Wednesday evening.

We congratulate the Committee on Scientific Work that it has been able to provide a clinic day at Rochester Hospitals for those wishing to avail themselves of clinics following the closing sessions of the scientific program,

#### 89. Committee on Arrangements

We cite the following paragraph from the report of the Committee on Arrangements and approve the sug-

gestion:

"We have been impressed with the multitude of trivial details which must be carried out by the Committee on Arrangements. While it is easy to segregate various parts of the arrangements and delegate individuals or small groups to care for them, still a clearing house must be maintained for careful checkup. We believe that these detail functions of arrangement should be under the Executive Officer in Albany where supplies and equipment could be stored and handled. With such a centralization of meeting arrangements, some individual or group could take the entire responsibility for the necessary period of time preceding the meeting. Such a group would prob-ably be a business organization, whose function was the carrying on of such arrangements."

We also recommend the following action:

Whereas, permission granted essayists to over-run their time severely curtails the time allotted to the following essayists, therefore, we recommend that Chapter XV, Section 1, of the By-Laws allowing twenty minutes only to the reader of a paper be inflexible; and that chairmen of sections be instructed to rigidly enforce this

I move that this report be adopted. Motion seconded and carried.

# 90. Publications and Medical Publicity

Dr. Rooney: I did not intend that the report of the Reference Committee on the President's Address, in its entirety, be tabled (Section 87); I did not intend that the committee should be prevented from completing the report, and in view of the fact that I have voted to table, I move that we take from the table the report of the committee beyond the first and second paragraphs, and hear their report.

Motion seconded and carried.

Dr. Goodrich: Mr. Speaker, it is a question in your committee's mind just now, as to just what is intended at this moment, for it seems to the committee that the House could not table anything that it never had before it, and I would like to ask what is now before us.

The Speaker: My ruling is that the whole report beyond the first and second paragraph is before us for

consideration.

Dr. Goodrich: In view of Dr. Rooney's remarks con-

cerning the very frank tenor of the preamble, the committee has voluntarily deleted that from the report; I will, therefore, begin with the third paragraph.

Third: That this committee establish a Bureau of

Publicity, as recommended by the President

Fourth: That the committee supervise and control the editing and publishing of the Journal of this Society in conjunction with the editor of the Journal, who shall always be a member of the committee.

Fifth: We favor the adoption of the President's recommendation that this committee establish a liaison with newspapers, magazines and other publications, and furnish them with edited articles, daily or weekly, of what our State Medical Society, or its component parts, are doing in advancing the interests of medicine and public health.

Sixth: We recommend the adoption of the following recast recommendation that this Committee aid and assist the distribution, through the columns open to them of the news concerning activities of organized medicine, and see that it is offered to the lay press.

Seventh: We recommend the adoption of the suggestion that this Committee shall advertise more heavily in general, and where given locally, such post-graduate courses as are offered by the Society to its members, or, where proper, any post-graduate courses of other groups, that the public may acquaint themselves the more, concerning the activities of organized medicine.

Eighth: To issue information when deemed advisable, in pamphlets, by letters, or by other legitimate means, to physicians, lay people, or lay organizations covering important, pertinent, medical topics.

Ninth To undertake the foundation and conduction

of a press bureau as for the syndicating of medical articles such as are appearing at present in newspapers through the country for commercial gain, and to be prepared to answer such letters and inquiries on medical questions as may be directed to the newspapers, or to medical societies so as to forward proper medical advice and induce such questioners to "consult your own doctor, nearest clinic, or your own County Medical Society.

Tenth. To establish a bureau of lay and medical speakers, who, gratuitously or for small honorarium will be prepared to furnish such persons with literature and data on general, and if feasible, special medical topics. This portion of their work shall be subservient to the call of the various committees, Public Relations, Public Health and Medical Education, Periodic Health

Examinations, etc.

Eleventh: We recommend the omission of the consideration of the President's recommendation No. 9.

In his last paragraph the President expresses his appreciation of the honor bestowed upon him by our Society. After the protracted consideration of this important and forward-looking report, and after recalling his long and efficient service in the interests of our Society; and after recalling again that this year of immensely progressive work has been accomplished in the face of serious physical handicaps, we recommend that the House of Delegates here now assembled vote that Dr. James N. Vander Veer has honored our Society in his presidency, and that we appreciate the mag-nificient spirit with which he has worked for us."

The Speaker: Now, gentlemen, what will you do with

this report?

The Secretary: I move that the last paragraph referring to our President, be adopted.

Motion seconded and unanimously carried.

Dr. Rooney of Albany: I move that in accordance with the constitution and By-Laws, that portion of the Committee's report which will necessitate an appropriation, he referred to the Council.

The Secretary: I would call your attention and the attention of the House, to the fact that this whole matter was before us at our last session. It was referred to the Council. The Council appointed a Committee consisting of Drs. Card, Ross and Trick, to investigate the matter and report, and their report was unaumously against the adoption of this matter of a Publicity Bureau, Publication Committee, and for a great many reasons, especially the fact that the cost would be enormous.

I would like to hear from the Committee that recommended that these recommendations be not adopted.

The Speaker: Dr. Ross, as Chairman of that com-

mittee, will you please take the floor?

Dr. Ross: I wish that we had here, the exact wording of the study which we made of this whole matter. There are many features in this report that present a great many difficulties, and involve a considerable cost. To adopt all of them now, would be to not give consideration to any single feature. It is a thesis in industry, not to add new equipment until the old equipment is used to capacity, or until there are new things to be done.

It is a very difficult and uncertain matter, and it is a question of whether it is an advisable thing to create machinery to undertake pieces of work before we know just what work is to be done, and the committee last year in studying this whole matter, believed that it was very much better to continue the present system, until features appeared that had to be taken care of, and after that had occurred, and we were sure that there was something to do, to then create machinery to take care of these features, and for that reason the committee unanimously decided not to endorse the propositions, and the Executive Committee received that report, and there the matter stands.

The Speaker: Has Dr. Goodrich anything further to report on the President's Address?

Dr. Goodrich: Could we hear from Dr. Trick on this

matter, or from yourself?

The Speaker: Occupying the chair, it is not proper for me to say anything. Dr. Trick is in the House. Dr.

Trick, will you please come forward

Dr. Trick: Dr. Ross has covered the ground very thoroughly. It seemed to us that the development of an organization is by evolution. We are not yet making full use of all the different parts of our organization, and the various types of work that have been suggested should not be attempted until we do and our present machinery proves inefficient. I have no further comments to make except that this carries with it a sum of money, and we do not know yet what it means, and there is no justification for doing anything that will add to our financial burdens.

On motion duly seconded and carried the report was

tabled.

#### 91. RELATION OF PHYSICIANS TO DENTISTS

Dr. E. E. Smith of Queens: WHEREAS, Recent years have witnessed an increased appreciation of the dependence of certain systemic diseases on oral conditions and in turn of certain oral conditions upon general nutrition, and

WHEREAS, emphasis has thus been given to the inter-

dependence of the two professions, of medicine and dentistry, Therefore, Bz Ir Resouven, that the Medical Society of the State of New York favors the promotion of closer relations between the professions of medicine and dentistry, and to this end favors the holding of joint medical and dental meetings of the component County Societies with the District Dental Societies throughout the State.

I move the adoption of these resolutions.

Motion seconded. After some discussion the resolutions were referred to Reference Committee on New Business B. (See Sec-

tion 93.)

The Speaker: Is there anything further to come before the House?

# 92. RETIRED MEMBERSHIPS

The Secretary: Yes, sir. I move that the following gentlemen, having reached the age of seventy, and being recommended by the County Societies, be placed on the retired list:

Herman Bendell, Albany; Albert C. Benedict, Yonkers; J. Bion Bogart, Brooklyn; Lewis A. Coffin, New York City; John P. DeLaney, Geneva; Paolo DeVecchi, New York City; Marcus A. Dumond, Ithaca; Grosvenor S. Farmer, Watertown; Paul T. Ferrer, Cameron; John Crocker Fisher, Ithaca; Allen Fitch, New York City: Word B. Hogg New York City. New York City; Ward B. Hoag, New York City; John A. Knapp, Mount Vernon; Henry C. Lyman, Norwich; Edward F. Marsh, Brooklyn; William P. Mason, Troy; Gennaro Merolla, Brooklyn; William P. Northrup, New York City; Lewis S. Pilcher, Brooklyn; Henry F. Risch, Brooklyn; DeWit C. Rodenhurst, Philadelphia; Alexander O. Snowden, Peekskill; Willis A. Tenney, Granville; Edgar C. Wilkinson, New York City; Mark H. Williams, New York City.

Motion seconded and consider Motion seconded and carried.

# 93. RELATIONS OF PHYSICIANS TO DENTISTS

The Speaker: Dr. Kosmak, have you anything to re-

port?

Kosmak: The resolutions which you have just heard introduced by Dr. E. E. Smith, of Queens (Section 91), are approved by the Reference Committee, and I move their adoption.

Motion seconded and carried.

The Speaker: Are there any other committees to report?

#### 94. LEGAL COUNSEL

Dr. Deyo, of Dutchess-Putnam: The Reference Committee on the report of the Legal Counsel (Journal, May 1, page 509) beg to submit the following:

1. The work of the year has been carried along on the lines of previous years, viz. the editorial, case reports, Counsel work with committees, societies and individuals, which have carried out the aims of our Counsel to bring about a better understanding by the public of the physicians' professional, economic and personal prob-

Under the head of Litigation, the committee notes with much satisfaction the reduction of the so-called "Meritorious" suits to twenty-eight and two cases of judgment for

the plaintiff.

These twenty-eight cases settled, involving some real liability on the part of the physician, constitute a real and cogent reason for universal insurance coverage by

the members of the Society.

The Group Plan has shown a steady increase in growth, but there are two recommendations in the report that should be stressed; first, lapse of policy; second, lapse of membership in the Society with consequent loss of insurance.

There has been a yearly increase of 508 members in the Society of whom 406 have availed themselves of insurance, which again demonstrates the success of the

Group Plan.

The retirement of Mr. Stryker as General Counsel of

the State Society is regretted by all the members.

The action of the Executive Committee in requesting Mr. Stryker to accept the position of Consulting Counsel is strongly commended. Because the profession cannot afford to lose contact with a man who has taken such a personal interest in the physician himself.

By virtue of his association with Mr. Stryker in carrying on the legal work of our Society, Mr. Brosman is in every way equipped to fulfill the demands of this po-

sition.

I move the adoption of the Report.

Motion seconded and carried.

The Speaker: Now, if there is nothing further before the House, and before I hear a motion to adjourn, I want.

to announce that the Special Order of Business tomorrow morning is the election of officers, which takes precedence over any other business that comes before the House, and that we will adjourn tonight. The motion must be that we adjourn to a definite hour on Tuesday, June 3rd, 1930.

A motion was thereupon made to adjourn to 9 A. M. on Tuesday, June 3rd, 1930, which motion was seconded

and carried

Adjourned Session of the House of Delegates Tuesday, June 3, 1930

The meeting was called to order by the Speaker at 9 A. M.

95. ROLL CALL

The Speaker: The Secretary will please call the roll. The Secretary called the roll and the following delegates responded:

Frederic C. Conway, William P. Howard, Brayton E. Kinne, Lyman C. Lewis, J. Lewis Amster, Moses H. Krakow, Edward R. Cunniffe, Cornelius J. Egan, Louis A. Friedman, Vincent S. Hayward, Samuel Rosenzweig, Hubert B. Marvin, Perry H. Shaw, Louis F. O'Neill, George W. Cottis, Reeve B. Howland, Anton S. Schneider, Charles D. Ver Nooy, Robert Brittain, C. Knight Deyo, William A. Krieger, Aaron Sobel, John D. Bonnar, Francis J. Butlak, Mary J. Kazmierczak, Charles Leone, Francis J. Butlak, Mary G. Batter, Charles Leone, Charles C. Batter, Charles C. Transp. Edward J. Lyons, Milton G. Potter, Charles C. Trembley, Sylvester C. Clemans, Milton P. Messinger, Frederick W. Goodrich, Norman L. Hawkins, E. Jefferson Browder, Charles T. Graham-Rogers, John L. Bauer, Siegfried Block, J. Earl Miles, Alec. N. Thomson, Peter Dulligan, Harold R. Merwarth, Frederic E. Elliott, J. Richard Kevin, Charles H. Goodrich, Edwin A. Griffin, J. Richard Revin, Charles H. Goodrich, Edwin A. Grinni, Eugene R. Marzullo, Nunzio A. Rini, John E. Jennings, Alexander L. Louria, Walter D. Ludlum, Joseph W. Malone, Joseph Raphael, Simon Frucht, John A. Shields, Luther F. Warren, Fred R. Driesbach, Samuel H. Raymond, Charles R. Barber, Clarence V. Costello Joseph P. Henry, Willard H. Vecder, Floyd S. Winslow, Horace M. Hicks, Everett C. Jessup, Louis A. Van Kleeck, Adelbert B. Allen, Emily D. Barringer, Howard Fox, Ed-M. Hicks, Everett C. Jessup, Louis A. Van Kleeck, Adelbert B. Allen, Emily D. Barringer, Howard Fox, Edward M. Colie, Jr., C. Ward Crampton, Walter T. Dannreuther, Julius Ferber, B. Wallace Hamilton, Albert S. Hyman, David J. Kaliski, Samuel M. Kaufman, Samuel J. Kopetzky, George W. Kosmak, Arnold Messing, William M. Patterson, Wendell C. Phillips, Nathan Ratnoff, Orrin S. Wightman, James W. Smith, DeWitt Stetten, Joseph Subkis, Henry K. Taylor, Terry M. Townsend, Frederick J. Schnell, Richard H. Sherwood, George M. Fisher, Joseph L. Golly, Andrew Sloan, Thomas P. Farmer, Frederick H. Flaherty, Albert G. Swift, Claude C. Lytle, Walter W. Davis, Joseph B. Hulett, Charles Padelford, S. S. Ingalls, Floyd J. Atwell, Thomas C. Chalmers, James M. Dobbins, Edward A. Flemming, William J. Lavelle, L. Howard Moss, Ernest E. Smith, William B. D. VanAuken, Oscar M. Race, Eugene D. Scala, George A. Leitner, W. Grant Cooper, Stanley W. Sayer, George S. Towne, Dudley R. Kathan, William C. Treder, John-J. Beard, Allen W. Holmes, Frederick W. Lester, Leon M. Kysor, Herbert B. Smith, Albert E. Payne, William J. Tiffany, Luther C. Payne, George M. Cady, Luzerne Coville, Mary Gage-Day, Thomas H. Cunningham, Walter S. Bennett, Lucius H. Smith, Harrison Betts, John F. Black Merwin F. Day, Thomas H. Cunningham, Walter S. Bennett, Lucius H. Smith, Harrison Betts, John F. Black, Merwin E. Marsland, Romeo Roberto, William R. Thomson.

The following Officers, Trustees and Chairmen of Standing Committees were present:

James N. Vander Veer, William H. Ross, Floyd S. Winslow, Daniel S. Dougherty, Peter Irving, Charles Gordon Heyd, James Pedersen, John A. Card, George W. Cottis, Arthur J. Bedell, Thomas P. Farmer, Walter A. Calihan, Benjamin J. Slater. James E. Sadlier, Frederic E. Sondern, Grant C. Madill, James F. Rooney, Arthur W. Booth. Harry R. Trick, George B. Stanwix, Charles

·H. Goodrich, Edgar A. Vander Veer, Paige E. Thorn-hill, La Rue Colegrove, Austin G. Morris, Thomas J. Walsh.

Waish.
The following Ex-Presidents were present:
Charles Stover, Wendell C. Phillips, Martin B. Tinker,
Grant C. Madill, J. Richard Kevin, James F. Rooney,
Arthur W. Booth, Orrin S. Wightman, George M. Fisher,
James E. Sadlier, Harry R. Trick.
The Speaker announced that the meeting would proceed

The Speaker announced that the meeting would proceed to the election of officers and the following tellers were announced by the Secretary: Walter T. Dannreuther, New York; Reeve B. Howland, Chemung; Andrew Sloan, Oneida; Aaron Sobel, Dutchess-Putnam; Walter D. Ludlum, Kings; William P. Howard, Albany; Ernest E. Smith, Queens; Luzerne Coville, Tompkins and Edward M. Colie, Jr., New York.

## 96. Election of Officers

The following officers were nominated and elected: The following officers were nominated and elected: President-Elect, Dr. William D. Johnson; First Vice-President, Dr. Henry L. K. Shaw; Second Vice-President, Dr. Joseph B. Hulett; Secretary, Dr. Daniel S. Dougherty; Assistant Secretary, Dr. Peter Irving; Treasurer, Dr. Charles Gordon Heyd; Assistant Treasurer, Dr. James Pedersen; Speaker, Dr. John A. Card; Vice-Speaker, Dr. George W. Cottis; Trustee, Dr. Grant C. Madill; Chairman of the Committee on Scientific Work, Dr. Arthur J. Bedell; Chairman of the Committee on Public Health and Medical Education, Dr. Thomas P. Farmer; Chairman of the Committee on Medical Economics, Dr. George F. Chandler, Chairman of the Committee on Medical Economics, Dr. George F. Chandler, Chairman of the Committee on Medical Economics of the Committee on Medical Residents. Sadlier: Chairman of the Committee on Medical Research, Dr. Joshua E. Sweet.

The following were elected Delegates to the Amer-

ican Medical Association for 1931-1932: Grant C. Madill, John A. Card, Arthur W. Booth, Harry R. Trick, John E. Jennings, James E. Sadlier, Frederick H. Flaherty, Arthur J. Bedell.

The following were elected alternates to the American Medical Association for 1931-1932: Charles H Goodrich, Edward R. Cunniffe, Thomas C. Chalmers, Terry M. Townsend, George W. Cottis, Edward M. Colle, Jr., Andrew Sloan and George R. Stanwix.

#### 97. SURVEY OF MORBIDITY FROM HEART DISEASE

The Secretary then presented the following resolutions:

WHEREAS, the Division of Vital Statistics of the New York State Department of Health plans to initiate a continuous survey of morbidity from heart disease in the State, outside of New York City, and

WHEREAS, they desire the cooperation of the physicians in the State in collecting this information, there-

fore, be it

RESOLVED, that the House of Delegates approve the plan and urge the physicians to cooperate so far as possible in the collection of this data.

The Secretary: I move that the resolution be indorsed. Motion seconded and carried.

#### 98. Invitation to Hold Annual Meeting in KINGS COUNTY

Dr. Ludlum, Kings, invited the Society to hold the next annual meeting in Kings County.

The Speaker: That will be referred to the Council. On motion duly seconded the House adjourned sine

> JOHN A. CARD, Steaker. DANIEL S. DOUGHERTY, Secretary.

#### INDEX OF MINUTES OF HOUSE OF DELEGATES The figures refer to the numbers of the sections

Academy of Medicine, N. Y., On Unethical Practices Advertisements by Physicians	66,	72	Nursing Officers Opposing Official Action Pay Clinics Pay of Physicians in Public Employ Periodic Health Examinations Physical Therapy Place of Annual Meeting Pollution of Waterways President-elect, annual address		81 60, 78 17, 69 22, 75 65 82 98 80 37
Cancer Prevention Censors, Bond of Appellants to Charges to Industrial Patients in Free Wards	24, 28, 18,	86	President's Address, and Report4, 23, 37, 8 Prize essays Public Relations, Report on Public Health and Medical Education	5,	87, 90 42 18 79
Choice of Physician by Injured Workman.12, 14, Collection Agencies	21, 83, 15,	62 84 71	Public Health Measures, Support of Publicity Retired Memberships		40, 63 87, 90 92
Corporations Practicing Medicine Councillor's Monthly Meeting Counsel, Legal Credentials Dentists, Relation to Physicians Diphtheria Prevention	44, 91,	36 94 1 93 56	Reterence Committees Reimbursement for Expenses 3 Roll Call Room at the Office of the State Society. Rural Hospitals Saratoga Springs Health Resort		50, 54 49, 85 95 45 19 51
District Branches Economic Articles in Journal Election of Officers		58 96	Scientific Work		33, 47 43
Executive Committee Meetings Program . Governor's Law Revision Commission	13,	25 70 79 26	Specialists, Certification of		5, 53 10, 67 97 57
House of Delegates, Reports on Proceedings Indigent Patients and Welfare Act of 1929 Legislation, Committee on Legislative Chairmen; Conference of Medical Economics Medical Research	33,	29 52 41	Treasurer's Report Tri-State Conference Trustees Unfinished Business Vice-President, Status of Woman's Auxiliary		34, 48 57 6 27 23



# **NEWS NOTES**



# TRI-STATE CONFERENCE

The fifteenth regular session of the Tristate Medical Conference was held at the Penn Athletic Club, May 24, 1930, with Dr. William T. Sharpless, President of the Medical Society of Pennsylvania, presiding. Those in attendance were:

New York: William H. Ross, Brentwood, L. I.; Joseph S. Lawrence, Albany; John J. Jennings, Brooklyn; Harold Rypins, Albany. Pennsylvania: William T. Sharpless, West

Pennsylvania: William T. Sharpless, West Chester; Ross Patterson, Philadelphia; Frank C. Hammond, Philadelphia; Harry W. Albertson, Scranton; Arthur C. Morgan, Philadelphia; William Pepper, Philadelphia; Edgar S. Buyers, Norristown; H. W. Mitchell, Warren; William Pearson, Dean of the Hahneman Medical School, Philadelphia; Paul Raymond Correll, Easton.

New Jersey: Andrew F. McBride, Paterson; George N. J. Sommer, Trenton; J. N. Morrison, Newark; Charles B. Kelley, Jersey City; E. C. Taneyhill, Philadelphia, Pa.; Henry O. Reik, Atlantic City.

The subject of the Conference was "Medical Practice Acts, State Boards, and Licensure in the Healing Arts," and was introduced by Dr. Ross V. Patterson, Dean of Jefferson Medical College, and President-elect of the Medical Society of the State of Pennsylvania.

The following abstracts will indicate the scope of Dr. Patterson's remarks:

"It has been said, and I think truthfully, that medical education is usually 25 years ahead of medical practice; and that medical practice is 25 years ahead of medical licensure. The educational problems of 25 years ago are almost completely solved. Whatever remains unsolved can best be left to the medical schools and to their organizations—the Association of American Medical Colleges, and the Association of American Universities.

"The Federation of State Medical Boards, aware of changed conditions, revised its Constitution and By-Laws, February, 1930, so that they now contain the following provisions:

"In all matters of premedical education, courses of study, and education requirements for the degree of doctor of medicine, or its equivalent, the federation recognizes the Association of American Medical Colleges as the standardizing agency for this purpose. The federation regards as its proper function (a) the determining of fitness for the practice of

medicine, and (b) the enforcement of regula-

tory measures.'

"The best law is one of simple construction conferring upon the body responsible for its administration, the broadest possible powers containing the fewest possible number of specifications and restrictions. The present medical practice act in Pennsylvania has become very complex by reason of numerous additions, amendments and modifications, in the various attempts which have been made to incorporate in the act itself changes and advances in medical thought. This has lead to difficulties in understanding its provisions, and consequent difficulties with regard to its enforcement.

"Almost since the organization of medical boards, their chief activity has been that of granting licenses to medical graduates by examination, reciprocity, or endorsement of credentials. Comparatively little attention has been given to the regulation of medical practice.

"State boards need no longer burden themselves with the laborious and tedious examinations of the recent graduates. Written tests have a very limited value as a test of qualifications for admission to medical practice. To my mind, the abandonment of them except in the case of limited groups would be a great step forward.

"So-called basic science laws of various forms have been enacted into law by six states and the District of Columbia during the past four years. There is no agreement as to what sciences shall be considered basic, nor is there uniformity as to the administration of the law. It has been effective in excluding from licensure the most ignorant of the cultists, although renegade medical students have found in this law an opportunity to enter upon the the practice of medicine in a round-about way. under conditions less exacting than would have confronted them in the usual and ordinary course of procedure. Basic science laws raise the standards for cultists and lower them for medical men. Obviously the qualifications of several hundred medical men admitted to practice each year are of more importance than the qualifications of cultists who, even if licensed, assume only a small part of the responsibility for medical care. So far as the recent medical graduate is concerned, he may be licensed by endorsement of his

diploma without detriment to the public in-

terest.

"Prosecution of violators of the law should be a responsibility of the department of jus-

"A deputy attorney-general should be specially assigned to this duty, and should make a special study of medical law enforcement. County district attorneys are often indifferent or inefficient and object to local influences which make them disinclined to prosecute offenders morally supported by influential persons in their home communities.

"Essential to the enforcement of any medical practice act is a corps of full-time specially trained investigators directly under the direction of the administrative board and responsible to it for the performance of their duties. They would have to do with illegal practice of all kinds on the part of both licensed and

unlicensed practitioners.

"There should be compiled, published and distributed periodically a directory of all those licensed to practice any form of the healing art. The information contained in such notice to those interested is of inestimable help to law enforcement. The omission of a name from such a list at once calls attention to an illegal practitioner. It makes a potential investigator of every licentiate who may supply valuable information to those directly responsible for law enforcement. In time the public would come to know of such a list, and would consult it to determine the status of those about whom there was doubt. Such a directory should be in the waiting room of many physicians.

"The pecuniary contribution to law enforcement is an additional advantage. I am aware of the objections to imposing upon those licensed any considerable part of the burden of law enforcement. Whatever theoretic objections there may be, they are far outweighed by practical considerations. Annual registration is now required by twenty-one states while several others require an occupational tax, which in the state of North Carolina amounts to \$25 per year. My personal view is that the registration fee should be about sufficient to cover the expenses of conducting the registration itself, publishing, printing and distributing a directory.

"It is obvious that no medical practice act, no matter how well conceived and constructed, and no administrative board, no matter how carefully selected and talented it may be, will be effective in licensure, regulation and law enforcement unless funds adequate to the financial needs of such an undertaking are budgeted, appropriated and placed at the disposal of such a board."

Dr. John E. Jennings of Brooklyn, in discussing Dr. Patterson's paper said:

"Pennsylvania has been somewhat backward in accepting what we in New York have come to call "Flexnerism," and I use the word without hesitation. In other words, we have come to witness confusion in New York State between education and training. I think Philadelphia has clung to the old Greek idea. I think this has a very close relationship to what Dr. Patterson has proposed and is attempting to do.

"Why is it that specialization has increased? One of the reasons is because of the smaller schools which have found it harder to exist. Many of them were unworthy of existence, but in Massachusetts they have recently been attempting to rehabilitate some of the smaller schools. The country boy who used to go to the small town school does not go into medicine any more; and medicine in New York State is very largely recruited from the urban population, with lower ethical standards and ideals. Perhaps, after all, medicine is best learned at the bedside. Perhaps the basic sciences are not so important as actual contact with the preceptor. Is it not possible to go too fast and too far in this matter?

"I think that an attempt to protect the public from cultists by a board of education is impossible. An investigator, a little bureaucracy, attempting to cull out the licensed practitioners and to prevent the illegal practitioners from practicing seems to forget that the citizen believes he has a right to consult any one he likes and that he will simply put the chiropractor, the more this law is enforced, into the unhappy position of a bootlegger. It will simply cost him a little more to fix your in-

vestigator, that is all."

Dr. Andrew F. McBride of Paterson, President of the Medical Society of New Jersey, said:

"Referring to the inclusion of osteopaths on such a board brings to mind the New Jersey board. We have an osteopath, a chiropractor and an eclectic member on our board. They deal with subjects peculiar to their cults. We have no 'dual board.' The chiropractors previously had a separate board.

"Annual registration is a moot question. Personally, I have no objection to it, but many others have and for what they believe good

and sufficient reasons."

Dr. Harold Rypins, Secretary of the New York State Board of Medical Examiners, said:

"The trouble with most medical practice acts is that they have been written without a clear idea of what the act is to accomplish. They attempt to protect the public health by giving the right kind of physicians to the state.

There are three things you must do to get the right kind of physicians; first, to train and license the right men; second, to take out those who have not behaved properly; and third, to keep from practicing those who do not meet the qualifications. Every medical practice act must have these three assets and each of them must work successfully; these three things must be integrated. I know of no way in which that can be done unless the whole thing is embodied in one act and that act is administered by one board or body.

"Because of the large amount of work involved, in New York we have split up and now have a board of medical examiners which does nothing but examine applicants for licensure. and we have a Grievance Committee which does nothing but handle case of discipline. That is made up of ten of the leading physicians of the state who serve without compensation, for the good of the profession. It holds legal hearings and recommends the proper discipline to the Board of Regents of the state education department. Only once have the Regents disagreed with the Grievance Committee. The moral effect of this committee has been very great. It has been operating since September, 1928, and has considered 119 cases of charges against licensed physicians.

"Where, ordinarily, people would employ a shyster lawyer and have a law suit, they have now found that without hiring a lawyer they can come before this committee and air their grievances. It has been very valuable to the profession and is a by-product which we did not anticipate. All of the cases listed as malpractice, practically all listed as miscellaneous, and all listed as unethical conduct, have been complaints of people who would ordinarily bring a law suit against physicians, and instead of that they have come before this committee, had the situation explained, and gone away satisfied."

Dr. Charles B. Kelley of Jersey City, speaking for the Medical Examining Board of the State of New Jersey, discussed some of the difficulties which New Jersey had with the State of Pennsylvania over the licensing of candidates, and said:

"Because of various classifications conflicts between the state boards have arisen, and Pennsylvania has been the storm center. New Jersey is not the only state that has this difficulty for Pennsylvania has had quarrels with half a dozen different states regarding this subject. The Pennsylvania Board has never seen fit to accept any classification except its own; saying the board cannot, according to the law, accept the classification of any body such as the A.M.A. or the American College of Sur-

geons. Consequently when we broke off relations with Pennsylvania, in 1925, it was over nothing but the intern year. We still accepted Pennsylvania graduates if their intern year had been served in a hospital which we could accept. That went on until within the last year we felt that we had settled it. The Pennsylvania Board still holds to the position that it cannot accept any internship except in a hospital inspected and approved by its own inspection. We have adopted as our classification for the graduate in medicine the fifth year training for the graduate, and the A.M.A. classifications. We will accept an internship in any hospital in the United States approved by the A.M.A. for intern training. That includes Pennsylvania also. And we hope that Pennsylvania will some day or other extend us the same courtesy."

Dr. Harry W. Albertson of Scranton, past-President of the Medical Society of the State of Pennsylvania, said:

"The fact that two states have repealed their basic science laws recently leads me to believe that these laws are not what we would first have believed them to be. I do not think that they work out well. I have tried to keep in touch with the secretaries of the boards of the states that have had basic science laws and I am led to believe that they are not the best means of keeping out those who would come into the medical profession by the back door.

"In the matter of reciprocity, that seems to have been a very good subject for this morning's discussion. I do not see how you are going to have reciprocity with other states where there is a difference in laws, not a difference in the matter of interpretation of laws, but a difference in the reading of the laws. If a board of medical education and licensure is going to be of any service to the people and to the medical profession, that medical profession must have had something to do with the drafting of the law under which they wanted it to work."

Dr. J. B. Morrison, Secretary of the Medical Society of New Jersey, said:

"With regard to the financial application of this law, we have never been able to convince the department of justice that it should appropriate money for the prosecution of illegal practitioners. We have been, perhaps, looked upon as a 'medical trust' attempting to protect our own pockets. Four years ago we tried to pass an annual registration act in New Jersey and it would have gone over had it not been that the state board of medical examiners the year before had attempted to pass a similar act containing the statement that if a man failed to register they could revoke his license. That killed annual registration in New Jersey. It has been adopted now in twenty-one states and I believe after a few years more we may be

able to put it through in New Jersey.

"I believe also that the New York bill has another excellent feature for medical men. We tried to pass that act also in New Jersey but could not do so because we had already recognized for chiropodists the title of doctor-surgeon-chiropodist. That was done because the only decent school of chiropody in America was in Philadelphia and we accepted its graduates with that title, so could not take it away from them."

Dr. William Pepper, Dean of the University of Pennsylvania Medical School, said:

"The question of money for the carrying out of one of the duties of state boards, that is the prevention of illegal practitioners and the prosecution of them, etc., I agree heartily with those who feel that this money should come from the state. I do not see why the doctors in the state should be assessed to carry out that work. I approve of annual registration."

Dr. William Pearson of Philadelphia, said: "Obviously, I represent a minority in medical education, representing the homeopathic branch of the school of medicine. The chief criticism I would have of Dr. Patterson's proposal is that absolutely no recognition whatever is suggested for the homeopathic school. We in Pennsylvania represent approximately 10% of the physicians. We have our own state society which is very flourishing and a fine organization. There is no question in my mind that my colleagues would criticize me were I not to mention this apparent oversight."

Dr. Paul Correll, Easton, Pa., said:

"We could clean up Pennsylvania in six months if we had the funds with which to prosecute irregular practitioners; and we must clean our own house, get rid of the regulars who are guilty of misconduct, as well as attack the cults. I am sure the Pennsylvania Medical Society would welcome a Grievance Committee. We need, too, to have our law amended and made so definite that there will be no bickering over the crossing of a 't,' or the dotting of an 'i,' for we not only have had difference with the New Jersey board, but have had differences of opinion among ourselves."

Dr. J. B. Morrison read a letter from Dr. Olin West, General Manager of the American Medical Association, whose opening para-

graph was:

"At the Portland Session Dr. William Allen Pusey introduced a resolution that was adopted by the House of Delegates providing for the compilation of a comprehensive statement for the guidance of the American Medical Association concerning the practice of medicine by corporations, by clinics, by philanthropic organizations, by industrial organizations, and concerning the relationship of physicians thereto."

It was voted that this matter be referred to a special sub-committee.

The meeting was in session from 10.30 A.M. until 2.45 P.M. with a brief intermission for luncheon. Those in attendance were guests of the Medical Society of the State of Pennsylvania.

# INDEX OF ACTIVITIES OF MEDICAL SOCIETIES OF COUNTIES AND STATES RECORDED IN THE NEW YORK STATE JOURNAL OF MEDICINE DURING THE SECOND QUARTER OF 1930

Academy of Medicine of Dataman	756	Course Come Community From One	PAGE
Academy of Medicine, of Delaware	471	Cancer Cure, Comment from Oregon	562 751
Advertising Cigarettes in Ohio	485	Centers, Hospital (Ed.)	654
Advertising in New York from Colorado View-		Medical and Health (Ed.)	594
point	691	Changing Order of Medical Practice (Ed.)	393
Advertisements in Colorado Journal	625	Cigarette Advertising in Ohio	485
Addresses at	733	Consultation Bureau in Minnesota	689 480
Announcements	603	County Health Committee in Wisconsin	
Commercial Exhibits	464	Departments in Iowa	482
Description of	732	County Society, Attendance in Tennessee	430
Editorials on	653	County Medical Society Reports:	671
Reports of Officers and Committees495, Scientific Program	662 458	Bronx	549
Annual Meeting, in Arkansas	567	Tefferson	548
In New Jersey	748	Oueens40/,	669 614
in Texas, Popular Lectures at	624	Seneca Steuben	548
Annual Registration, List of States Having	567 401	PP*	410
Art Club Physicians	430	Washington A deficition in Iowa	741 483
Basic Science Law in Minnesota		Washington County Society, Standard Activities in Iowa	

# TIOGA COUNTY

The regular dinner meeting of the Medical Society of Tioga was held at the Jenkins Inn, Waverly, Tuesday evening at 6:30. The following members and guests were present: Dr. Frederick Terwilliger, President, Spencer; Dr. W. A. Moulton, Secretary, Candor; Drs. A. J. Capron, G. M. Cady, E. E. Bauer, L. D. Hyde, of Oswego; Drs. Guy Carpenter, F. A. Carpenter, L. S. Betowski, P. D. Bailey, F. H. Spenser, M. D. Baxter, of Waverly; Drs. C. H. DeWann, J. W. Higgins, S. D. Conklin, of Sayre; Dr. Amos Canfield, of Candor; Dr. E. M. Cowell, of Athens; Dr. James Cargill, of Van Etten: M Delos Goodrich, Superintendent of Schools in the Second Supervisory District; Fred G. Frost, Newark Valley, Chairman of the County Fair Commtitee; Miss Margaret Dake, School Nurse, Waverly; and Miss Elizabeth Pinney, County Public Health Nurse.

The President introduced Mr. Goodrich, who spoke of the great necessity of school nurses for the rural schools. He gave a summary of the defects found by the examining physicians in his District for the last year,—776 pupils examined; 684 defects found; of these only 123 had treatment. He felt that a full time nurse for the schools would do a great deal toward correcting this condition. The Medical Society voted as being in favor of school nurses.

Then followed a discussion of a preventative health program to be arranged for the County

Fair, which will be held in Oswego during the week of August 18th. Mr. Frost, Chairman of the Fair Committee, offered to donate space and to cooperate in any way to make the plan a success. It was voted that the Public Health Committee of the Medical Society work out a plan and make arrangements for the project.

Dr. Frederick Carpenter then introduced the speaker of the evening, Dr. Hilton J. Shelley, full time Health Officer of Middletown, N. Y. Dr. Shelley's topic was "Undulant Fever," which, he said, according to history was nothing new. In 1567, England had the disease, but it was not recognized as such. The Board of Health in Middletown publishes a monthly bulletin which is very instructive and much in demand. Every month twenty-five copies are sent to foreign counties.

Dr. Shelley gave a report of several cases which he had seen and showed the importance of pasteurizing milk, it being the only means of prevention. The economic benefit to the farmer is large, and he is starting a campaign to help the farmer.

Then followed a general discussion in which several physicians took part.

The Society voted to invite the Sixth District Branch of the State Medical Society to hold its Fall meeting in Tioga County.

The meeting was then adjourned until September.

W. A. Moulton, Secretary

# BRONX COUNTY

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on May 21, 1930, was called to order at 9 P.M., the President, Dr. Aranow, in the Chair.

The following candidates were elected to membership: Drs. Maxwell C. Ballen, Alfred B. Clements, Thomas L. Crescenzi, Anthony J. Giordano, Nicholas A. Gnazzo, Alexis Gottlieb, Salvator G. Maraventano, Morris Sonberg, Louis F. Soscia, Morris Tannenbaum and Philip Weisberg.

The following proposed Amendments to the By-Laws were submitted: Add to Section 4, beginning at nineteenth line:

"Internes serving in Bronx Hospitals are

also eligible for Associate Membership in this Society."

Add Section 26 (a):

"Applications of Internes for Associate Membership shall state college from which graduated, with date and hospital affiliation. An affirmative vote of two-thirds of the votes cast at a regular meeting of the Society shall be necessary to elect."

The Scientific Program then proceeded as follows:

Paper: Psychiatry in Relation to General Medicine—Menas S. Gregory.

I. J. LANDSMAN, M.D., Secretary

#### CLINTON COUNTY

The 'semi-annual meeting of the Clinton County Medical Society took the form of an evening banquet at the Monopole Grill, Plattsburgh, N. Y., on May 20, 1930. Attendance twenty.

The Committee on Public Health and Public Relations gave a report which was a preliminary report on the maternity survey of Clinton County for the year 1929. Of 1,060 questionnaires sent out to all physicians reporting, births in the calendar year, 696 had been received. It was expected that this number would be brought up at least 90% within a short time. Some interesting points were brought out in the discussion of this preliminary report and it was decided that the Committee should continue.

An amendment to the by-laws raising the annual dues to \$5.00 was presented, to be acted upon at the annual meeting to be held in

A discussion on the matter of physicians' fees for County and Town cases resulted in referring this matter to a Committee for thorough consideration and report, as was also the matter of hourly nursing.

The President spoke of the matter of insurance under the State group plan. This was discussed by Dr. L. G. Barton, a Vice-presi-

dent of the State Society.

Following the business meeting entertainment was provided in the form of an address by Mr. Harry P. Kehoe, a local attorney.

LEO F. SCHIFF, Secretary.

#### FRANKLIN COUNTY

The regular semi-annual meeting of the Medical Society of the County of Franklin was held June 11, 1930, in the John Black Memorial Room at Saranac Lake. Luncheon was served in the Hotel Saranac.

At the business session the following officers of the County Society were present:

Dr. Edward S. Welles, President in Chair. Dr. Philip E. Stamatiades, Vice-president. Dr. George F. Zimmerman, Secretary-

Treasurer. Dr. J. Woods Price and Dr. G. C. de Grand-

pre. Censors.

Members present: Drs. Kinghorn, Dalphin, H. B. Brown, Brumfiel, Packard, Eagan, Heise, Emans, Wilding, de Grandpre, Kissane, Leetch, Haskins and White.

Visiting Doctors: Dr. S. W. Sayre, Sanitary Supervisor for Northern New York District, Gouverneur, N. Y.

Dr. Edwin M. Jameson, Saranac Lake. Dr. Robert W. Kropp, Columbus, Ohio.

Dr. Herman J. Wytie, Bloomington, Ind. Dr. James S. Edlin, New York City.

Dr. John Duffy, Dublin, Ireland, Dr. Spencer Schwartz, Trudeau, N. Y.

Dr. John Fabian Busch, Spartanburg, S. C.

Dr. David T. Smith, Ray Brook, N. Y.

Dr. William M. Gay, Saranac Lake, N. Y.

On motion the President named the following committee to nominate officers for the coming year-Drs. Kingborn, Dalphin and White,

The following officers were nominated and elected in open meeting:

President: Dr. Dhilin E Stamatiadae M.D.

Vice-President: H. Beattie Brown, M.D. Secretary-Treasurer: George F. Zimmerman, M.D.

Censor for three years: L. P. Sprague, M.D. Delegate to Annual Meeting: C. C. Tremb-

ley, M.D. Alternate: J. E. White, M.D.

The following new members were elected:

Charles H. Haskins, Saranac Lake.

Joseph T. Eagan, Saranac Lake. C. C. Trembley, County Delegate to the State Meeting held in June, 1930, reported on the discussions on the Workmen's Compensation Act.

The Scientific Session was well attended, and keen interest was manifested in the papers and discussions.

1. "Vitamins in Their Relation to Disease," by David T. Smith, M.D., Ray Brook, N. Y.

Dr. Smith showed by original experiments the effects on animals of withholding certain vitamins from their diet and the spectacular return to normal when these vitamins were restored. The paper was discussed by Drs. White and Kissane.

2. "Some Pitfalls in Diagnosis Encountered by the General Practitioner," by J. W. Kissane,

M.D., Malone, N. Y.

Dr. Kissane in his address gave many helpful suggestions in arriving at a diagnosis in various cases of obscure conditions in infants and young children. Discussion by Dr. Welles,

3. "Case Report, Tuberculous Meningitis," by John E. White, Malone. Discussion by Drs.

Dalphin and Heise.

G. F. ZIMMERMAN, Secretary.



# THE DAILY PRESS



# WORDS AND ACTIONS









J. N. Ding might have had the medical profession in mind when he designed the cartoon for the New York Herald Tribune of May 9, 1930, entitled "What really worries him." Perhaps some physicians will wonder what possible connection that cartoon can have with medicine. When we saw the cartoon our first reaction was that it taught that the average doctor considers pulling dandelions from the lawn to be a highly commendable response to the reformer's call to action; but deeper thought revealed a subtle allusion to the difficulty of practicing preventive medicine.

It seems easy to get rid of dandelions. One can dope the ground with salt, but that kills the grass also; or one can practice surgery on them, but the roots have a mighty hold upon the soil; or one can try to exclude the seeds from the soil. But dandelions and sickness will both flourish long after reformers have given up the idea of their eradication.

There will always be a call for the skilled surgeon who can remove diseased tissues, and the internist who brings comfort and relief with his ministrations. Modern conditions of living bring new forms of sickness; and nervous diseases will increase even though physical changes are prevented. It is certain that the family doctor will continue to be called out of bed by his suffering patients.

# ENLIVENING STATISTICS

Vital statistics may be the basis of public health work, but they are about as interesting as the bricks in the cellar walls of a house. How to endow statistics with vital interest to the average reader is a problem that is wellnigh insoluble. How a City Manager in California tried to solve it is told in the following editorial from the New York *Times* of April twenty-first:

"People have been spoiled for difficult reading by the brief, pithy, breezy style of writing so generally cultivated nowadays. They will not take the time to dig patiently into a long, dull report in order to get at the interesting or essential facts in it. The City Manager of Berkeley was distressed because no one was reading the news of admirable improvements in the bright part of California of which he has charge. All the municipal news was of the

most gratifying kind, yet the citizens paid no attention to his facts and figures.

"In a moment of inspiration he called on a San Francisco newspaper man for help. This writer was experienced in dressing up a mild little story with frills of human interest, and advised a similar method for the city statistics.

"The next municipal reports appeared in the form of a small newspaper with oversize headlines. Mr. Weigle found and played up the most striking features of garbage collection, police activities, health problems and street paving. Trifling but amusing or significant occurrences in all departments were used to introduce the heavier matters in which the taxpayers should have been interested. The result has been that every one in Berkeley wanted a copy of the report. In addition many governmental bureaus all over the country and several abroad have sent for copies."

#### INTELLIGENCE TESTS

The value of intelligence tests has often been disputed and they have been condemned because they are only about seventy-five per cent infallible. We do not agree with the writer with whom the following interview is published in the New York Times of June 22:

"The intelligence test is one of the greatest crimes that was ever foisted on the public in the name of education, according to Joy Elmer Morgan, editor of The National Educational Association Journal, just before he left New York yesterday for Washington, D. C.

"It is not an intelligence test at all.' Mr. Morgan said, 'because it does not measure intelligence. Lincoln and many other great thinkers of the past would have been rated very low by such a test because they were deliberate thinkers.

"'What these tests do measure is a person's ability in a particular, narrow field at a particular time. They do not measure intelligence because they do not make allowances for the constant changes in a person's background, intensity of purpose, thoroughness and rate of thinking. All of these are essential factors in

the make-up of a person's intelligence,' he

pointed out.

"The fallacy of using the Binet-Simon tests in rating the American soldiers during the World War was also scored by him. On the basis of these tests the average soldier was rated as possessing an intelligence of a 12year-old child.

"'This is obviously ridiculous,' Mr. Morgan said. 'Especially does it become foolish when we remember that educators are fairly well agreed on the point that the human mind ma-

tures at the age of twelve.'

"The vicious effect of these tests in the educational program of our schools and colleges today lies in the fact that they have discouraged those who have needed the encouragement most and made 'smart alecks' out of those who most needed to face difficult tasks. The deliberateness, thoroughness and the abilities to analyze and think reflectively do, after all, form the basis of greatness."

Yet intelligence tests will justly continue to be given and the results applied in teaching, in the selection of candidates for positions, and

in numberless other practical ways.

#### THE PHYSICS OF NERVE ACTION

When someone makes a new observation on the action of a part of the body, the public are prone to consider it as an explanation. Nerve action is mysterious, but some phases of it have recently been made visible. The New York Herald Tribune of June 22, commenting on the observation says:

"The experiments on the effects of alcohol, anesthetics and other substances on nerve tissues, reported at the Colloid Symposium at Cornell University by Dr. G. H. Richter, provide a not unexpected confirmation of the suspicion long prevalent among physiologists that the inner substance of a nerve and the colloid materials typified by gelatin and white of egg have many properties in common. Nerve action has been mysterious because it evidently involves two different but associated actions. On one side, the operations of a nerve are indubitably electrical."

"What Dr. Richter now has accomplished is the detection of a change in nerve cells, visible under a special form of microscope, which change occurs when the account of the change commission by an anesthetic like chloroform, by a toxic agent like alcohol or even by severe shaking or other mechanical stress. The change is a coagulation of the colloidal matter of the living nerve cell, apparently much the same thing as the coagulation which makes white of an egg turn hard and white when it is cooked. In the nerve cell, however, the coagulation is not permanent, but disappears slowly when the anesthetic or other agent is removed.

"It is known, too, that such changes, even in non-living colloids like glue or silica jelly, often are accompanied by electrical effects, which provides the link between the new observations of Dr. Richter on nerves and the known electrical actions of these organs. Possibly the chemical factor of nerve action, already known to accompany the electrical one, is merely this coagulation of the nerve cells. In any event, the microscopic method which Dr. Richter has perfected for seeing these things happen promises much for better knowledge of the actions of these master tissues of all animal life."

## OUR NEIGHBORS



#### LEGISLATION IN NEW JERSEY

The June issue of the Journal of the Medical Society of New Jersey describes a meeting of the Welfare Committee held on April 27, at which the following report on legislation was

given:

"The General Assembly of New Jersey has adjourned without having done any harm to the health laws of the state. Of the various bills pending at the time of our last meeting, March 2, those bills to which we had given endorsement have, with one exception, become part of the statutory laws, while those to which we filed objections all failed of passage.

"To be more specific: A1, continuing the work of the Commission on Crippled Children, was passed; A 3, requiring the signing of death certificates by physicians within a time set for burial of the decedent, was passed; A 85, providing higher educational requirements for students of chiropody, and defining the limitations of chiropody practice, was adopted after amendment in accordance with an agreement made with a special subcommittee of this body; S 207, compelling reports to be submitted promptly to local boards of health when persons are bitten by dogs or other animals subject to rabies, was passed; S 117, providing for aliens in favor of hospitals furnishing treatment to patients injured in accidents, was passed. It is to be noted that this last-mentioned bill protects a hospital but makes no reference to physicians or nurses. A corresponding bill intended to cover physicians and nurses as well as institutions—A 284. -was not further considered after it was agreed here to support S 117. A 202, controlling Expert Testimony was passed in the House of Assembly, but defeated in the Senate.

All of the osteopathic, chiropractic and nauturopathic bills were defeated on the floor of the Assembly or were held in committees. A 93, designed to regulate the practice of surgery in its several branches, was killed

in committee."

#### POPULAR MEDICAL EDUCATION IN ILLINOIS

The Illinois Medical Journal of June describes the popular medical education work of the State Society in the following editorial:

"Few state medical societies enjoy and profit from contacts with lay organizations in the degree afforded the Illinois State Medical Society through its educational committee. That intelligent understanding existing between the medical profession of Illinois and these lay groups has been valuable to all concerned.

"The Public Health and Child Welfare Chairman of the Illinois Federation of Women's Clubs and the Illinois Congress of Parents and Teachers, representing about 200,-000 women, confer with representatives of the Educational Committee. Some excellent work is being done by these two splendid groups of women. Particular mention might be made of the "Summer Round-Up" and the correction of remedial defects following physical examinations at that time. Hundreds of physicians have been invited to appear before women's clubs and Parent-Teacher Associations in order that the members may learn what medicine has accomplished and is doing to raise our health standards. The Illinois Federation of Women's Clubs supported the

State Medical Society in opposing the Sheppard-Towner Act and opposing anti-vivisec-

tion legislation.

"The University of Illinois Home Economics Extension Service has sought the advice and assistance of the Educational Committee in its work with the Home Bureaus and 4H clubs. In a number of counties all Home Bureau Units have received some cooperation

from the State Medical Society.

"The Chicago Woman's Club, with its cancer program, the Chicago Section of the National Council of Jewish Women; the Chicago Woman's Aid; the Jewish People Institute, the Juvenile Detention Home sponsoring proper sex education; the American Public Health Association; the Illinois State Dental Society, and the Elks Foundation for Crippled Children should also be mentioned. Evanston Woman's Club, through Mrs. Rufus Dawes, came recently to the Educational Committee for advice and cooperation. There can be no question as to the value of these contacts which have helped so much in promoting an intelligent interest in important health problems of Illinois. (Continued on page 808adv. xvi.)



## Whereas

The physicians of this country evidence an almost unanimous preference for Dextri-Maltose when modifying Protein Milk, as well as cow's milk formulae

## Whereas

The cases requiring Protein Milk are difficult to feed, representing sick babies with severe nutritional upsets. Therefore,

## Be it resolved

That, in the feeding of healthy babies, as a modifier of cow's milk, the physician's carbohydrate of choice is



Dextri-Maltose



DEXTRI MALTOSE WITH VITAMIN B" IS NOW ALSO AVAILABLE TO PHYSICIANS WHO ARE INTERESTED IN ITS APPETITEAND.CROWTH-STIMULATING



in a most satisfactory way

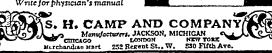
Designed for relief of scrotal hernia-this garment performs its work better than any belt or truss on the market.

t hugs the body closely, following the groin line. Beneath—a fitted, resilient pad protects the ruptured part. Perineal straps fitting close to the side of the leg hold the pad firmly. No slipping from place. No irritation. The CAMP PATENTED ADJUST-MENT, lacing at back, pulling from lower front, governs tightness and

support affording decided comfort to the patient. In different body heights, allsizes. Soldatthe better drug and surgical houses.

Write for physician's manual





The Cardiologist's Choice



Pil. Digitalis

(Davies, Rose)

Physiologically tested leaves made into physiologically tested pills.

Convenient, uniform and more accurate than tincture drops.

Prescribe "original bottle of 35 pills" which protects the contents from exposure from the time of manufacture to the time of administration. This further insures dependability of action.

Each pill contains 0.1 gram, the equivalent of about 1½ grains of the leaf, or 15 minims of the Sample and literature upon request.

DAVIES, ROSE & CO., Ltd. Pharmaceutical Manufacturers, BOSTON, MASS. (Continued from page 806)

"The Illinois State Department of Public Health enjoys friendly relationship with the State Medical Society. Its various divisions have sought and received cooperation from the Educational Committee. The members of the Committee and several obstetricians checked over and revised the prenatal letters now being sent out by the Child Hygiene Division. Numerous appointments have been filled for the Division of Public Health Education and that Division in turn has supplied posters, films, and literature to the Educational Committee. There seems to be much less conflict than in former years between the medical societies and the nurses sent out from the State Department of Health.

The Committee has been represented on the Advisory Council of the Child Hygiene Division of the State Department of Health. This Council has officially approved a plan for work which will require the cooperation of the county medical society, county dental society, and local lay groups. Several counties are considering the establishment of this plan within

the near future.

"The contacts which the medical society has had with grade schools, high schools, colleges, with Y.W.C.A.s, with the men's service clubs and with young mothers' clubs, have given individual members a new understanding of what the Illinois State Medical Society is trying to do. Practically every lay organization of any appreciable size or importance in Illinois has had contact with organized medicine. During Health Promotion Week, 1930. members of the Illinois State Medical Society presented health programs to over two hundred schools, clubs and churches."

#### NEBRASKA STATE SOCIETY MEETING

A description of the Annual meeting of the Nebraska State Medical Association held in Lincoln, May 13-15, is contained in the June issue of the Nebraska State Medical Journal which says:

"The annual meeting at Lincoln, May 13, 14, 15, is history, and history of one of the most profitable meetings ever held. The registered attendance was 389, which owing to heavy rains and flooded streams west, was quite remarkable.

"The House of Delegates performed service of outstanding importance. 'Fraud by Air' was thoroughly ventilated and action taken by the House to make our impress felt before the Federal Radio Commission. A By-Law was passed establishing a Medical Student Loan Fund available to worthy, needy Nebraska

(Continued on page 810-adv. xviii)

# FELLOWS<sup>5</sup> SYRUP

Clinically tested and proved all over the world

REMINERALIZATION

VITALITY

**ENERGY** 

**DEMINERALIZATION** 

CONVALESCENCE

**NEURASTHENIA** 



SODIUM

CALCIUM

POTASSIUM

MANGANESE AND IRON

STRYCHNINE AND QUININE

FELLOWS MEDICAL MANUFACTURING COMPANY, Inc.

26 Christopher Street, New York City.

Please mention the JOURNAL when writing to advertisers

## "STORM"



#### The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM" belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliac Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.
47 West 47th Street New York City



## Freedom from Hay Fever at Murray Bay

The above is the title of a pamphlet dealing with the Murray Bay country situated on the Lower St. Lawrence in the Province of Quebec. It explains why hay fever sufferers find immunity at this haven of restful beauty.

Copies may be obtained on request from

#### CANADA STEAMSHIP LINES

715 VICTORIA SQUARE, MONTREAL, QUEBEC

(Continued from page 808-adv. xvi)

medical students in the junior and senior years, beginning with \$500, and creating a committee to administer the fund.

"Until very recent years an annual meeting of the State Medical Association meant a formal program of several days of the State Medical Association, ending in a banquet. Nowadays an annual meeting is a part of a medical activities week chockfull of clinics, meetings of organizations allied to medicine, and health education of the lay public, to the benefit and convenience of all.

"State Medical Week at Lincoln this year opened Monday, May 12, with a day of clinics celebrating the opening of a new wing to the Bryan Memorial Hospital—which now has 100 beds—with a full program presented by out-of-state medical celebrities.

"The Nebraska Tuberculosis Association had an all-day meeting, May 12, climaxed by a banquet at the University Club. The principal speaker was Dr. J. A. Myers, president of the Minnesota Public Health Association.

"The Nebraska Association of Medical women met on the afternoon and evening of May 13, had a program of three numbers, and a buffet dinner at the residence of Dr. Inez C. Philbrick.

"Health Week was celebrated in Lincoln under the direction of Dr. E. R. Hays, chairman of the public activities committee of the Nebraska State Medical Association, by short talks by visiting physicians on various subjects related to health, before 26 organizations—churches, high schools, luncheon clubs, and business men's clubs and a tremendous amount of good must result from the dissemination of correct information in this way.

"The Nebraska Academy of Ophthalmology and Otolaryngology held its annual meeting and banquet on the evening of May 12.

"The Woman's Auxiliary to the Nebraska State Medical Association had a successful meeting and a number of enjoyable functions."

#### LOANS CORPORATION IN NEW JERSEY

The Welfare Committee of the Medical Society of New Jersey on April 27, made a report on a plan of a corporation to loan money to patients to pay their doctor bills. This report is printed in the June issue of the Journal of the Medical Society of New Jersey which says:

"The subcommittee on the Gilbert Acceptance Corporation had an interview a few weeks ago, with the President and one of the directors.

"The corporation, we find, has two purposes. The one most stressed is a plan to finance the

(Continued on page 812-adv. xx).



#### ADULTERATION OF SALICYLATES

Did you know that the common practice of adulterating birch oil with synthetic methyl salicylate has rendered it well nigh impossible to obtain TRUE Natural Sodium Salicylate on unspecified orders or prescriptions?

Fortunately it is possible to guarantee the purity of the prod-

CINCINNA"

ufactured
by the House of
Merrell—pioneers in
producing true sodium salicylate
from natural sources.

When the "Merrell" brand is specified, you can place implicit confidence in the product, because we operate our own birch mills and produce every drop of our own oil, controlling every step of the manufacturing process in our laboratories.

For your protection insist upon Merrell's Natural Sodium Salicylate

The Wm. S. Merrell Company

'U. S. A.

## For Respiratory Diseases 3 IMPORTANT AIDS TO **PHYSICIANS** AND SURGEONS Orto-oxibenzoyl-sulphon-nucleino-formol-sodium tetradimethylamino-antipyrin-bicamphorated A Reliable Oxytocic THYMOPHYSIN A Valuable Hemostatic Please send literature on items checked: THYMOPHYSIN | DISULPHAMIN | STRYPHNON [ American Bio-Chemical Laboratories, Inc. 27 Cleveland Place New York Sole Agents for Canada NATIONAL DRUG & CHEMICAL COMPANY of Canada, Ltd., Montreal

(Continued from page 810-adv. xviii)

accounts of physicians and dentists by loaning money on the secured note of the patient, the note to be paid by instalments extending over a period of 10 months. The note must be secured by two responsible endorsers or by good collateral.

"There is no apparent objection to this plan, provided it is conducted by men of ability and integrity with adequate financial backing. However, we doubt that there are many physicians who would not gladly extend credit directly to their patients if given a secured note, without the intervention of a financing corporation.

The second purpose is to sell stock in the corporation. Its capitalization is 25,000 shares. This is offered at \$20 a share. When we asked Mr. Gilbert how much of the stock had been paid for, he admitted that none of the capital had been paid in. When asked for a financial statement of the company, he was unable or unwilling to furnish one. Endorsement of this company by the Welfare Committee would undoubtedly be an aid in selling stock to our members. As an investment the stock must be classed as very speculative.

"The subcommittee feels that it would be unwise for the Welfare Committee to give its endorsement to any venture of this sort."

## ADVERTISING BY COUNTY MEDICAL SOCIETIES IN INDIANA

The May issue of the Journal of the Indiana State Medical Association contains the following comment on Medical Society advertising which doubtless represents the point of view of the physicians of Indiana:

"The Chicago Medical Society is contemplating an advertising campaign, to offset the distorted views concerning the aims and ideals of the medical profession as presented by the average newspaper editor. As a suggested start it is proposed that the oath of Hippocrates be reproduced in a full-page advertisement in the Saturday afternoon and Sunday morning papers of one week. The next week the advertisement will contain a brief history of organized medicine in general.

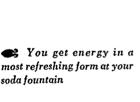
"In another week the Code of Ethics of the American Medical Association will be printed so that the public will have the opportunity to read that classic document and learn the truth about it.

"Later an advertisement enumerating the services given free by the medical profession in the City of Chicago and the fee table of the Chicago Medical Society will be given in full, with the qualifying statement that the

(Continued on page 814-adv. xxii)

tountains of refreshment

are just around the corner



Or ALL American institutions, none is more popular than the soda fountain. The sprightly cold drinks, the stimulating hot beverages, the ices, parfaits, sundaes and candies served there, not only bring refreshment, but their sugar content supplies the system with quick energy and nourishment without taxing the digestive system.

A famous athletic trainer always permits his men to eat all the ice cream they want. A well-known physician in Philadelphia often advises business men who are his patients to drop in at a soda fountain in the late afternoon and drink a flavored milk shake. Fatigue and

nervousness are overcome and dinner is eaten later with calm enjoyment.

This is one of the advertisements of the statements of the advertisements of the state of the statements in order to keep throughout the country, in order to keep throughout the country, in they been of the interest procedules they some of the medical practice, they have been of the medical practice, they have been of the medical practice, they have been of human mitted to and approved the field of human mitted to and approved the lield of human leading authorities in the United States.

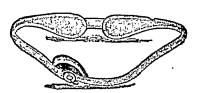
Such endorsement of sugar should not be overlooked. Too often home diets are lacking in this important food. The use of sugar may help in overcoming loss of appetite and in promoting indirectly a more balanced and varied diet.

For example, try a dash of sugar in cooking vegetables. It will heighten their flavor and cause them to be eaten with more relish. A dash of sugar also improves the taste of meats. The sugar blending with the salt and meat juices creates a delicious flavor. Good food promotes good health. The Sugar Institute.

Refresh yourself with a flavored drink"

# The Fitting

Truss



Each truss must hold comfortably and securely, and you and your patient shall be the judges. Each frame is carefully selected and accurately shaped to the body. and covers are chosen to meet the varying conditions, and the hernia is retained by gentle support with no suggestion of pressure or strain.

You are safe in recommending a Pomeroy, for with us the welfare of your patient comes first—and this promise is backed by over sixty years of Pomeroy Service.

Insist upon Pomeroy Quality -It costs no more

## Pomeroy Company

SURGICAL APPLIANCES

16 East 42nd Street, New York

Fordham Rd. at Webster Ave. ROGERS BLDG.( **NEW YORK** 

BROOKLYN NEWARK

SPRINGFIELD BOSTON WILKES-BARRE CHICAGO

DETROIT-

(Continued from page 812-adv. xx)

members are ready and willing to care for the sick all of the time regardless of their financial condition.

"The next advertisement should contain an exposition of the money value of the services rendered by the medical profession without remuneration, based on the minimum fees of the fee table or a fraction thereof.

"In still another advertisement it could be admitted that the experience gained by caring for the sick paupers is of great benefit to the medical profession, but that the people able. to pay for medical services are the ultimate beneficiaries through the increased ability and experience of physicians. If the medical profession is not to be pauperized, those who can pay must bear the burden of the free medical service rendered, either by paying higher fees than they otherwise would have to pay, or by paying the physicians and surgeons for the services now donated.

"Further advertising should educate the public as to the truth about preventive medicine, dietetics, hygiene, and sanitation. Such a presentation of incontrovertible facts would serve to enlighten the general community as to the aims and ideals of the medical profession. It would for the first time enable the public to know the unbiased truth regarding its most valuable community asset, the ability of the capable medical profession to care for the health needs of the individual.

"However, it is admitted that no matter how truthful the copywriter, such articles if presented as free news notes or feature articles will be cut and garbled almost beyond recognition unless issued by those having the proper contacts or by the professional publicity men who also know better than the medical profession what the public will read, what is news, and what will be published widely by the press. In paid advertising the medical profession can tell the people what we believe they should know without having to defer to the city editor, without having to disguise items that are no longer new so that they may be treated as news.

"Finally, paid advertising makes it easier to get trustworthy free publicity.

"This is a formidable program, but it offers promise of excellent results. If carried out by an organization and on a high plane, with no exploitation of individuals or groups, no serious objection can be offered."

#### SECRETARIES' CONFERENCE IN INDIANA

The May issue of the Journal of the Indiana State Medical Association has the following description of a conference of the secretaries of the County Medical Societies of Indiana:

"Worthwhile, interesting, instructive, and a real party are the best words to describe the Annual Indiana County Medical Society Secretaries' Conference that was held at the American Medical Association headquarters, 535 North Dearborn Street, Chicago, Wednesday, April 23rd. Sixty-five secretaries, including a scattering of officers and councilors of the State Association, were present as guests of the American Medical Association.

"Following a morning's program of talks by the department and bureau heads of the American Medical Association, the entire group were luncheon guests of the A.M.A. at the Saint Claire Hotel. During the afternoon the visiting secretaries were divided in groups and a complete tour was made of the American Medical Association offices and building. All in all, it was very much worthwhile, and gave everyone present a clearer and more comprehensive idea of the enormous amount of work

that the American Medical Association and its 500 employees are doing for the medical profession of the country than could be obtained from any amount of reading. The secretaries saw the many workers of the various departments on the job and gained an idea of the many varied activities of the headquarters office.

omce.

"Just as soon as the motorbus arrived right on scheduled time at the A M.A. headquarters, carrying the twenty members of the "aero-squadron," the meeting got under way, the heads of the departments speaking in the following order:

"American Medical Association Headquarters,-W. C. Braun,

"The Council on Medical Education and Hospitals-N. P. Colwell.

"The Laboratory-P. N. Leech.

"The Bureau of Investigation-Arthur J. Cramp.

"The Council on Pharmacy and Chemistry—W. A. Puckner.

"Publications of the American Medical Association—Morris Fishbein.

### Summer Problem No. 2— INFANTILE DIARRHEA



AGAROL is the original mineral oil—agar-agar emulsion with phenolphthalein and has these

phenolphthalein and has these special advantages:
Perfectly homogenized and stable; pleasant tases without artificial flavoring freedom from sugar, alkalies and alcohol, no contraindications, no oil jesk-specin og griping or pain; no naurea or gaarte disturbances, not hable forming.

The second summer in the life of the child is popularly believed to be the most strenuous. There probably is something to it. As teething is at its height at this age period, digestive upsets may be expected. Many of them will be prevented if proper elimination is made a measure of precaution.

## AGAROL

the original mineral oil and agar-agar emulsion with phenolphthalein, is eminently suited for children because it contains no alkali, alcohol or sugar to interfere with the digestive processes. And Agarol is so palatable that children take it gladly.

Shall we send you two regular size bottles with our compliments? Send for them.

#### WILLIAM R. WARNER & CO., INC.

Manufacturing Pharmaceutists since 1856
113 West 18th Street -:- New York City

(Continued from page 815-adv. xxiii)

"The Bureau of Legal Medicine and Legislation-W. C. Woodward.

"The Bureau of Health and Public Instruc-

tion-John M. Dodson.

"Your Association and the New Council on

Physical Therapy—Olin West.

"In addition, President M. L. Harris of the American Medical Association and A. C. Mac-Donald, president of the Indiana State Medical Association, made short talks.

"The secretaries have the Council to thank for the appropriation of \$1,000 to cover the actual expenses of the members who made the trip, and the American Medical Association for the interesting program, the luncheon, and most genuine hospitality."

#### FEE SCHEDULE IN COLORADO

The June issue of *Colorado Medicine* contains the following report of a committee on a fee schedule:

"As a committee authorized to represent the organized medical profession of Colorado, we wish to present the following proposed revision of the Medical and Surgical Fee Schedule under the Colorado Workmen's Compensation Law. The items are enumerated in the

same general order as published in your Fee Schedule of July 1, 1928:

Schedule of July 1, 1920	•	
Schedule	Present Fee	Proposed Fee
First visit to place of in-		
jury, etc	\$ 3.00	\$ 5.00
Night	4.00	5.00
First office visit, includ-		5.00
ing descripe	2.50	2.50
ing dressing	2.30	2.50
Subsequent visits, office	1 50	2.00
or hospital, etc.	1.50	2.00
Subsequent home visits,		
etc	2.00	3.00
Country mileage, one		
way, beyond city limits		
of incorporated towns.	.60	1.00
Ass't to surgeon at major		
operation	10.00	15.00
	10.00	15.00
Ass't to surgeon at minor	£ 00	*
operation	5.00	<b>*</b>
General anesthetic	5.00	
(Change to read as fol-		
lows):		
Anesthetics for major		
operations:		
Ether and Local		15.00
Gas		15.00
Spinal and Sacral	• • •	25.00
-		
(Continued on page	617—auv.	)

## THE NEW YORK POLYCLINIC

#### MEDICAL SCHOOL AND HOSPITAL

(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

## PHYSICAL-THERAPY

Lectures and demonstrations of medical and surgical diathermy; galvanic, low tension and static currents; electrodiagnosis; helio-therapy; thermotherapy and artificial light therapy; message and therapeutic exercise. Active clinical work in the treatment of medical and surgical conditions.

For Information, Address

MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, NEW YORK CITY

40 .: 14	016 - 1-	
(Continued from page		Proposed
Schedule	I ec	I ec
Local anesthetic	1 00	1.00
FRACTU	RFS:	
Femur\$	70.00	\$150 00
Patella	25.00	50 00
Clavicle	25 00	50 00
Radius or Ulna	35 00	50.00
Radius and Ulna	50 00	100.00
Humerus	50 00	100 00
One Finger	15 00	15 00
Each Additional Finger .	5 00	15 00
One Toe	10.00	**25 00
Each Additional Toe	3 00	†10.00
Metacarpals (single or		
multiple)	15.00	25 00 each
Tibia	50 00	<i>7</i> 5 00
Fibula	20 00	20,00
Tibia and Fibula	60 00	100 00
Ribs, one or more	10.00	‡25 00
Metatarsals (single or	25.00	05.00
multiple)	20 00	25 00 each
DISLOCAT	ions:	
Hip	50 00	75 00
Wrist	15 00	25.00
Finger or Toe	5.00	5 00
Shoulder (new disloca-		
tion)	25 00	50 00
Elbow or Ankle	25.00	50 00
Knee	35 00	75 00
Amputat	nons:	
Thigh, Leg. Ankle or		
Thigh, Leg, Ankle or Foot	65 <b>0</b> 0	100 00
Arm, Forearm or Hand.	50 00	100 00
Finger or Toe	20 00	35.00 .
Fingers or Toes (2 or		
more)	25 00	50 00

Arm Disarticulation at

Shoulder ......

Hip Disarticulation .... 100.00

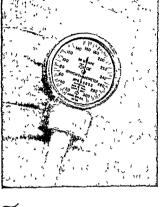
#### MISCELLANCOUS

70 00

150 00

250 00

(Continued on page 818-adv. xxvi)



#### Tycos Pocket Type Sphygmomanometer

TWENTY-TWO years ago the first Tycor Sphygmomanometer was placed on the market Although modifications have been made whenever desirable, fundamentally the instrument remains the same today.

Every Tycos Sphygmomanometer has adhered to an indisputable principle—that only a diaphragm-type instrument is competent for the determination of blood pressure. To faithfully record the correct systolic pressure, an indicator's accuracy must not be affected by the speed at which the armlet pressure is released, only a diaphragm instrument can guarantee this. To honestly give the true diastolic pressure, a sphygmomanometer must respond precisely to the actual movements of the arterial wall, again, only a diaphragm instrument can do this. Portable, the entire appartus in its handsome leather case is carried in coat pocket. Durable its reliability in constant use has been proved by many thousands of instruments during the past twenty-two years. Accurate, its precision is assured by relation of the hand to the oval zero. Further information relative to the Tycos Pocket Type Sphygmomanometer will be furnished upon request.

Write for new 1930 edition of Tycos Bulletin No 6 "Blood Pressure-Selected Abstracts" A great aid to the doctor who wishes to keep abreast of blood pressure diagnosis and technique.

## Taylor Instrument Companies ROCHESTER, N. Y., U. S. A.

Canadian Plant Tycos Building Toronto Manufacturing Distributors In Great Britain & Mason, Ltd., London-E 17

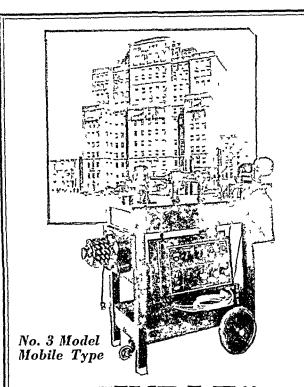
<sup>\*</sup>Eliminate item.

<sup>\*\*</sup>Great toe.

<sup>†</sup>Each other toe.

<sup>‡</sup>Uncomplicated.

<sup>&</sup>quot;Add to the schedule the following sentence:
"All flat fees set forth for FRACTURES shall



## "HINDLE" Electrocardiograph

in the

## FRENCH HOSPITAL

New York

As one of New York's outstanding modern hospitals, the French Hospital is well equipped in every detail.

The No. 3 "Hindle" Electrocardiograph, Mobile type may be used to take tracings in the Cardiac centre or wheeled to the patient's bedside, as required.

For nearly twenty years, "Hindle" Electrocardiographs have been the accepted standard of prominent American hospitals and notable Cardiologists. Over 750 are now in everyday service. Models are available for every requirement of the Hospital, Clinic, Research Laboratory or Private Office.

Send for Literature

## CAMBRIDGE INSTRUMENT CO INS

3512 Grand Central Terminal New York (Continued from page 817-adv. xxv)

apply to closed reduction without operation. For open operation and reduction, 150 per cent of the flat fee shall be added.

"All other paragraphs under 'Miscellaneous' are satisfactory except the following, for which changes are recommended.

"Hernia, radical operation and subsequent care,

\$50,00, \$125.00.

"Enucleation of eye and subsequent care, \$50.00, \$125.00 with implantation."

#### LAW ENFORCEMENT IN KENTUCKY

The prosecution of illegal practitioners of medicine in Kentucky seems to fall upon the physicians of the State. Light is thrown upon the Kentucky procedure by the following editorial from the June issue of the Kentucky Medical Journal:

"From several sections of the State rather vitriolic complaints have been received at the offices of the Association because some quack, or patent medicine vender, has appeared in the county and has not been prosecuted by the Association.

"Physicians must understand that laws do not enforce themselves. Legal evidence of violation must be secured and it can only be secured locally. Under our system of local self-government, which has long been the pride of the State, the local authorities have charge of prosecution for crime. Under the Medical Practice Act, the local Boards of Health are charged with the responsibility of the arrest and trial of violators of the law. The County Attorney is, by law, required to prosecute the cases in the courts. The State Association and the State Board of Health together, for the past several years, have employed special council to assist the County Attorneys in these prosecutions. For each of the past four years between three hundred and four hundred convictions have been secured. In the very nature of the cases the State officers cannot know about these violations and cannot find the witnesses, although they are common knowledge to the people of the locality in which they occur. We are ready to help any community that needs us.

"There is another phase of the matter that the physicians of the counties are entirely responsible for. Some Circuit and County Judges, some Commonwealth and County Attorneys, refuse point-blank to enforce the Medical Practice Act. Such men should be defeated at the polls, and can be, whenever the profession exercises its powerful influence in this respect. Any law can be enforced if the officers elected for the purpose do their duty. If any fail to do it their successors should be

of a different type."

#### POST-GRADUATE COURSES IN GEORGIA

The following article in the May number of the Medical Association of Georgia describes the post-graduate courses sponsored by the State Society:

"At the 1929 session of the Medical Association of Georgia the House of Delegates directed its Committee on Scientific Work to cooperate with the State Board of Health, the Extension Division of the University of Georgia, Emory University School of Medicine and the Medical Department of the University of Georgia to arrange for courses in

post-graduate study.

"At a meeting of representatives from these bodies, Mr. J. C. Wardlaw, Director of ex-tension work at the University of Georgia was appointed chairman of a sub-committee to work out in detail the proposed courses of study. After overcoming many difficulties, these courses were planned for six leading cities in the State. On account of his unavoidable ab-sence Mr. Wardlaw was unable to give his report to the House of Delegates at the recent Augusta session. However, it was read by the Secretary-Treasurer.

"The committee has arranged for postgraduate courses at Cordele, Bainbridge, Rome, LaGrange, Waycross, and Cornelia. At each of these cities the program which follows

will be carried out.

"Notices will be mailed to all physicians contingent to these cities in ample time for them to learn of the definite hour and place of meetings."

#### OUTLINES OF LECTURES

"Monday-Diagnosis and Care of the Tu-berculous-Dr. E. W. Glidden, Superintendent State Tuberculosis Sanitarium,

"Mental Hygiene-Mr. Austin E. Edwards, Professor of Psychiatry, University of Georgia. "Tuesday-Diseases of Children-Dr. W. A. Mulherin, Professor of Pediatrics, University

of Georgia,

"Wednesday-Pneumonia, Chronic Abdominal Conditions, Diabetes Mellitus-Dr. Cyrus W. Strickler, Professor of Medicine, Emory University.

"Thursday - Cardio-Renal-Vascular Diseases-Dr. E. E. Murphy, Professor of In-

ternal Medicine, University of Georgia.
"Friday—Our Mental Defective Problems— Dr. John W. Oden, Superintendent Training School Mental Defective, Gracewood, Augusta, Georgia.

"Your Laboratory and How to Use It—Mr. T. F. Sellers, Director of Laboratory, State Board of Health.

"Diagnostic Clinics each day."

## PHILLIPS Milk of Magnesia

#### THE IDEAL LAXATIVE ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz., 12 oz., and 3 pt. Bottles.

#### THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London

HAY FEVER causes great inconvenience and suffering in about 1% of the population. 85% of these attacks from August 1st, to frost East of the Rocky Mountains, are due to the Short and Giant Ragweeds. Pollen Antigen (Ragweed Combined) Lederle contains equal amounts of these two pollens and is, therefore, indicated for such attacks.

Even though symptoms have appeared much relief can be afforded.

Detailed Information on request

LEDERLE LABORATORIES NEW YORK

## CLASSIFIED ADVERTISEMENTS

Classified ads. are payable in advance. To avoid delay in publishing, remit with order. Price for 40 words or less, I insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening. No charge to employers. Established 1896. AZNOE SERVICE is National, Superior. AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

#### SANITARIUM-FOR SALE

We have a number fully equipped, some partially so, and properties that can be made suitable; New York, New Jersey, Connecticut. Send for list and give number of rooms wanted for patients (approximately), also location desired. Address Swift Realty Co., 196 Market Street, Newark, N. J.

#### LITERARY ASSISTANCE

Busy physicians assisted in preparation of special articles and addresses on medical or other topics. Prompt service rendered at reasonable rates. Also revision and elaboration of manuscripts for publication. Please mention requirements. Authors Research Bureau, 516 Fifth Avenue, New York City.

A COLLEGE graduate, ex-teacher and mother will take one or two mentally subnormal boys into her spacious country home and give them expert care. Suitable manual and mental training available. No epileptics or vicious received. Medical references exchanged. Address Mrs. Henry Hunt, 206 Delaware Avenue, Ellsmere, New York, Albany County.

#### Practice for Sale

Owing to Doctor's death. Limited to Eye, Ear, Nose and Throat. Office fully equipped, including instruments and card histories. Wonderful opportunity for specialist. Location, Massachusetts. Address Box 138, care N. Y. State Journal of Medicine.

FOR SALE—The Spa Sanatorium for general cases. Founded and operated by Dr. A. I. Thayer, now for sale to close the estate. Situated in the mineral belt of the lower Adirondacks, five miles from the famous Health resort, Saratoga Springs. For particulars, address Mrs. A. I. Thayer, Ballston Spa, New York.

#### A Real Opportunity for Practicing Physician

Office and residence, East Orange, N. J. Private entrance to four offices. Large living rooms, fireplaces, 7 bedrooms, 3 tiled baths, excellently built. Perfect condition. Lot 90 ft. x 300 ft., garage, tennis court. Adaptable for sanitarium. Price \$32,000. Future value as apartment site much higher. The Richland Co., 382 Springfield Avenue, Summit, N. J. Tel. 6-3311. Evenings, 6-2680.

WANTED—Resident Physician. General hospital of 86 beds. Offers additional hospital experience for man recently completed interneship. Apply Supt., Peekskill Hospital, Peekskill, N. Y.

For RENT—Jackson Heights, N. Y.—Doctor's Suite—Corner apartment in new building; 6 rooms and 2 baths; 2 entrances to public hall. Alterations to suit. Rent \$145.00 monthly. Address Box 139, care N. Y. State Journal of Medicine.

LARGE HOMESTEAD, exceptionally suitable for school, sanatorium or home, 18 rooms, 5 baths, 12 acres ground, large barn, stable, nine stalls, room for four cars, with four-room and bath apartment above; about 600 feet elevation, about 25 miles from New York, Lackawanna Railroad. Buildings, grounds, perfect condition. Price \$75,000—part cash, suitable mortgage. Address Box 140, care N. Y. State Journal of Medicine.

### AN ADVANCE IN CARDIAC THERAPY

Whatever improves our means of combating heart disease becomes of paramount importance. Really efficient cardiac remedies are few in number. Digitalis has hitherto stood in a class by itself. Everyone acknowledges its tremendous value, but when it fails—there hardly is anything to take its place. This is what gives great significance to the acceptance of Scillaren "Sandoz" by the Council on Pharmacy and Chemistry of the A.M.A., on May 31, 1930.

Scillaren, the active principle of squill, slows the rhythm and augments the amplitude of the heart beat. It brings about a more efficient systole and a longer diastole, thus resting the heart and improving the circulation. It increases the urinary output and often succeeds when other diuretics have failed. It is less cumulative than digitalis and less liable to cause nausea and vomiting than other cardiac remedies. These features make it especially valuable in cases refractory or intolerant to digitalis, and particularly suitable for long continued administration.

Scillaren comes in tablets and solution for oral administration and in ampuled solution (Scillaren-B) for intravenous injection when immediate response is needed. See page xiii—Adv.

#### "YOU ARE ALWAYS THINK-ING OF THE DOCTOR'S VIEWPOINT"

This was an expression frequently voiced at the *Mead Johnson* exhibit at the recent A.M.A. session. The unique showing of ancient feeding spoons and nursing bottles was the special attraction this year.

At a previous exhibit, the feature was a motion picture of the cod liver oil industry as related to the doctor's interest in vitamins A and D.

A few years ago, when the breast pump was new, Mead Johnson & Company demonstrated one of these useful devices. "What?" exclaimed many doctors, "You make infant diet materials, and yet you demonstrate something that promotes breast feeding and destroys your own business?"

Then we explained that from the beginning, we recognized the superiority of breast feeding, that it was we who coined the slogan "First Thought Mother's Milk, Second Thought Dextri-Maltose, Cow's Milk and Water."

tri-Maltose, Cow's Milk and Water."
Invariably the reply was, "You have the right idea. See page xv—Adv.

## LARGE HOMESTEAD, exceptionally suitable for school, sanatorium or home, 18 rooms, 5 baths, 12 acres ground, large barn, stable, nine PHYSICIANS' DIETARY PROGRAM

A problem that frequently confronts the physician in prescribing a dietary program for increasing the mineral salt and vitamin content in food, in a corrective or preventative treatment, is how he may insure its being carried out, so that the patient will receive the desired benefits

The taste of certain most desirable foods such as spinach, carrots and onions is attractive to the patient if a proper method of preparation is used. This makes possible the maintaining of a more correct balance of nourishment. To aid in accomplishing this, a new kind of service for the busy practitioner has been established by the Institute of Applied Cookery at 409 Amsterdam Avenue (between W. 79th and 80th Sts.), New York City. Patients may be referred to this Institute with every confidence. A competent staff of experts is prepared to show patient or householder (either here or in the home) how to preserve the natural food flavor and to minimize the loss of important food factors.

This Institute is not concerned with any dietary program of its own but to carry out the physician's instructions. It can furnish, when necessary, the desired equipment for home use which is truly scientific yet entirely practical. The method involves the Dry Cooking of most vegetables, etc., in practical vacuums at low temperatures. Minimum oxidation is insured with only atmospheric pressure. In most instances, only the condensation of the natural moisture of the food is used in the cooking process. The Profession is cordially invited to write for further information, or to telephone (Susquehanna 7709) for appointments for patients or to have our representative call. See back cover.-Adv.

#### GRAPE JUICE

The Dewey Company at its plant in Egg Harbor City, New Jersey, makes a cool process grape juice from grapes grown on the rich soil of southern Jersey.

The same Grape Juice is combined by the Dewey Company with Mineral Oil and Agar-Agar (known as Grape Minol). Although it is a recent combination it is stocked by all of the New York jobbers, and can be secured by the physician from his druggist.

The Dewey Company will gladly send samples of either Grape Juice or Grape Minol to the physician upon request. See front cover—Adv.

A' well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially if

## )foland Water

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



## POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York City

#### CANCER CONTROL IN OKLAHOMA

The report of the Committee on Cancer Study and Control in Oklahoma is contained in the May issue of the Journal of the Oklahoma State Medical Association which says:

"We have not attempted any major activity during the year though have not been entirely idle since our last meeting. We have durectly or indirectly been responsible for numerous programs featuring cancer and have distributed several hundred pamphlets furnished by the American Society for the Control of Cancer. There have been numerous addresses upon the subject of cancer given before both public and medical audiences.

"Through the courtesy of the American Society for the Control of Cancer, we have been privileged to book for a period of two weeks the wonderful 'Dr. Canti Three-Reel Cancer Film.' At the time of this writing, our program has been outlined and dates given for the showing of this film before joint meetings of county medical in different localities societies which will cover the larger portion of our State. The program begins with the exhibition of the film at Chickasha, April 8th, and ends at Oklahoma City, April 19th.

"Physicians everywhere have shown an increasing interest in and have become more anxious to obtain knowledge upon the subject of cancer. The public has also manifested even a greater interest in certain localities than physicians, due no doubt, to the wide newspaper publicity of the experimental work upon cancer which has been announced from some two or three different research laboratories within the past eight months. These reports have been carried frequently and extensively by the Associated Press. Perhaps a larger space has been devoted to the discussion of cancer by the public press during the past year than in any previous year in which cancer education has been undertaken."

## HAY FEVER

## ASTHMA

have frequently responded favorably to Intramuscular or Subcutaneous Injection of:

## Epinephrin

and

## Pituitary

(Fitch Ampul No. 45)

or

## EPHEDRINE SULPHATE

(Fitch Ampul No. 93)

Literature on request

## W. A. FITCH, Inc.

Manufacturing Chemists

100 West 21st St. New York, U.S.A.

Specialists in the Manufacture of G. P. Standardized Sterile Solutions for Intravenous and Intramucular Injections.



## ·· INTERPINES

GOSHEN. N. Y.



PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL—QUIET—HOMELIKE—WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt.

DR. C. A. POTTER

DR. E. A. SCOTT

#### FOUR GABLES

TOWANDA. PA.

Telephone 89

Home Strictly Private

Located in Alleghany Mountains. Large grounds. Sun Parlors and Verandas. Exclusively for weak babies and children; also deformed and crippled children.

Visiting Physicians: Charles Reed, M.D., Phillip Schwartz, M.D.

Superintendent: M. E. White, R.N.

#### WHITE OAK FARM

PAWLING, DUTCHESS COUNTY, NEW YORK

Estab. 1913 by the late Dr. Flavius Packer. Located in the foothills of the Berkshires, sixty miles from New York City, on the Harlem Division of the New York Central R. R. For men and women who are nervous and mentally ill. Capacity 15. Built around our own flower and vegetable gardens and dairy; outdoor employment encouraged Attractive single rooms, or suite, or separate cottage as preferred.

H. E. Schorr, M. D., Physician in Charge H. P. Dawe, M. D., Associate Physician Telephone Pawling 20

HERNY W. ROGERS, M.D., Physician in Charge HELEN J. ROCEES, M.D.

#### DR. ROGERS' HOSPITAL

Under State License

345 Edgcombe Ave. at 150th St., N. Y. C.

voluntary application and commitment. Treatment also given for Alcoholism and Drug addiction. Conveniently located. Physicians may visit and cooperate in the care of their patients Mental and Neurological cases received on

Telephone, EDGecombe 4801

#### Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases. Also Cases of General Invalidism. Cases of Alcoholism Accepted.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country. Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City. Frequent train service.

For terms and booklet address

F. H. BARNES, M.D., Med. Supt.

Telephone Connection

#### WEST HILL

HENRY W. LLOYD, M.D.

West 252nd St. and Fieldston Road Riverdale, New York City

B. Ross NATEN. Res. Physician in Charge

Located within the city limits it has all the advantages of a country sanitarium for those who are nerrous or mentally ill. In addition to the main nervous or mentally in. In addition to the main building, there are several attractive cottages located on a ten acre plot. Separate buildings for drug and alcoholic cases. Doctors may visit their patients and direct the treatment. Under State License.

Telephone: KINGSBRIDGE 3040

#### The Westport Sanitarium

WESTPORT CONN.

A Private Institution for the Care and Treatment of Nervous and Mental Diseases

Large private grounds. Home-like surroundings. Modern appointments. Separate buildings for Patients desiring special attention. Single room or suite. Hydrotherspoutic separatus. Terms reasonable. New York Office, 121 East 60th St., let and 3rd Wednesdays only, from 1 to 3 P. M. Tel.. Repeat 1613. Tel., Regent 1613.

Dr. F. D. Ruland, Medical Superintendent Westport, Conn. Phone Westport 4 | booklet.

#### BRIGHAM HALL HOSPITAL

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiens

Founded in 1855

Beautifully located in the historic lake region of Central New York. Classifi-cation, special attention and individual care.

> Physician in Charge Henry C. Burgess, M. D.

#### BREEZEHURST TERRACE DR. HARRISON'S SANITARIUM

For Nervous and Mental Diseases and Alcoholic Addiction

Beautiful surroundings. Thirty m from Pennsylvania Station, New minutes

For particulars apply to DR. S. EDWARD FRETZ, Physician in Charge

> Whitestone, L. I., N. Y. Phone: Flushing 0213

#### **HALCYON REST**

JOSEPHINE M. LLOYD 105 Boston Post Road, Ryc. N. Y.

Henry W. Lloyd, M.D. Hulda Thompson, R.N. Attending Physician Supervisor

Telephone Rys 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted. Special attention to Diets.

Hydro-therapy, Ultra Violet and Alpine Sun rays, Diathermy, Massage, Colonic irrigation.

Inspection invited. Send for illustrated

#### X-Ray Courses for Physicians

nurses—technicians—X - Ray physics—technique—intepreta-tion. Classes now forming. Applicants may enter first of any month.

For information write

DR. A. S. UNGER, Director of Radiology Sydenham Hospital, 565 Manhattan Avenue, New York City

#### CAL - SAL

Compound Calcium Tablets and Wafers. With Vitamin D and traces of iron and iodine. Palatable and assimilable. For all cases when calcium deficiency is present or probable. Our "Digest of Calcium Therapy," a full box of CAL-SAL, and vial of 100 acidity test papers free to registered physicians who write us.

GRANGER CALCIUM PRODUCTS, INC., 41 York St., Brooklyn

## CREST VIEW SANATORIUM GREENWICH, CONN.

(20 Miles from Grand Concourse, or 25 Miles from Grand Central Station)

F. ST CLAIR HITCHCOCK, M.D., Probrietor

Eiderly people especially catered to Charmingly located, beautifully appointed; in the hilly country 1½ miles from L. I. Sound, where the air is tonic Easy, quick drive from N. Y. City. Physician's cooperation invited on cases. Families who must travel leave invalid or elderly relatives with us in fullest confidence. Truly homelike, no institu-

tional appearance, beyond nurses' uniforms. Commitments seldom necessary. (Disturbing cases, addicts, cancer and tuberculosis, are not desired.) Senile, unfirm, gastric, cardiac, post-paralytic, and invalid types accepted—besides mildly mental elderly. \$25-85 weekly, N. Y. office, 121 East 60th St. Tel.: Regent 8587; hours 11—1.

OR, TEL. 773 GREENWICH

### TWIN ELMS

Syracuse, N. Y.

For the care of mild nervous and psychiatric disorders. Modern therapeutic principles applied in a cultured, dignified and homelike atmosphere.

Studio for occupational therapy in charge of trained therapist. Gardening, tramping, motoring, golfing, handball.

All nurses trained in psychiatry.

Address: MEDICAL DIRECTOR 658 West Onondaga Street

#### Aurora Health Farm

Mendham Road, MORRISTOWN, NEW JERSEY

Beautiful country; elevation 700 ft., only one hour from New York. Open all year. Diet, electro therapy and hydro-therapy. Personal medical supervision. Suitable for convalescence, compensated heart lesions, hypertension, rheumatism, diabetes, anemia, etc. Homelike atmosphere. No bed-ridden, contagious or mental cases.

Robert Schulman, M.D. Medical Director Adolph Weizenhoffer, M.D. Associate Physician

Telephone-MORRISTOWN 3260

## As a General Antiseptic

in place of

TINCTURE OF IODINE

Try

#### Mercurochrome-220 Soluble

(Dibrom-exymercuri-fluorescein)
2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

It does not burn, irritate or injure tissue in any way.

#### Hynson, Westcott & Dunning

Baltimore, Maryland

New York Post-Graduate Medical School and Hospital

offers an eight months' course in OTO-LARYNGOLOGY beginning October 1, 1930

Included in the course are Anatomy and Physiology of the nose, throat and ear; Embryology, Histology, Pathology, and Bacteriology of the nose, throat and ear (given by laboratory staff); Dissection of the head and nock, and nose, throat, and car operations (cadaver); daily clinics in a large out-patient department; Bronchoscopy; Esophagoscopy, etc. [During the last four months the matriculate performs under supervision a number of the more common nose and throat operations in the out-patient department. Licensed physicians in good standing are admitted to these courses. [A combined course in ophthalmology and oto-laryngology of 12 months (ophthalmology 4 months, oto-laryngology 8 months) may be taken by beginning the course in ophthalmology October 1, 1930, and the eight months' course in oto-laryngology February 1, 1931.

For descriptive booklet and further information, address

THE DEAN, 302 East 20th Street, NEW YORK CITY

#### 1930

### PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	H. L. Nelms, Albany	F. E. Vosburgh, Albany
ALLEGANY	H. K. Hardy, Rushford	L. C. Lewis, Belmont	G. W. Roos, Wellsville
BRONK	J. H. Gettinger, N. Y. City.	I. J. Landsman, N. Y. CityH. D. Watson, Binghamton.	C. I. Pone Binghamton
CATTARAUGUS	C. A. Lawler, Salamanca	R. B. Morris, Olean	R. B. Morris, Olean
CAYUGA	C. F. McCarthy, Auburn	W. B. Wilson, Auburn	L. B. Sisson, Auburn
CHAUTAUQUA	F. J. McCulla, Jamestown	E. Bieber, Dunkirk	F. J. Pfisterer, Dunkirk
CHEMUNG	J. S. Lewis, Elmira	C. S. Dale, Elmira n.J. H. Stewart, Norwich	J. H. Hunt, Elmira
CLINTON	A. S. Schneider Plattsburg.	L. F. Schiff, Plattsburg	.F. K. Rvan. Plattshurg
COLUMBIA	D. R. Robert, New Lebanon Ct	L. Van Hoesen, Hudson	L. Van Hoesen, Hudson
CORTLAND	D. B. Glezen, Cincinnatus	. P. W. Haake, Homer	B. R. Parsons, Cortland
		W. M. Thomson, Delhi	
ERIE	W. T. Getman. Buffalo	H. P. Carpenter, P'ghkeepsie L. W. Beamis, Buffalo	A. H. Nochren Buffalo
ESSEX	C. N. Sarlin, Port Henry	L. H. Gaus, Ticonderoga	L. H. Gaus, Ticonderoga
FRANKLIN	.E. S. Welles, Saranac Lake.	G. F. Zimmerman, Malone	G. F. Zimmerman, Malone
FULTON	.B. E. Chapman, Broadalbin.	A. R. Wilsey, Gloversville	.J. D. Vedder, Johnstown
GENESEE	D Sinclair Fast Durham	P. J. Di Natale, Batavia W. M. Rapp, Catskill	C. F. Willard Catalill
HERKIMER	.V. M. Parkinson, Salisbury C	t.W. B. Brooks, Mohawk	.A. L. Fagan. Herkimer
JEFFERSON	.F. G. Metzger, Carthage	W. S. Atkinson, Watertown.	.W. F. Smith. Watertown
KINGS	.L. F. Warren, Brooklyn	.J. Steele, Brooklyn	.J. L. Bauer, Brooklyn
LIVINGSTON	P. A. Page Geneseo	F. E. Jones, Beaver Falls E. N. Smith, Retsof	F. M. Smith Betarf
MADISON	L. B. Chase. Morrisville	D. H. Conterman. Oneida	.L. S. Preston Oneida
MONROE	. W. A. Calihan. Rochester	W. H. Veeder, Act., Rochester	W. H. Veeder Rochester
MONTGOMERY	La V. A. Bouton, Amsterdan	n.W. R. Pierce, Amsterdam	S. I. Homrighouse Ameterdam
NEW YORK	L. A. Newman, Pt Washingto	on A. D. Jaques, Lynbrook D. S. Dougherty, N. Y. City.	A. D. Jaques, Lynbrook
NIAGARA	G. L. Miller. Niagara Falls	W. R. Scott, Niagara Falls.	.W. R Scott Ningara Balla
ONEIDA	H. F. Hubbard, Rome	W. Hale, Ir., Utica	.D D Reals Iltim
UNONDAGA	H. B. Pritchard, Syracuse	L. W. Ehegartner, Syracuse	F W Rosenhauger Comment
ORANGE	C. W. Webb, Clifton Springs	D. A. Eiseline, Shortsville H. J. Shelley, Middletown	D. A. Eiseline, Shortsville
UKLEANS	D. F. MacDonell, Medina	. R. P. Minson, Medina	R P Muncon Madi-
OSWEGO	A. G. Dunbar, Pulaski	I. Brennan, Oswego	I B Ringland O
OISEGO	(+ M. Mackenzie Coonerstow	n.A. H. Brownell, Opeopta	H F Dol4 337
		.E. E. Smith, Kew Gardens J. F. Connor, Troy	
MCHMUND	C. R. Kingslev Ir W. N. R'or	't.l. P. Worthen Tompk'ev'le	F D William B and a
ROCKLAND	J. W. Sansom, Sparkill	R. O. Clock, Pearl River	.D. Miltimore, Nyack
		S. W. Close, Gouverneur or.H. L. Loop, Saratoga Springs	
SCHENECTADY	M A Dacharan Calamata A	L E D 11 C 1	Maby, Mechanicville
			LeR. Becker Coblestian
SCHUYLER	John W. Burton, Mecklenbur	g.F. B. Bond, Burdett	Cobleskiii
STEUBEN	G. I. Whiting Canistee	R. F. D. Gibbs, Seneca Falls R. J. Shafer, Corning.	.R. F. D. Gibbs, Seneca Falls
SUFFOLK	A F Payne Riverhead	F D V-15 Tr-14-111	J. Shater, Corning
SULLIVAN	C. Rayevsky, Liberty	.L. C. Payne, Liberty	.L. C. Payne Liberty
TOMOVING	D Dath Johnson	W C Did to	· W. A. Moulton, Candor
III CTED	F F Sibley Kingston	F H Von Zinger	W. G. Fish, Ithaca
WARREN	F. Palmer, Glens Falls	.W. W. Bowen, Glens Falls.	W. W. Bower Cek, Kingston
WASHINGTON	R. E. La Grange, Fort Ann	W. Bowen, Glens FallsS. J. Banker, Fort EdwardD. F. Johnson Newarts	.R. C. Paris, Hudeon Falls
WESTCHESTED	W W Most White Plain	.D. F. Johnson, Newark	.D. F. Johnson, Newark
WYOMNIC	W I Franch Diles	U C Mandi 117	B. Hammond, White Plains
TATES	G. H. Leader, Penn Yan	W. G. Hallstead, Penn Yan.	.W. G. Halleton J. D.
		,	J. Liansicad, Penn Yan







## Cystitis Orchi-epididymitis Prostatitis Urinose Abscesses

and in all acute or chronic Inflammatory Processes of the Genito-Urinary System

## Antiphlogistine

due to its stimulating and regenerative action, hastens repair, relieves swelling, reduces pain and is an efficient factor in the treatment.

Antiphlogistine possesses sedative and antiseptic properties, in addition to its ability to produce osmotic lavage, which is the mechanical phenomenon taking place in a membrane separated by two fluids of different molecular concentration.

"Osmotic lavage is far more beneficial than the superficial lavages, which never penetrate the membrane and merely produce a surface reaction."

(E. Doumer, of the French Academy of Sciences.)

Write for sample and literature to

THE DENVER CHEMICAL MFG. CO., 163 Varick St., New York



#### There of contents—June 15. 1925

17712411 1771775	المتبعثة أقد أند يتشبه أنساء المتحدد ا
1. If a party for a straight of the straight o	بديان والمناور والمال والمال والمال والمال والمالين والمنطق المراج والمراج وال
1. Balante sex state to describe and its	(15 Congress Editation
Topped 11592 to A fine of the said Section 20 Business Section	
10 11 11 11 1 11 1 11 11 11 11 11 11 11	STATES NOTES
and the state of the state of the state of the state of the state of	the state of the s
Maria I Maria Bull Cont	The year and a Dissert Land Commence of the second
\$ 110 \$ ( 10 h day ) 1 10 12 6 12 10 10 10 10 10 10 10 10 10 10 10 10 10	Sir or or Delegates and an annual and an annual and
Market to the second of Language State of the South Section 1	The fact to See that a commence and the see
11/19 11 11 11 11 11 11 11 11 11 11 11 11 1	The Breezes The Asserting Marine and Talker
The man with the state of the second of	,
The March the State of the Bearing the South By Spece + 10	The Feel was the same and the s
Imported the state of the superior of the state of the st	116 Contract on Periodic Health Examinations
Weintles Challetyn Canadrathy Increased Intonstita	Contract on Periodic Health Examinations
( Hadi Bully 84 thing 8 Kind 1910 19 19 200	The water the died Speces
Just to I received	Il lawn very Managers' Conference
PHOPORTS	
ym (small)	Madical Veterane Dinner
the things from the President for the hold of the hold from the first of the first	72! West - gron County
Tips will be to the training of training of the training of th	777
The summethally of Menny by I will they consider the second	DAILY PRESS
	192 Medical Economics
tullity is training	
MEDICAL PROGRAMS	Rado Talks
Instruter & hatter Africe Cheet Infact	194 Roadside First Aid Stations
Troff Hark and Advendta	77A
Tapplan Inflying 12 1	BOOKS
Principle the themlaters tystem	725 Book Reviews
imperporting to this in the same and the sam	196
- i listerini Magini Primerire bymbronin	726 OUR NEIGHBORS
by the of the fact account and account to the fact of	726 The Medical School and the State Society in lowa
- Topidlictiony by Doobermy	726 Annual Meeting in New Jersey(adv.pages)
fraiment of the unanta fraireastariantes ?	[27 Medical School of Missouri University (adv. pager)
Mappentum in Prominent Indigneta	127 Medical Student Loan Fund in Nebraska. Jady. paget
LPGAL	Concer Course in Pennsylvania(adv. page u
thu tumm Plan A Physician's Claim for Reimburgement	Vital Statistics in Texas(adv. pagers
1 souther and Deathared 111111111111111111111111111111111111	Crippled Children in lowa
I lating I tipite a Received During Claimed Negligence in	726 Osteopaths as Health Officers in Washington, (adv. pages)
1 (11)(11)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1	120 Camiliana Camiliana ta St. 1
1 15 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	120 American of M. H. C. of D. Lauren (adu nages)
	Register of Nurses in Delaware
f 1999 to the term of the term	Manager to the Otto Samuel (adv page 1)
this is a continuous and property 7	30 Health Examination in New Jersey (adv. page xx
and the same of th	
Children Swingling Companies American	
53-5%. ( VE636) W. C.	######################################

## A Dependable Agent For Supplying Calcium In Diffusible Form

KALAK WATER presents a saturated solution of calcium as the bicarbonate.

"Of the inorganic salts of calcium, the bicarbonate was the most effective in raising the blood calcium." (W. H. Jansen-Deut. Arch. I. klin Med. Oct. 1924.)

It is not possible to present esterior blessbonate as a dry powder or as an efferessent mixture to be added to water. This salt can be maintained as the blessbonate only in an aqueous solution that is charged with estbon closible.

KALAK WATER CO. 5 Church St. ... New York City



## A FOOD WHICH STOPS



## Intestinal Putrefaction

THE presence of colon poisons from intestinal putrefaction is an abnormal and a serious condition which saps the vitality and is the root cause of a variety of functional disorders.

Fortunately it is possible to prevent the development of putrefactive germs and other poisonous products by changing the intestinal flora.

The perfection of the food product-

#### Lacto-Dextrin

provides the special carbohydrate combination which affords a rational and effective method of promoting the growth of normal friendly germs in the intestine—the antiputrefactive organisms, B. acidophilus and bifidus.

Sometimes, in obstinate cases, quicker results can be obtained by combining Lacto-Dextrin with Psylla seeds (plantago psyllium). The latter supplies bulk and lubrication and so combats constipation and hastens the passage of Lacto-Dextrin into the colon.

You will find the story of how to use Lacto-Dextrin and Psylla highly interesting as it is told in the book, "The Intestinal Flora." We shall be glad to send you a copy together with clinical trial packages.

The coupon is for your convenience.

Mail Us This Coupon Today

#### The BATTLE CREEK FOOD COMPANY

Dept. NYM-6. Battle Creek, Michigan Send me without obligation, trial tins of Lacto-Dextrin and Psylla, also copy of treatise, "The Intestinal Flora." NAME (Write on margin below.) ADDRESS

Please mention the JOURNAL when writing to advertisers

# B. ACIDOPHILUS MILK

Approved by the A.M.A. Council on Pharmacy and Chemistry

This is the original product with the high concentration of viable organisms of B. Acidophilus. Careful selection is given to each group and consequently only those of proven intestinal implantation are used. Prominent investigators have demonstrated its value in:

## CHRONIC CONSTIPATION MUCOUS COLITIS

DYSENTERY and resultant INTESTINAL TOXEMIAS

Fresh and viable cultures are always assured through the daily distribution of our Dairy Distributing Companies, located in all principal cities.

Just send in your name and address, and we will return a SAMPLE, together with a brochure on the B. Acidophilus therapy, giving 31 iriportant references.

CHEPLIN BIOLOGICAL LABORATORIES, Inc. Syracuse, N. Y.

#### INDEX TO ADVERTISERS

RULES- A Nertisements published in the Journal must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

PAGE	PAGE I	PAGE
ARDOMINAL SUPPORTERS, ETC.	HEALTH RESORTS AND SANITARIUMS	PHARMACEUTICAL PREPARATIONS
S. H. Camp & Co	Barnes' Sanitarium xxiii Brigham Hall Hospital xxiii	American Bio Chemical Labs., Inc xiv G. W. Carnrick Co viii Denver Chemical Mfg. Co iii
ARTIFICIAL EYES	Charles B. Towns Hospital xxv Crest View Sanatorium xxiii	Davies, Rose & Co
Mager & Gougelman, Inc	Interpinesxx	Niketol, Inc
COLLEGES AND SCHOOLS Sydenham Hospital	River Crest Sanitariumxxiii Riverlawn	Olajen, Inc xí F. R. Souibh & Sons
University of Buffalo xxiii	Dr. Rogers' Hospital xxiii Sahler Sanitarium	Upsher Smith Co xii William R. Warner & Co., Inc xiii
DIETETIC FLOUR	Shannon Lodge xvii West Hill Sanitariumxiii	RADIUM
Lister Bros, Inc i	White Oak Farm	Radon Co., Incxxv
ELECTRICAL APPARATUS AND X RAY Wappler Electric Co	LABORATORIES  Cheplin Biological Labs, Inc	SURGICAL APPLIANCES, INSTRU- MENTS, SYRINGES, THERMOM- ETERS, ETC. Kny-Sheerer Corp. vii
	MISCELLANEOUS	Taylor Instrument Companies xix
FOODS	Classified Advertisements xxii	George Tiemann & Coxxii
Battle Creek Food Co v	McGovern's Gymnasium, Inc	WATERS, BATHS
Mead Johnson & Co		Kalak Water Co

## Equipment for the Physician, Surgeon, Laboratory, Hospital or Institution.

G.R .- 2370-The New K. S. headlight gives a clear white, concentrated light, with no "shadow spots" or ragged edges. Easily focused, adequately insulated, universal joint adjustment, light, convenient and efficient. Price \$10.00





NS-2241-Dismountable model of the ear, enlarged three times. Convenient for demonstrating teaching. A variety of other models are shown in our Natural Science and Laboratory Catalogue, sent on request. This model sells at \$15.00



On this page are illustrated a few of the thousands of items Kny-Scheerer manufactures. Every need, no matter if it be for the small office of a practitioner or the largest hospital, can be completely furnished by Kny-Scheerer.

For over forty years Kny-Scheerer Surgical Instruments have been accepted as the

highest standard of quality. The Kny-Scheerer trade mark is an assurance to the medical profession that every instrument is basically correct in design and made of the highest quality material,

If you are attending the A. M. A. Convention during June, don't fail to visit Booth 307.



P-4017—Alcohol dispenser with return flow mounted on a portable stand. Operated by a foot pedal, delivers a spray directly into the hands. Also comes in Wall Type,



This Kny-Scheerer Trade Mark is "Die Sunk" on every kny-Scheerer instrument. Physicians and surgeons should insist on Kny-Scheerer Trade-Marked instruments.



B-3310-12-The double action principle increases the power and permits the cut being completed without shock or jar. Made in both straight and curved models, chrome plated. Price of B/3310 str. \$25.00 Price of B/3312 cvd.

KNY-SCHEERER for Surgical Equipment

580 FIFTH AVENUE, NEW YORK CITY



## B. ACIDOPHILUS TYILK

Approved by the A.M.A. Council on Pharmacy and Chemistry

This is the original product with the high concentration of viable organisms of B. Acidophilus. Careful selection is given to each group and consequently only those of proven intestinal implantation are used. Prominent investigators have demonstrated its value in:

## CHRONIC CONSTIPATION MUCOUS COLITIS

DYSENTER 1 and resultant INTESTINAL TOXEMIAS

Fresh and viable cultures are always assured through the daily distribution of our Dairy Distributing Companies, located in all principal cities.

Just send in your name and address, and we will return a ' IMPLE, together with a brochure on the B. Acidophilus therapy, giving 31 important references.

CHEPLIN BIOLOGICAL LABORATORIES, Inc. Syracuse, N. Y.

#### INDEX TO ADVERTISERS

RULES-Advertisements published in the JOURNAL must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

Page	Page	PAGE
ABDOMINAL SUPPORTERS, ETC.	HEALTH RESORTS AND SANITARIUMS	PHARMACEUTICAL PREPARATIONS
S. H. Camp & Co xvi	Batnes' Sanitarium xxiii	American Bio Chemical Labs., Inc siv
K. L. Storm, M.Dxv	Brigham Hall Hospital	G. W. Carnrick Co viii
	Charles B. Towns Hospital xxv	Denver Chemical Mfg. Co iii Davies, Rose & Co xv
ARTIFICIAL EYES	Crest View Sanatorium, xxiii	Granger Calcium Products, Inc xxiii
Mager & Gougelman, Inc xx		Mutual Pharmacal Co., Inc xii
maket & waterman, meeting in	Interpines xx	Niketol, Inc viii
COLLEGES AND SCHOOLS	River Crest Sanitarium xxiii	Nonspi Co
	Riverlawn xx	Olajen, Inc.
Sydenham Hospital xxiii	Dr. Rogers' Hospital xxiii	E. R. Squibb & Sons
University of Buffale xviii	Sahler Sanitarium ANiii	William R. Warner & Co., Inc xiii
	Shannon Lodge xvii	
DIETETIC FLOUR	West Hill Sanitarium xxiii	RADIUM
Lister Bres, Inc i	White Oak Farm xxiii	Radon Co., Incxxx
•	LABORATORIES	SURGICAL APPLIANCES, INSTRU-
ELECTRICAL APPARATUS	Cheplin Biological Labs., Inc vi	MENTS, SYRINGES, THERMOM-
AND X-RAY	Lederle Antitoxin Labs xvi	ETERS, ETC.
Wappler Electric Co xxvi	}	Kny-Sheerer Corp. vi
•	MISCELLANEOUS	Taylor Instrument Companies xix George Tiemann & Co xxi
FOODS	Classified Advertisements xxii	
Battle Creek Food Co v	McGovern's Gymnasium, Inc.	337 4 MW N O TO 4 MW N
Mend Johnson & Co ix		Kalak Water Co
		Poland Spring Coxx

## Equipment for the Physician, Surgeon, Laboratory, Hospital or Institution.

G.R. 2370 - The New K. S. headlight gives a clear white, concentrated light, with no "shadow spots" or ragged edges. Easily focused, adequately insulated, universal joint adjustment, light, convenient and efficient, Price \$10.00





NS-2241-Dismountable model of the ear, enlarged three times. Condemonstrating for teaching. A variety of other models are shown in our Natural Science and Laboratory Catalogue, sent on request. This model sells at \$15.00

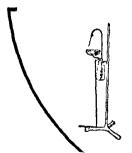


On this page are illustrated a few of the thousands of items Kny-Scheerer manufactures. Every need, no matter if it be for the small office of a practitioner or the largest hospital, can be completely furnished by Kny-Scheerer.

For over forty years Kny-Scheerer Surgical Instruments have been accepted as the

highest standard of quality. Scheerer trade mark is an assurance to the medical profession that every instrument is basically correct in design and made of the highest quality material.

If you are attending the A. M. A. Convention during June, don't fail to visit Booth 307.



P-4017-Alcohol dispenser with return flow mounted on a portable Operated by a foot pedal, delivers a spray directly into the hands. Also comes in Wall Type.



This Kny-Scheerer Trade Mark is "Die Sunk" on every Kny-Scheerer instrument. Physicians and surgeons should insist on Kny-Scheerer

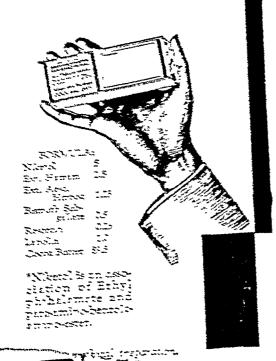
strumente.



B-3310-12-The double action principle increases the power and principle increases in power and pertuits the cut being completed without shock or jar. Made in both straight and curved models, chrome plated. Price of B/3310 str. \$25.00 Price of B/3312 cvd.

KNY-SCHEERER for Surgical Equipment

580 FIFTH AVENUE, NEW YORK CITY

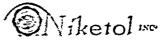


## HEMOREM SUPPOSITORIES

arrest rectal pain and discomfort

HEMORRHOIDS-PRURITUS ANI-AFTER EXPLORATORY OR SURGICAL INTER. VENTION IN THE ANAL REGION

The rapid and prolonged analgeric effect of Hemotem is due to the presence of 5% Niketol -a new local anesthetic of very low toxicity and particularly effective by absorption through the musous membranes. Its other ingredients exen a palilative and antiphlogistic action.



NINETOL, Inc. M. You may send me literature and professional samples of Hemorem suppositories.

37 West 47th Street, New York, N. Y.

red in the JOURNAL many the advertisements c. ORG.

EFFECTIVE ONLY WH. ALALTH RESORT

IIEALTII RESORT ANOTHERAPY
Sanitarium.

Hall Hospital ...

THE PRODUCTS ARE DEPENDABLE Towns Hospital .....

Our products are preparednatorium.... animals in our own laborate: own staff of chemists. Every

own staff of chemists. Every

carefully tested and every product

nized chemical or biological assay is analy xxiii

Nonspi iresh giands of healthy food Nonspi iresh giands of healthy food olden, iv. under the supervision of our E. R. Squ. nonvicationary process has been Upsher Smith Color which there is a recognite of the process of the process has been will william R. Warner & Warner & which there is a recognite of the process of the process has been will be processed as a process of the process has been will be processed as a process of the process has been will be processed as a process of the process has been will be processed as a process of the process has been will be processed as a process of the process of the process has been will be processed as a process of the process has been will be processed as a process of the process of the process has been will be processed as a process of the process has been will be processed as a process of the process of the process has been will be processed as a process of the process has been will be processed as a process of the process of the process has been will be processed as a process of the p

Epinephrine, U. S. P.

Pituitary, U. S. P.

Thyroid, U. S. P.

Liquor Epinephrinae Hycodon Co., Inc. ....

Solution of Pituitary, U.

Pancreatin, U. S. P.

C.M. APPLIANCES, INSTITUTE STRINGES, THERMON S. P. Instituction, U.S.P.

G. W. CARNRICK CO.

Dependable Gland Products

MT. PLEASANT AVENUE

NEWARK, N. J.

## NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 12

NEW YORK, N. Y.

June 15, 1930

#### A VISION OF THE FUTURE OF MEDICINE

By WILLIAM H. ROSS, M.D., BRENTWOOD, N. Y.

The President's Inaugural Address before the Anniversary Meeting of the Medical Society of the State of New York in the Hotel Seneca, Rochester, N. Y., on the evening of June third, 1930.

A year ago in accepting the office of President-Elect, I believed that I understood the responsibility that I would have to assume a year hence. I thought that this was true because of the opportunity that I had had to observe the activities of organized medicine; but contact with forty-five groups of physicians as well as with many official and unofficial agencies and officers of the State Government and discussion with them of the problems of the profession, have brought into a much clearer perspective the burden of responsibility that goes with informed and adequate leadership.

The present public character of medicine, the increased economic capacity of the public, and a year's study of the social trends in this country have brought into clearer perspective, also, the real problem confronting the medical profession and with it the need for a new relationship and a new adjustment of interest in health activities that have come to command so large a measure of public interest and even governmental support.

A workable, cooperative relationship between the profession of medicine and health agencies is approaching; the aim is a mutual understanding of the objectives of these organizations and a mutual respect for their differences Just as soon as the principle of conference is established as a method of arriving at an understanding of the value of coordination of all health efforts, the profession will have taken a long step toward solving its economic problems.

The changing economic relationship in every field of human endeavor includes, of course, the practice of medicine. The full development of the beginning era of preventive medicine will mean more economically as time goes on unless physicians adopt preventive practice. This means a new conception of medical practice but it is nothing more than the addition of preventive methods to a physician's regular work.

If a patient calls to see a doctor with a severalpage report from the Life Extension Institute or some group clinic, and he sees upon looking it over that he could have done the same thing if he were a little better equipped and that he could have earned the fee that his patient paid elsewhere, it will stimulate his interest in preventive work as much as anything else will do. Should his patient inquire why he has never suggested a health examination, what would his answer have to be?

Just as advancement in the relationship of industry comes primarily from confidence, advancement in the relationship of medicine will come from confidence Confidence develops only from a coordination of understanding of the purpose of an organization—no matter what kind

Medicine is organized for just two essential purposes—the advancement of its science and the betterment of public health. The advancement of its science has now such momentum that it requires comparatively little effort to keep it going. The other great objective of organized medicine, the betterment of public health, needs closer study and more definite support.

There is now an effort on the part of many organizations to carry health more efficiently to the public. Examples like the toxin-antitoxin work of the five counties in the Metropolitan District last year could be given from personal observation in other parts of the state and in other states if there were time.

There is now going on a rapidly advancing adjustment of professional relationships. Conservatism is relaxing enough for this adjustment. The value of tradition is being weighed. Ethical conceptions are being modified enough to include the advising of the public by physicians themselves to accept preventive medicine at the hands of the practicing physician. Even the teaching of the medical schools has made advances in developing in their students an understanding of the social aspects of medicine, and they are now infiltrating their teaching of curative medicine with the methods of prevention of disease.

The Medical Society of the State of New York has undertaken to establish a cooperative rela-

tionship with health organizations, and with the State itself in every health program. It has suggested to the medical profession a readjustment of its relation to the obvious trends in public interest, and it has been met more than half way by every organization and by every department of government of this state with which it has conferred. It is apparent that the health organizations and officials of the state government desire to have the medical profession take the leadership in health matters, and the doctor to become again the leading spirit in the health of his community. The public and all health organizations will follow the leadership of the profession if the profession will show the way.

It is an accepted thesis in industry that an organization should function to its capacity before added equipment is installed. We are not yet operating our organization to capacity. It is an accepted essential in all industrial organizations that there shall be a certain continuity of personnel which should change slowly, and only for the purpose of training new men so that knowledge of past experience shall be preserved for success in new fields. The same thing should be applied no less definitely in medical organization.

There should be a close cooperation between the heads of Standing Committees because the work of each committee has a bearing upon the work of all other committees. The Standing Committees of the State Society have an interdependence and are not separate organizations. They could with value come together in more frequent conference.

The duties of the President of the State Society have come to be so many that they demand almost all of his time. His burden is heavier year by year with the complexity of official duties. Medical progress, public interest, public demand, the public character of medicine,-all these bring problems that will increase rather than diminish. Recall the days when a President's duties consisted of meeting a few committees once or twice, and presenting at the annual meeting a thesis on some subject of his own choosing. Then compare them with the work of any one of the Standing Committees today. Each of the Standing Committees is doing more constructive work today than the entire Society did a comparatively few years ago. Two of these Committees-Graduate Education, and Public Relations—are less than six years old. President's duties are further increased by the need of informed and adequate understanding of the work of every committee, if he is going to meet his responsibility and the obligation assumed in accepting the office. There is an increasing demand for the President to attend medical meetings, and he ought to meet this demand in order to interpret the ideals of medicine to these groups.

One of the outstanding problems, the readjustment of the medical profession to social needs, is actually in process of solution by Dr. Sadlier's Committee on Public Relations. The ideal that inspires this effort is that professional service should be coordinated with all other services in health. The modern county health department and the relation of the profession to the state-aided county hospitals are illustrations of the work of this committee.

Another outstanding problem is actually in process of solution by Dr. Farmer's Committee on Graduate Education. Its ideal is the reinstatement of the family doctor in public estimation, which can best be done by making him a better doctor. The practical need for this is that the future of preventive medicine really depends upon the family doctor. Could we measure the result if we had graduate education at regular intervals for all of the profession? Would not the leadership of the American medical profession in the betterment of public health be established on as sound a basis as Denmark's, for example, by the reinstatement of the family doctor, the initiation by the profession of better public health administration, the coordination of all health services, and consistent graduate education? Would not these things put us in position to solve almost all our important problems?

Meeting physicians this year has increased my pride in medical men. The desire to elevate the standards of practice and the ideals of service are as great in one place as another. Sometimes, however, one hears a discordant note. I have heard, "What has the State Society done for me?" and "I do not like the way they run things in the State Society." On one occasion I was able to reply that all laws and regulations, standards of practice and professional education, and "many of our privileges" would not be here except for organized medicine. On another occasion I was able to say, "Well, then, come on in and help change things." If one has not taken the trouble to make suggestions or to take part in the activities of the State Society, the Society is deprived of his assistance.

Medical organization grows better year by year. It is doing many things to make professional life better, and is steadily advancing the interpretation of medicine to the public. The future of medicine is brighter than ever before. The real problem is a matter of modernizing relationships and expanding graduate education. Recognition of the changes that are going on in the world will help us to understand the social aspects of the modern demand for health service; it will help us to understand why all mankind has changed its front toward disease; it will lift us out of the conception that the practice of medicine is only curing disease after it has commenced, into the newer conception that many

diseases can be prevented and many more modified. Little does the profession seem to understand its dormant power, the power of unanimous opin ion as laymen understand it. Organized medicine should realize its latent influence on all public health questions and should recognize the reflex value of leadership on its own reputation.

While we do not believe that a minority should over control, a minority must apparently forever hold aloft the torch of the ideals of medicine as a minority has always done in other fields of human effort

Washington was once in the minority at Valley Forge

Lincoln was in the minority after the Battle of Bull Run

Andrew Johnson was in the minority in upholding the Constitution in 1866

We are in the midst of world changes of tre

We are in the midst of world changes of tre

The ethics of husiness no more than two decades old and the economic relationships of industry have changed by leaps and bounds

Protection of the public by rules of conduct has advanced beyond the professions

Education has grown beyond the conception that anyone had a few years ago

Public opinion is demanding the control of disease as far as known

The door of opportunity for the medical profession to advance public health by prevention of disease and to strengthen its leadership, has opened in line with other world changes

#### **OBSERVATIONS ON AGRANULOCYTOSIS\***

By NATHAN ROSENTHAL, MD, NEW YORK, NY

From the Melical Defartment and Laboratories Mt Smai Hospital New York A Y

AGRANULOCYTOSIS is the name applied by Schultz' in 1922, to a symptom complex which is characterized by necrotic manifestations in the mouth and throat and profound diminution in the number of white blood cells, affecting mainly the polymorphonuclear cells According to the first reports of this investigator? the main features of this unusual condition are

- 1 Sudden onset with high fever and general malaise
- 2 Ulcerations, necroses, diphtheritic or gangrenous processes, especially of the tonsils, pillars of the fauces, uvula, palate and pharying and, occasionally, similar lesions of the gums, tongue, larying and gentals
  - 3 Absence of hemorrhagic diathesis
  - 4 Presence of icterus
- 5 Occasional enlargement of the liver and spleen
- 6 Characteristic blood picture There is profound depression of the white cell count—usually less than 1,000 with disappearance of the polymorphonuclear leucocytes. The red cells and blood platelets are not disturbed
  - 7 Rapid fatal course

Schultz<sup>2</sup>, however has lately modified his opinion and is now inclined to accept cases which do not show jaundice, and even some in which anemia is present. Recoveries have been noted by him in four cases. It is not necessarily a fatal disease, as 13 per cent of cases recover.

The first case of this symptom complex—now

\*Read at the Annual Meet no of the Medical Society of the State of New York at Uties N Y June 6 1929

designated as "Agranulocytosis" or "Agranulocy tic Angina"-was reported in this country in 1902, by Brown' as "A Fatal Case of Acute Pri mary Pharyngitis with Extreme Leukopenia" The patient, a married woman 29 years of age, compluned of fever and chilly sensations following exposure to cold On the following day her throat was a little sore and on examination, the tonsils were found to be swollen and red The spleen and had no pain on swallowing peripheral lymph nodes were slightly enlarged Blood examination on the second day revealed the following findings hemoglobin 65 per cent, red blood cells, 3,240,000, white blood cells 1,000 Differential count; polymorphonuclears 1 per cent, lymphocytes 99 per cent. On the third day there were 400 leukocytes, and on the fourth day 320 The swelling of the tonsils and neighboring parts increased slowly and pain on swallowing became intense. This applied particularly to the right tonsillar region. An incision was made but no pus was obtained. A membrane formed over the cut which persisted until death, the latter occurring on the seventh day of the disease The number of leukocytes on the sixth dry was reduced to 260, with a differential count of my clocy tes 2 per cent, polymorphonuclears 21 per cent, and lymphocytes 77 per cent

The second case of this condition was described by Turk, in 1907, but the real identity and characteristics of the disease were first reported by Schultz His criteria, however, had to be modified as more cases were reported

Kasthn<sup>5</sup> analyzed the findings in the first 43 cases and in two additional cases. Lauter<sup>6</sup> was the first to report a case resulting in recovery. Rotter<sup>7</sup> was the first to publish a case in a male

patient. Wyatt<sup>8</sup> called attention to 47 other cases in the literature and reported one of a woman, aged 43, who made a complete spontaneous recovery. Recently, Rose and Houser<sup>o</sup> have again reviewed the subject from the standpoint of its infectious nature, and have come to the conclusion that it is not a disease entity. Their report is based on a fatal case of pneumococcus sepsis and agranulocytosis. In all 180 cases have so far been reported including 10 cases observed by the writer.

Other terms have also been applied to this symptom complex but the most preferable still takes its name from the outstanding symptom, The following names namely, agranulocytosis. have also been used for the condition: agranulocytic angina (Friedemann), stomatitis myelophthisica (Jagič and Spengler), malignant leukopenia (Pelnar), mucositis necroticans agranulocytotica (Weiss), agranulocytic infection (Rose and Houser).

#### Symptomatology

The onset is usually sudden, but occasionally there is a previous history of long-continued ill health, or of sore throat or influenza-like attacks; the patient complains of dysphagia, sore throat or dyspnea; the voice becomes rather peculiar, resembling the so-called "hot potato" type of peritonsillar abscess. Prostration is intense and is frequently out of proportion to the extent of the lesions present in the throat. In a few of the cases observed, the angina was absent. The jaundice which was first thought by Schultz to be present in all cases, occurs in less than 50 per cent; it is sometimes terminal.

Physical examination reveals ulcerations and necroses of the tonsils; similar lesions may appear in the pharynx, pillars, uvula, hard or soft palate, tongue, gums. A few cases without ulcerative lesions have been reported. The cervical nodes are usually enlarged; an edema may appear below the jaw or on one side of the neck. In one of our cases (Case 4) a terminal gas infection was present on one side of the neck. Hemorrhages from the ulcerated areas rarely occur; the liver and spleen may be palpable; ulcerations similar to those appearing in the mouth may be observed in the anal region, vulva, and vagina. Various types of skin lesion have been described, such as erythema, herpes, maculopapular eruptions, which may occur in any form of toxemia or septicemia... The urine shows the presence of albumin; urobilin and bile are present in jaundiced patients.

#### BLOOD PICTURE

Agranulocytosis assumes the aspect of an infectious disease with a characteristic blood pic-The hemoglobin and red blood cells are usually normal and may become somewhat subnormal during the course of the disease. most important feature of the blood picture, how-

ever, is the extreme leukopenia. This varies from 100 to 5,000 white blood cells.

The differential count shows a disappearance of the polymorphonuclear neutrophils or a great diminution of their number. There is also a decrease in the lymphocyte count. The plasma cells and monocytes may be increased. Macrophages and even myeloblasts may be found. The blood platelets are either normal in number or somewhat increased. In one of our cases (Case 4) there was a diminution of the blood platelets as the disease progressed.

In favorable cases there is a prompt improvement of the blood picture. The young polymorphonuclear cells (staff cells) appear when the leukocyte count begins to increase. The granules of the staff cells show peculiar staining reactions; the granules stain rather dark and coarse. Later the normal neutrophilic granules appear and also mature segmented polymorphonuclears.

#### BLOOD CULTURES

In a number of cases of agranulocytosis the blood culture has been found to be positive. Different types of organisms have been found, so that one cannot consider this a specific infectious disease. Of all the cases so far studied, a positive blood culture was obtained in 28 of 75 cases. The various organisms found are the following:

Streptococcus hemolyticus, 7 cases.

Pneumococcus, 7 cases. Staphylococcus aureus, 5 cases.

Bacillus coli, 2 cases.

Friedländer bacillus, 2 cases.

Streptococcus viridans, 2 cases.

Streptococcus hemolyticus and Staphylococcus aureus, 2 cases.

Streptococcus hemolyticus and Bacillus coli,

In the writer's series (Table I) 4 cases out of 7 had a positive blood culture, which indicates a had prognosis.

#### Age and Sex

The preponderance of agranulocytosis in middle-aged women, previously in apparently good health, is a rather striking feature of the condition, only 24 cases having been reported in males up to the present time. This disease is rarely seen in persons under twenty years of age. A few cases have been reported in children.

CLASSIFICATION OF AGRANULOCYTOSIS BASED ON OBSERVATIONS OF TEN CASES (TABLE I.)

Group I. Agranulocytosis with fatal termination (4 cases).

Group II. Aleukocytic Angina (1 case). Group III. Agranulocytosis followed by re-

covery (4 cases).

Group IV. Agranulocytosis, recovery followed by persistent agranulocytosis (1 case).

All of the above cases, which will be reported

TABLE I

GROUP	Case	Sex	Age	ULCERATIONS	BLOOD CULTURE	WHITE CELLS	Polys	LYMPHS	Result
1	1. E. M	F.	33	Throat Rectum	Streptococcus Hemolyticus and Bacillus Coli	600	0	95	Died
,	2. M. M	F.	48	Throat	Staphylococcus Aureus	200	0	98	Died
	3. A. R	F.	60	Throat	Streptococcus Hemolyticus	500	0	85	Died
	4. E. M	F.	28	Throat	Streptococcus Viridans	250	0	100	Died
II	5. I. K	F	52	Throat Mouth Tongue	Not Done	900	67	26	Died
III	6. D. J	F.	21	Throat Gums	Sterile	1,300	10	90	Well
	7. E. D 8. M. I	F. F.	48 45	Throat Throat	Sterile Sterile	4,600 4,400	21 5	61 35	Well Well
	9. B. S	F.	35	None (Jaundice)	Not Done	4,200	27	44	Well
IV	10. J. F	M.	45	Tongue	Not Done	1,400	12	50	Well

Classification of Agranulocytosis Based on Observations of Ten Cases (Table I.)

in detail later, had the two main characteristic manifestations of agranulocytosis, namely: the leukopenia and the septic manifestations. Only one case did not show any angina, which has previously been observed in a few cases. The data in the table are self-explanatory.

It is important to note that the fatal cases have a complete absence of polynuclear cells and leucocyte count below 1,000. The prognosis is favorable in cases with a negative blood culture and leucocyte count above 1,000.

The differential diagnosis offers no difficulties, provided one is aware that secondary agranulocytosis and ulcerative manifestations may be a terminal complication of aplastic anemia, leukemia (myeloid and lymphoid), Hodgkin's Disease, Jaffe¹, Miller¹¹, possibly as a result of previous radiotherapy. Agranulocytosis may result from neosalvarsan and benzol poisoning and may follow x-ray and radium treatment. In this communication we are dealing with true cases of agranulocytosis, or Werner Schultz' disease (Chevallier)¹².

#### ETIOLOGY AND PATHOGENESIS

Many views have been expressed in regard to the cause of this condition. From the summaries by Schultz, Hueper, 18 Rose and Houser, we may gather the following ideas as to the

- 1. The condition is a specific disease entity.
- 2. It is a granulo-leukopoietic disease of the bone marrow.
- Some specific selective toxic action of the bone marrow is present, making the body less resistant to secondary invasion of bacteria.
- The condition is due to an infection on a pre-existing hypoplasia of the granulopoietic apparatus.
- It is a maglignant leukopenia of leukemic nature.
- 6. It is secondary to some endocrine influence.
- 7. Atypical form of sepsis.

Due to the fact that the condition is not a common one, most of these views were apparently expressed after studying comparatively few cases. The present writer is rather inclined to accept part of Schultz's and Friedemann's views on the nature of this condition. Even these investigators have changed their views occasionally. Schultz recently suggested that there is possibly a toxic action of some virus which has a special affinity for the myeloid system. However, from the study of ten cases and observations on a few other cases, the writer is finclined to the view that agranulocytosis is a clinical chiral chiral related to a constitutional hypophyly of

the leukopoietic system; in other cases it may be a result of transitory hypoplasia. One cannot say definitely that in the latter group this hypoplasia is due to endocrine influences. The septic manifestations are of a secondary nature and produce pathological lesions which are common to septic conditions without the inflammatory reaction. The prognosis of the case depends upon the extent of the invasion of the bacteria. The bone marrow may recover before the septic manifestations have gone too far. In five of our cases which recovered, it seemed that the healing of the ulcerations started about the time the polynuclear leu'tocytes began to show definite increases in the blood.

The marked diminution of the polynuclear cells removes the great defensive mechanism, thus rendering the body less resistant and subject to rapidly spreading infections. These infections begin only in areas where numerous organisms are constantly present. The most common of the septic manifestations are, naturally, the tonsils: the gums; tongue; and other areas of the mouth may also show ulcerations. In some cases, the ulcerations of the mouth may be absent. Recently, the writer in consultation with Dr. Jaffin of lersey City, had occasion to observe a case in a young woman who had all the symptoms of agranulocytosis, including a marked leukopenia of 800 leukocytes. There were no throat manifestations whatsoever, and after a thorough examination of the patient only a gangrenous necrosis of the rectum was accidently found on proctoscopy. Following a transfusion, the patient made a rapid recovery.

The bone marrow, therefore, must be considered an organ which is subject to hypoplasias and hyperplasias of various kinds, similar to hypoplasia or hyperplasia of the thyroid gland or the other organs. As various elements are present in the bone marrow, variations in hypoplastic changes may be anticipated. The bone marrow is composed of formative areas or red cells, white cells and blood platelets, so that we can expect to obtain various forms of hypoplasias. Agranulocytosis may be considered a condition resulting from an aplasia or functional disturbance of the leukopoietic system, similar to certain forms of thrombocytopenic purpura.

Hypoplasia of the leukopoietic apparatus lead to a leukopenia. This may be secondary, as in certain types of infections which actually involve the bone marrow (typhoid fever), (tuberculosis, Hodgkin's disease), or due to influences of certain organs, as the spleen and liver. Leukopenia may also result from the removal of leukocytes from the blood, as in Gaucher's disease, Banti's disease, hemolytic icterus. There is also a constitutional hypoplasia of the bone marrow which may result

in a persistent leukopenia. Case 10, reported in this paper is an example of this condition. This man is apparently well, and his blood picture always showed a leukopenia without anemia or thrombocytopenia for four years following the first observation.

#### TREATMENT

There is no specific treatment for this disease. The most important procedures employed for the purpose of hastening recovery are: transfusions and intravenous injections of neosalvarsan. Mild irradiation of the long bones has apparently produced satisfactory results in some cases. However, in two of the author's cases, and in some cases reported in literature, irradiation did not produce any immediate effect. Most of the cases recovered spontaneously.

#### Prognosis

Thirteen per cent of the cases have recovered. It is rather unusual that 50% of the cases observed by the writer, recovered (five cases out of ten).

Conclusions

- 1. Ten cases of agranulocytosis were observed with a mortality of 50 per cent. Two additional cases have been seen in consultation, which have recovered. Another case is known to have recovered from an attack twelve years ago.
- 2. The disease is a symptom-complex with two phases. One is a localized ulcerative condition of the Waldeyer ring (tonsils, pharynx, pillars of the fauces, tongue, etc.), accompanied by symptoms of sepsis. The second phase is an associated profound leukopenia affecting mainly the polynuclear neutrophils.
- 3. The leukopenia is possibly due primarily to a functional disturbance or a hypoplasia of the leukopoietic system; septic manifestations are probably secondary as a result of the absence of the leucocytic defensive mechanism of the body.
- 4. Hypoplasia of the bone marrow may be transitory or it may possibly be a permanent constitutional disturbance as in cases 5 and 10. Such patients are predisposed to the development of agranulocytosis.
- 5. Recovery is usually spontaneous, following re-establishment of the function of the bone marrow, provided the septic invasion is not too extensive.
  - 6. There is no specific treatment.

#### REFERENCES

- 1. Schultz, W.: Deutsch. Med. Wchnschr. 48:1495, 1923.
- 2 Schultz, W.: Die akuten Erkrankungen der Gaumenmandeln. Berlin (Springer). 1925.
   3. Schultz, W.: Muench. Med. Wehnschr. 75:1667,
- Brown, P. K.: Amer. Med. 3:649, 1902.
   Kastlin, G. J.: Am. J. M. Sc. 173:799, 1927.

Med Klin 20 1326 1924 Lauter, D Virch Arch 258 17 1925

7 Rotter, W 8 Wyntt, T 9 Rose E C New Eng Jour Med 179 525, 1928 and Houser, K M Arch Int Med 43 533, 1929

 10
 Jaffe, J
 Muench
 Mcd
 Wehnschr
 73 2012,
 1926

 11
 Miller II
 R
 Am
 J
 M
 Sc
 173 490,
 1927

 12
 Chevallier, P
 Le
 Sang
 3 316 1929
 1929

 13
 Hueper, W
 C
 Arch
 Int
 Med
 42 693,
 1928

 14
 Friedemann, U
 Zeit
 f klin
 Med
 108
 54,
 1928

#### MEDICAL ACCOUNTING IN COMMUNICABLE DISEASES\*

By HENRY JAMES SPENCER, M.D., NEW YORK, N. Y.

BY medical accounting I mean the computapital and other practice I propose to show you how study or analysis of such accounting has proven of great value in improving our service to those suffering from communicable disease

The man in almost any activity who knows exactly how his affairs stand has an advantage over the one who has a notion about it but no real ac The solid foundations of medicumulated facts cine are built on experiments or clinical observations which were carefully planned, later analyzed and then reobserved in the light of the new concepts formed

When we apply the idea of accounting to a general hospital service so many ramifications are found that one is liable to be confused. But in a communicable disease hospital the problems are knit together to form a compact whole Moreover there is a greater urge for accounting because of the very communicability of the conditions dealt with

The urge in our case, at the Willard Parker Hospital, was and is the saving of children's lives and health The mortality of 1922, chiefly due to We had, theretofore, measles, left us aghast taken our responsibility like a man with notions Suddenly we were like a man who, having kept no books, found himself bankrupt Certain things were obvious when we looked about. We made changes We set an ideal. That ideal was to save for patients; first, their lives, second, their bodily functions and health and finally unneces sary days of illness and confinement

That has proven no mean problem established medical aseptic technic. Next cubicles were erected in all open wards. Soon we realized more fully than ever that we must not trust to notions and so our monthly statistics were established Most of the credit must be given to Dr Shirley W Wynne, then Director of Hospitals of the Health Department and now Commissioner of Health of the City of New York and to Dr Arthur W Bingham, then President of the Medical Board who later gave up his life largely be cause of his efforts in pushing toward the ideal

The statistics have grown and changed have upset some of our notions, supported others and also have given us some entirely new concep-We are not sure that the present method of accounting is the best. We are as ready to take up and try a new method of accounting as we are to follow out the leads that our present method gives us

When men think through to their ends the problems which arise from such an accounting certain needs become evident and if men are earnest and zealous in seeking to have these ends met they are very likely to be misinterpreted. They must support their thinking with facts. No, even more, their facts must be so fully divorced from personal bias that they stand by themselves

The needs that appear are surprisingly many They are not limited to the development of newer and better methods of treatment though such things do come out of them. But they deal with food adequate nursing and medical care, proper sterilization of bedding, crowding in the admitting rooms, urging of the earlier calling of the family doctor, training of the family doctor by means of climes so that he will correctly diagnose diseases earlier and more adequately treat his patients These are samples of what our statistics have lead us to

The aseptic technic was started late in 1924 so that statistically 1925 should be considered the first year 10,777 cases were treated from 1922 to 1924 inclusive with a mortality rate of 12.8% From 1925 to 1928 inclusive 14,891 cases were treated with a mortality rate of 826% IIad the 1922 1924 mortality rate held for these later years 1,906 persons would have died instead of 1,230,

a saving of 676 lives in four years

What share of the deaths must the Medical Staff consider as reflecting the care and skill shown in the hospital? We have assumed that deaths occurring within 48 hours after admission are largely unavoidable as far as we are concerned if they receive prompt, intelligent care record all deaths as occurring within or over 48 hours after admission Of the deaths occurring over 48 hours after admission, a large number, particularly of measles and diphtheria cases, by great effort are tided over the 48 hours only to die later Allowing for these, the percentages of nortality for the "over 48 hour" cases are of considerable significance for purposes of com-DIFISOR

<sup>\*</sup>Read at the Annual Meeting of the Medical Society of the State of New York at Utica N Y June 5 1929

TABLE I

	1922	1923	1924	1925	1926	1927	1928
Total Cases	4409 242 5.5 495 11.2	3048 111 3.6 173 5.7	3320 152 4.6 209 6.3	3380 148 4.4 166 4.9	3013 113 3 8 181 6 0	3323 144 4.3 100 3.0	5175 199 3.8 179 3.5
GRAND TOTALS: Cases Deaths within 48 Hours Per Cent Deaths after 48 Hours Per Cent	(B) 505 4 7			14,891 604 4.1 626 4.2			
A Minus B		10,272 877 8.5				287 626 4.4	
Expected Double 1095 1009 at 1050	99_1 <b>9</b> 94_Avo	raga Rata		R	-	Over 48	
Expected Deaths, 1925–1928, at 192 Actual Deaths, 1925–1928		age wate.	· · · · · · · · · · · · · · · · · · ·		,	62	
Difference—Lives Saved						58	8

The only figure which we would pretend was in any way due to our efforts is the saving of 588 lives in the "over 48 hour" group. These figures must not be accredited to the aseptic technic alone. Aside from the technic better and more abundant nursing care, less fatal complications, fewer cross infections and the like must be

taken into account. However, the reorganization of the medical and nursing service which included starting the aseptic technic, played an important part.

When the diphtheria, scarlet fever and measles admissions and deaths are studied separately interesting details again appear.

TABLE II
DIPHTHERIA

Year	Cases	Total	Deaths	Total	Mortality Per Cent	Average
922 923 924,	1650 1122 1132	('22 -'24)	299 135 151	('22-'24)	18.1 12.0 13.3	('22 -'24
	and the same of th	3904		585		15.0%
1925	1273 1142 1588 1883	('25 ~'28)	188 107 143 186	('25 - '28)	14.7 9.3 9.0 9.8	('25 -'28
	annon-recorded to the second	5886		624		10.6%

Deaths Expected, 1925-1928, at 1922-24 Average Death Rate	882 624
Lives Saved	258

TABLE III SCARLET FEVER

Year	Cases	Total	Deaths	Total	Mortality Per Cent	Average
1922 1923 1924	895 588 527	('22 -'24)	75 28 11	('22-'24)	8 3 4 7 2 0	('22 -'24)
	_	2010	_	114		5 7%
1925 1926 1927 1928	•772 384 936 671	('25 -'28)	15 14 22 14	(25-'28)	1 9 3 6 2 3 2 0	(25-'28)
	_	2763		65		2 4%
Deaths Expected, Actual Deaths	1925 1928, at 1922	2-31 Average De	ath Rate	<del></del>		157 65
Lives Saved						92

TABLE IV MEASLES

1 ear	Cases	Total	Deaths	Total	Mortality Per Cent	Average
922 923 924	1158 676 948	('22 -'24)	260 74 102	('22 -'24)	22 4 10 9 10 7	('22-'24)
		2782		436		15 7%
925 926 927 928	660 1098 220 1588	('25 - '28)	41 115 20 82	(*25 '28)	6 2 10 4 9 0 5 1	('25 –'28)
		3566	-	258		7 2%

Deaths Expected, 1925-1928, at 1922-24 Average Death Rate Actual Deaths	560 258
Lives Saved	302

TABLE V
PERCENTAGES OF TOTAL ADMISSIONS AND TOTAL DEATHS YIELDED
BY THREE PRINCIPAL DISEASES

	1922-1924 PER CENT		1925-1928 PER CENT	
	Total	Total	Total	Total
	Cases	Mortality	Cases	Mortality
Diphtheria	42 3	36 2	50 7	39 5
Scarlet Fever	18 7	8 2	18 6	5 3
Measles	25 8	31 5	24 0	21 0

Secondary or Cross Infections Based upon the periods of incubation all secondary infections appearing after admission are classified as acquired before or after admission. We hold ourselves responsible for the latter. They are recorded as percentages of the primary cases under treatment during the period.

Prior to 1925 no accurate record of secondary infections was kept, hence the figures for those years in this table are low. In 1927 131 cross infections occurred from January to May inclu-

TABLE VI
CROSS INFECTIONS

		PER CENT		
	Primary Cases	Infected before Admission	Infected after Admission	Total
1922 1923 1924 1925 1926 1927 1928	4598 3622 3512 3574 3123 3384 5356	1 45 0 90 1 30 0 78 0 70 1 60 2 07	1 88 1 90 0 76 1 03 0 70 2 45 1 84	3 3 2 8 2 0 1 8 1 4 4 1 3 9

sive (49 (1.5%) B.A. and 82 (24%) A.A.). The integrity and faithfulness of the professional staff were questioned 52 of these 131 cross infections were with measles and 60 with varicella, accounting for 112 of the 131 cases. This occurred in a year when measles was not present in the city in epidemic proportions, though varicella was We believe the source of the trouble was discovered when it was found that the large autoclave for the sterilization of bedding was ineffective

ling measles and chicken-pox as causes of longer hospitalization and hence greater cost to the community.

The pathological department of a communicable disease hospital is where a large part of the search for the etiology of the diseases and the nature of the complications must be under-The pathology of communicable diseases has not been studied as thoroughly as it should I am using the term pathology in its broad sense. It is known only partially by the majority of pathologists. It is closely related to the pathology of pediatrics. Hence the pathologist of a communicable disease hospital preferably should be well versed in the pathology of communicable disease and pediatrics, at least the latter. Otherwise his work will lose much value, will be very ordinary and will promise little for advance in the comprehension of these diseases until he attains such knowledge. This conclusion is an indirect outgrowth of studies of these statistics.

An outgrowth from a practical knowledge of such pathology has been the development of a better technic in the handling of diphtheritic croup. The value of the O'Dwyer tube has become considerably restricted. Only a few years

TABLE VII

LARYNGEAL DIPHTHERIA
Intubation vs. Suction

		PER CENT		Number	PER CENT	
	Number Intubated	Total Diph. Cases	Intubated Died	Suction Only	Total Diph. Cases	Suctioned Died
	(126)					
1922 .	234	14 18	53 8			
1923	(54) 132 (59)	11 76	*40 9			
1921	165	14 58	35 8			
1925	165 (51) 150	11 78	34			
1926 .	(28) 112	9 8	25			
1927	112 (12) 72 (19)	5 43	16 6	(42) 289	18 2	14 5
1928	(19) 68	3 6	27 9	(64) 330	17 5	19 4

Note: Figures in parentheses in first column are deaths among intubated.

In 1928 measles was very widely spread through the city there being 53,629 cases in the entire city as against 39,750 in 1926, the previous epidemic year, and 2,101 in 1927 the intervening low year. 105 out of 210, that is 50%, of the cross infections in 1928 were due to measles. All secondary infections and especially those acquired after admission are important as causes of greater expense and possible death. The figures just given show the importance of our developing if possible some more adequate method of control-

ago there was a fair sized group of "chronic tube" cases living in the hospital. These children were without home life. Their care and schooling were financed by the city. All have been restored to their homes. Also tracheotomies were frequent. This has changed greatly. Intubation is seldom done Tracheotomies are very rare. Suction now is applied by a Sorensen pump through a soft rubber catheter passed through the glottis with the aid of a direct vision laryngoscope. This table indicates the progress we have made.

One mevitably questions whether adequate medical and nursing care is being given to each patient. We have been conducting time studies of the amount of nursing care required for patients of certain types. The time required varies a great deal as is to be expected. Our figures are only for absolutely necessary care. They are probably under estimations of what the patient should receive. This table shows the computations made to date. All of the figures are averages.

The Mixed or Observation Service is so variable in the kinds of diseases and the numbers of them present, the need for complete individual isolation is so great, and the physical features of the pavilions used for them necessitates so great an expenditure of time, that the cost in nursing hours is very high

I have shown you a few of the many ways in which we have employed our monthly statistics to teach us wherein we were weak and whether the reas d methods we substituted were effective.

TABLE VIII
NURSING TIME REQUIRED PER 24 HOURS

	Jours	Minutes
Scarlet Fever	1 -	
Uncomplicated—Mild Case	2	14
Moderate Case	1 2	49
Severe Case	2 2 3	14
Completed the Other on Marketha		42
Complicated by Otitis or Mastoiditis		to 33
DIPHTHERIA	\ <b>4</b>	33
Tonsillar	2	45
Croup	5	40
" Intubated	1 5	
" Broncho-pneumonia or Otitis Media	6	
Severe Toxic	1 7	48 and more
MEASLES	1 -	20 200
Mıld	2	43
Moderately Severe—Over 4 Years	$\begin{pmatrix} 2\\ 3 \end{pmatrix}$	43
Under 4 Years	4	21
Complicated with Broncho-pneumonia or Otitis or Mastoiditis	4	30
PAROTITIS	}	
Infant	3	
Cerebro Spinal Meningitis	4	43
Measles and Varicflia	3	30
SCARLET FEVER AND TOXIC DIPHTHERIA	6	11

TABLE IX

	19	27		19	1928	
	Hours Available	Hours Needed		Hours Available	Hours Needed	
Scarlet Fever Mensles Diphtheria LESS	86,854 8 757 77,796 173,407	79 440 10 853 87,465 177,758 173,407	Scarlet Fever Measles Diphtheria	68 890 59,757 95,406 223,053	64 372 65,830 103 344 236,516	
6		4 351	ПЕЭЭ		223,053 13 493	
4351			13493	·················		

 $\frac{4351}{9}$  = 544 Nursing Days

 $\frac{13493}{9} = 1687$  Nursing Days

Employing these figures we have calculated the nursing requirements for the years 1927 and 1928, and for the three diseases, diphtheria, mensles and scarlet fever, the findings are as in Table IX

and to what degree I have tried to show some instances where we proved ourselves wrong and had to revise our ways. The great thing is to use such figures to discover the truth not to warp them in order to booster up preconceived notions.

## CONGENITAL BLADDER OUTLET OBSTRUCTION IN INFANCY AND CHILDHOOD\*

By MEREDITH F. CAMPBELL, M.D., NEW YORK, N. Y.

From the Departments of Urology, Pathology and Pediatrics of Bellevue Hospital and the Pediatric Service of New York Nursery and Childs Hospital.

LTHOUGH congenital obstructions at the bladder outlet are found at autopsy once in approximately 400 males, it is surprisingly seldom that the lesion is recognized and properly treated during life. It is interesting to note that while the condition was first described as an autopsy finding 127 years ago<sup>1</sup>, only in recent years has urological advancement enabled us properly to diagnose and treat these diseases. Young, in 1912, was the first to treat a case surgically.

The types of congenital bladder outlet obstructions which we will here consider are (1) contracted bladder neck, (2) congenital valves of the posterior urethra and (3) hypertrophy of the verumontanum. Congenital stricture of the deep urethra and congenital sphincteric spasm of neuromuscular vesical disease are so rarely encountered that consideration of these conditions may be wisely omitted from this discussion. symptoms of all of these various lesions as well as the pathological anatomy of the urinary tract above the site of the obstruction are identical; only the structural character of the obstructions differs. The basis of this report is a study of congenital obstructive disease of the vesical outlet as observed either clinically or at autopsy in 18 cases (oldest 14, most under 8). Of particular interest are the extensive destructive changes of the upper urinary tract; of prime clinical importance is the resultant nephropathy.

The congenital contracted bladder neck is characterized by marked submucus sclerotic atresia of the vesical outlet. The etiology of this anomaly is unknown. Histologically, tissue taken from these lesions shows submucus sclerotic infiltration with or without evidence of inflammation. In some instances the entire sphincteric ring is involved; in others but the lower segment of the orifice is pathologic. This latter picture is quite similar to the frequently observed median bar obstruction of adult males. In any event, the congenitally small vesical outlet does not permit free urinary drainage so that upper tract damage results. In six of our cases, the obstruction was proven to be of this type; in an additional instance, this diagnosis seems most likely. Of these seven cases, five were studied clinically, two were seen at autopsy.

Of particular interest is the case of a two-yearold male who cystoscopically showed a congenital contracted bladder outlet. Marked hypertrophic changes in the bladder wall were evident. There was present a diverticulum of the bladder dome

twice the size of the bladder proper and in this diverticulum was a stone two by three centimeters in size. The phenolsulphonphthalein excretion was 12 percent in two hours. Consent for operation was refused by the parents. The patient died in uremia four months later. In another case of this type of obstruction studied clinically, a three-year-old boy, four vescial diverticula were present together with marked upper tract infection, dilatation and damage.

Congenital posterior urethral valves are the most frequently observed congenital obstructions of the vesical outlet. In spite of their not infrequent incidence, to date but 62 cases have been reported. Only 27 of these have been operated upon. In most of the remaining cases the lesions were observed at autopsy. In our series, six were observed clinically and studied cystoscopically, four were autopsy cases and but one was operated upon.

These valves are mucosal folds within the posterior urethra and may either partially or completely block the urinary outflow. They usually extend from some portion of the verumontanum to the lateral urethral wall or, as in four of our cases, may extend posteriorly in to the vesical outlet itself. Occasionally these valves are unilateral as we have twice observed. In some instances the valves have no anatomic relationship to the verumontanum but may be located either in front of or posterior to the veru and assume the form of a diaphragm. The aperture may be large or small. In one of our cases, the mucosal valve formed a partial diaphragm across the lower portion of the urethra just in front of the verumon-In another instance, the valve was superimposed on the bladder outlet in the form of a crescentic fold and caused almost complete blockage with extensive upper urinary tract dam-A similar observation was recorded by Eigenbrodt in 1891.

These valves have been classified into three types depending on whether the folds extend anteriorly (Type I) or posteriorly from the veru (Type II) or whether they were entirely unassociated with the veru. (Type III) Of special interest to us was the finding of a Type I obstruction in a male who died at birth. Marked upper urinary tract obstruction had occurred in utero. Bednar<sup>3</sup> in 1840 reported an apparently identical finding in a still birth.

The etiology of urethral valves is unknown. Several theories have been advanced, the oldest being that of Tolmatschew (1870) who believed these structures to represent a hypertrophy of the normal urethral ridges or folds. The theory that

<sup>\*</sup> Read at the annual meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

these valves represent a persistence of the urogenital membrane was advanced by Baz\*. On the basis of observations made while studying the embryology of the verumontanum, Watson\* deduced that the valves resulted from a fusion of the veru and overlying urethral roof. In one specimen he found three fibrous bands passing from the veru to the urethra above it. However, all of these theories lack proof and at present the origin of these structures is unknown. In certain cases (the iris diaphragm type) the valves obviously have no anatomical relationship to the verumontanum.

Hypertrophy of the verumontanum sufficient to cause urinary obstruction occurs rarely. Bugbee and Wallstein<sup>7</sup> reported the observation of seven cases at autopsy. At Bellevue Hospital, the lesion was encountered at autopsy but twice in 1204 male children. In one of these, although the enormously hypertrophied organ well filled the entire posterior urethra, it had not caused sufficient urinary obstruction to bring about any marked changes in the upper tract. Not infrequently in young boys we have observed marked enlargement, engorgement and chronic inflammation of the veru as the result of masturbation, but in these cases cystoscopy revealed no evidence of urinary back pressure.

Congenital urethral stricture and neuromuscular vesical disease have been dismissed with their mention.

In one case coming to autopsy but not included in this series, obstruction within the posterior urethra was found to be caused by a "Z" shaped urethral malformation just in front of the veru. As a result of the sharp kinking of the urethra upon itself, marked obstruction was present and was reflected in the destructive anatomic alterations of the upper urinary tract. I have not found a similar urethral anomaly reported elsewhere. Again, in a five-year-old boy complaining of frequency, cystoscopy revealed a marked enlargement of the median prostatic lobe identical in all respects with the picture of this lesion as observed in adult males. This lobe seemed nearly to occlude the vesical orifice; the very appeared nor-Oddly enough the vesical walls showed little evidence suggesting persistent back pressure. Removal of the growth was refused.

### UROPATHOLOGY

The destructive changes taking place in the urinary tract above the point of obstruction are identical, irrespective of the anatomic character of the blockage. Urinary stasis is the first ill-effect produced. This is at once followed by dilatation and hypertrophy of the urinary musculature. Trabeculation may become extreme; diverticula frequently form as in six of our cases. With the advent of infection, inflanmatory selerotic atony of the bladder and ureteral walls becomes the

end result. Not infrequently the dilated atonic ureters become as large as the colon, tortuous, sagging and often kinked upon themselves. Because of the marked increase in size of the treters, on abdominal palpation they may be thought to be intestines.

As a direct result of the accompanying ureteritis, the function of the uretero-vesical sphineters is impaired of lost. Bladder urme easily regurgitates to the renal pelvis. This condition is readily demonstrated by cystography

The gross changes caused by the greatly increased intraurinary pressure are reflected in the kidney by dilatation of its pelvis with compression and thinning out of the renal parenchyma Infection speeds up this process. The end result is both architectural and functional destruction of the organ; not infrequently the parenchyma is reduced to a thin shell. When the renal damage is extreme, the patient usually dies of uremia. Unfortunately, in the majority of these cases, the true nature of the condition is not recognized until autopsy.

### Symptoms

The symptoms of vesical outlet obstruction may be divided into those of urinary difficulty and those resulting from renal damage and urinary infection. Of the first type, urinary frequency together with great difficulty in voiding is constantly observed. From the history it will be learned that these symptoms have been present since birth, that urination is accompanied by great straining, that there is always great difficulty in starting the stream and at the end of urination, dribbling may occur. Paradoxical incontinence may lead to the erroneous diagnosis of enuresis but persistent lower abdominal pain or the presence of a protuberant chronically distended bladder should at once suggest vesical retention. As in one of our cases, there may be recurring attacks of acute retention requiring catheterization. In another case reflection of the vesical distension to the loins (kidneys) was observed. This loin pain coupled with the marked pyuria and intermittent fever (a triad often observed in these cases) usually prompts the diagnosis of chronic pyelitis. When dysuria is marked, the diagnosis of acute cystitis usually satisfies the physician.

The systemic symptoms appear as renal damage becomes pronounced. They are predominantly manifestations of uremia and may be evidenced by both gastro-intestinal and central nervous system upsets. Indigestion, malaise, nausea, vomiting and loss of or failure to gain weight may misdirect the attention to the gastro-intestinal tract. Hyperirritability and headache may be the first neurologic symptoms. Later the patient becomes drowsy and, as the disease becomes extreme, lapses into coma. Because of the lowered general resistance, intercurrent infections are often ter-

minal; pneumonia or acute renal infections are usually fatal complications.

Fever, of low grade as a rule, quite regularly accompanies the urinary infection. In the event of an acute infectious exacerbation, fever with chills and other evidence of urinary sepsis will be noted.

## DIAGNOSIS

To one experienced in this field of medicine, the recognition and diagnosis of these various congenital bladder outlet obstructions is comparatively easy. The frequency and dysuria at once direct attention to the urinary tract. Pyuria evidences urinary infection. The palpation of a distended bladder obviously localizes the obstruction to the lower urinary tract. In many of these patients, the greatly distended ureters and kidneys may be palpated. Before subjecting these young patients to a cystoscopic examination, valuable pre-cystoscopic data should be obtained and in many instances the probable diagnosis will be indicated by this data.

A complete urinalysis including culture is imperative. The two-hour phenolsulphonphthalein estimation should be made and the urea nitrogen or non-protein-nitrogen content of the blood plasma determined. A plain roentgenogram of the genito-urinary tract will indicate the presence of complicating calculus disease (other than uric acid which usually does not show in films) or congenital spinal defects, notably spina bifida. Because neuro-muscular vesical disturbances are so commonly associated with spina bifida and may so closely simulate congenital vesical outlet obstruction clinically it is of utmost importance to rule out the possibility of a neurogenic element in the vesical retention.

Because a large bladder residual is usually present, the rapid emptying of this viscus for the determination of the residuum is, as a rule, unwise. However, the presence of a residuum is assumed in these cases and will be found to vary from a few cubic centimeters to 600 cc. or more. The advisability and technique of gradual decompression will be considered under treatment. Not until the bladder has been decompressed and all evidence of renal shock has disappeared should one consider cystography or cystoscopy.

Having acquired this pre-instrumental laboratory and roentgenographic data, a cystogram is made. The bladder is emptied of urine and refilled with 5% sodium iodid to a point at which slight vesical distension is noted. Stereoscopic roentgen exposures are made and the resulting films will indicate the regularity and form of the bladder outline as well as the integrity of the ure-teral sphincters. Diverticula and large sacculations are easily made out; in many cases iodid reflux up the ureters outlines not only these channels but the renal pelves as well.

When the obstruction is in the posterior urethra near the verumontanum, a funnel shaped vesical outlet is not infrequently seen in cystograms and requires differentiation from that which so often accompanies neuro-muscular vesical disease. The cystogram of contracted bladder neck is indistinguishable from that of spastic neurovesical disease. The differential diagnosis between posterior urethral valves, contracted vesical outlet and neuromuscular vesical disease must be made by cystoscopy.

While we quite regularly perform complete urological examinations including pyelography in five-year-old girls without general anesthesia, it is rare that one can cystoscope a male of less than eight years without complete anesthetization. Over this age, certain patients will co-operate well in the examination if novocain is first used locally in the urethra. In all cases a preliminary hypodermic of morphine serves to quiet the patient and allay in part the extreme apprehension which these young children so regularly manifest.

We have found that the passage of a 15F. sound will greatly facilitate the subsequent passage of the infant cystoscope. It is well to note here that in many of these cases urethral instrumentation is extremely difficult. Urethral catheters, sounds and cystoscopes are often stopped by the urethral obstruction so that only a filiform bougie or a fine ureteral catheter may be passed to the bladder. Great difficulty may be encountered in the passage of even these latter instruments since they not infrequently engage in the folds or pocketings at the site of the blockage and unless one is successful in penetrating the aperture of the obstruction, the instrument cannot be made to enter the bladder without urethral injury. It is equally difficult to penetrate the aperture of the obstruction retrograde through a cystotomy wound because of these pocketings. When urethral valves are present, they always balloon toward the meatus and may then form deep pouches in which instruments will be caught. When it is found impossible to pass a cystoscope, the obstruction may usually be observed through an endoscopic tube.

Unquestionably the best instrument obtainable today for the examination of the posterior urethra in the young is the new infant cystoscope of McCarthy. It permits close observation of this channel. Young warmly endorses small endoscopic tubes for the inspection of urethral valves. The cystoscopic features of these obstructive lesions need not be described here; they are well known to most competent urologists.

Cystoscopic study reveals the character of the obstruction as well as the secondary back pressure changes of the bladder wall. Hypertrophy and elevation of the trigone and trabeculation with or without diverticulum formation are com-

monly observed. The ureteral orifices may gape and in one instance we were able to introduce the cystoscope well into the ureter Young and McKay8 reported a similar observation in which the renal pelvis was thus explored While ureteral catheterization will reveal the separate kidney function, this procedure is unnecessary for the establishment of the correct diagnosis

### TREATMENT

Having determined the nature of the obstruction, its removal constitutes the treatment these young patients we must institute the same pre instrumental and pre-operative preparation and treatment as that employed when prostatectomy is anticipated in adult males. If a large residual is present or if the patient is in chronic complete retention, gradual decompression of the bladder should be carried out Failure to observe this indication may result not only in an immediate post operative but even in a post-catheterization uremic death. Gradual emptying of the bladder can usually be satisfactorily carried out by inserting an indwelling ureteral catheter to the bladder In some instances, the slow emptying by this method will require two to three days. Once the bladder is thus emptied, continuous vesical drainage should be carried out until the general physical condition of the patient as well as the renal function tests, blood chemistry, etc are established at a constant level We have under observation at the present time, a three-year old male with a contracted bladder neck who, when we first saw him, was clinically uremic Only a trace of phenol sulphonphthalein was executed in two hours For the past six months he has been draining suprapubically and during this time remarkable improvement has occurred. He is now ready for the removal of his obstruction

Free bladder dramage either by an indwelling urethral catheter or by suprapubic cystotomy drainage together with an enormous fluid intake constitutes the best pre-operative treatment these indications and methods are observed, the likelihood of surgical success is greatly enhanced Drugs are of little value in this pre-surgical preparation, water in abundance is the best medicine.

When the patient is thus properly prepared and ready for operation, contracted bladder neck obstructions may be punched out trans-urethrally or may be removed through a suprapulic approach. The removal of a generous segment of the obstruction is the therapeutic indication While the bladder is open, calculi may be removed or as in one of our cases, diverticula may be resected

Urethral valves have been destroyed by fulguration (9, 10) punching out, perineal section, suprapubic destruction or by rupturing with a steel sound passed into the urethra11 of our cases, this latter method proved efficacious By trans-urethral fulguration or by suprapubic retrograde approach, destruction of a hypertrophied verumontaniim may be accomplished These various therapeutic procedures are highly technical and should be attempted only by those skilled in such procedures and anatomically oriented in the posterior urethra and vesical out-

Pollowing operation, a forced fluid intake by mouth, protoclysis or hypodermoclysis together with general supportive measures must be instituted As a rule, these young patients recover rapidly from these urologic procedures and, if the obstruction is sufficiently destroyed, are able to void normally In cases presenting marked renal damage, one may wisely err on the side of doing too little at one operation, Young even advises punching out but one valve at a time when there is any question as to the functional integrity of the kidneys

#### SUMMARY

Congenital vesical outlet obstruction occurs once in approximately 400 males. The clinical manifestations are strikingly similar to those of prostatic obstruction in adult males use of modern urologic methods and instruments, the diagnosis of these conditions is comparatively easy to make and treatment is easy to carry out Therapeutic measures are directed toward the restoration of renal function The removal of the obstruction is but a step in the surgical treat-The prognosis depends on the degree of renal damage and also is in direct ratio to the knowledge with which the urologic indications are observed and the skill with which they are carried out

### BIBLIOGRAPHY

- Langenbeck Memoires Sur la Lithotomie, 1802 Eigenbrodt Beitr z Klin Chir, 1891-92, VIII, 171
- 3 Bednar Lische d K K Gesellsch d Aertze, Wein, 1847, 11 279
  4 Tolmatschew Arch f fath Anat, 1879, 348
  5 Bazz Bull et Mem Soc de Chir de Par, 1903,
- XXIX, 32
- 6 Watson Structural Basis for Congenital Valve Formation in Posterior Urethra J Urol 1922, VII, 371
  7 Bugbee and Wallstein J Urol 1923, X, 477
  8 Young and McKay Surg Gyn, & Obst, April
- 1929, XLVIII, 509
- Randall Am Surg 1921, LXXIII 477 Himman and Kutzman J Urol 1925 XIV, 71 Young Practice of Urology 1926, II, 83 95

# EDUCATION, HEALTH, AND HEALTH EDUCATION\* By FRANK VAN DER BOGERT, M.D., SCHENECTADY, N. Y.

DO not believe that any one will question the statement that too much culture is dangerous. The physical makeup of the human race has been influenced by it for centuries and influenced badly. Sterility, the difficulties of childbirth and adolescence, nursing failures, all were practically unknown to the uncultured savage. Studies of the noble families of Europe have shown that most of them die out within 100 to 150 years, generally not living beyond the third generation. The families of great scholars, artists and statesmen have shown a similar tendency and the offspring of men of science have apparently decreased more than half in a single generation. All this is not due to birth control, the change from a free life to a restrained one favors sterility in both animals and man. The sterility of the upper classes of society is in part at least comparable to that of animals in captivity in that it depends upon unnatural conditions of living.

There can be little doubt that childbirth is slowly becoming more difficult. Its dangers to the mother have been lessened to a great extent by improved obstetrical technique but pediatricians realize the greater danger to the child. Dillenbaugh was impressed by the infrequency of deformities and malformations among the Indians and Catlin by the astonishing case and success with which the Indian women passed through the ordeal of delivery and vouches for the oft-repeated story of the Squaw who tied her horse under the shade of a tree and, before night, overtook her travelling companions with her infant in her arms.

Then too, the uncultured savage has little difficulty in nourishing her offspring for a period of years. We must not content ourselves with the assurance that all that is required for the production of a race of nurslings is encouragement. The problem is a much deeper one and depends for its solution upon a reversion to a more natural manner of living and upon the conservation of animal instincts. Towner believes that it is to be solved first by givng intellectual women a different education from that of men and goes so far as to say that so long as their educational limits can keep these women within the mental range of children some of them may still be happy mothers.

The greatest lesson learned by Margaret Mead

from her study, for the American Museum of Natural History, of the simple civilization of Samoa was that adolescence is not necessarily a time of stress and strain but that cultural conditions make it so.

Franklin, writing to Richard Jackson in 1753, tells of "the little value Indians set on what we prize so highly under the name of learning." At a treaty between some colonies and the Six Nations, when everything had been satisfactorily settled, the British Commissioners told the Indians that they had in their country a college for the instruction of youth, where they were taught various languages, arts and sciences, that there was a particular foundation to defray the expenses of the education of their sons and that, if the Indians would accept their offer, the English would take half a dozen of their brightest lads and bring them up in the best manner. After consultation, the Indians replied that some of their youths had been educated at that college but that it had been observed that for some time after they were absolutely good for nothing, being neither acquainted with the true method of killing deer, catching beavers nor surprising the enemy.

Unfortunately for the relief of our difficulties, education is only one factor in the production of what we call civilization. It must, however, be conceded to be the determining factor in childhood since the whole life of the child must revolve around the school.

Medical and surgical progress, including medical supervision of school children, has done much to alleviate and neutralize the effect of unnatural living but on the other hand they have apparently encouraged an attitude toward life regardless of rational living and expectant of relief when injury occurs. The adult lives as it pleases him to live and looks to medicine and surgery for repair. It is reasonable to believe that when he recovers, and he usually does, he is not quite as good as before, no other machine is. This attitude is reflected in the bringing up of our children and we force them beyond the limit of tolerance. call them undernourished, feed them milk and send them to the clinics for removal of areas of focal infection. The nutrition problem is a broader one and depends for its solution upon a preventive medicine which actually prevents rather than repairs, which develops a resistance through contact with natural rather than with artificial stimulants.

Even if we were selfish enough to advocate living in the present and letting the future take care of itself there is real doubt that we are fitting the individual for his part in the world. Re-

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

cent researches in the field of learning have shown pretty conclusively that better results have been obtained when accuracy rather than speed was emphasized As Di Meyers says in his article on the mental hazards of the schoolroom the reason why our children work so slowly is because we try to make them work so fast 'Then why," he asks, "all this human torture only to produce inferior learning products?"

The life of the school child in America today is as strenuous as that of the business or profes sional man or woman and the standard is the same "efficiency." He must rise early, hurry his breakfast and, often without time for evacuation of the bowels, rush off to school. If he is not there on time he is penalized. He is given more or less credit for regular and perfect attendance which influences him, or his parents for him, to disregard slight indispositions, ordinarilly treated by rest, or the prodromal symptoms of contagious disease so dangerous to those with whom he comes in contact and so rarely detected by a medical school inspection until too late.

After a morning of organized study, more or less competitive, with possibly a short period of organized play, he is sent home to bolt his lunch because he must be back at his desk at the allotted time often too short to allow of a quiet restful meal which is so essential to normal digestion. He must do this or he must be content with a pienic affair planned for easy transportation rather than ease of digestion and assimulation. The other alternative is the lunch room or tuck shop with its temptations to pulatability rather than nutriment.

If animal instincts occasionally get the better of him or if he fails to complete his allotted task in the time allowed he is kept after school and deprived of the little fresh air and sunlight usually allowed him at the close of the day and in the higher grade he is given sufficient home work to interfere with his sleep. Has any fired business man more to complain of and is it not altogether likely that the speed at which we adults are living, admittedly too fast, was developed in childhood and has gotten beyond control. Difficult as it is tor the man to do so, he can, if he will, break away, but the child if he escapes is thrown linck into the stream, thrown back by the law often in spite of the protests of his parents, and vet Darwin found that he could only safely concentrate for two hours a day

It is astounding to learn what his happened to the curriculum within the past few years. Things formally taught in college are now taught in the high school and what used to be taught only in the high school has descended to the lower grades. Increase of speed, more efficiency, less actual knowledge because of absolute imbility to master even a small percentage of it all. It does look, as Buchholz contends, as if we were spending more money for less education and that the whole situation has become a competition between communities for the aggrandizement of the one who educates at the expense of the educated, another evidence of American extravagance

But what can we do about it? I think we can do a great deal. The man who teaches children will listen to the man who studies them. My feeling is that the mental hazards will to a great extent take care of themselves if the physical are climinated. Shorter school hours allowing for more time at meals and an after lunch rest period with a little more time in the morning and evening for natural living indoors and out will certainly insure a clearer brain and lessen the mental strain

Nothing is more important to the growing child than properly prepared and quietly consumed meals at regular hours. No other nutritional program is rational and no other nutritional program need be considered if study hours are properly arranged. There seems to be no tenable argument for the midmorning lunch community feels that it must nourish its under fed let arrangements be unde to deliver the nourishment at the home or serve a breakfast at the school at community expense. It has been amply demonstrated that food consumed at other periods interferes with normal appetite and digestion Under the present method of requiring payment, as one of my colleagues has expressed it, it is the child who does not need the milk that has the fifteen cents Judging from local conditions school milk is becoming less popular. In Sche nectady with a student population of between nineteen and twenty thousand the number of pupils taking milk has decreased from 3500 to 1200 and it is exceedingly interesting to learn that in four of the schools, all in the less prosperous neighborhoods where it is presumably needed most, only 83 of the 1200 pupils are recerving it

The greater value of rest at midday before exhaustion has occurred has been demonstrated by unimal experimentation

And now comes an effort to lower the age limit of school attendence to two years by the inclusion, in the public school system, of the nursery school The prospect of immediate action does not seem good because of its cost even though the resources of the taxpayers seem unlimited where education is concerned and Dr Patty Smith Hall, its chief advocate, says we are not fully civilized today Besides it may be difficult to secure a sufficient number of teachers of the type that Dr Hall de According to her requirements the nursery school teacher must have some of the knowledge and skill of the trained nurse together with the attitude and ability of a wise, intelligent She must have a goodly share of the medical knowledge which pediatricians are sup posed to possess. She must be well inducted into

practice of others than we used to see in my interne days.

There may be some men still doing the bloodclot operation but if so they are unknown to me-

The Chronic Running Ear: The chronic middle ear abscess appears to be on the wane and there are relatively few radicals done at the hospital I attend.

In the non-operative treatment of the chronic running ear everything has been tried from bichloride of mercury, through all the rainbow of the aniline dyes, argyrol, dry treatment, wet treatment, ether, S.T. 37, vaccines—their name is legion.

Ionization of zinc by the galvanic current is now being advocated but it too may join the "rubber band around the neck" treatment of my

interne days.

We hear but little of ossiculectomy and the modified radical or Heath operation does not have many adherents.

The use of blood transfusions in lateral sinus thrombosis has come within these twenty five years and Tobey of Boston has added the manometer test as a means of detecting a plugged sinus.

The Labyrinth: There are few of us—outside the large cities—who dare attack the labyrinth and it is well that this is so. There probably has been no improvement on the labyrinthine operation of John D. Richards. But the physiology and pathology of the labyrinth has been given a great deal of high-powered thought. The whirling and caloric tests of labyrinthine function, as worked out by Barany, Isaac Jones, Fisher Eagleton and others have made out of the otologist something more than a repair man. He can become, if he wishes to give up the time to it, a diagnostician, a neuro-otologist.

The recent visit to this country, of Brunner, inspired a fresh impetus in the pupils of the numerous classes he lectured to. It is an interesting and baffling study. To myself, and to others to whom I have talked, the subject seems so easy when one listens to a good teacher—and Brunner is that—and so difficult when one comes to apply the knowledge to his patient in the privacy of his own office. I confess that the best I can do is to say that the patient has, or has not, a dead labyrinth or a relatively slow labyrinth and let it go

Labyrinthine tests have a big disadvantage. They are upsetting. Ask any office girl who has cleaned up after a too vigorous test. And as Brunner said of the malaria treatment in cerebrospinal syphilis "when a patient comes to you well, and goes with sickness away, it is not so good."

Sonnenschein, McKenzie and Fowler have written reams in attempting to teach us how to make standardized hearing tests. Prior to the invention of the Audiometer the estimation of hearing was far behind that of vision in both accuracy and consistency. The human voice

varies, the acoustic properties of our offices vary, the outside noises vary, even tuning forks vary. Prior to the Audiometer, possibly the Ingersoll watch was the most constant standard. It at least was cheap and universal. Now with the Audiometer the otologist in San Francisco, Memphis, Montreal and Utica can record a patient's hearing in a way that means something to any other practitioner. He can go into court and give his testimony on the loss of hearing in percentage terms, as courts, the lawyers, the family doctor and the people in general like to have it.

In 1929, as in 1900 and every year between, it is a safe bet that at least once a year some otological author after nine months or more of gestation will give birth to a paper on tinnitus that will be long and learned, exhaustive and exhausting, and the last word on our knowledge of this baffling affliction. It is a startling example of the triumph of faith over experience that we privates in the ranks will read such articles diligently and if anything new is suggested will try it hopefully on the next patient with the same disappointing results.

We began with local treatment of the Eustachian tube and middle car. We went on from there to amputating turbinates and resecting septums. These failing we tried bromides and hydrobromic acid. Then came pilocarpine internally. Now comes the removal of the tonsils, teeth and other foci of infection, cocanization of the sphenopalatine ganglion, severing the eighth nerve, destruction of the cochlea, thyroid extract, and adrenalin, digitalis and strychnine if the systolic pressure is too low, ligation of the common carotid artery and the bombardment of the hearing apparatus by the various noise makers.

Nerve deafness and otosclerosis still remain an unsolved problem. We know more about their etiology but just as little about their satisfactory treatment as we did in 1900. Otosclerosis has had a great deal of high-powered study devoted to it. Through the researches of Gray and others we know more about it, but as little about what to do for it as we did in the early years of the century. One more disease or subdivision of the causes for deafness has been worked out by Jennings of England—the deafness of osteitis deformans of Paget's disease.

A step in the right direction is the program of research work by the committee of the American Otological Society under J. Norval Pierce for the study of otosclerosis. This committee will work with funds supplied by the Otological Society and the Rockefeller Institute.

The Throat: Now for the throat. In New York in 1906, the indication for the removal of the tonsils was their hypertrophy. In Rochester in 1929, as elsewhere in the United States, the chief indication for the removal of the tonsils is their visibility. Indeed, as one essayist has said, "If I send a patient to a specialist with a

question as to the presence of infection in the patient's tonsils and that patient returns to me with his tonsils still in his head, it is because that specialist was out when my patient called " With quantity production in tonsillectomies has come many improvements in technique and while dissection and snare remains the method of the art-1st, the Sluder method and its modifications have enabled the general practitioner as well as the specialist to remove tonsils with neatness and despatch. The result is that we do not see the mangled pillars and the amputated uvulas that we used to see when snare and dissection was the implement of the tyro as well as the experienced. This generation owes a great deal to the late Dr Sluder

In 1906 we were doing tonsils with the Mac-Kenzie Mathieu tonsillotome although in our hospital Mosely, Carter and Hurd, particularly, were teaching and practising the use of dissection and source. In those days, the removal of the tonsils for 'ocal infection was in its infancy and the tonsils taken out were largely the hypertrophied tonsils and adenoids of childhood, so that the MacKenzie or Mathieu instrument worked fairly well, and if in many cases the gland was amputated instead of extirpated, why the object of the operation had been attained anyway,-the clearing of the air passages. Adenoids were done with curettes and the Brandigee forceps, an instrument that occasionally nipped off a bit of the posterior edges of the septum. We did a large number of tonsils weekly even in those days although few of us realized the tremendous possibilities of the field

Now in Rochester, if we didn't discover the tonsil, we fell at least that we have done considerable work in its development, and the study of Kaiser on 5000 tonsillectomies has become a classic. But while Kaiser studied his cases chiefly with a view to preventing the diseases of childhood, internists from 1907 on, have urged the removal of the infected tonsil for hypertension and hypotension, for nephritis and bronchial asthma, for choroea and arthritis, for the blood dyscrasias, and hyperthyroidism, for malnutrition and such local manifestations of systemic disease as intis corneal ulcers and ezzemas.

It is a relatively easy operation to do, and whether the tonsil has or has not a function, its removal seems to be fraught with little or no difference to the body's economy. It is therefore unfortunate that the eradication of these glands not infrequently fails to correct the systemic disease for which relief was sought. The transformation of the tonsil into fibrous tissue by a-ray and Radium seems to be quietly passing into the sargasso sea of dereliets. It promised much—no danger, no absence from work, no hemorrhage—but in after months of treatment it, in many cases, left behind considerable infected tonsillar tissue and in a few cases damaged the parotid

gland so that the patient had a dry mouth. The latest method of dealing with the tonsil—surgical diathermy—is still in the experimental stage it promises all that the 1-ray method hoped to get, but a recent criticism of it in the J. I. M. A states that many cases thus operated on show stumps of infected tonsils left behind, and anyone who has had experience with the amputated tonsil and the cauterized tonsil knows the possibility of quinnsy and blocked drainage from such fragments of infected tonsil.

If there was such a disease as Vincent's Angina in our clinics in 1906-1908, I fail to recall it. In 1913 the N-Y-STATE JOURNAL had a paper by Cocks, in which he describes the difficulty of curring it and gives a host of remedies which have been tried. A later paper states that Salvarsan has been used in one or two cases with success and later still comes the idea that with cither Salvarsan or Sodium Perborate we have a rehable remedy. After the soldiers came back from France, "trench mouth" became a comparatively common disease in this country.

The biggest advance in lary ngology since 1906, has been due to Chevalier Jackson. Halstead in a paper before this society in 1908 tracing the development of bronchoscopy and esophagoscopy, says "Chevalier Jackson took the Einhorn tube and made out of it a gastroscope."

In 1906 we were still extracting foreign bodies from the laryin by the MacKenzie forceps. If they went further than that—although I can only recall two peanut cases that did—a tracheotomy was done, and these two cases at least promptly died. In 1907 Jackson published his book 'Tracheo-bronchoscopy, Oesophagoscopy, and Bronchoscopy," In 1918, this great master came to our hospital and demonstrated the direct method of removing foreign bodies from the bronch. Although I got a good start, being personally instructed by Dr. Jackson on how to hold the head, I failed to continue with the specialty possibly because I found the office of headholder a very irksome position.

Since those days improvement in technique has come so thick and fast that bronchoscopy has developed into a specialty almost over night. It has a Society and a Journal of its own and an armamentarium that requires the American in ventive trait for its genesis and a Ford truck for its transport. Its use has extended to bronchial and lung affections, and the varied instruments for removing every conceivable kind of foreign body are a far cry from the umbrella probang the coin catcher, the MacKenzie forceps and the hunt and push method that preceded Chevaher Jackson.

Colds continue to be the cause of the greatest economic loss in America. There has been no improvement in the morbidity since the days of our grandfathers. In spite of the removal of the tonsils and adenoids, vaccines, feeding of vita-

mins, the saccharine products of the hirsute Smith Brothers, the cold and cough continue to he the chief menace to the health of our children and the chief cause of the sinusitis and mastoiditis of their elders. During the war an army surgeon noted the freedom from colds of the workers in chlorine factories. The result was that between 1920 and 1924, all conventions of pharyngologists showed a large proportion of booths exhibiting apparatus for liberating chlorine fumes. The day of the cold and its complications was to be gone forever. No more rhinitis, sinusitis or mastoiditis. But there is a divinity that looks after our specialty and if you glance through the pages of the medical journals of the current month, you will search in vain for the chlorine manufacturing machine. It has gone to join the dodo and the electric battery. In its place has come the sunlamp.

Vaccines and Serums. When I was an interne, the announcement of the discovery of Sir Allmeroth Wright and his associates regarding opsonins and the opsonic index of the blood caused considerable comment and it was felt by some of us that this would be the method of treatment of the future. Later on came the work of Hiss and Dwyer with leucocytic extract, and papers read before this society by two of its most esteemed members extol the virtues of this preparation in some of the brain and blood complications of the middle ear abscesses. In the whole field of vaccines, serums, foreign protein therapy, antigens, immunogens, phlyacogens, erysipelas serums, excepting only diphtheria antitoxins, there has been little of cheer and much of disappointment so far as they covered the treatment of diseases within our specialty. For one man who obtains success with vaccines for colds, furuncles, sinusitis, suppurating ears, there are twenty who are disappointed. My feeling is that vaccine therapy has done far more for the compilers of medical dictionaries and the pharmaceutical houses, than it has for the laryngologists and their patients.

Hay Fever and Asthma. A relation of hayfever and asthma to the nose has been known of course for years and so our specialty has had more than a passing interest in these difficult

problems.

When the reader settled in Rochester in 1909, John O. Roe, a master of plastic nasal surgery, was preaching the doctrine of the cure of asthma and hayfever by nasal surgery. Roe's nasal surgery was well in advance of his time, but we are not so enthusiastic over the reflex nasal irritation as a factor in hayfever or bronchial asthma. Since 1900 the treatment of hayfever and asthma has come more and more into the hands of a new species of specialist—the serologist—and with him has arisen a new doctrine and a new vocabulary.

The "Eye of newt and toe of frog Wool of bat and tongue of dog

Adder's fork and blind worm's sting Lizard's leg and owlet's wing and the other contents of the witches' cauld-

had nothing on the case box of the conscientious serologist with its extracts of wheat, milk, cat dandruff, chicken feathers, horse serum, staphylococci and what not, each and all of which he jabs into his victim's arm in an attempt to find out what he reacts to. However, rhinologists have been reluctant to let go of the asthmatic and the hayfeverite, and if we have to a large extent abandoned, not necessarily the doctrine of reflex nasal neurosis but the hope of getting anywhere by that route, we have now taken up the problem from a new angle, that of focal infection. So far the results are not any too encouraging, but let us hope that the next twenty-five years will see a better batting average. Tonsils have gone into the port of missing organs, we are now attacking the ethmoids.

Local Anaesthesia. Since 1906 we have improved our technique in local anaesthesia chiefly in the substitution of novocaine for cocaine in injections and in the use of nerve blocking wherever feasible instead of tissue flooding. The work of Ruskin and Sluder on the spheno-palatine ganglion has been of great practical value to our

specialty.

and not to practise both.

Prior to 1906 the old specialty of Eye, Ear, Nose and Throat was divided fairly well among the older men, at least into its two great divisions, the Eye and the Ear, Nose and Throat. In most cases the division was one that came after a number of years practise in the combined specialties. I notice however that with the younger men coming on there is a very definite trend to select either ophthalmology or oto-laryngology

There has been also a tendency to confine the practise of bronchoscopy to one or two individuals in a community. This is as it ought to be. There are not enough cases in a city even of 300,000 to keep more than one or two men expert and if all the cases are spread thinly around among all those doing oto-laryngology, then the patient suffers physically through the trauma produced by the inexperience of the surgeon and the surgeon suffers financially through the overhead of the highly specialized tools he must employ.

Our specialty has gone a stage further and produced specialties within a specialty such as the plastic nasal surgery of Sheehan and Carter and the laryngectomies of MacKenty.

Thus we see that with the passing years, the definition of a specialist as "one who knows more and more about less and less," becomes very apt.

The Accessory Nasal Sinuses. While there is nothing definitely new since 1906 in operative procedures on the accessory nasal sinuses, these cavities are attracting more attention.

Whether because the upper respiratory tract betteria are seeking a new habitat or because of better diagnostic facilities, the disease "sinusitis," has usurped the place once held by "appendicitis" and "my operation" as a topic for five o'clock teachitter

The antrum particularly is a very fertile field of investigation not only in the very evident infections of this space but as a possible hiding

place for foci in systemic diseases

The occasional iniraculous restoration of sight to the blind by a well done ethmoidectomy or sphenoidectomy has resulted in an enthusiasm for masal surgery for the relief of various eye pathol-

ogies among our radicals

Here again, the conservative wing has found it necessary to remind the enthusiasts that some of these cases cured by surgery would have got better by time or conservative measures and that a little more study in cases of retrobulbar neuritis that did not respond to nasal surgery would have shown them to be due to multiple sclerosis

The stereoscopic 1-ray picture, the improvement in trans-illumination and the use of lipoidol for diagnosis are probably the chief changes in technique during these twenty-three years

### Conclusions

The last quarter of the nineteenth century oto laryngologically speaking was characterized by sprays and inhalations, gargles and prints, medication locally and systemically. Its slogan was 'Let us spray." There was operative surgery of course but it was done to remedy a local condition

The years since then have been marked by bigger and better surgery not only to remedy local conditions, but as a panacea for almost

every ill that flesh is heir to

It is a question whether we have not been too optimistic in this respect. There are many of us who are disappointed in that so much excellent surgery should be so barren of results. Our specialty has been subjected to considerable criticism not only by writers of fiction, but by eminent men of our own calling.

You temember Dr Roscoe Geake the oto larvingologist in Lewis Sinclar's "Arrocusinth' Ile believed that tonsils had been placed in the human organism for the purpose of providing specialists with closed motors. A physician who left the tonsils in any patient, was, he felt, foully and ignorantly overlooking his future health and comfort. His earnest feeling regarding the masal septum was that it never hurt any patient to have part of it removed.

And Shambaugh of Chicago, who has spoken freely on this subject, says in a study of 290 cases of inner ear deafness—the unpleasant fact stares us in the face that of these children 123 had their tonsils removed for the purpose of improving an ear condition which could not be influenced in the slightest by any operation on

the nose or throat"

In spite of these criticisms. I think we have very good reason to be satisfied with the prog ress in oto laryngology There has been a big advance not in inventions comparable with radio or the aeroplane, but in the better doing of the old procedures and in the instruments of precision and diagnosis with which we work. The younger men are on the whole better prepared than we of 1906 or before. Their mastoids are neater their tonsils show cleaner fossie their submu cuses are straighter. They are surgically more at home in the accessory nasal sinuses. Where the older generation regarded the ethmoids and sphe noid with a respect that amounted to cowardice, the younger men rush in where we a little nearer the angels fear to tread

The oto laryngologist of the next twenty-five years will be, if the American Board of oto laryngology has its wiy, a specialist who has given considerably more thought and study to the physiology and purpose of the structures of the nose and throat than his predecessors, and

has no less dexterity in their removal

When that day arrives our specialty will be a more scientific if a less lucrative profession, and we specialist physicians will be more valuable to the community

## KERATITIS EXFOLIATIVA COMPLICATING DERMATITIS EXFOLIATIVA (ARSPHENAMINE)\*

By DANIEL B KIRBY, MD, FACS, NEW YORK, N Y

From the Department of Ophthalmology College of Physicians and Surgeons Columbia University

THERE are several reasons for bringing this subject forward. The first is to discuss the normal and pathological exfoliation of the cornerl and conjunctival epithelium. The second is to offer an analysis of the ocular lesions which

appear in derintitis exfohativa due to the arsphenamines, and to draw a logical malogy between the eye and skin lesions. The third is to emphasize the danger of ocular complications in the treatment of lues.

The subject might well have included Conjunctivitis Exfoliativa These terms are not found

<sup>\*</sup>Read at the Annual Meeting of the Med cal Society of the State of New York, at Utica N Y, June 6 1929

in the literature, but the lesions were so evidently exfoliative in nature and so like the process in the skin that the terms Keratitis and Conjunctivitis Exfoliativa were thought to be quite proper and descriptive of the lesions.

In the normal skin there is normal exfoliation of the most superficial layers of the epidermis. Replacement of cells is constantly going on from the basal cell layer. The shape of the cell undergoes a gradual transition in its progress from the basal to the cornified squamous layer. The nuclei become shrunken and stain less densely as the cells approach the surface and the cornified opaque surface cells may be regarded as having very little vitality, and no power of reproduction.

A similar condition exists in the corneal epithe-The most active cells are the basal and The more superficial cells are not cornified but there is evidence that they have less vitality than the deeper cells. The histological conditions are therefore such that we may judge that there is undoubtedly a normal process of exfoliation or desquamation of the most superficial cells of the epithelium of the cornea and conjunctiva as there is of the skin. There need not be left any gaps in the surface or any tendency to stain with fluorescein. In smears from the normal conjunctival sac, one usually finds squamous epithelial cells. The rate of normal exfoliation and regeneration is not known and could not accurately be worked out. Experiments would necessarily be based on abnormal conditions. The rate of regeneration of the epithelium after wounds is known to be very rapid, as large abrasions of the surface of the normal cornea have been observed to heal in 24 to 48 hours. The conjunctival epithelium heals less rapidly than the corneal.

Matsumato<sup>1</sup> found in tissue culture that the two inner layers of the corneal epithelium were concerned with regeneration, but Verrijp2 told me that in his experiments he had found all layers able to divide and multiply.

In a number of conditions, one may observe pathological exfoliation of the epithelium either of one or of several layers or of the entire thickness with exposure of Bowman's membrane. In all of the cases of keratitis and conjunctivitis in which there is epithelial loss without ulceration, there is pathological exfoliation of one or several layers of epithelium.

- 1. Cases without opacity but showing minute punctate stain with fluorescein.
- Various conjunctivitides.
   Traumatic and chemical erosions of the conjunctiva.
  - 4. Keratitis epithelialis punctata (Koeppe).
- 5. Any cases showing edema of the cornea as produced by cocaine, glaucoma, iriod-cyclitis, endophthalmitis, etc.
  - 6. Keratitis e lagophthalmo.

- 7. Keratitis herpetiformis.
- 8. Keratitis neuro-paralytica and Dystrophy.
- 9. Complicating keratitis profunda, sclerosing and interstitial.
  - 10. Dendritic and filamentory keratitis.
- 11. Complicating certain exanthemata and dermatitides.
  - 12. Traumatic and recurrent keratitis.

Parsons<sup>3</sup> in commenting on edema of the cornea says: "The liquid effused in and between the cells diminishes their coherence, so that the superficial cells fall off. This desquamation is never entirely absent in cases of acute corneal disease, its intensity depending on the degree and on the special character of the inflammation, being found par excellence in neuro-paralytic keratitis. In the slightest degrees single cells only are exfoliated; in severer cases whole layers of cells are thrown off. The basal cells are then often small and cubical, staining deeply: they are young cells which have to divide so rapidly to replace the loss that they have not time to reach full maturity. After the elimination of the superficial cells the surface is usually uneven, and this also may be a cause of the stippled appearance seen clinically. Rarely the surface remains smooth. If the desquamation increases it may leave behind only the basement layer of cells, which are then either short and cubical or long and thin. In the latter case they are often set obliquely on Bowman's membrane, owing to the pressure of the lids. Desquamation may go so far as to lead to entire loss of the epithelium."

Following are the reports of two cases which the author observed as showing exfoliation of the epithelium of the cornea and conjunctiva as a complication of dermatitis exfoliativa (arsphenamine).

P. L., white, male, age 39, was Case 1. asymptomatic when he was induced by one of his friends to have his blood tested. The report on the Wassermann test was returned 4+. He received from his friend's doctor three intravenous injections. His family history was negative. In his past history, there was no direct evidence of luetic infection. He had Neisserian infection 15 years before. His pupils were active and there was no indication of any cerebro-spinal system involvement. His epitrochlear and axillary glands were enlarged. Because of this and of his positive Wassermann, he was given June 15th, 1928, an initial dose of .3 gms. neoarsphenamine. Six days later, he received another injection of .3 This was followed in three days by a rash that looked like an urticarial eruption. There was considerable itching. It lasted only a few hours. On June 29th, he was given .45 gms. The same dose was repeated July 6th. On July 13th, .6 gms. were given and repeated July 20th. The itching and eruption had appeared and disappeared a number of times. He had been given also six

doses of 1½ grains of Bichloride intramuscularly between the doses of neoarsphenamine. On July 30th, ten days after the last injection, he became severely ill and hospitalization was necessary. He had a full-blown dermatitis exfoliativa, involving all parts of the integument. The subcutaneous tissues were greatly swollen and very early the cornified layers of the skin began to desquamate first in small pieces and later to come off in quite large plaques.

On August 16th, 1928, when I was called in, I found the patient prostrated with the severe general reaction. The cyclids were swollen shut They were opened with retractors with difficulty Muco purulent material discharged from the conjunctival sac. The conjunctivac, both palpebral and bulbry were greatly congested and arens of exfohation could be defined with fluorescem Smears from the discharge showed many flat epithelial cells, mucous shreds, pus cells and a few

gram positive encapsulated diplococci

The corneae showed areas of irregularity and loss of the epithelium with grevish plaques and peculiar branching figures, very much as are ob served in cases of dendritic keratitis. Fluores cein was taken up irregularly in intensity and the areas stained were colored from a light yellow to a brilliant green. The trides could be seen to be active in response to light.

Treatment was conservative at first Attempt was made by the use of semi saturated magnesium sulphate compresses to reduce the swelling of the lids Later Sodium Bicarbonate solution was used both for cleansing away the discharge and for the compresses Plain white vaseline was applied to the lid margins. The general treatment consisted in complete Sodium Bicarbonate and oatmeal mush baths, with the use of Boric acid ointment. Sodium Thiosulphate was given intravenously.

After two weeks the swelling of the lids had subsided to a great degree with the abatement of the general condition. The conjunctival discharge had in great part stopped, but the involvement of the corneal epithelium remained about the same, affecting three-fourths of the total area in the right eye and two thirds in the left. Photophobia was extreme and it was necessary to keep the eyes closed with dressings.

On August 30th, 1928, the general condition was greatly improved but the corneal condition remained the same and it was decided to make use of a method of treatment which Dr John M Wheeler had used on numerous occasions with great success in cases of recurrent dendritic or filamentous keratitis. It is mentioned very briefly in Fuchs. To insure success, a very definite procedure must be followed out. Dr. Wheeler has kindly agreed to open the discussion and to tell you more about this treatment. In brief, local anesthesia is used, Cocain 2% and Holocain 1%

being employed by instillation The lids are opened with a speculum, and the conjunctival sac gently irrigated. The globe is steaded with fixation forceps and all the diseased or softened corneal epithelium is removed with the curette and with applicators (These should be made by applying a small amount of cotton tightly with collodion and allowing it to dry before being used ) Iodine in 31/2% Tincture is then applied on the tips of tight applicators (no excess) and followed by Alcohol 95% (Ethyl CP) man's membrane where intact remained smooth but where softened or roughened or absent it took the jodine stain. A firm dressing was applied over both eyes. This was changed each 48 After 96 hours, the epithelium of the en tire right cornea had healed over and was per fectly smooth. The left had healed except for a small area about 2mm in diameter in the upper masal quadrant. This resisted all treatment and showed a slight spreading after four weeks, so the operative procedure of removal of the dis eased epithelium was repeated with complete Both corneae have remained healed to date, ten months from the time of the operative removal of the diseased corneal epithelium. He now accepts

OD — 50 Sph — 100 cyl ax 95=20/20— OS — 100 cyl ax 80=20/20—

Case 2, male, white, age 30 years had an atypical primary lesion on the penis in 1918. He had very little specific therapy until June and July 1925, when he complained of incontinence of urme and lightning prins down his legs Wassermann was 4+ and he was given weekly intravenous injections of neo salvarsan, two doses being 45 gms two of 6 gms and three of 75 gms each. He had no previous warning symp. toms of the dermatitis which started one week after the last injections. Itching and tightening sensation back of the ears were first noted, then a rash which quickly spread over the face and neck and arms. After this he went to another physician and later reports indicated that he had suffered a severe course of dermatitis exfoliativa and had had corneal ulcers

He was given no further treatment with any of the arsenicals and was not seen again until June 1927, when he was admitted to Bellevine Hospital with a severe recurrence of the dermatitis exfolitiva. He attributed the outbreak to the enting of tuna fish

In addition to the marked skin signs and symptoms, he had my olyement of the conjunctive and cornea of each eye partly of the same exfoliative nature as his dermatitis and partly due to extropion of the lower lids. There were areas of softening of the corneal epithelium and secondary ulceration.

Conservative treatment was carried on during the worst stage of the condition which lasted

about four weeks. Five weeks after the onset of the condition, the diseased epithelium of the coracae was curetted and treatment applied as in Case 1.

The author saw the patient Sept. 4th, 1928. He had had no recurrence of the dermatitis or keratitis. He complained of poor vision and of the necessity of his squinting and of turning the right eye outwards in order to see. There were irregular superficial and moderately deep corneal opacities with considerable regular and irregular astigmatism. His acceptance was:

There was microscopic evidence of the thinning of the cornea in several areas. The depth of some of the scars indicated that the ulcers which followed the corneal epithelial involvement had been fairly deep in the corneal stroma. The vision was not improved by dilating the pupils. Optical iridectomy was not advised. He was given a partial correction for his astigmatism.

### Discussion

These cases of dermatitis exfoliativa following the administration of the arsenicals come under the class of secondary cases of this disease. They are due to the toxic action of the arsenic which is deposited in the skin and mucous surfaces as an insoluble compound. The Sodium Thiosulphate which was used is said to convert the insoluble arsenic into a soluble form so that it may be excreted. Ormsby<sup>4</sup> classifies Dermatitis Exfoliative as occurring in—

I. Primary Types:

1. Dermatitis Exfoliativa (Wilson)

2. Pityriasis rubra (Hebra)

3. Dermatitis Exfoliativa Neonatorum (Ritter)

4. Dermatitis Exfoliative Epidemica (Savill)

II. Secondary Types:

Due to local application of hydrargyrum, chrysarobin and arnica and possibly also those induced by the internal administration of quinin, arsenic, anti-pyrin and anti-toxin.

The only mention Ormsby makes of the ocular disorder in the primary type is that there is puffiness of the eyelids, and of the fact that the mucous surfaces of the eyes may participate in the general disorder and become the seat of inflammatory and in rare cases even of pseudomembranous and exfoliative processes.

Stokes has gone into the matter of the secondary type following the administration of the arsenicals in cases of lues very thoroughly. He states that the serous and mucous surfaces are involved and obstinate conjunctivitis, stomatitis, etc., usually ensue.

The occurrence of such severe ocular manifestations following the injection of the arsphenamines in the treatment of cases of lues should cause the physician to pause and consider which is more important, the eradication of the systemic infection or the conservation of the vision. After the treatment, certain patients who were asymptomatic from the eye standpoint develop ocular disorders. Some of those with previous luetic manifestations in the eye are made worse or are caused to have recurrences of previous affections.

Zimmerman<sup>7</sup> in 1928, published an exhaustive digest of the literature on this subject. He made no mention of any case such as the two I have described, except perhaps the case of corneal necrosis which ended in perforation.

Zimmerman<sup>7</sup> classifies the ocular reactions which follow the injection of the arsphenamines in cases of lues, into three main groups, the mechanism of which is essentially different.

A. The Group of True Toxic Reactions

1. Conjunctival hyperemia, with which there may be associated palpebral edema. This may be of importance inasmuch as it may portend the occurrence of more severe symptoms if the arsphenamine is repeated or the dose increased. In some cases, this phenomenon may occur as an isolated and recurrent feature without this serious import.

2. Transient Myopia, which has been observed

in a few isolated cases.

3. Retinal and Vitreous Hemorrhages. These may be of grave importance. Warning is given of the use of large doses of the arsphenamines in patients over fifty, or in those with impaired renal function or hypertension.

4. Chorioretinitis and Neuro-retinitis occurbut it is doubtful whether these were true toxic

reactions.

5. Corneal Necrosis. One case of Hegner's was described in which the third injection of neoarsphenamine resulted in a severe dermatitis exfoliativa and death. A severe croupous conjunctivitis with clouding and necrosis of the cornea accompanied the dermatitis and perforation with panophthalmitis due to secondary streptococcus

infection developed.

A similar case was observed in Bellevue Hospital on the service of Dr. John M. Wheeler. / white male, F. P. age 43 years, had had five injections of salvarsan from a private physician at weekly intervals. Following the last one, he developed a severe dermatitis exfoliativa, with conjunctivitis and keratitis which later progressed to a membranous condition of the conjunctiva and the appearance of necrosis of the right cornea with sloughing and perforation. Secondary infection followed and it was necessary to eviscerate the right eye. The patient received Sodium Thiosulphate intravenously and recovered generally in due time. The lesions of the left eye

healed without complication as the cornea was not involved

#### B Heryheimer Reactions

A Hersheimer reaction may manifest itself as an intensification of an active lesion, as an activation of a quiescent lesion or as an un expected appearance of changes in structures clinically negative. The theoretical cause of this reaction is the sudden liberation of toxins from the killed organisms or from an increase in the activity of the spirochaetes just before their destruction.

These manifestations are most common in inflammations of the uveal tract, less common in the corneal affections. They seldom cause any permanent damage to the visual function. But if an optic neuritis is produced or made worse the results may be disastrons. Therefore, in any case, where the optic nerve is involved, great caution must be exercised.

Uzetts a Intensification of an acute mido cyclitis is frequent. It becomes evident by an increase in the vascular reaction, production of hyphoemi, an increase in the floaters and albumin content of the aqueous and in the deposits on the endothehum. b Activation of an old quiescent uvents is rare c. It is uncommon for an indo cyclitis to appear in an eye otherwise normal Occasionally where for example the optic nerves have been affected, a fresh chorio retinitis may supervene after salvarsan.

Keratitis Reactions in Interstitial Keratitis are rare. The lesion runs its course in spite of intensive treatment.

Optic Neuritis There have been cases of sud den blindness in pitients with optic neuritis fol lowing the injection of the arsphenamine. No more was given and the vision returned following the use of the mercurials. In all cases of optic neuritis, anti-luctic therapy must be instituted with caution. A preliminary course of bismuth or mercury should be used, and then the first does of the arsphenamines should be small.

Tabelic Optic Nerve Atrophy Disastrous results may be produced in these cases Transitory reactions in the torm of flashes of light for 24 hours following the injection occur at times Other evidence such as temporary loss of vision indicates the irritation of the optic nerve by the arsenicals

We all have heard of cases where the vision was little affected in tabes and where practically complete amairosis developed within six weeks or two months after intra spinous Swift-Ellis treatments

Ophthalmoplegias Rare as an untoward reaction Paralysis of accommodation has been reported

C Nuero - Recurrences and Irido - Recurrences 7

Ocular Lesions following Insufficient Treatment of Primary or Secondary Lues with the Arsphenamines

Really an expression of the effective action of the drugs. The body in the early stages of the disease has not had time to develop immunity and most of the spirochaetre are killed off but later when the remainder have multiplied again, they encounter a defenseless host and affect chiefly the uvea, optic nerve and nerves to the extrinsic ocular muscles.

In analyzing these lesions, the following features are noteworthy

1 The development of the ocular lesion in patients treated some time previously for early syphilis

2 Severity of the reaction with absence of response to anti syphilities

3 Extensiveness of the lesions

4 The degree of the exudative reaction, syphilomata being produced

5 The absence of complement in two pa tients in whom the Wassermann test was performed

The condition evidently represents a suppression of early syphilis with reduction or disappearance of the complement fixation bodies from the blood stream followed by a marked exudative reaction at the site of the surviving spirochaetae

These occurrences in no way reflect on the therapeutic value of the arsphenamines. They really express the marked efficiency of the drug and point to the necessity of the continuance of treatment even after the abatement of the symptoms in order to clear up the infection. The prophylaxis of such lesions depends on the intensive, prolonged and systematic treatment of the early lues.

It is well that an exact analysis of the ocular complication and its sequelae in these cases be made so that efforts may best be directed toward conservation of vision

I he essential pathology of the ocular disorder in the two cases observed was that of exfoliation of the epithelium of the cornea and conjunctiva with secondary changes which followed upon its imperfect healing. The terms Keratitis and Conjunctivitis Exfoliativa seem to be descriptive and suitable for the condition. They are expressive also of the analogy which exists between this complicating feature and the general dermatitis.

During the acute stage, conservative treat ment was certainly indicated as the operative measures which gave success later would have failed had they been used too ertly. Stokes warns of the dangers of any general surgical intervention in the acute stage as for example any interference with focal infections. It is very doubtful whether the corneal com

plication and its sequelae would have cleared spontaneously as the lesions had become chronic in both cases and the obstinate nature of dendritic and filamentous keratitis from other causes is well known. The prompt healing which followed the surgical removal of the diseased epithelium of the cornea proved the worth of this procedure in these cases as it has in dendritic and filamentous keratitis from other causes.

This treatment is mentioned briefly in Fuchs<sup>6</sup> (Duane) as follows: "Erosions are best treated by applying a simple protective dressing which should be continued until the epithelium has regenerated. If in spite of this, relapses occur, we obtain solid union of the epithelium to the cornea and hence also a cure, if we scrape off the epithelium wherever it is but loosely adherent to the cornea and then paint this area with tincture of iodine or saturated aqueous solution of chlorine."

The value of Doctor Wheeler's contribution in this matter is in the development of an exact technique by which the success of the pro-

cedure may be assured.

## Summary and Conclusion.

There is evidence that the superficial cells of the epithelium of the cornea and conjunctiva normally exfoliate and are replaced by cells which have developed from the deeper layers.

In certain abnormal states, there is pathological exfoliation of these cells to greater or lesser degree. In some diseases of the eye, this process is a principal feature. This pathological exfoliation often produces secondary disturbances which are important.

Cases of dermatitis exfoliativa secondary to arsphenamine poisoning have been observed in which the terms Keratitis and Conjunctivitis Exfoliativa seemed to be descriptive and appropriate for the ocular complication in this disease.

The occurrence of severe ocular reactions in cases of lues following the use of the arsphenamines should often cause the ophthalmologist and syphilologist to pause and consider which is more important, the conservation of vision or the elimination of the luetic infection.

Removal of the diseased epithelium with the curette and the application of Iodine and Alcohol in the manner described led to the removal of the secondary changes following the exfoliation of the corneal epithelium in the cases described and caused prompt and complete healing of the corneal lesions.

## References

1. (a). Matsumato, S. Contribution to the study of epithelial movement. The corneal epithelium of the frog in tissue culture. *Journ. Exp. Zool.* 1918, 26, 545.

(b). Matsumato, S. A contribution to the study of epithelial movements. The corneal epithelium of warm blooded animals in tissue culture. *Acta Scholae* med. Kioto, 1922, 5, 167.

2. Verrijp, C. D. Personal communication.

- 3. Parsons, J. Herbert. The pathology of the eye. Vol. 1, Part 1, p. 176, Putnam N. Y. 1904.
- 4. Ormsby, O. S. Diseases of the skin. Lea & Febiger, 1927.
- 5. Stokes, J. H. Modern clinical syphilology, Saunders, 1927.
- 6. Fuchs, A. (Duane, A.) Text-book of ophthalmology. Lippincott, 1923, p. 580.
- 7. Zimmermann, E. L. The Role of the arsphenamines in the production of ocular lesions. *Archives of Ophthalmology*, Sept., 1928, Vol. 57, No. 5, p. 509.



## NEW YORK STATE JOURNAL OF MEDICINE

Published semi menthly by the Medical Society of the State of New York under the auspices of the Committee on Publication Brooklyn CHARLES GORDON HELD M D CHARLES H GOODRICH M D , Chairman New York

DANIEL S DOU HERTY, M D

I ditor in Clif-Orriv Sage Wichtman M D New York Executing Editor-Frank Overton M.D. Patchogne ald ertising Marager-Joseph B Tufts New York

### Business and Editorial Office-2 East 103rd Street, New York N Y Telephone Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements outside of its own authoritative actions published in the Journal. Views expressed in the various defartments of the Journal represent the views of the writers

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City Telephone, Atwater 7524

#### OFFICERS

President—William H. Ross M.D. First Vice President—Henry I. K. Secretary—Daniel, S. Dougherty Treasurer—Charles Gordon Henry President Elect--William D. Johnson M.D. Second I see President--Joseph B. Hullett M.D. Assistant Secretary--Peter Institut M.D. Assistant Treasurer--James Pedemen M.D. I see Speaker--Groke W. Cottis M.D. Batavia Middletown New York New York Speaker-John A CARD M D Jamestown

#### TRUSTEES

HARRY R TRICK M D , Chairmin Buffulo NATHAN B VAN ETTEN M D JAMES F ROONEY M D. ARTHLE W. BOOTH M D. Albany Flmira

New York Ogdenst urg

### CHAIRMEN, STANDING COMMITTEES

Arras gements Legislatic -- HARRY ARADOW Legislatice—Harry Arabow VP
Pub Health and Med Educa
Scieptific Work—Arthur J
Medical Econopius—Grore
Public Relations—Jakes E
Value Research Joshua F
Sweet WD New York

## CHAIRMEN, SPECIAL COMMITTEES

Group Insurance—John A
Perio lie Health France—C
Nurse Problem—Nathan B
Il scied Tleripy—Richard
Anti Diplileria—Nathan B

### PRESIDENTS, DISTRICT BRANCHES

First District—George B Stanwix M D Second District—Charles II Good rich M D Third District—Fig a A Vander Veer M D Fourth District—William I Mussoy, M D

Lifth District—Augustus B Santry M D Sight District—George M Cary M D Setunth District—E Carlton Foster M D Eighth District—W Rest Trumson I ittle Talls Nich Is Penn Yan Lonlers Brooklyr Albany Warsaw Granville

#### SECTION OFFICERS

Mi licinc—John Wyckoff M.D. Chairman New York Davii A. Halifr M.D. Secretary Rochester
Surgery—Charles W. Webs. M.D. Chairman Chilon Springs. Arthur M. Whighit M.D. Secretary New York
Doblethres and Gynecology—Onskiew M. Gorboy Jr. M.D. Cha. Thanh Brooklyn. Gefreet Borneford M.D. Secretary Ulies
Pediatrics—Marshall, C. Lease. M.D. Clairman New York Dou Lis. P. Arnold M.D. Fice Chairman Buffalo Brewster C. Dolst
M.D. Secretary Strause
Lyi. Far. Note and Throat—Covard Birkins M.D. Clairman New York Richard T. Athins M.D. Secretary New York
Public Health Hyjune and Sanitation—New Tides T. Davis M.D. Clairman Riverhead Larnk W. Laidlaw M.D. Secretary M. Mediology and Psychiatry—Month R. Chambers M.D. Chairman Riverhead Larnk W. Laidlaw M.D. Secretary Middletown
New York M.D. Secretary Brooklyn
Dermatology and Syphilady—Earl. D. Gosonke M.D. Chairman Strause, Living J. Sand M.D. Secretary Brooklyn
Dermatology and Syphilady—Earl. D. Gosonke M.D. Chairman Buffalo I vo Street. M.D. Secretary Brooklyn

Office at 15 Park Place, New York. Telephone, Barclay 5550 Counsel-LORENZ J BROSNAM, Esq. Attorney-Maxwell C Klatt, Esq. Consulting Counsel--LLOYD P STRYKER, Esq.

Busculius Officer-Journa 5 Lawrence, M.D., 100 State St., Albany, Telephone Main 4 4214

For list of officers of County Medical Societies, see May 15 issue, advertising page xxviii

### PRESIDENTIAL GREETINGS

A study of the activities of organized medicine in New York State shows that there has been a considerable advance this year in modernizing professional relationships and public social needs The evolution in preventive medical knowledge is being made a part of the practice of medicine as rapidly as conservative, scientific judgment permits Practical efforts to advance organization for the better administration of public health have become more definitely a part of the policy

of organized medicine. The solution of outstand ing professional problems in social needs has been advanced. Graduate Education is solving other professional problems. It is aiding in the reinstatement of the family physician in public estimation. There is a better recognition of the fact that the family doctor is the key man in preventive medical practice. He is familiar with his people. He has knowledge of such important things as hereditary deficiencies. His personal

relationship and his personal responsibility to his families make him the most valuable factor in the final distribution of public health practice. The healing art is the greatest factor in human betterment. It is worthy of the utmost attention and the most careful consideration of all its relationships. The medical profession has today a broad vision of social needs and a fair understanding of the economic changes in our national life and their influence on social problems. It understands better than it did, even a year ago, the new conditions confronting the medical profession and the official, unofficial and welfare agencies. The medical profession appreciates more than ever before that there are many fac-

722

tors entering into the betterment of public health and that each one should clearly understand its limitations, its relationships and its responsibilities

So far as lies within my power, I shall try to advance during my administration the present activities of organized medicine, and to meet new problems and new conditions that may arise in the relationship of the medical profession to other health agencies, and to the State. I should like to be able to show that there is more than medicine in a doctor's life, and that the profession may exert by proper leadership an influence in human betterment beyond our present realization.

W. H. Ross.

## PRESIDENTIAL LEADERSHIP

It is a fundamental principle in embryology that each individual repeates the story of the evolu-



Or. William Hugh Ross, President of the Medical Society of the State of New York.

tion of the race or group. The present activities of the Medical Society of the State of New York

A STATE OF THE STA

have been an evolution from small beginnings. First came the ideals of a few leaders who, a half-century or century ago, had visions of a medical service which failed to materialize because physicians did not possess the scientific knowledge, nor the people the civic consciousness to transmute the ideals into concrete forms in the everyday practice of medicine. both the medical profession and the public are beginning to see the realization of the ideal of an efficient partnership in the giving and the receiving of medical service, and of joint responsibility for the health of all persons in a community. Medical service always requires cooperation between the physician and the patient. Modern medical service also requires the cooperative action of physicians as a group or medical society with the people represented by governmental departments and volunteer health organizations.

The story of the medical life of Dr. William Hugh Ross, the new President of the Medical Society of the State of New York, epitomizes the evolution of modern medical service. The only physician in a small rural community, for over forty years, he was also the leader in all other community activities - business, social, civic, moral and religious. His sphere of influence extended in ever widening circles until it embraced all of Suffolk County, then Long Island, and finally the State; but always he was the medical practitioner interpreting the point of view of the family physician to all other civic groups. This, too, has been the object of the activities of the Medical Society of the State of New York, and to them our new President may truthfully apply the words of Milton-"All of which I saw, and much of which I was"

### RESPONSIBILITY FOR MEDICAL LEADERSHIP

The history of a country is predominantly biographical, and the story of a medical society centers around one or two men. Dr. Sadlier, churman of the Committee on Public Relations, has often said that the great problem of the committee is to help each county society to discover the "key man," who will personify the medical profession in the discharge of the civic duties which devolve upon the practising physicians of a community

One of the greatest problems before physicians is that of arousing a sense of civic consciousness in the breast of every doctor, beginning with graduite education in surgery, medicine, and the common specialties, broadening into the fields of prevention, and extending to office holders and

other leaders in civic progress

Medical leaders here and there have studied the entire field of medical practice and have developed solutions of their problems in their own small communities, and they have used their experience to devise lines of action which will

apply to all other communities

Just as the practice of bedside medicine and surgery is the same throughout the world, so the methods of the practice of civice medicine are universal. It has been the good fortune of the leaders of the Medical Society of the State of New York to devise practical methods by which the physicians of every community may discharge their civic duties to the great advantage of themselves as well as of the people, for what ever helps the people, helps the doctor. Medical service in any community is an evolution which begins in the experiences of those who must give the service. It cannot be dropped upon

either the doctors or the people. It must begin as a small seed planted and nurtured by a local physician who understands both his medical brethren and his people. His duty is largely educative, but also to an even greater extent in spirative His example will speak louder than his The members of every county medical society possess the cold knowledge of how to discharge their civic duties The older books on mental philosophy divided mental processes into the intellect or knowledge, the sensibilities or emotion and feeling, and the will, or action Committees of the State Medical Society have developed and published principles of action which have reached all the members of County Societies But knowledge alone does not arouse emotion or produce action

The stage of emotion and feeling was reached some five years ago, and now local leaders are becoming interested in the application of the newer knowledge of medical practice. The progress in interest seems remarkable to those who remember the antagonisms which these newer principles

aroused when they were first stated

Already there are tangible evidences that phy sicians are entering upon the third stage of activity, that of action. Two counties, for example, established county departments of health during the past year, and physicians are making periodic health examinations in increasing number.

The leaven of personal leadership in medical civies is working throughout New York State but leadership will always test upon a few who will surely rise up as knowledge is transformed into inspiration and action

### LOOKING BACKWARD

### This Journal Twenty-Five Years Ago

Milk Commission for Rockland County Rockland County has always had medical lead ers who have secured advanced action in public health by the County Medical Society. This Journal of June, 1905, contains the following description of the establishment of a Milk Commission in Rockland County.

"The Rockland County Milk Commission was formed at New City on Wednesday, for the purpose of looking after the milk supply in this county and seeing that the milk is fur inshed under more sanitary conditions than in the past. The health officers of the different towns in the county were requested to meet with the members of the Rockland County Medical Association at this time, and Orangetown, Clarkstown and Haverstraw responded, but Ramapo and Stony Point were not represented

"Those present at the meeting were Dr G A Leitner president of the County Medical Association, Dr Crosby Haverstraw secre

tary of the County Medical Association, Dr C D Kline, Nyack health officer, Dr Carter, health officer of Haverstraw Dr J W Giles, South Nyack health officer, Dr N B Bayley, of Haverstraw, Dr S W S Toms, of Nyack, and a representative from Clarkstown The milk commission was formed, with Dr Leitner as president and Dr Crosby as secretary and its object is to recommend to boards of health that they adopt regulations controlling the milk supply of Rockland County and issuing licenses to milk dealers and yenders

"The Health Commissioner of New York City Dr Thomas Darlington, said he is in hearty sympathy with the formation of the Rockland County Milk Commission for the maintenance of sanitary conditions on the premises of milk producers. He also hopes to see other counties in this and neighboring States take the same public interest that Rock.

land County has taken"

# 观

## MEDICAL PROGRESS



Auricular Flutter Following Direct Injury to the Chest.-Although the effects of direct injury to the chest have been recorded in a number of contributions to the literature, the case described by Morris H. Kahn (American Journal of the Medical Sciences, May, 1930, classis, 5), is the the first in which auricular flutter has been produced by such an injury. The patient was a robust porter, who had always been in good health. While holding down and leaning over the handle of a crowbar under a heavy soda fountain, the handle recoiled, striking him twice sharply against the lower left breast region. He screamed with pain but did not become unconscious. When first seen by the writer, three weeks after the injury, he was found to be suffering from auricular flutter. The electrocardiogram showed left ventricular preponderance. There was an inconstant ventricular rate of 75 to 80 per minute. The auricular rate was 300 per minute with distinct waves of auricular flutter in Leads II and III. The patient died four months after the accident. As there were no other causes which might induce auricular flutter, it may be assumed that it was due to the accident. The pathogenesis can only be surmised, as no autopsy was permitted. However, the possibility of subepicardial ecchymosis in the auricular muscle is to be considered. The blood pressure findings in the case—a distinct pulsus alternans with a difference of 30 mm. in the systolic pressure between alternate cycles—suggests that the auricular function in producing ventricular filling is a most important one. Apparently every contraction of the auricle during flutter contributed its definite measure of blood to the ventricular volume.

Treatment of Heart Block with Adrenalin and Ephetonin. G. W. Parade and K. Voit remind us that heart block often ends fatally and that our resources for its treatment are uncertain; so that the chief aim of the physician is to prevent new attacks. The authors have succeeded in stopping attacks, both primary and consecutive, by the use of the two substances mentioned. They were not of course the first to make use of adrenalin, for scattered case reports are on record in which it was employed with success. When the paper was prepared the authors were unaware that ephetonin had also been employed, but have since found three papers in the American Heart Journal, in which the two drugs were exhibited with the addition of a third-barium chloride. The re-

sults were excellent, but it was doubtful whether or not the barium was responsible for The authors report a single case, of typical heart block with numerous recurrent Thyroxin, digitalis, and caffeine attacks. proved inert. Finally a seizure seemed to indicate impending death, no radial pulse, heart beat only 12 per minute. Adrenalin as a cardiac stimulant proved marvelously efficacious for the moment, but it was necessary to inject it at very frequent intervals and hence the thought to test ephetonin which maintained the good result. The patient continues to take two tablets daily and apparently the drug has not been withdrawn yet for fear of recurrence. Credit for the idea came originally in part from Wenckebach who believed on theoretical grounds that a combination of ephetonin and barium chloride would control heart block. This was in 1927, but apparently two Americans, Levine and Matton, anticipated the Vienna internist by a year by actually prescribing an association of adrenalin, ephetonin, and barium chloride. In 1928, another American, Stecher, seems to have shown that the barium salt can be dispensed with .- Deutsche medizinische Wochenschrift, Feb. 1, 1929.

The Nature and Treatment of Cardiac Failure.—Tinsley Randolph Harrison, J. Alfred Calhoun, and Cobb Pilcher state that the recognized causes of cardiac failure are not sufficient to explain the clinical phenomena. They have analyzed skeletal and cardiac muscle in patients dying of congestive heart failure and in individuals dying from other causes with the finding that the potassium content of muscular tissue in those dying from congestive They have found heart failure is decreased. reason to believe that edema is not the effect but the cause of the loss of potassium. In an analysis of the skeletal muscle of living patients before and after they had lost large amounts of edema, it was found that as edema decreased the amount of potassium in the muscle increased. It was also shown that the potassium content was low in edematous muscles when taken from patients whose edema was not of cardiac origin. The conclusion, therefore, seems justifiable that loss of potassium from the heart muscle and consequent deficiency of buffering power may be an important factor in the production of cardiac fatigue, and this phenomenon appears to be a result of edema. If this be true, cardiac fatigue is originally a result of cardiac insufficiency Congestive failure originally occurs as the result of cardiac overwork or of myocardial disease or of both Once edema has developed, the heart muscle begins to lose its alkali and with each successive "break becomes more depleted, and even though the load may be di minished the vicious circle continues. The au thors have attempted to alleviate the condition in some measure by the administration of potassium salts with seemingly encouraging results Seven cases are reported in which the prognosis seemed to be very poor With the administration of dibasic potassium phosphate five of them progressed much more favorably than they had previously done. The cases are too few however to warrant definite conclusions - Southern Medical Journal May, 1930, хаш, 5

The Preservation of a Healthy and Efficient Circulatory System from Childhood to Advanced Age - James Barr emphasizes that a clear and comprehensive knowledge of diseases of the respiratory and circulatory systems must be based on a good conception of physics also points to the importance of hereditary influences on the circulatory and endocrine sys We should get children with healthy circulatory systems and should know how to keep them so Large numbers of children suffer from defective function of the thyroid gland In Nature's imperfect attempt to rem edy the defect we get increased growth of lym phoid tissue, adenoids, large tonsils, and sub sequent infections, such as rheumatic fever. In these cases there is a defective supply of iodine with lessened calcium metabolism and an accumulation of lime salts in the tissues Acute rheumatism occurs more frequently among children who have a liberal supply of milk. In this disease milk should be cut out of the diet, and potassium and sodium salts and of course, the salicylates should be given I he blood pressure should be kept low by rest and heart tonics, such as digitalis, should be avoided Barr discusses the important role of calcium metabolism in relation to degenerative changes in the circulatory system. The fixed lime, or that linked to the molecules of albumin, increases the viscosity of the blood while the free cylcium ions in association with the suprarenal and pituitary secretions increase the tone of contraction of arteries and arterioles, raise blood pressure and improve the force and efficiency of the cardiac contractions. Under the use of phosphoric acid Barr has seen free calcium ions increase, while coarse valvular murmurs abated, and in some cases disappeared The best way to lessen and prevent degenera tive changes is to maintain a low systolic and a high diastolic pressure. Barr has found use-

ful a combination of calcium iodide, potassium chloride, and tincture of jodine, supplemented by thyroid Persons with a slow infrequent pulse will find it an advantage to cut down the lime salts and take small doses of jodine and thyroid If a person is in a dead frint one should not wait for the pace maker to start the heart but raise the lower extremities so as to increase intracardiac pressure in the right auricle and ventricle. This is the best cardiac When appea is established from excess of oxygen and deficient carbonic acidwhich is the natural stimulant to the respira tory center-the worst method of treatment is artificial respiration. In many diseases the free administration of oxygen establishes a partial apnea and deprives the heart of the as sistance of the respiratory pump. An excellent respiratory stimulant is to play a stream of cold air on the patient's face In auricular fibrillation there is always a deficiency of cal-Ringer's solution which contains about double the usual amount of calcium should be drunk freely. An attack of fibrillation may be arrested by eliciting Abrams cardiac reflex of contraction repeatedly until the heart is well charged with calcium -British Medical Journal. April 26 1930 1 3616

725

The Treatment of Constipation in Children by the Use of a Residue-free Diet - Richard M Smith states that the treatment of children with chronic constinution, due to disturbed function of the colon dependent upon a distorted anatomical structure, which can usually be demonstrated by barrum enema studies is most effective if directed toward a restoration of a normal condition of the colon which has a large cellulose residue tends to make the condition worse, for it increases the bulk of material which may be retained as hard masses or adherent to the mucous membrane of the colon The aim should be to reduce the tecal residue to a minimum in order that the colon may be completely emptied done by excluding all roughage from the diet Vegetables cereals and fruit must be strained through a fine sieve. No coarse breads are allowed. In some cases milk should be restricted or excluded, as it may produce considerable With this diet the colon is not distended and the stools become smaller in size In order that the fecal residue may easily pass forward in the colon, mineral oil is liberally administered. It is given in small doses ifter each meal, rather than in single large doses The dosage will vary, but one half to one ter spoonful three times a day is usually adequate To assist the colon in exacuating, some from of catharsis is usually necessary as a temporary measure preferably castor oil weekly onefourth to one half ounce at bed time

mata may be necessary during the first few weeks of treatment, but should be given in accordance with careful directions in order not to distend the colon. Plain soapsuds are employed, preferably in the evening. The enemata should be abandoned as soon as possible. The interval between doses of castor oil may be lengthened, and the drug discontinued as soon as regular satisfactory movements are established. It is well to ascertain the condition of the colon at this time and to be guided by the findings in the gradual return to a full diet. With the cure of the constipation, the other symptoms of pain, vomiting, and easy fatigue disappear .- New England Journal of Medicine, April 24, 1930, ccii, 17.

Cisterna Magna Pressure Syndrome.—Mark S. Reuben and Iulius Chasnoff have observed in certain cases of meningitis a syndrome characterized by rapid pulse, rapid respiration, high or low temperature, and occasionally delirium. When these symptoms persisted for seven days the termination was always fatal. In a case of meningitis, about two years ago, they decided to puncture the cisterna magna for the purpose of administering antimeningococcus serum. After the puncture was made it was discovered that through an error diphtheria serum had been sent instead of antimeningococcus serum. About 25 cc. of spinal fluid was removed and no serum was introduced. Within a half hour there was a marked improvement in the patient's condition, the sensorium cleared and the other symptoms gradually subsided. Four similar cases are cited, in three of which recovery followed puncture of the cisterna magna. On the basis of observations made in these and other cases the conclusion is reached that the syndrome may be due to pressure on the medulla and pons by a distended cisterna. In such cases cisternal tap produces immediate improvement in the general condition. At the first tap no serum is introduced, regardless of the character of the fluid. In several cases there was no further need of tapping. The symptoms are usually due to pressure and not to infection or toxemia. If there is a return of symptoms, another tap should be performed, and if the fluid withdrawn is turbid and if previous examination has revealed organisms, serum should be introduced, but no more than onehalf the amount of fluid withdrawn. This procedure should be carried out even if fluid can be obtained from lumbar puncture, when the syndrome above described is present. In these cases the cisterna is apparently not in direct communication with the rest of the subarachnoid space, so that spinal tapping does not relieve a disturbed cisterna. If this syndrome be allowed to continue without relief for seven days, the outcome is always fatal.—Archives of Pediatrics, April, 1930, xlvii, 4.

Swelling of the Feet and Ankles not Associated with Albuminuria or Gross Organic Disease.—A. Arnold Osman describes a type of edema without albuminuria, which is quite commonly met with in debilitated women, though occasionally it is seen in debilitated men and even in children. It cannot be ascribed to the anemias, chlorosis, war edema, starvation edema, beriberi, or varicose veins of the legs.. It has been shown that "debility" is a state which is generally associated with acidosis. This underlying "acidosis," the exact nature of which is not known, leads to excess of water in the tissues, and in minor degrees of the disorder the accumulation of fluid is only sufficiently great to attract attention under the influence of gravity; hence the frequency with which it apparently occurs in the feet and ankles alone. There is usually a considerable diminution of the plasma bicarbonate values in these waterlogged patients, which is probably not due to hydremia, as then the hemoglobin percentage would also be reduced. However, it is possible to have a normal plasma bicarbonate at the same time as a true Furthermore, a normal reaction in the blood does not necessarily preclude an abnormal reaction in the tissues. On this theory of pathogenesis patients have been treated simply by giving 30 grains each of potassium citrate and sodium bicarbonate with 30 minims of syrupus aurantii in an ounce and a half of water, increasing the number of doses per day according to the need. It may be necessary to give as much as 600 or 700 grains a day or more. It is probably wise to limit the intake of fluid to three or four pints a day.' No other dietetic restrictions appear to be necessary. No untoward symptoms have been noted that could be ascribed to the treatment.—British Medical Journal, April 26, 1930, i, 3616.

Tonsillectomy by Diathermy under Surface Anesthesia.—After pointing out the disadvantages of the usual methods of tonsillectomyblunt dissection, the x-rays or radium, and the electrocautery-Warner Collins describes the technique of tonsillectomy by the use of diathermy which he has evolved as the result of observations on more than 150 adult patients. He does not think the method so suitable for children under the age of 14 years, since to them a general anesthetic is not as alarming as the appearance of electrical apparatus. older patients no general anesthetic is required. It is sufficient to spray the throat with not more than 2 grains of cocaine hydrochloride dissolved in 2 drachms of water. The tonsillar electrode is usually a small metal ball mounted

on a curved insulated handle. An indifferent electrode, consisting of a thin sheet of lead, 8 by 4 inches, and covered by four thicknesses of plain lint saturated in 20 per cent, salt solution, is strapped to one wrist and bears a large diathermy terminal. A diathermy current of 2 amperes is applied, which rapidly causes a rise of temperature in the tonsil to 100° C. The tonsil soon shows, radiating from the center of the active ball electrode, a zone coagulated tissue, which rapidly desiccates. Complete destruction of the tonsil is effected slightly beyond this area of coagulation. The whole process lasts only a few seconds, after which the active electrode is "arc'd" a few times from the surface of the tonsil in order to seal any vessels. Occasionally, it is advisable to complete the tonsillectomy in two, or very rarely three, stages. The patient is invariably seen at the end of a month, and again after three months. Should a fragment of lymphoid tissue have escaped, it is removed at this stage. It is not necessary to hospitalize the patient. An antiseptic mouth wash is ordered to be used after meals, but gargling is absolutely forbidden. The sloughing process is usually complete at the end of ten days or a fortnight. No secondary hemorrhage has occurred. The author believes that this method possesses at least all the advantages of other methods, and none of their disadvantages,-The Lancet, April 19, 1930, i, 5564.

The Treatment of Pneumonia.-Shortly before his death Schwalbe, editor of the Deutsche medizinische Wochenschrift, sent out a questionnaire on the serum treatment of pneumonia, some of the replies to which are summarized in the issue of the journal mentioned for April 4, 1930. v. Krehl of Heidelberg had previously reported a number of cases, many of them very satisfactory in their results, but had treated only two since then. Both of these patients recovered promptly, although one was a confirmed alcoholic. H. Sahli of Bern had formerly made a considerable trial of serotherapy, but with not very satisfactory results, and had now abandoned it, for the reason that he could see no advantage in waiting to make mouse experiments before giving his patients the benefit of early treatment. He had obtained excellent results with optochin in doses of 4 grains three times a day. G. v. Bergmann of Berlin had had no experience with the scrum treatment, being entirely satisfied with intramuscular injections of quinine. Early treatment of pneumonia, he said, was of the greatest importance, but much precious time was lost while typing the diplococci. Morawitz of Leipzig had treated about one hundred cases of pneumonia during the winter of 1928-29. The polyvalent serum was given

intramuscularly, never intravenously, and influenza serum was also used. His impression was that serotherapy was serviceable, for some of his cases, in which he had made a very unfavorable prognosis, went on to a prompt recovery. Schittenhelm of Kiel had resorted to serum therapy in many cases, but could never convince himself that there was much to be gained by it. One great and insuperable objection to the method was that it called for typing the pneumococci, which was a timedestroying process. Volhard of Frankfurt-am-Main had treated upward of 50 cases, nearly half with monovalent serum, the others-more advanced cases-with polyvalent serum. spite of having given large doses the author could not persuade himself that this method had any advantages over the therapeutic measures more commonly used in Germany. The fever sometimes fell promptly, but the pulse remained high and the temperature rose again. When recovery occurred, it was usually by lysis. Zinn of Berlin had treated a number of typed cases (mostly II) with serum and had had several severe cases of anaphylactic shock, though fortunately none fatal. He was not enthusiastic in his praise of serotherapy, but thought that, in view of the American reports and the favorable reports from the Heidelberg Clinic, further trial of the method was desirable. A number of others reported that they had had little or no experience with the serum treatment of pneumonia, and many among them said that they had found the quinine treatment so satisfactory that they saw no reason to experiment with any other method.

Halogen Salts of Magnesium in Prostatic Subjects .- Stora has been experimenting with the halogen salts of magnesium in a variety of conditions and often with happy resultsfor example in spasmodic asthma. In the present communication he reports a few cases of urinary troubles in prostatic subjects and gives four case histories which speak for themselves. In general he finds two groups of patients, one with nocturnal pollakiuria alone, while in the other there is also diurnal pollakiuria with slow and labored evacuation or some impairment of the general health. In all of the patients some enlargement of the prostate was found. Improvement was rapid and not only were the symptoms improved but the prostate underwent a notable reduction in size, and when the general health was involved there was also improvement here. The author would have liked to note the effect on the residual urine but the patients were of the type which refuse catheterization as unnecessary because of the absence of actual obstruction. -Bulletin de l'Académie de Médicine, March 18, 1930.



## LEGAL



## OUR GROUP PLAN—A PHYSICIAN'S CLAIM FOR REIMBURSE-MENT EXAMINED AND DISALLOWED

By LORENZ J. BROSNAN, ESQ.
Counsel, Medical Society of the State of New York

Our group plan of indemnity against actions for malpractice has been in operation for nearly a decade. Its success is an established fact. Its benefits have been recognized by a large majority of the members of the Society who have taken advantage of it through individual participation.

Your Committee on Insurance, consisting of Dr. John A. Card as Chairman and Dr. Charles Gordon Heyd, has sought in every way to bring home to the members of our Society the desirability of our group plan. The members of this Committee have given unsparingly of their time, energy and talents in going throughout the State explaining to the members of the various County Societies the workings of our group plan.

It cannot be too often stated nor too strongly stressed that the plan is operated for the benefit of all, and hence individual policy-holders should realize that only proper expenditures should be charged against the experience of the group plan.

A few months ago, a matter came before your Insurance Committee and Executive Committee for decision. These Committees, because of the importance of the question involved, requested your counsel to prepare and present in our State Journal a brief résumé of the case in question.

A physician holding a policy in our group plan, while treating a patient, broke off a needle. He immediately had an r-ray picture taken, located the needle and removed the patient to a hospital where he secured the services of another physician who extracted the needle. The doctor then presented a hospital bill for \$15, and a bill for the surgeon who removed the needle in the sum of \$150, to Mr. Harry F. Wanvig, the authorized indemnity representative of the Society, claiming that these bills should be paid by the insurance company. Mr. Wanvig told the doc-

tor that he did not believe these bills constituted a proper charge against our group insurance, and referred the matter to our office.

The doctor then communicated with your counsel, and he was told that the claim was not a proper one inasmuch as in removing the needle the doctor was only doing that which it was his duty to do as a physician. The doctor in question, however, obtained a general release from the patient and forwarded it to your counsel with a demand that the matter be referred to the insurance carrier. At this point it should, be stated that at no time was there any claim or suit for malpractice brought or threatened by the patient in connection with the breaking of this The doctor further told your counsel that the surgeon who removed the needle was not pressing for his bill but that he, the doctor, was desirous of seeing that the surgeon was paid. In this conversation your counsel was further authorized by the doctor to reduce the surgeon's bill to the sum of \$75.

We took the matter up with a representative of the insurance company, who requested your counsel to submit the matter to the Insurance Committee and the Executive Committee for decision, stating that the approval of the Insurance Committee and the Executive Committee is at all times "a prerequisite for the successful conduct of our entire relationship with the New York State Medical Society." Your counsel duly submitted all the facts to the Insurance Committee who, after due consideration, reported to the Executive Committee that the doctor's claim be disallowed. This report was unanimously adopted and approved by the Executive Committee, and your counsel promptly notified the doctor in question of the decision of these Committees on his claim.

# CLAIMED INJURIES RECEIVED DURING CLAIMED NEGLIGENCE IN CONFINEMENT

In this case the plaintiff consulted the defendant-physician for her condition of pregnancy and made arrangements with the defendant to take care of her confinement and to render the requisite prenatal and after care. Arrangements were made for the delivery to

take place in a private sanitarium, and for a weekly examination until the date of delivery.

On the day prior to the delivery the plaintiff was admitted to the private sanitarium. After being in labor for some time, the plaintiff having been given an opportunity to deliver herself normally, it was finally determined to use forceps. The delivery was, however, effected without any unusual degree of force, both mother and child having an uncventful recovery. They were discharged from the san itarium and from the doctor's care two weeks from the date of delivery.

About ten days thereafter, the defendant physician was requested to call it the patient's home, where he was advised that the mother had severe abdominal cramps. After a thorough examination a tentative diagnosis of gall stones was made and an operation advised Since the defendant, however, did not perform such operations, he recommended that a sur geon be called in consultation

It appears that thereafter the patient was operated upon by a surgeon for pancreaturs. Shortly after this latter operation, the plaintiff commenced an action against the physician who had taken charge of her confinement, contending that the physician had been negligent in his care, in that he permitted her to remain

in labor too long during which period he made no examination and gave her no treatment. that no measures were taken to hasten the time of delivery when the plaintiff was in labor, and that no measures were taken to relieve the plaintiff's condition after delivery, that as a result thereof the plaintiff contended that she suffered certain injuries among which were that she contracted a condition of acute pan creatitis due to a septic inflamination of the principals, that she lost her voice for a considerable period of time and that in the fol lowing three years she had not fully recovered her voice, that her speech was permanently af feeted that she had lost a great deal of hair, that she had sustained a great many cuts and bruises on her abdomen and that her sight had become greatly impaired all due to the claimed neglect of the attending obstetrician. The action, however, after having been pending for a period of three and one half years was finally dismissed without a trial thereby terminating the proceeding in the doctor's favor

### DEATH CLAIMED DUE TO MUSTARD BATH

In this case the doctor was cilled to the home of plaintiff's deceased and upon arriving was advised that the patient, two years old, had fallen into a tub of hot soapsuds. Upon examination the doctor found second and third degree burns of the back, thighs, lower limbs and scrotum, and advised that the patient be sent to a hospital, which was refused by the infant's mother. An opiate was administered, bicarbonate of sodapaste applied, and the patient wrapped in sheeting coated with this paste.

Sometime after the doctor left, he was asked to return Upon his return he found the child in convulsions. Ether, chloroform and morphine were successively administered in an attempt to restore the child, all of which failed. The doctor then prepared a mustard bath, and another physician was sent for to aid in the treatment. The patient's feet were then immersed in the mustard bath, only the unburned portions of the lower extremutes being intermittently immersed. While the mustard bath was being administered, an injection of bromide and chloral was given by rectum.

During the course of giving the mustard bith, an ambulince from a hospital arrived and the child was taken to the hospital before it came out of the convulsions. The child died the same night at the hospital. An autopsy was performed, and the cause of death given as shock due to second degree burns of the entire body, buttocks, torso and thighs.

Thereafter an action was commenced against the first physician, on the ground that it was improper to administer a mustard bath for the purpose for which the mustard bath had been given, and that as a result of the giving of the mustard bath the infant died. It was also contended that at the time of giving the mustard bath the entire body, including the burned areas. was immersed in the mustard both which contention was however successfully refuted at the time of trial This action duly came on for trial, and at the close of the plaintiff's case the defend ant's motion to dismiss the complaint was granted, thereby making it unnecessary to put on any evidence for the purpose of the defense and terminating the action in the doctor's favor



## CLAIMED WRONG DIAGNOSIS OF ECTOPIC PREGNANCY

In this case the defendant-physician was called to the home of the plaintiff and found the plaintiff in bed. He received a history that she had passed her period several weeks and had pains in the abdomen. A vaginal examination was made which revealed bleeding from the vagina and an enlarged and boggy uterus. The patient stated that she had been using hot douches. The doctor prescribed resting in bed and called again the following day, at which time the patient continued to complain of pain and bleeding.

Arrangements were made for a diagnostic curretage, which was performed on the following day, under a general anaesthetic. Small pieces of tissue were removed from the uterus with the aid of a dull currette. The patient remained in the hospital for about one week when she was permitted to go home.

She continued to complain of abdominal pains and also rectal pains. A rectal examination proved negative. A physician specializing in obstetrics and gynecology was called in consultation and made a diagnosis of inflammation of the uterus and ectopic pregnancy was

suspected. Continued rest in bed was prescribed with applications of a hot water bag to the abdomen.

During the next three weeks the patient went to another hospital, but later returned home and again consulted the defendant. After a period of three weeks from the date when the specialist in obstetrics and gynecology had been called in, he was again called. At this time he confirmed his diagnosis of a mass in Arrangements were the left fallopian tube. made for the patient to be admitted to the hospital where an abdominal operation was performed and an ectopic condition revealed. The ectopic condition was cleared away, the abdomen closed, and the patient remained in the hospital for a few weeks, making an uneventful recovery.

About one year thereafter, the patient instituted an action against the family physician, alleging that he negligently failed to properly diagnose her ailments. The action, however, never came to trial and was duly dismissed, thereby terminating the proceeding in the doctor's favor without trial.

## CLAIMED NEGLIGENCE IN CAUSING BURN DURING HERNIA OPERATION

In this case the plaintiff consulted the defendant-physician, who after examination made a diagnosis of left inguinal hernia and suggested an operation. Ten days thereafter the plaintiff entered the hospital and on the following day a typical Ferguson-Andrews operation was performed which was completely successful. The patient came out of the ether satisfactorily and was seen daily by the attending physician. The patient remained in the hospital for a period of fifteen days after the operation.

On the second day after the operation, it was noticed that the patient had a red spot on the lower portion of his back which simulated a first degree burn or erythema. The attending physician's attention was called to the condition and he directed that sterile gauze dressings and cold cream be applied. The condition spread down to the buttock and thighs causing the patient pain. However, by the time he was ready to leave the hospital the condition had cleared up. There was no sloughing

and the patient's back was entirely normal at the time of his discharge from the hospital. He called at the doctor's office on two occasions subsequent to leaving the hospital, at none of which times did he make any complaint.

Several months thereafter, however, without notice of any kind he commenced an action against both the attending physician and the hospital where he had been treated. In the complaint the plaintiff charged that during the performance of the operation, and while the patient was under the effects of a general anæsthesia the plaintiff sustained severe burns to the buttock, back and thighs. It was, however, established that the patient had perspired profusely immediately following the operation and since the patient had a very hypersensitive skin an irritant erythema developed. As this was not the result of any misconduct on either the part of the defendant-hospital or the attending physician, the plaintiff's attorney discontinued the action, thereby terminating the proceeding in the doctor's favor without trial.



## LONDON LETTER



Forceps in Abdomen: The danger to which a surgeon is constantly exposed during the prosecution of his art, is well exemplified by a case recently decided in the Law Courts. Eight years ago a woman was operated upon by the defendant in the case, a hysterectomy being done. Two years ago, that is six years after the first operation, a second operation was performed by another surgeon in a different country for disease of the gall bladder. Recently, as the patient seemed to be making no progress, an x-ray examination took place which revealed the presence of a pair of pressure forceps within the abdomen. An action for damages was brought against the first surgeon and after a very full and careful hearing was decided in the surgeon's favor on the grounds that there was no evidence that he was the surgeon who left the forceps behind. The case naturally excited much interest, but as it was decided on a question of fact, the much more important question of the responsibility of the surgeon in cases of this nature, was not decided. We are still without a definite legal ruling in this country on the question whether, if a swab or other foreign body is left in the abdomen after an operation, the surgeon is solely responsible. The matter was settled in 1929 in South Africa and a ruling was given that it is a reasonable and proper practice to rely upon the operating theatre sister to check swabs and instruments, but that apparently is not the law in England. How then do we stand? It is, I suppose, almost the universal custom in this country to ask the Theatre Sister, before the abdomen is closed, if the count of swabs and instruments is correct, and upon her assurance to close the abdomen. At the same time it is the custom to consider the surgeon responsible for the actions of his assistants and some very pretty legal arguments may well arise. Is the Sister a "servant" of the surgeon even though he does not appoint her nor pay her wages? Is the surgeon himself a principal or merely the agent of the family physician who calls him in to perform the operation? Or again, suppose the patient loses his life or suffers a long and expensive convalescence as the result of a fault in the sterilization of the swabs or the catgut -is the surgeon responsible for using these unsuitable materials, which have been prepared in another department over which he has no control, or even, in the case of the catgut, in another country? I feel that I would enjoy these arguments more whole-heartedly if I

were the lawyer rather than the defending surgeon. But, however we look at it, there is no doubt that if the surgeon has to check the swabs and instruments before he closes the abdomen, the patient must suffer, for the task involves not merely the counting and checking but a re-sterilization of the surgeon's hands, a change of gloves and gown before he can complete the operation, and thus at least fifteen minutes is added to the time of the operation.

Graduate Education: At last, after nearly five years' deliberation, the Ministry of Health has issued the report of the Committee appointed "to draw up a practicable scheme of post-graduate medical education centered in London." Those of us who are interested in this subject had begun to despair of anything being done. We had long realized that London with all its wealth and material lagged far behind many cities on the Continent of Europe in the efficient handling of their material for the benefit of qualified medical men. It had been proved that graduates and under-graduates cannot be taught together. The graduate does not require the instruction which suffices to get the undergraduate through his examinations, and the staffs of the teaching schools cannot find time to perform both duties. Some fine work has been done since the war by the Fellowship of Medicine which, by affiliating some fifty general and special hospitals in London, provides a comprehensive course of instruction, but it has always been felt that no real progress could be made until there was a centrally situated Hospital in London devoted to post-graduate teaching. Such an ideal has been attained at last and a large infirmary has been acquired under the authority of the London County Council and will in due time house a great Postgraduate Hospital. I shall have more to tell you as the scheme develops, and in the meantime it is enough to say that the whole profession welcomes the Government's decision.

It was the great Dr. Johnson who said, "Sir, when a man is tired of London, he is tired of life." I am not tired of life but Spring and Easter were too much for my stoical endurance, and I fled, for too short a space, far into the West Country, to Cornwall, King Arthur's country, the land of primroses, of golden sands and granite rocks. A heavenly week of glorious sunshine, and keen gales which blew the London smoke away. And now back again. All is very well.

H. W. Carson, F.R.C.S.



## NEWS NOTES



## THE ANNUAL MEETING

The annual meeting of the Medical Society of the State of New York was held from Monday to Wednesday. June 2 to 4, 1930, in the Seneca Hotel, Rochester, according to the programs and announcements contained in this Journal in the issues of April 15, May 1 and May 15. In addition the special Committee on Periodic Health Examinations arranged a popular meeting for Wednesday evening, after the close of the annual meeting, and the staffs of the several hospitals of Rochester gave clinics on Thursday.

There were also meetings of organizations allied to the State Medical Society, including the annual meeting of the Women's Medical Society of the State of New York. The Public Health Laboratory Association held a meeting on Mon-The District Health officers of the New York State Department of Health also held a conference under the leadership of Dr. Thomas P. Parran, State Commissioner of Health.

The registration exceeded 850, while over 150 ladies accompanied their medical husbands, and 100 persons were present in charge of the technical exhibits. Altogether over 1,200 persons came to Rochester on account of the annual meeting. The hotel accommodations were ample and the service was unusually satisfactory. The weather was auspicious and according to all outward signs every visitor had an unusually good time.

The perfection of the local arrangements assured the satisfaction of the visitors. The Physicians of Rochester added to the reputation of the City for friendliness, and the Chamber of Commerce showed its concern for the comfort and convenience of the visitors by maintaining an information booth near the registration table of the Society.

The Seneca Hotel was well adapted for the annual meeting, for its spacious lobby furnished with easy chairs afforded ample space for the guests during their moments of leisure; its two mezzanine floors gave abundant room for the technical exhibits; and the large banquet hall and smaller rooms within easy access provided abun-

dant meeting space. The concentration of all the features of the annual meeting in a large hotel was an insurance against almost every emergency that might arise. The smaller requirements of chairs, messenger service, and committee rooms were always instantly met, while information was available on every public subject. The managers of the Seneca Hotel made a substantial contribution to the reputation of Rochester for a friendly interest in its guests.

The Medical Society of the County of Monroe was the official host of the Medical Society of the State of New York. The details of the local plans for the annual meeting were in charge of a Committee on Arrangements composed of the following physicians living in Rochester:

Walter A. Calihan, Chairman; Austin G. Morris, Floyd S. Winslow, Benjamin J. Slater, Benjamin R. White, Leo F. Simpson, Charles Lenhart (Spencerport), Sol. J. Appelbaum, and John Aikman.

The Sub-Committees were as follows:

Banquet: Floyd S. Winslow, Chairman, and Benjamin J. Slater.

Public Meeting Periodic Health Examination: William A. Sawyer, Chairman, Austin G. Morris and Walter A. Calihan.

Meeting Places and General Arrangements: Walter A. Calihan, Leo F. Simpson, and Benjamin R. White.

Hotels: Sol. J. Applebaum; Publicity: Benjamin J. Slater, Chairman, and John Aikman.

The newspapers of Rochester were cooperative and public spirited, and their editors made every effort to report the proceedings truthfully and with a due consideration of the viewpoint of the medical profession. The reporters were quick to grasp information and diplomatic in their approach to the speakers and medical leaders. The present attitude of the Press of Rochester recalls the following paragraph from page 643 of the issue of May 1924, on the occasion of the annual meeting of that year held in Rochester:

"The daily newspapers of Rochester were most cordial in their relation to the meetings. editor of this Journal made it a special point to call at the newspaper offices and to offer news facilities to the press. The reporters were most kind and considerate, and showed a broad grasp of what constitutes up-to-date medical news. The physicians, too, were most kind in their cooperation with the reporters, and altogether a new standard was set in the relation of physicians to the newspapers."

The interest and enthusiasm of the physicians of Rochester in the annual meeting was demonstrated by their zeal in preparing a minstrel show given entirely by local physicians. Writing the libretto called for extensive effort and study, while rehearsals of the parts required hours of time which were contributed with all the enthusiasm of golfers.

The impressions of the doctors regarding the annual meeting are necessarily colored by the

experiences of then wives were royally entertained by a committee of the wives of the Doctors of Rochester under the chairmanship of Mrs Austin G Morris On Tuesday the ladies were taken on a ride to the points of interest, including Highland Park on the southern edge of the city where the izalias and rhododendrons were in bloom in a mirrelous profusion of brilliant colors. The guests were

given a noon luncheon at the Oak Hill Country Club followed by bridge, and bridge was provided for the afternoon

On Wednesday a block of 150 seats was as signed to the visiting ladies for the play. The

Coquette' in the Lyceum Theitre

The bringuet and ministral show on Tuesday evening were for the benefit of the ladies as well as the doctors

### PRESIDENT'S DINNER

Dr James N Vender Veci President of the Medical Society of the State of New York revived an old custom when he gave a dinner to his brother officers and the prist presidents of the Society in the Hotel Seneca, Rochester, on June first, on the evening before the opening of the Annual Meeting There were present twenty two officers and twelve past presidents

After the dinner Dr Vander Veer presented a brass hammer to each guest, and asked him to use it either in knocking the present administration or in hammering and molding the new one into a shape so that it will exactly fit the changing needs of these modern days

of progress and advancement

Dr Wendell C Phillips, President of the State Society in the year 1912, and of the American Medical Association in 1926, told of the annual dinners given by the Presidents of the State Society up to a very few years before he became President Those dinners constituted almost the only general assembly of the medical leaders during the year, and Dr Phillips drew a contrast between those days—recent in actual time, but fai away in achievement and progress,—and the present year when the President attends at least a hundred conferences, many of them of a public nature

Dr Phillips described the former methods of conducting the scientific sessions when authors came to the meeting with their articles in their pockets and rose in their places asking for recognition and permission to read their papers at the pleasure of the presiding officer. Dr Phillips made it the work of his presidential year to organize the scientific sections and to list the papers in a published

program

Dr James F Rooney recalled Dr Albert Vander Veer, father of the president, who was a pioneer leader in giving modern laboratory instruction to medical students, and in developing the State Medical Society along modern lines

Dr William H Ross President-elect of the State Society, gave his impressions of the activities of the State Society during the past year and told how he would wield his ham mer constructively in forging new methods to meet new conditions of medical practice. He

"My experience as President elect has brought me from the intellectual heights where we live apart from our fellows to the level plain of practical experience where we spend our daily lives. I have met this year and talked with forty seven groups of physicians, as well as many official and voluntary organizations and heads of departments of the State government Including committee meetings. I have taken some part in one hun dred and two meetings in organized medicine be tween June 1, 1929 and June 1, 1930 The result of all this is an impression that the practice of medicine is changing in response to public needs and public demands

"My year of observation as President elect has oriented me regarding the problems of the profession, and what we ought to do about them

"The activities of the State Medical Society are carried on by fifteen committees, some of which deal with special matters such as legislation, and medical research while others affect family doctors immediately and inti-The Committee on Public Health and Medical Education seeks to reinstate the family doctor in the high opinion of the people by making him a better physician. The last committee to be formed is that on Public Relations which seeks to interpret the practice of medicine to other organizations which pro-The Committee considers the mote health social trend of the times in an effort to discover why people go to cultists, Indian doc tors, and clinics rather than to their family doctors The Committee is advising departments of health and endowed health agencies how they may fit their methods into the practice of medicine by family doctors, and at the same time it is advising practicing physicians how they may meet the opportunities in new fields of practice created by the voluntary orgamizations The Committee is still faced with the task of inspiring every invidual doctor to assume a leadership in solving the medical problems of his community

### HOUSE OF DELEGATES

The House of Delegates of the Medical Society of the State of New York, composed of the officers of the Society, the Past-Presidents, and 150 delegates from the County Medical Societies, met on the afternoon of Monday, June 2, 1930, at two o'clock, with practically a full representation present. The speaker, Dr. John A. Card, of Poughkeepsie, presided, and the records were kept by the Secretary of the State Society, Dr. Daniel S. Dougherty, and the Assistant Secretary, Dr. Peter Irving, assisted by two stenographers. Three sessions were held on the afternoon and evening of Monday, and the morning of Tuesday. The members dined together on Monday evening in order to facilitate the proceedings.

Business was transacted with unusual smoothness and dispatch, in contrast with the controversies which formerly arose when the delegates came together uninformed regarding the problems to be discussed. In the year 1927, the Society instituted the custom of printing the annual reports of the officers and committeemen in the Journal in advance of the annual meeting; and this year the officers took the further steps of publishing the names of the members of the Reference Committees two weeks before the meeting. These reference committees met on Monday morning so that they had abundant time to investigate all the questions which were submitted to them.

Another factor which promoted the transaction of business in a wise manner was that frequent meetings of the officers and committeemen had been held during the year and their proceedings had been published in current numbers of the Journal. The Delegates therefore came to the Annual Meeting informed of the activities of the Society, and were prepared to vote intelligently on nearly every question. It was a striking fact that every controversial question and every suggestion for extending the field of the activities of the State Society had been under discussion

during the year, and that some committee was prepared to give a definite opinion regarding the subject. The discussion revealed an unexpected breadth of the investigations, and a comprehensiveness of decision on the part of the officers and committeemen. The proceedings were convincing evidence of the great extent which the intelligent evolution of State Society activities have undergone during the last decade.

All the reports of the activities of the year were commended, and all suggestions for their further development were approved. Yet most of the suggestions for undertaking new activities were not adopted, so far as their immediate

establishment was concerned.

The suggestion that aroused the most discussion was that of the President that an extensive bureau for preparing press notices, radio broadcasting, and lectures be established. The fact was brought out that the Executive Committee of the Council had considered the subject at length and its members felt that further evidence should be collected and plans evolved before the Society enters the extensive field of the press, the radio, and the lecture platform. The House agreed with this point of view, but it also authorized the appointment of a special committee on popular education in cancer prevention to act as a sub-committee under the Committee on Medical Education.

The House also authorized the appointment of a special committee on the subject of the Wo-

man's Auxiliary.

The House approved the President's suggestion that the Society promote the collection of historical records and mementos of a medical nature to be deposited in the State Museum.

The detailed minutes of the proceedings of the House of Delegates, being dependent on the transcription of the notes of the official stenographer, will be published in the Journal in as early an issue as possible,—probably in that of July first.

## THE SCIENTIFIC SESSIONS

The Scientific sessions at the Annual Meeting of the Medical Society of the State of New York were of unusual interest and were well attended. The general sessions held on Tuesday and Wed-

nesday afternoons were of special interest to all physicians. The papers presented at all the sessions will be published during the year in our *Journal*.

### THE BANQUET, THE ANNIVERSARY MEETING, AND THE ENTERTAINMENT

The evening of Tuesday, June 3, was given over to three events:

The annual banquet.

The anniversary meeting

3. A minstrel entertainment The banquet was the social event of the annual meeting and was held in the Hotel Seneca at seven o'clock in the ballroom, which was filled to its capacity with doctors and their wives. In place of the usual after-dinner speaking, a brief session of the Anniversary meeting was held in accordance with the Charter of the Society. The program of this meeting consisted of the inaugural address by Dr. W. H. Ross, as he assumed the presidency of the Society. This address is printed as the first article of this Journal, page

Following the Anniversary meeting, an entertainment and minstrel show was given by a troupe composed almost entirely of physicians practicing medicine in Rochester. These doctors had devised the plots, written the songs, and adapted the minstrel jokes to some of the leaders

in the State Medical Society.

The introductory number on the program was a brief one-act farce entitled "The Miracle Man" or "Quick, Ben, the Needle," based on an actual experience in which a man who had dropped apparently dead had been restored to life by the injection of adrenalin into his heart by Dr. Benjamin J. Slater of Rochester. The scene of the Act was laid in the Monroe County Morgue and the actors were as follows:

Dr. B. J. Slater	
Interne	Dr. L. A. Kohn
Pathologist	Dr. F. S. Wińslow
Undertaker	
Corpse	Dr, G. M. Gelser
The principal feature of	the entertainment was

a minstrel show, given according to the following program: DARM T

	- AKI I.	
1. (	Opening Chorus	Minstrels
	a. Heigh Ho	
	b. Way Down South	
2. 5	Solo-Lindy Mrs. E.	Γ. Wentworth
3. 1	Parody—Memories	Minstrels
1 1	Dames Destinant to the S	D

- 4. Dance—Beating Against the Beat
  Dr. E. T. Wentworth 5. Song-Tweet, Tweet ...... Minstrels
- 6. Solo-Tip Toe Through the Tulips
- Dr. M. V. Rapp 7. Chorus—Stein Song ......Miustrels
  PART II
- 8. Chorus—Happy Days .........Minstrels
- 9. "Hula Dance" .........Dr. J. B. Loder

- 10. Parody-Painting the Clouds With Sunshine .......... Minstrels
- 11. Solo-Indian Love Lyrics. Dr. Cecil Hert

12. Solo-Can't Yo Hear Me callin',

Caroline? . . . . . Dr. P. W. Beaven

13. Duet-Negro Spiritual

Mrs. John R. Booth and Mrs. E. T. Wentworth

14. Closing Chorus-In Bohemia Hall Minstrels

The numbers were happily rendered, some of the more notable ones being a clog dance by Dr. and Mrs. E. T. Wentworth, a song in falsetto voice by Dr. Cecil Hert, in the costume of a chorus girl, and a serious rendering of negro spirituals by Mrs. E. T. Wentworth and Mrs. John R. Booth.

Those taking part in the minstrel show were

as follows:

Interlocutor, Dr. B. J. Slater End Men: Drs. F. J. Garlick, A. L. Parlow,

C. P. Thomas and E. T. Wentworth.

Members of the Chorus: Drs. E. S. Amsler, D. H. Atwater, P. W. Beaven, W. E. Bowen, N. Brown, F. J. Colgan, W. I. Dean, J. B. Deuel, J. J. Finegan, C. B. F. Gibbs, J. H. Green, E. I. Guller, J. L. Hazen, B. Hert, C. Hert, J. J. Lloyd, J. B. Loder, H. R. Leve, W. A. MacVay, N. G. Corbed, E. Benedik, P. R. Leve, W. A. MacVay, N. G. Orchard, E. Parnell, L. Pulsifer, M. V. Rapp, M. J. Rhees, F. L. Slater, J. W. Thomson, W. R. J. Wallace.

At the Piano: Dr. I, Hurwitz (in person).

Musical Director: David Harvard.

Costumes: Henry Herbst.

Leer-ics, written by: Mrs. S. S. Bullen, Mrs. F. S. Winslow, Dr. L. W. Jones, and Dr. C. P.

The character of the "Leer-ics" is shown by

the following sample:
"The State Society, as every one can see,

Is always filling your hearts with sunshine. With Orry Wightman, boss, Heyd, Overton and Ross

The Journal fills all your hearts with sunshine. Science and news, snappy reviews, done in an elegant style,

Editor's views interest infuse or make you

So, if you're feeling glum just have the Journal come-

That it may fill all your hearts with sunshine. Those who composed and enacted the numbers on the program of the entertainment deserve the congratulations and appreciation of the members of the Medical Society of the State of New York.

## ANNUAL MEETING

THE TECHNICAL EXHIBITS

The technical exhibits are an important feature of the annual meeting of the Medical Society of the State of New York, as they are of the annual meetings of other States and of the American Medical Association. The exhibits this year were unusually well arranged and accessible to the physicians. Six pages of the formal Program were devoted to a description of the wares of the forty-five exhibitors, whose exhibits showed a wide range of articles from surgical instruments. to drugs and foods. Nearly all the exhibitors were patrons of the advertising department of the Journal, and were old friends and supporters of the State Society. Good will and fellowship were promoted by a dinner given in the Hotel Seneca on Monday evening by the State Society to the exhibitors, at which eighty-one guests were present. The attitude of the State Society was explained by Dr. O. S. Wightman, Editor-in-('hief of the Journal, who presided. The speakers giving short talks were: Dr. Wendell Phillips, past-President of the A. M. A. and of the Medical Society of the State of New York; Dr. James N. Vander Veer, outgoing President of the Medical Society of the State of New York; Dr. W. H. Ross, incoming President; Dr. Frank Overton, Executive Editor of the Journal, and Dr. Walter A. Calihan, Chairman of the local Committee on Arrangements.

Responses were made by Mr. W. P. Schmid, Manager of the Eastern District Office of the Cameron Surgical Specialty Company of Chicago, and by Mr. J. B. Martell representing the Olajen

Company of New York City.

The guests joined enthusiastically in chorus singing led by Mr. J. Henry Slater, a well-known local entertainer of Rochester.

The Department of Labor of the State of New York also conducted an exhibit dealing in a historical way with accident prevention and advances made in industrial and personal hygiene.

## CLINIC DAY

Thursday, June 5, the day after the close of the Annual Meeting, was *Clinic Day*, conducted under the auspices of the Medical Society of Munroe County. The response of the members of the Medical Society of the State of New York

### 8:30 A.M. to 10:30 A.M.

## St. Mary's Hospital

- 1. Spinal Anesthesia Clinic.
- 2. Pediatric Clinic.

### Rochester General Hospital

The practical management of severe Graves' disease.

### Highland Hospital

- 1. Demonstration in Diabetic Service.
- 2. Case Presentations. Addison's Disease. Purpura Hemorrhagia.

### Genesee Hospital

- 1. Hypoglycemia. Case report. Dr. McGarvey.
- 2. Fragillitus Ossium. Case. Dr. Glasser.
- 3. Acute Mononucleosis. Case. Dr. Segal.
- 4. Supernumerary Ureter. Case. Dr. Paine.
- Bone Cyst Inferior Maxilla. Two cases. Dr. Sumner.
- 6. Sodium Amytal Intravenous Use. Dr. Desslock.
- Embolism of Abdominal Aorta. Case report. Dr. Jewett.
- 8. Three cases of Ruptured Gall Bladder. Dr. Mitchell.

## Park Avenue Hospital

Cancer Experience. A hospital study.

Rochester State Hospital

Dementia Praccox. Cases and study. Iola Sanatarium

Childhood Tuberculosis.

was gratifying, the registered attendance being 104, exclusive of physicians living in Rochester and the members of the staffs of the hospitals. The program of the day as carried out by the

# several hospitals of Rochester was as follows: 11 A.M.

The University of Rochester, School of Medicine Strong Memorial Hospital

- 11:00-11:20—A Hormone of the Corpus Luteum. Dr. George Corner, Prof. Anatomy.
- 11:20-11:40—The Toxic Factor in Peanut (Aspiration)

  Bronchitis. Dr. S. W. Clausen, Prof.

  Pediatrics.
- 11:40-12:00—The Use of the x-ray in Obstetrical Diagnosis. Dr. Karl Wilson, Prof. Obstetrics.
- 12:00- 1:00—Clinical Pathological Conference. Dr. George Whipple, Prof. Pathology.
- 1:00- 2:00-Lunch. Strong Memorial Hospital.
- 2:00- 2:30—A Comparison of the Serological Tests for Syphilis. Dr. Stanhope Bayne-Jones, Prof. Bacteriology.
- 2:30- 3:00-Progressive Muscular Dystrophy. Dr. W. S. McCann, Prof. Medicine.
- 3:00- 3:20—Studies on the Activity of the Sympathetic Nervous System. Dr. J. J. Morton, Prof. Surgery, and Dr. W. J. Merle Scott, Assoc. Prof. Surgery.
- 3:20- 3:40—The Life History of the Yellow Fever Mosquito; Motion Picture. Dr. S. Bayne-Jones, Prof. Bacteriology.

### CONFERENCE ON PERIODIC HEALTH EXAMINATIONS

The Committee on Periodic Health Examina tions of the Medical Society of the State of New York, held an open meeting and banquet, in connection with the Medical Society of the County of Monroe and the Rochester Chamber of Commerce on the evening of June 4th, after the Convention of the Medical Society of the State of New York had formally closed. About 250 persons were present.

The purpose of this meeting was to bring into conference under the auspices of organized medicine, some of the most vigorous, pervading and helpful of the organized social forces of the State, to the end that new powers, from better understanding and better organization, may be exerted toward the realization of one of the public health aims of the State Society, i. e., "a health examina-

tion for every citizen of the State.'

The Committee on Periodic Health Examinations wished to make a presentation of a typical cooperation conference as its last contribution of the year to the work of the Medical Society of the Sate of New York, and to add the results of this conference to the results of its labors of the preceeding twelve months.

The forces represented were as follows:-

#### FEDERAL

The Chief Executive, Herbert Hoover, whose leadership is exerted in many national, humanitarian affairs, particularly through the White House Conference on Child Health which includes the Health Examination program, was interested in our large emphasis on preschool health examinations through "The Summer Round Up," and wrote as follows;

"I am indeed gratified that an important part of the annual convention of the Medical Society of the State of New York has been given to consideration of problems of childhood. To make the childhood of the nation well and strong in mind and body is to take the first and indispensable step in insuring the future safety and well-being of the nation."

The Defartment of the Interior: -This Federal Department, through its Bureau of Education. reaches about two million or more children in the State, a large proportion of its population. Through the leadership of its Secretary, Ray Lyman Wilbur, who is a physician, the health of the Nation has benefited in various ways. He wrote the following letter:-

"The application of modern science to the care of the sick and the protection of the well, demands for its best results, the periodical health examination as the base from which all proper work should start. The greatest value of the family doctor is his knowledge of the bodies,

personalities and reactions of his patients. carries with him on each visit carefully sifted information gathered through past experiences. We now have the opportunity, with regular health examinations, to have available for the benefit of the patient and the guidance of the physician, a written record of exact conditions as they existed at a given date. With our gradual conquest of many infections, there is an increasing importance in following accurately the changes in the vital organs of the body due to disease, strain and advancing age. We are fortunately in the possession of many methods by which we can check or delay the processes going on in the human body. The skilled physician can become both the guardian and the guide of the patient if he can have the advantages of carefully built-up records giving the body conditions and the health experiences of each individual.

"I am heartily in sympathy with every effort that is being made by the Medical Society of the State of New York to advance the periodical health examination in that State."

The two outstanding Federal health officers at Washington, Surgeon General of the Army, Merritte W. Ireland, and the Surgeon General of the Public Health Service, Hugh S. Cumming, presented their felicitations in letters, from which the following is quoted from the letter of General Cumming:-

"It is gratifying to note that the Medical Society of the State of New York is conducting such a campaign. It is highly desirable for the organized medical profession to assume the place of leadership in endeavoring in every possible way to bring before the general public the importance of periodic health examinations. This is a matter of public health significance which should receive the support of the medical profession as well as the various public health authorities.

"In conducting such a campaign to stress the necessity for periodic health examinations the Medical Society of the State of New York is rendering an important service to the cause of public health."

Out of the many bureaus at Washington, interested in this occasion, the following excerpt from Grace Abbitt, the Chief of the Children's Bureau of the United States Department of Labor, is given:-

"The logical person to give this supervision is in the great majority of cases, the family physician. We have found that parents needed to be convinced of the importance of having the doctor examine the well child at regular intervals and advising as to the establishment of those habits all important for health, immunization

against disease, and corrections of defects. Some parents still think that the physician is to be called in only when the child becomes ill."

"In sending my best wishes to your committee for its success, let me assure you that the Children's Bureau is doing all in its power to bring home to parents the fact that intelligent use of the services the doctor is prepared to give is necessary for the optimum health of the child."

## STATE

The State was represented by its chief medical officer, Commissioner Thomas Parran, who graced the occasion by his presence, and who spoke of he service of the State Department of Health to the people and the medical profession, giving concrete assurance of powerful cooperation in the Health Examination movement.

A letter was received from State Commissioner of Education, Frank P. Graves.

This meeting and its subject naturally attracted some attention in the medical profession outside of New York State. Dr. Lewellys F. Barker, had accepted an invitation to address the meeting but was unfortunately called abroad-

Dr. George W. Crile, however, was able to be present, and he gave a stirring address showing the progress of medicine up-to-date, and picturing the future of medicine as it seemed to him that the process of evolution discernable today might produce in the future. His address gives the strongest support to the Health Examination movement, from the standpoint of practical medicine, science, and sound philosophy.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

The meeting was predominately an event in organized medicine as attested by the prominent part taken in it by the officers of the State Society. The retiring President, Dr. James M. Vander Veer, introduced the Acting Mayor of the City of Rochester, Honorable Isaac Adler. The Committee on Periodic Health Examinations was appointed by Dr. Vander Veer and the work of the year was conducted under his auspices.

Dr. Charles Gordon Heyd, Treasurer of the Society, spoke from the standpoint of historic medicine, and surgery and introduced Dr. Crile.

Dr. James E. Sadlier, Chairman of the Committee on Public Relations, gave a brief address, which presented clearly the necessity of organized medicine not only recognizing outside organization, with an alignment of purpose and a conjunction of effort. He sketched one of his most recent and important conferences in this field, and recognize the importance of the current occasion, and pledged further cooperation.

Dr. Thomas P. Farmer, Chairman of the Committee on Public Health and Medical Education, whose Committee is in parental relation to the Committee on Periodic Health Examination pre-

sented a clear-cut picture of the work of his Committee in its relation to the health examination, and outlined a forward-looking program of cooperation.

The meeting was closed by the new President of the Medical Society of the State of New York, Dr. William H. Ross, who emphasized the necessity of organized medicine avoiding the perils of isolation, and of taking its own part of leadership in the world of health affairs.

Emphasizing the fact that the State Society is composed of County Medical Societies, from which it derives its whole life and authority, the meeting was indebted primarily to the far-seeing plans and effective constructive ability of Dr. Walter Calihan, the Chairman of the State Committee on Local Arrangements. Dr. Calihan was presented, made a brief address, and read excerpts of his own selection from the messages received by the Chairman.

## ORGANIZED BUSINESS

In its health education project which affects the whole body politic, the Committee seeks to deal with large masses of human beings, already organized, and subject to approach en masse. The human material throughout the State is organized in many ways, and is approachable through many open highways. One of these large forms of organization is the Chamber of Commerce. It was most fitting that this meeting was held at the Rocheser Chamber of Commerce, and that the man who attended to its intimate arrangements was the Chairman of the Health Committee of the Chamber of Commerce, Dr. William A. Sawyer. Dr. Sawyer introduced the Chairman. Dr. Sawyer also represents an enormous field of effort in potential cooperation in industry, as the Chief of the Medical Health Service of the Eastman Kodak Company.

The Chamber of Commerce of the United States during the last few years, has been working with the American Public Health Association, and was represented by a long and interesting message from the Chairman of the Board of Directors, Julius H. Barnes, who organized the intercity Health Contest of the Chamber of Commerce of the United States of America.

The largest representation of human forces already organized and in operation in the health field was presented by four women's organizations. The General Federation of Women's Clubs reaches directly and indirectly through its membership, one-third of the population of the State. It was represented by Miss Harriet W. Mayer, who is Chairman of its Health Committee. She presented an address setting forth a health program of the General Federation of Women's Clubs already in operation, in cooperation with other health organizations.

The National Congress of Parents and

Teachers, which has for years been conducting an increasing campaign for health examinations for preschool children, reported on its work through the Chairman of its Health Committee, Mrs R R Vail This organization is already in cooperation with the Association and through the Chairman on Public Relations their former projects have been reported in the State Journal

The presence of Dr Marion Craig Potter, Health Chairman of the Business and Professional Women's Clubs of New York State, and Dr Daisy M O Robinson, President of the Wo

men's Medical Association, completed the schedule

Thus, there were assembled at this meeting, some of the representative forces of the Nation, State and City, organized business, organized wo men's clubs, all under the auspices of organized medicine, all focused upon a program of medical service for the citizens of the State, through Health Examinations

C WARD CRAMPTON, M D, Chairman, Committee on Periodic Health Examinations

### WOMEN'S MEDICAL SOCIETY

The twenty-fourth annual session of the Women's Medical Society of New York State, Inc, convened in the Seneca Hotel, Rochester. June 2nd In the morning the machinery of business was set in motion, officers for the ensuing year were elected and reports of execu tives and committee heads were given inspirational part of the program was the message from the President, Daisy M O Robinson. M.D., Assistant Surgeon General of the United States Dr Robinson with her broad interests, wide vision, and keenness of mind has guided the society through a most successful year

The afternoon program was launched by greetings from the New York State Medical Society brought by the President Dr J N Van derVeer, and President-Elect, Dr Wm H Ross Dr VanderVeer, with his wide experience and sympathetic foresight, gave an address which contained sound advice and prophecies for the future His subject was aptly phrased "A Hand

muden to Public Health Measures"

Dr Ross, president-elect, gave a most timely address picturing the past, present and future of medicine He noted the changes in medicine with the succeeding years and said, "The transition is not entirely painless. Preventive medicine is not a new thing, but part of an evolutionary process "

The program continued with scientific papers by members of the society In the realm of gynecology and obstetrics were two papers The Diagnosis of Various Forms of Leukor rhea—Emily Dunning Barringer, M D, of New York City 2 Some Unusual Obstetrical Experiences-Esther Parker, MD, of Ithaca

The subject of Diabetes in the elderly indi vidual was ably discussed by Agnes Brown M D, of Rochester

In line with public health promotion was a report on a survey made and Pierce, M.D., Syracuse, on "

School Child About to Enter

As a climax to the public health discussion there was a brief and stimulating address by Thomas Parran, Jr., M.D., Commissioner of Health, State Department, Albany Dr Parran stated his convictions that women physicians are needed in many of the administration offices of the Department of Health

Professional women are sometimes stigmatized as lacking the spirit of play, but the evening program of the Women's Medical Society contra dicted such an accusation A friendly banquet at 6 30 P M, in which frilled and frivolous femininity prevailed, was held in the Blue Room Twelve women students of the Seneca Hotel of the Medical College of the University of Rochester were dinner guests Following the banquet dramatic potentialities unfolded them selves in the "make up" and extemporaneous interpretation of the medical high-lights of history This all refers to the pageant, "The Highway of Health," written for the occasion by Mary Newman Sloane, MD, of Buffalo, and presented by Dr Sloane and a cast of the fol lowing members of the Women's Society

Mary Newman Sloane, M D Marion S Morse, M D Esther Parker, M D Soothsayer Father Time Primitive Man Moses Alta Sager Greene, M D Louise Beamis Hood, M D Sophy Page Carlucci M D Kathryn Bayliss MacInnes, M D Hippocrates Galen Ambroise Pare Helena Isabelle Borden M D American Indian Katherine F Carnivale M D Ruth Moore M D Louise M Hurrell M D 'Valsh, M D De Vinci Paracelsus Buck M D Bull Queen Victoria Luzabem Merle M D Daisy M O Robinson, M D John Stoan Property Man and Artist

The evolution of Medical Progress through the ages was depicted by impersonation of a line ... amon of the nast

ery, and then Moses, the patriarch, with his laws of health and hygiene. Climbing up through the centuries we saw Hippocrates, Galen, Helena, the American Indian, De Vinci, Vesalius, Paracelsus, Ambroise Paré, St. Catherine, Sanctorius, and Harvey. With the reign of Queen Victoria came the introduction of chloroform a la reine, and its introducer, Dr. Simpson Jenner, Lister and other names were beacons in the great parade of the decades. As the years approached our century and our time, we began to look into the future and hoped for the fulfillment of perfeet health. This climax was represented by a posed figure,—Radiant Health,—embodying the ideal of healthy motherhood, the highest product of the race.

The officers elected for 1929-1930 were as follows:

President—Louise Beamis Hood, M.D. Vice-Presidents—Anna P. Walsh, M.D., Mary C. Conant, M.D., Isabel Meader, M.D. Treasurer—Mary J. Kazmierczak, M.D. Secretary—Sophy Page Carlucci, M.D.

#### Councillors-

1st District Branch, Marie L. Chard, M.D.
2nd District Branch, Mary E. Potter, M.D.
3rd District Branch, Emily A. Pratt, M.D.
4th District Branch, Annette Barber, M.D.
5th District Branch, Ruth D. Moore, M.D.
6th District Branch, Edith F. Wheeler, M.D.
7th District Branch, M. Louise Hurrell, M.D.
8th District Branch, Clara March, M.D.

#### Committee Chairmen—

Scientific Program, Marion S. Morse, M.D. Legislative, Florence Sherman, M.D. Medical Education, Mary T. Greene, M.D. Public Health, Daisy M. O. Robinson, M.D. Public Relations, Mary N. Sloane, M.D. Membership, Marie I. Chard, M.D. Resolutions, Alta Sager Greene, M.D.

MARION S. MORSE,

Secretary, Program Committee.

#### LABORATORY MANAGERS' CONFERENCE

A conference of the Managers and Directors of approved Public Health Laboratories of New York State was held in the Hotel Seneca, Rochester, N. Y., on the morning of Monday, June 2, 1930, with Dr. C. F. M'Carthy, of Auburn, presiding. The following program was carried out:

Welcome. Dr. Leo F. Schiff, Clinton County Laboratory, Plattsburg, President, New York State Association of Public Health Laboratories.

Remarks. Dr. Augustus B. Wadsworth, Albany, Director, Division of Laboratories and Research, New York State Department of Health.

The County Laboratory as an Aid to the Hospital: Dr. V. A. Moore, Ithaca, Superintendent, Ithaca Memorial Hospital, and Chairman, Board of Managers, Tompkins County Laboratory. Discussion opened by Dr. Homer J. Knicker-

bocker, Geneva, member of Staff, Geneva City Hospital.

The Laboratory as a Part of the County Health Unit: Dr. Arthur T. Davis, Riverhead, Commissioner of Health, Suffolk County. Discussion opened by Dr. Daniel R. Reilly, Cortland, Commissioner of Health, Cortland County.

Selection of the Director of a County Laboratory: Dr. Cornelius F. M'Carthy, Auburn, Secretary, Board of Managers, Cayuga County Laboratory. Discussion opened by Dr. Henry R. Sutton, Ithaca, member Board of Managers, Tompkins County Laboratory.

Round-Table Discussion of Laboratory Matters: Conducted by Dr. Howard P. Carpenter, Poughkeepsie, Director, Poughkeepsie City Laboratory, and supported by practically every member present.

#### AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

The American Academy of Ophthalmology and Otolaryngology will hold its thirty-fifth Annual Meeting on October 27-31, 1930, in the Hotel Sherman, Chicago, Illinois. The folder

of the preliminary announcement contains the following information of special interest to physicians of New York State:

"The Academy has in contemplation, the crea-

tion of a new section for teachers-undergraduate and graduate. A casual thought seems to offer wonderful opportunities for this section. Dr. S. J. Kopetzky of New York City and Dr. A. J. Bedell of Albany, N. Y, under the direction of Dr. Harry S. Gradle, Secretary for In- eral committee.

struction, have the preliminary plans in hand, Comments and suggestions will be appreciated. and should be sent to the Executive Secretary, Dr. W. P. Wherry, 1500 Medical Arts Building. Omaha, Nebraska, or to any member of the gen-

#### MEDICAL VETERANS' DINNER

The annual meeting and dinner of the Medical Veterans of the World War will take place Sunday evening, June 22nd at 7:30 P.M. at the Italian Garden, Book-Cadillac Hotel, Detroit. The guest of honor will be Major General Merritte W. Ireland, Surgeon General, U. S. Army. The principal address will be given by Dr. Aristides Agramonte of the University of Havana, the only surviving

member of the Walter Reed Yellow Fever Commission. There will be a short musical program. Members are asked to bring ladies. Reservations should be made through Dr. Burt R. Shurly, 62 Adams Avenue West, Detroit. Plates \$2.50. Colonel John O. McReynolds, Aux. Res., the President of the Medical Veterans' Section of the Association of Military Surgeons, will preside.

#### WASHINGTON COUNTY

The Semi-Annual Meeting of the Medical Society of the County of Washington was held at the Mary McClellan Hospital at 4 P.M. on May 13, 1930.

Members present: Drs. LaGrange, Paris, Tillotson, Oatman, Vickers, Banker, McKenzie, Bailey, Stillman, Leonard, Sumner, Armstrong, Munson, Ring, Bennett. Orton, Fortuine and McArthur. Visitors: Russel Paris, Jr., D.D.S., and Dr. S. F. Randels.

The Treasurer's report showed a balance of

\$134.61 available for the society.

The Treasurer reported that Dr. Tenney's papers for retired membership had been completed and sent to the Secretary of the State Society.

The Secretary read a list of lecture courses sent to him by Dr. Farmer. After some discussion the Comitia Minora was empowered to select one of the general courses.

After some discussion Dr. Munson was made a committee to find out the cost and feasibility of chartering a boat on Lake George for the meeting of the Fourth District Branch, and report to the Comitia Minora.

Dr. Tillotson read his Vice-Presidential address, reporting an interesting case of Angina

Pectoris.

Dr. Baker reported a case of a temperature of 108° and recovery.

Dr. Leonard gave a résumé of the 1930 Medical Legislation, and was given a vote of thanks for his work as chairman of the legislative committee.

Adjourned to the Cambridge House for

After dinner Dr. S. F. Randels spoke on the Five-Point Program of the Albany Medical College.

Dr. Munson gave a brief talk on public health matters of the county.

Adjourned at 9:45 P.M.

S. J. BANKER, Secretary.



## THE DAILY PRESS



#### MEDICAL ECONOMICS



Medical economics, adapted from J. N. Ding in the New York Herald Tribune of April 23, 1930.

Much is being said and written about the economic status of the family physician and his loss of revenue resulting from his efficiency in eliminating the diseases which have made his services a necessity. Yet the fact remains that physicians are more prosperous than ever before. The people have money and their liberality in spending it is reflected in the prosperity of the doctors.

If a doctor is not financially independent, the defect lies with the doctor himself, rather than the people. Most doctors have financial acumen excelling that of the average business man; but a few physicians lack monetary assertiveness, and no amount of instruction will give it to them.

It is undoubtedly true that the older doctor will fail if he depends on malaria and typhoid fever to bring him a living wage. It is probably too much to expect of him that he will change his point of view and learn to do blood transfusions, and to prescribe diabetic diets expertly. But still he will find large returns if he will fit up his office with a modern equipment, and be social with his younger associates and adopt some of their up-to-date methods.

There are three elements in the success of a physician:

- 1. Scientific knowledge and skill.
- 2. An agreeable personality.
- 3. Business acumen.

Given the first two qualifications, a moderate degree of business ability will ensure the doctor with financial independence.

#### SOCIAL WORKERS

The Social Worker is the title of an editorial in the New York Times of June 10 which says:

"Through several stages an applied social science has emerged which seeks to adjust social relations rather than simply to give relief and make repairs. Those in this expert service are not 'charity workers,' nor yet 'reformers,' but for the most part trained persons working in sympathy with human beings whose relation to their environment they seek to improve 'as to common and not separate wants,' though the effort in the end comes down to the individual. So many unknown quantities enter into every human problem that social workers cannot speak with the certitude of the exact scientist. Yet such wisdom as the race has accumulated in dealing with human nature 'out of heart and out of kilter,' as

Stevenson would have said, is placed at the service of the public.

"The integration of society is the supreme funcion of social workers, but they find their basic service in conserving as experts the 'spirit and substance' of the family life. They have become as necessary to our ever-changing social and individual life as physicians, lawyers, preachers and teachers."

The physician has come to consider the social worker as essential as the public health nurse, for she deals with the economic conditions relating to sickness, just as the nurse deals with physiological and pathological states. A social worker is almost a necessity in every hospital, in order to follow up the cases after their discharge from direct treatment.

#### RADIO TALKS

Radio talks are discussed editorially in the New York Times of June 1, as follows

"Almost every one who has listened over the radio will agree that ten minutes is long enough for most speeches. This is one of the rules laid down by Mr Sherman P Lawton of the Uni versity of Michigan in his article on 'The Prin ciples of Effective Radio Speaking 'in The Quar terly Journal of Speech The general rule most tactfully put, is 'a radio speaker should talk only so long as he is talking interestingly and well on a subject calculated to hold attention? corollary is, 'This may in some cases exceed ten or fifteen minutes' Perhaps many orators think they belong in the exceptional class but the professor goes on with a blow for that belief If a speaker is a Presidential candidate, or otherwise very well known, he may take liberties with the time of his radio audience. As for trying to hold them with jokes, that hope is dashed too speaker should never incorporate witticisms in his remarks unless he is listed on the program a humorist

"Speakers are told that they should assume the intelligence of the general public to be that of a 12 year old child. One studio has hung in a prominent place a picture of Mrs. Blank of Blank Street a workingman's wife with her babies. She is there to remind all performers that they are directing their entertainment or instruction at her.

"Because it is as yet impossible to reproduce or receive the sound of 'th' and s perfectly, speakers are advised to substitute crime' for halessness and 'gratifude for thanks'. One announcer was embarrassed because he neglected this rule. Broadcasting an annual convention at a large hotel, he told his audience that the grand ballroom was all filled with booths. That seem ingly innocent last word came out 'booze,' to the delight of some listeners and the fury of some 'booth holders'."

These remarks are of special interest to physicians since the great increase of medical broad casting by medical societies and departments of health

#### ROADSIDE FIRST-AID STATIONS

The New York Herald Tribune of June 9 had the following account of the extension of the first aid service of the American Red Cross

Plans under which Red Cross emergency firstaid service on the highways will be established in the campaign to reduce deaths from automobile injuries were announced today by James L. Fieser vice chairman in charge of domestic

operations
'The Red Cross, through its chapters, will establish emergency first aid service at suitable points along the highways where accidents have been frequent, or at junctions of main arteries Wayside stores community centers suburban stations of State Police, etc, are suggested as locations Local chapters are to assume responsibility for chains or these emergency stations at convenient intervals along the important roads within their jurisdiction. Supervision of the plan will be under H. F. Pallows national director of first and and life saving, at Red Cross headquarters here.

"Fach emergency station will keep on hand a complete kit of first aid supplies. An essential of the service to the injured will be a telephone

directory of physicians, hospitals and ambulance services in the immediate vicinity approved by the local medical society. At least one person trained in Red Cross first and always will be on hand

"Chapters are instructed to have volunteer automobile transportation for the injured, where necessary Road markers displaying the Red Cross symbol, and designating the distance to the first and station, are to be placed, if possible, one half mile from each station

"The service to be given to the injured motorist is a purely voluntary, humanitarian one. It comprises binding of wounds, calling a doctor and otherwise providing prompt assistance to the injured. No financial remuneration will be accepted for the service."

Physicians will be interested to see whether or not this service will be practical. Those injured in automobile accidents are notoriously ungrate ful. They impose on physicians and hospitals and refuse to pay their bills on the ground that the insurance companies are hable for them. Free services by the Red Cross will add to the financial confusion.



## BOOK REVIEWS



TULAREMIA. History, Pathology, Diagnosis and Treatment. By WALTER M. SIMPSON, M.S., M.D. Octavo of 162 pages, illustrated. New York, Paul B. Hoeber, Inc., 1929. Cloth, \$5.00.

This highly interesting and valuable work should be in every physician's library who would keep abreast of

the times.

The recent discovery of over 1,000 cases of this disease in different provinces of Russia through the medium of the infected vole or water rat (arvicola Amphibious) has furnished evidence that the disease is not confined to the United States and Japan, as has up to now been believed. The author writes with authority on the pathology of this disease.

The colored plates and photomicrographs are a great aid in this study. The history and bacteriology of this

disease are carefully reviewed.

The unusually large experience of 61 cases which the author has had in Dayton, Ohio, has given him exceptional opportunity for the study of the clinical characters of the disease.

He adopts the usually accepted classification into 4

different types, viz:

Ulcero-glandular Oculo-glandular

2.

Glandular

Typhoid

The reviewer has used the same classification in reporting a case seen in Brooklyn. He is inclined to agree, however, on further consideration, with a name-sake of the author, Virgil E. Simpson, of Louisville, Kentucky, that the oculo-glandular group of cases might be placed under the heading, ulcero-glandular type.

The primary lesion (ulcer) in the one case being on the conjuntiva instead of the skin, and hardly war-

rants a separate type.

The book under review is the first of its kind, and is destined to become a classic. W. Moser.

RECENT ADVANCES IN OPHTHALMOLOGY. By W. STEWART DUKE-ELDER, M.A., D.Sc., M.D. Second Edition. Octavo of 405 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, \$3.50

Like the previous edition of this work and in fact, like so many of the books from our English brothers. the arrangement and diction of the present volume is

pleasing in the extreme.

The title would lead one to think of a work of this kind as only fitted for the advanced and mature student of ophthalmology. Perhaps this is true of some of the discussions, but others are very appropriate for the beginner. For instance, the section on biomicroscopy of the living eyes is very good material for the novice. It does not present the details of technique but describes the principles and applications in this new field with pleasing lucidity.

Beyond this field of usefulness, the work offers a valuable reference material for the laboratory, as the bibliography is placed at the end of the related chapter.

Though this volume comprises less than 400 pages, it seems to contain an unbounded number of interesting subjects so condensed as to be particularly attractive as a morsel of ophthalmic pabulum. For relaxation after a day of routine-it is always refreshing.

JOHN N. EVANS.

GASTRIC AND DUODENAL ULCER. BY ARTHUR F. HURST, M.A., M.D., and MATTHEW J. STEWART, M.B. (Glasg.), F.R.C.P. Octavo of 544 pages, illustrated. London and New York Office University Press 1999. Clark and New York, Oxford University Press, 1929. Cloth,

\$20,00.
This is a very complete work. It is not only monutental but very readable. The reviewer recommends mental but very readable. it to the surgeon, the medical man and the radiologist as being probably the best all around work on the sub-

ject that has yet been written.

It is becoming more common for men treating certain diseases to collaborate in their study. In this book a physician, a pathologist and a radiologist have collaborated in a most excellent manner. It is to be hoped that the next collaborators will include a surgeon.

There are chapters in the book which will be found particularly useful to the busy practitioner as the authors have gone quite minutely into the details of medical treatment. Certain paragraphs might well be copied and passed on to the patient for his better understanding of the treatment of his disease. It is a book which will be of value and interest to every surgeon, physician, general practitioner and student. The book physician, general practitioner and student. will also present many items of interest to the medical historian.

The reviewer wishes to quote a single paragraph which sounds the keynote of the book and which explains in part why he recommends this excellent book to such

a wide audience. The paragraph follows:
"We owe the enormous progress in our knowledge
of gastric and duodenal ulcer during the first twenty years of the present century almost entirely to surgeons. In the last eight years the bio-chemist and radiologist have added their quota. If they are prepared to seize their opportunity, the prevention, early recognition, and successful treatment of ulcer should in the future be in the hands of the general practitioner and the physician." RUSSELL S. FOWLER.

Medical: Clinics of North America. Vol. 13, Nos. 1 to 3. Published every other month by the W. B. Saunders Company, Philadelphia and London, Per Clinic Year (6 issues), Cloth, \$16.00 net; paper,

Volume 13, Number 1, July, 1929 (Boston Number): Some of the principal articles in this number are "Diabetic Coma," by Joslin and others, "Complete Pneumothorax," "Nephrosis," "Thrombo-Angiitis Obliterans," "Eclampsia" and "Subacute Bacterial Endoliterans," carditis." carditis," Joslin is all the more convinced that the administration of alkalies is unnecessary in diabetic coma. In the article on thrombo-angiitis obliterans the authors state their opinion that this disease should be regarded as one which affects the arteries and veins not only of the extremities but also of the cranial, thoracic, coronary and abdominal vessels.
Volume 13, Number 2, September, 1929 (Chicago

Number):

Some of the principal subjects considered are mediastinal disease, bundle branch block, arterial hypertension with electrocardiographic studies, and the treatment of pneumonia.

Volume 13, Number 3, November, 1929 (New York

Number):

Pardee contributes an interesting article on "The Importance of the Etiology in the Diagnosis of Heart Disease," and there are articles on pernicious anemia, serum treatment of pneumonia, nephritis, bronchial asthma, and numerous other subjects.

W. E. McCollom.

THE FEMALE SEX HORMONE. BY ROBERT T. FRANK, A.M. M.D., F.A.C.S. Part I. Biology, Pharmacology and Chemistry. Part II. Clinical Investigations Based on the Female Sex Hormone Blood Test. Octavo of 321 pages, illustrated. Springfield, Ill., Charles C. Thomas, 1929. Cloth, \$3.50.

Dr. Robert T. Frank's monograph on the "Female Sex Hormone" is a book containing 315 pages which is divided into two parts. The first half is devoted to the experimental investigations embodying the Biology, Pharmacology and Chemistry and the second half to the clinical investigations based on the Female Sex Hormone Blood Test.

The subject is thoroughly, completely and withal concisely covered. No subject is today more generally discussed than the subject of Female Sex Hormone. Much credit must be given to Dr. Frank for bringing this splendidly, illustrated monograph on an important and little known subject within the grasp of every

practitioner of medicine.

It is a gem to the scientific gynecologist and obstetrician, and a most handy volume to be treasured by every physician. PHILIP OGINZ.

A System of Bacteriology in Relation to Medicine. [By Various Authors.] (Prepared under the direction of the Medical Research Council.) Volume II. Octavo of 420 pages. London His Majesty's Stationery Office, 1929. Cloth, £8-8-0 a set; £1-1-0 each.

This system of bacteriology, comprising nine volumes, is the work of nearly one hundred British bacteriologists, each a specialist in his field. It is being prepared under the auspices of the Medical Research Council. The present, volume 3, is the first to appear. The aim is to present a comprehensive knowledge of bacteriology especially in relation to medicine.

About 130 pages are devoted to the economic aspects of bacteriology. This part should interest laymen and physicians as much or more than bacteriologists. It shows, in detail, the immense importance of bacteriology

in industry and agriculture,

The remainder of the volume is devoted to discussion of the following organisms: B. Pestis, the organisms of gas gangrene, B. Tetani, B. Butulinus and food of gas gangtine, B. Ietani, B. Dittilinus and 100d poisoning. Each organism is given the most comprehensive description and discussion. This includes history, morphology, cultural reactions, biochemistry, pathology in man and animals, immunology, symptomatology transmission, prevention and treatment. At the end of seath chapter is a page of reference to the literature. each chapter is a page of references to the literature.

each chapter is a page or references to the interature. The reviewer was particularly interested in the account of B. Pestis and the plague. This great scourge has always had a dramatic interest. The story of the discovery of B. Pestis and the pains-taking elaborate studies which led to the discovery of the exact mechanisms. ism of transmission of the infection from rats to humans and the story of rat migrations are as fascinating as any novel of human adventure.

If future volumes equal this one in interest and scientific value, this system will take a high place in medical literature. E. B. SMITH.

AN INTRODUCTION TO THE STUDY OF HUMAN ANATOMY, By Robert James Terry, A.B., M.D. Octavo of 345 pages. New York, The Macmillan Company, 1929. Cloth, \$3.50.

This book is a laboratory guide based on verification and research of the parts dissected. It is unusual and unique in that it endeavors to stimulate the student to do careful and neat dissection and then to verify the find-ings. Students of Anatomy in general, should have this work in the Anatomical laboratory while dissecting.

GAETANO DE YOANNA.

A PRACTICAL TREATISE ON DISORDERS OF THE SEXUAL FUNCTION IN THE MALE AND FEMALE BY MAX HUHNER, M.D. Third Edition. Octavo of 342 pages Philadelphia, F. A. Davis Company, 1929. Cloth, \$3,00.

This book of Doctor Huhner's is already familiar to the profession. It handles a group of subjects which are sadly neglected in most textbooks on Genito-Urmary Diseases, in a perfectly frank, open and capable manner.

Disorders of the sexual function constitute a very real and a very important group of pathological conditions, many of which are readily amenable to intelligent treatment. Dr. Huhner has broken down the barrier of prudishness and has discussed these problems openly and frankly, outlining in careful detail appropriate treatment where indicated.

The third edition has an added chapter on dysmenorrhea, in which he discusses the medical treatment of this symptom. It would seem to the writer that this chapter is a bit out of place and adds very little to the book. N. P. R.

DEVILS, DRUGS, AND DOCTORS. The Story of the Science of Healing from Medicine Man to Doctor. By How-ARD W. HAGGARD, M.D. Octavo of 405 pages, illustrated. New York and London, Harper & Brothers, 1929. Cloth, \$5.00.

Dr. Haggard has given us a history of medicine that is different. He has blended the ancient with the modern development of the healing art in a most fascinating

and interest-holding narrative.

The subject is not approached in the usual chronological or period order, nor does it center around those outstanding characters who have played such an important part in the evolution of medicine. The author has chosen some of the more important branches of medicine and builds his story of its progress around these divisions.

In Part 1, he describes the development of obstetrics. The discovery of anesthesia and the progress of surgery are presented in Parts 2 and 3. Part 4 tells the advances we have made in preventive medicine in conquering plague and pestilence. Our slow but onward march through superstition, magic, quackery and cultism of all kinds in the treatment of diseases, is unusually well covered in Part 5. The progress achieved in more recent times is credited in the concluding part to the coming of the scientific spirit and this must survive if medical science is to continue to exist and advance,

The text-matter is illuminated with a large number of quaint, old illustrations not frequenty to be found in books of this type. We venture to predict that this work will find a place among the best sellers in medical histories.

YNOPSIS OF MIDWIFERY AND GYNECOLOGY, BY ALECK W. BOURNE, B.A., M.B., B. Ch. (Camb.), Fourth Edition. 12mo of 434 pages, illustrated. New York, William Wood and Company, 1929. Cloth, \$4.50. Synopsis of Midwifery and Gynecology,

The fourth edition of this book has been thoroughly revised. Some new subject matter has been added, and other matter, which has become out of date, has been omitted.

The author intends that the book should serve as a useful supplement to, and as a substitute for, the ordinary text books, in order that the subject may be quickly reviewed for examination.

The sections on diagnosis and treatment are practical and concise, and the volume will undoubtedly be of value to general practitioners and to those who wish to quickly refresh their memories on this subject. W. S. S.



## OUR NEIGHBORS



#### THE MEDICAL SCHOOL AND THE STATE SOCIETY IN IOWA

Dr. Henry S. Houghton, Dean of the State University of Iowa, College of Medicine, Iowa City, discusses the relation of the Medical School to the Medical Profession in an article in the May issue of the Journal of the Iowa State Medical Society. Conferences held between the representatives of the Medical School and the medical society are described as follows:

"Certain steps have already been hopefully taken. During the summer and autumn of 1928, there were numerous meetings between groups representing this Society and the College of The officers and legislative committee responded cheerfully to frequent requests to meet and debate these baffling problems. Many points were agreed upon after long and frank discussion; that we were unable to dissolve all of the obstacles was due perhaps not so much to lack of goodwill or cooperation in either of the groups as it was to a lack of complete information on the one hand, and some uncertainty as to the will of the Society on the other."

The law provides for the care of indigent patients in the hospital of the State Medical School in order that the school may have clinical material for teaching purposes. Physicians have objected that patients not indigents were given free treatments. Patients are admitted only on the certificates of physicians, Dr. Houghton says:

"An expression of opinion from the examining physician as to the prospective patient's incapacity or otherwise to pay has been added to the medical certification. The Hospital is ready to furnish to the secretaries of all county societies a monthly record of all State patients committed from the county concerned, and by whom certified. These are some of the changes made. The Legislative Committee asked that they be incorporated into the basic statute, but the Board of Education was relucant to do so at once, for two reasons; in the first place, it seemed probable that further exploration would bring to light other desirable changes and additions which should eventually be made a part of the law, and in the second place, it was felt unwise to seek revision of the law until and unless a conclusive comprehensive and reciprocally acceptable policy has been determined. In the meantime the measures suggested in conference with the officers and committees of the Society were adopted as administrative procedures by the Board and put into use. I need scarcely remind you that the administrative regulations of the Board have precisely the force of law as far as the University Hospitals are concerned."

Concerning agreements between the school and the society, Dr. Houghton says:

"A unity plan and purpose, as between the State Medical Society and the College of Medicine is attainable, in my opinion, if three basic conditions can be fulfilled.

"First, we must know our ground thoroughly, and be in a position to discover and weigh the essential factors which are at issue. supposes that we have full information, and enough time in which to analyze it.

"Second, a common foundational program should be formulated, which would conserve enlightened self interest to all concerned.

"Third, a frank and friendly relationship must be developed.

"A unified program for progress might properly be defined as the welding of concerted effort in the fields of practice (curative medicine as personal enterprise) preventive medicine and public health, and the training of physicians and In each of these varying professional divisions independent progressive moves have been made, or are in the making, but thus far there has been little inter-relationship. The Society has been increasingly concerned with favoring wise legislation for safeguarding physicians and the public; it has also given support and encouragement to the work of the State Department of Health; it has in many ways helpfully assisted in the development of medical education. But it would appear that still more can be done, if the way is cleared, to attain the ideals toward which we look."

The relation of public health to the school and society is discussed as follows:

"The relationship of public health effort to medical education and to organized medicine should not be dealt with lightly. We have had a picture in conferences held during the autumn and winter of the bewildering multiplicity of organizations concerned with one phase or another of public health and welfare, often unrelated to each other, to the State Department of Health or to the medical profession-duplicating activities and working at cross purposes.

"An important step toward unity and progress in this vital field of public health would be to have a survey made by a thoroughly qualified disinterested expert, of all phases of such work being done in this State. This could be carried out under the auspices of the Governor; it could be accomplished without incurring the criticism of partisan bias, and it would serve as a guide

(Continued on page 748-adv. x)

#### The Pediatrician's Formula

The first suggestion for the preparation of Mead's Dextri-Maltose came from pediatricians. Naturally, their preference for this particular form of carbohydrate is back of its very conception. Dextri-Maltose brings mothers with their babies back to your office, not only because of its clinical results, but because it satisfies the mother that her baby is receiving individual attention—that it is getting "a formula".

From your viewpoint, this motherpsychology is all the more an important point of medical economics because there are no feeding directions or descriptive circulars in the packages of Dextri-Maltose. It is truly the 'doctor's formula.

DEXTRI MALTOSE NOS 1 2 AND 3 SUPPLIED IN 1 LB AND 5 LB TINS AT DRUGGISTS SAMPLES AND LITERATURE ON REQUEST MEAD JOHNSON & CO EVANSVILLE IND USA

## Dextri-Maltose for Modifying Lactic Acid Milk

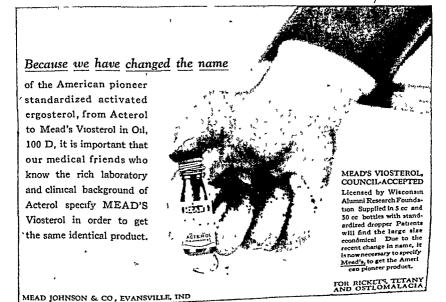
In using lactic acid milk for feeding infants, physicians find Dextri-Maltose the carbohydrate of choice:

To begin with, Dextri-Maltose is a bacteriologically clean product, unattractive to flies, dirt, etc. It is dry, and easy to measure accurately.

Moreover, Dextri-Maltose is prepared primarily for infant-feeding purposes by a natural diastatic action.

Finally, Destri-Maltose is never advertised to the public but only to the physician, prescribed by him according to the individual requirements of each baby.

DEXTRI MALTOSE NOS 1 2 AND 3 SUPPLIED IN 1 LB AND 5 LB TINS AT DRUGGISTS SAMPL'S AND LITERATURE DO REQUEST MEAD JOHNSON & CO EVANSVILLE IND US A



## "Upon the Advice of My Physician"

HE majority of men and women who come I to McGovern's Gymnasium to correct some physical condition are sent there directly by their physicians.

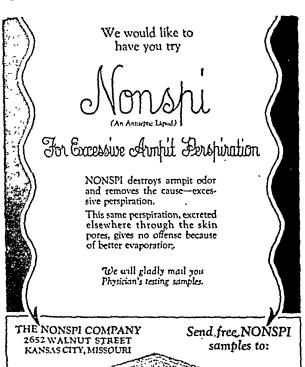
For more and more physicians are realizing the futility of leaving patients to their own resources when exercises are prescribed, and have learned that through individual attention at McGovern's, their instructions will be faithfully carried out.

A work-out will convince you of the superiority of the McGovern Method. Let us send you a guest card. No obligations, of course.

jovern's mnasium

(for men and woman)

41 East 42nd St., at Madison Ave. New York City



(Continued from page 746)

for the objectives sought by the State Society, the State Department of Health, the wide group of non-official social welfare organizations, and

the University.

"This new step, together with the other items mentioned, will make clear, I hope, the fact that the College of Medicine faces hopefully and expectantly the prospect of relating more fully its educational and medical service program to the activities and interests of the State Medical Society and the State health agencies. The College of Medicine has no desire to stand apart from these great organizations, either in its policies or its acts; its vigor and success in the long run will ebb or flow according to the completeness with which this smooth and effective interworking is attained."

#### ANNUAL MEETING IN NEW JERSEY

The May issue of the Journal of the Medical Society of New Jersey describes the annual meeting of the Society editorially as follows:

"For many reasons, the Annual Meeting to be held June 11 to 14 at Haddon Hall. Atlantic City, should be of interest to every member of this society. Not only is it the annually recurring event to which so many of us look forward expectantly and pleasurably-the 164th convention of the oldest state medical society in the United States-but it is the most important gathering of the year for physicians practicing in this region. Each succeeding year this organization takes on a new degree of vital influence in our lives. It is here that plans are proposed, policies discussed, decisions made, that determine the relation of the physician to the community and that to a large extent shape his destiny. The science of medicine is considered and recent discoveries and advancements are reported or reviewed. Yet, but perhaps of even greater importance is the fact that the art and the business of practice is given a deal of consideration. Medical sociology has a more vital interest for physicians today than has medical science; and it is each member's duty, to his profession and in his own self interest, to participate in the consideration, the development and the guidance of changing medicosocial conditions.

"Look over the program presented in this issue of the Journal and note how it affects you. More than twenty-five purely scientific topics scheduled; one separate and distinct afternoon session devoted to problems of the School Physician; one afternoon session at which the Chiefs of State Departments will describe the extent to which the state is now involved in the practice of medicine; one ses-

(Continued on page 749-adv. xi)

(Continued from page 748-adv. x)

sion at which distinguished visitors from other states will direct attention to the larger, national trends in medical thought and work.

"Then, there will be profitable side-shows. In a room near the Exhibit Hall, a continuous showing of scientific moving pictures will be presented. In another room we hope to exhibit some of the work of a few members, who, as a diversion from professional labors, engage in the "fine arts"—painting, etching, modelling, sculpture.

"Nor has your social entertainment been neglected. A "Dinner Dance" on Friday evening, under management of the Woman's Auxiliary, promises to be a gala affair; it should be, with good food, splendid music, beautiful

women, and dreamy dances."

### MEDICAL SCHOOL OF MISSOURI

The May issue of the Journal of the Missouri State Medical Association discusses the expansion of the two-year medical instruction in the Missouri University at Columbia so that the full four-year course may be given. The report of a State Survey Commission says:

"The Missouri State Medical Association on more than one occasion has adopted resolutions insisting that adequate facilities be provided at Missouri University to enable a student to complete his four years of medicine. This faction also points out that medical schools keep their enrollment up to capacity and that a student finishing the two years offered at the State University cannot choose the school to which he wants to go for the final two years. His entrance must be arranged for by the school at Columbia. The faction also calls attention of the Commission to the fact that the school of medicine of the University has an organization for a four-year course, that there is a well-selected library and valuable laboratory equipment. This faction says that at the present time the job of medical education is only being half done by the University.

"Dr. George D. Strayer and associates, of Columbia University, New York, who were invited by the Commission to assist in making the survey, were very vigorous in the opinion that Missouri should have an adequate medical school. They pointed out that during 1929 there were 459 Missourians pursuing medical education in the United States and that 55 per cent of them are in schools in Missouri while, in the four states mentioned, from 74 to 78 per cent of the prospective physicians are students in their own states. Dr. Strayer urges the establishment of a large state hospital at Columbia to serve the

#### IN CALCIUM MEDICATION

### Form Is More Important Than Quantity



affords a form of reconstituent medication in which the calcium and other mineral salts present are made immediately available to the economy — with the adjuvant action of lecithin.

Its palatable, delicious flavor and small dosage make it particularly acceptable to children.

Clinical improvement is usually so visible and prompt that Olajen requires no finespun theories to support it.

Olajen is offered you strictly on the basis of clinical results—Try it in any case of

#### Malnutrition—Asthenia Convalescence—Backward Children—Chronic Coughs

and let the clinical evidence form your

Ask for a test supply on your letterhead or prescription blank and we will be glad to send you a full sized 8 oz. jar with our compliments.



#### THE FORMULA

Olajen, Inc. 451 W. 30th St. New York City (Continued on page 750-adv xii)

# "Upon the Advice of My Physician"

THE majority of men and women who come to McGovern's Gymnasium to correct some physical condition are sent there directly by their physicians.

For more and more physicians are realizing the futility of leaving patients to their own resources when exercises are prescribed, and have learned that through individual attention at McGovern's, their instructions will be faithfully carried out.

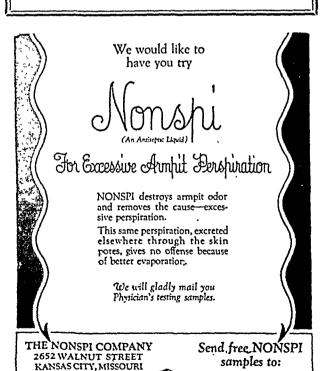
A work-out will convince you of the superiority of the McGovern Method. Let us send you a guest card. No obligations, of course.

Gymnasium (

(for men and women)

41 East 42nd St., at Madison Ave. New York City

The Most Most Convenient Convenie



(Continued from page 746)

for the objectives sought by the State Society, the State Department of Health, the wide group of non-official social welfare organizations, and the University.

"This new step, together with the other items mentioned, will make clear, I hope, the fact that the College of Medicine faces hopefully and expectantly the prospect of relating more fully its educational and medical service program to the activities and interests of the State Medical Society and the State health agencies. The College of Medicine has no desire to stand apart from these great organizations, either in its policies or its acts; its vigor and success in the long run will ebb or flow according to the completeness with which this smooth and effective interworking is attained."

#### ANNUAL MEETING IN NEW JERSEY

The May issue of the Journal of the Medical Society of New Jersey describes the annual meeting of the Society editorially as follows:

"For many reasons, the Annual Meeting to be held June 11 to 14 at Haddon Hall, Atlantic City, should be of interest to every member of this society. Not only is it the annually recurring event to which so many of us look forward expectantly and pleasurably—the 164th convention of the oldest state medical society in the United States—but it is the most important gathering of the year for physicians practicing in this region. Each succeeding year this organization takes on a new degree of vital influence in our lives. It is here that plans are proposed, policies discussed, decisions made, that determine the relation of the physician to the community and that to a large extent shape his destiny. The science of medicine is considered and recent discoveries and advancements are reported or reviewed. Yet, but perhaps of even greater importance is the fact that the art and the business of practice is given a deal of consideration. Medical sociology has a more vital interest for physicians today than has medical science; and it is each member's duty, to his profession and in his own self interest, to participate in the consideration, the development and the guidance of changing medicosocial conditions.

"Look over the program presented in this issue of the Journal and note how it affects you. More than twenty-five purely scientific topics scheduled; one separate and distinct afternoon session devoted to problems of the School Physician; one afternoon session at which the Chiefs of State Departments will describe the extent to which the state is now involved in the practice of medicine; one ses-

(Continued on page 749-adv. xi)

(Continued from page 748-adv x)

ion at which distinguished visitors other states will direct attention to the larger, national trends in medical thought and work. "Then, there will be profitable side-shows. In a room near the Exhibit Hall, a continuous showing of scientific moving pictures will be presented. In another room we hope to exhibit some of the work of a few members, who, as a diversion from professional labors, engage

ling, sculpture.

"Nor has your social entertainment been neglected. A "Dinner Dance" on Friday evening, under management of the Woman's Auxiliary, promises to be a gala affair, it should be, with good food, splendid music, beautiful women, and dreamy dances."

in the "fine arts"-painting, etching, model-

#### MEDICAL SCHOOL OF MISSOURI UNIVERSITY

The May issue of the Journal of the Missouri State Medical Association discusses the expansion of the two-year medical instruction in the Missouri University at Columbia so that the full four-year course may be given. The report of a State Survey Commission says:

"The Missouri State Medical Association on more than one occasion has adopted resolutions insisting that adequate facilities be provided at Missouri University to enable a student to com-This faction plete his four years of medicine. also points out that medical schools keep their enrollment up to capacity and that a student finishing the two years offered at the State University cannot choose the school to which he wants to go for the final two years His entrance must be arranged for by the school at Columbia.

Univ -

Alka-Zane is a granular, effert escent salt of calcium, magnesium, sodium, and potassium carbonates, citrates and phos-phates. Dose, one teaspoonful in a glass of cold water.

> 🔃 WARNER NY, Inc.

> > STREET

#### IN CALCIUM MEDICATION

### Form Is More Important Than Quantity



affords a form of reconstituent medication in which the calcium and other mineral salts present are made immediately available to the economy - with the adjuvant action of lecithin.

Its palatable, delicious flavor and small dosage make it particularly acceptable to children.

Clinical improvement is usually so visible and prompt that Olajen requires no finespun theories to support it.

Olajen is offered you strictly on the basis of clinical results-Try it in any case of

#### Malnutrition—Asthenia Convalescence—Backward Children—Chronic Coughs

and let the clinical evidence form your oninion.

Ask for a test supply on your letterhead or prescription, blank acture, Systemic

The faction also calls attacked at alkalization is necessary for permanent results.

Univ. Alla Zana is an annual and alkalization at alkalization is necessary for permanent results.

Alka-Zane is so prepared that it neutralizes gastric acidity promptly but not excessively, and so does not interfere with the digestive function of the stomach. Its full action is obtained after absorption.

Final decision on the true worth of Alka-Zane rests with the physician. We will gladly send a twin package, with literature, for trial.

ka-Zane for Acidosis

ase mention the JOURNAL whem writing to advertisers

## DISPENSING

If you dispense any of your own remedies or use office sundries,

## YOU CANNOT AFFORD TO DO WITHOUT OUR SERVICE

Owned and Operated By and For Physicians

A trial order will convince you of the reliability of our products.

Write for Catalogue and information

#### MUTUAL PHARMACAL CO.

INCORPORATED

107 North Franklin Street

Syracuse

New York



(Continued from page 749-adv. xi)

rural population of the state and to furnish clinical facilities for the medical school.

The other faction thinks that with two medical schools in St. Louis, one in Kansas City, Kansas, and one at the University of Iowa, there is no necessity for the expenditure entailed in establishing the four-year course. This faction points out that a state hospital in Columbia would be required to provide clinical facilities for the medical school, but because of the proximity of the schools mentioned the erection of such a hospital and the extension of the school to a course of four years were deemed needless. The faction seems to have entirely overlooked the extreme difficulty the two-year student encounters in entering desirable schools, not only in Missouri but throughout the country.

"The Commission very definitely asserts that it has not adopted any of these recommendations. It merely submits them for the consideration they merit. The Commission expressed the view that if an endowment could be obtained which would be adequate to erect and support a hospital program at Columbia, the State should make the necessary appropriations to maintain and support the medical school at that institution."

## MEDICAL STUDENT LOAN FUND IN NEBRASKA

Loans to worthy medical students are discussed in the following editorial in the May issue of the Nebraska State Medical Journal:

"It may be safely assumed that it is no crime for a poor boy with ambition to aspire to a medical education. One must admire the courage of the poor youth whose soul is fired with the ambition and who has the courage in spite of the handicap of a lack of sufficient means, to undertake the task involved in pursuing a medical course requiring six or seven years to accomplish when funds are provided. The old saying, 'Where there is a will there is a way,' is still apt. Medical educators as a class are thought to discourage the poor boy undertaking a medical course; but ambition is not so easily squelched and every year each medical school probably has some entrants without sufficient means to complete the course. It has been thought that in some schools this class of students runs up to ten per cent of the total registrants, which may be a high figure. The writer has heard of a young man who worked himself through Harvard and an interneship in twelve years. There are those who wait table, stoke furnaces and room in physicians' offices answering night calls for a part of their subsistance and rooms. While

(Continued on page 751-adv. xiii)

(Continued from page 750-adv 111)

such tremendous handicaps must affect scholarship to a degree, it must develop self reliance and character—assets of great value in later life. High scholarship alone does not make the successful practitioner as we all know. Some of the most noted men in medical history have records of indifferent scholarship.

"The problem of the needy and worthy student has appealed to humanitarian agencies from time to time and efforts have been made to render financial assistance to those of good scholarship in the Senior year; some in the Junior and Senior years, With the required interneship year the problem of assisting in-

ternes has been added.

"Several agencies assist worthy, needy students in the Omaha medical schools, notably the Nebraska Federation of Woman's Clubs. The need, however, exceeds the resources of

the funds provided.

"No doubt the membership of the Nebraska State Medical Association is as much interested in this problem of needy students as the Federation of Woman's Clubs and the Association at its annual meeting might do well to consider creating such a Fund."

#### CANCER COURSE IN PENNSYLVANIA

The May issue of the Pennsylvania Medical Journal contains the following description of a cancer course to be conducted at Harrisburg on June 4, under the auspices of the Dauphin County Medical Society and sponsored by the Medical Society of the State of Pennsylvania through its Cancer Commission of which Dr. J. M. Wainwright of Scranton is chairman.

"A registration fee of three dollars will be charged, which will include the informal dinner at the evening session to be held at the

Penn Harris Hotel.

"The physician must bear in mind that he sees the cancer patient first, and upon his alertness and keen perception depend the making of an early diagnosis. He should know, too, what to advise the patient, when early diagnosis has been made. If the morbidity and mortality of cancer is to be reduced, early recognition and prompt and proper treatment must be instituted. When a patient does not consult the physician in time to make an early diagnosis, the physician is not to be blamed. On the other hand, the physician must appreciate that much of his work involves preven-

(Continued on page 752-adv. xiv)



Alka-Zane is a granular, effert escent salt of calcium, magnesium, sodium, and potassium carbonates, citrates and phosphates. Dose, one teaspoonful in a glass of cold water.

WILLIAM R. WARNER & COMPANY, Inc.

113 WEST 18th STREET NEW YORK CITY

## The stomach does not stand alone

EXCESSIVE acidity of the stomach may be a signal of a depleted alkali reserve. It is not enough to neutralize the gastric acidity. Systemic alkalization is necessary for permanent results.

Alka-Zane is so prepared that it neutralizes gastric acidity promptly but not excessively, and so does not interfere with the digestive function of the stomach. Its full action is obtained after absorption.

Final decision on the true worth of Alka-Zane rests with the physician. We will gladly send a twin package, with literature, for trial.

Alka-Zane

## DISPENSING

If you dispense any of your own remedies or use office sundries,

## YOU CANNOT AFFORD TO DO WITHOUT OUR SERVICE

Owned and Operated By and For Physicians

A trial order will convince you of the reliability of our products.

Write for Catalogue and information

#### MUTUAL PHARMACAL CO.

INCORPORATED

107 North Franklin Street

Syracuse

New York



(Continued from page 749-adv. xi)

rural population of the state and to furnish clinical facilities for the medical school.

"The other faction thinks that with two medical schools in St. Louis, one in Kansas City, Kansas, and one at the University of Iowa, there is no necessity for the expenditure entailed in es-This faction tablishing the four-year course. points out that a state hospital in Columbia would be required to provide clinical facilities for the medical school, but because of the proximity of the schools mentioned the erection of such a hospital and the extension of the school to a course of four years were deemed needless. The faction seems to have entirely overlooked the extreme difficulty the two-year student encounters in entering desirable schools, not only in Missouri but throughout the country.

"The Commission very definitely asserts that it has not adopted any of these recommendations. It merely submits them for the consideration they merit. The Commission expressed the view that if an endowment could be obtained which would be adequate to erect and support a hospital program at Columbia, the State should make the necessary appropriations to maintain and support the medical school at that institution."

## MEDICAL STUDENT LOAN FUND IN NEBRASKA

Loans to worthy medical students are discussed in the following editorial in the May issue of the Nebraska State Medical Journal:

"It may be safely assumed that it is no crime for a poor boy with ambition to aspire to a medical education. One must admire the courage of the poor youth whose soul is fired with the ambition and who has the courage in means, to undertake the task involved in pursuing a medical course requiring six or seven years to accomplish when funds are provided. The old saying, 'Where there is a will there is a way,' is still apt. Medical educators as a class are thought to discourage the poor boy undertaking a medical course; but ambition is not so easily squelched and every year each medical school probably has some entrants without sufficient means to complete the course. It has been thought that in some schools this class of students runs up to ten per cent of the total registrants, which may be a high figure. The writer has heard of a young man who worked himself through Harvard and an interneship in twelve years. There are those who wait table, stoke furnaces and room in physicians' offices answering night calls for a part of their subsistance and rooms. While

(Continued on have 751-adv. xiii)

Wall Pulden, by Borrier, Massell Hall State Come of the Medical Ad-

(Continued from page 752-adi vii)

its duty by the Health Department, or lack of funds appropriated by the state. If ours be the fault, it would seem an easy situation to control It only requires that the practicing physician promptly report each birth attended by hun, on blanks furnished by the State Department of Health, and to officials easy of access to him. How simple! It only requires that the physician burden his memory to a minimum extent, and spend a few moments time in making inquiries and filling in the blank The law requires that he do so. To fail to do so is to violate the law. The law was passed at the instance of the organized medical profession of this state. It has recently been amended upon our suggestion, and now it remains for us to see that it is enforced, at least to the extent that we may take our place among the other states of the United States in offering every opportunity to our health workers to solve the many and intricate problems pertaining to the very important matter of the health of our people

"The increase in registration in Texas indicates a splendid response on the part of the profession to the law passed at the request of the State Association, and although, according to the figures in other states and the rates used by the federal government, there should be more than 130,000 births and 65,000 deaths per year in Texas, the admission of a state to the Registration Area is not based upon rates, but upon an investigation as to the actual number of births and deaths which have occurred, and it is hoped that such an investigation will not find obstetricians and hospitals rated as A-1, failing to observe the requirements of birth registration will be noted that the totals are considerably short. We certainly can do better than that.

Let us see to it that we do. "According to the figures in other states, and the factors used by the federal government in getting at the matter, there should be approximately 130,000 births per year in Texas. That means that we must record 117,000 births per year to get in the Registration Area. Last year there were 97,991 births registered It will be noted that this is considerably short of the re-We certainly can do better than that. Let us see to it that we do.'

#### CRIPPLED CHILDREN IN IOWA

The May issue of the Journal of the Iowa State Medical Society contains the following editorial on a survey of crippled children in Towa under a law similar to that of New York State.

"Through the office of the Superintendent of Public Instruction we have been advithis

(Continued on tage 754-adv

The Cardiologist's Choice



DOST One

BAYIES ROSEACO LIS

Pil. Digitalis

(Davies, Rose)

Physiologically tested leaves made into physiologically tested pills.

Convenient, uniform and more accurate than tincture drops.

Prescribe "original bottle of 35 pille" which protects the contents from exposure from the time of manufacture to the time of administration This further insures dependability of action.

Each pill contains 0.1 gram, the equivalent of about 116 grains of the leaf, or 15 minims of the Sample and literature upon request.

DAVIES, ROSE & CO., Ltd. Pharmaceutical Manufacturers, BOSTON, MASS.

### 'STORM"



The New "Type N" STORM Supporter

One of three distinct types and there are many variations of "STORM" each. belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacroiliac Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentee, Owner and Maker

1701 Diamond Street, Philadelphia, Pa. Agent for Greater New York

THE ABDOMINAL SUPPORTER CO. New York City 47 West 47th Street

For Diaphragm and Upper Body Support This new Camp High Belt



provides adequate support to the diaphragm and upper body. Designed particularly for use following gall bladder and stomach operations and in all cases where scientific body support is desired. As in all Camp Supports, the Camp Patented Adjustment is the distinctive feature-giving sacro-iliac and lumbar support to the back. Note two sets of straps, a new departure which makes manipulation easy and a strong pull possible, fitting the support closely to the body and assuring comfort to the wearer.

Write for physican's manual.

 body—for the short full fig-rese items will find a ready drug and surgical houses. sale

S. H. CAMP AND COMPANY

Manufacturers, JACKSON, MICHICAN

CHICAGO

ED E. Madlson St. 252 Regent St., W. 830 Fifth Ave.

# FEVER

has been prevented in thousands of cases

from August 1st to frost in the United States east of the Rocky Mountains is caused by the Short and Giant Ragweed.

### Pollen Antigen Lederle

(Ragueed Combined)

Contains equal amounts of the glycerolated extract from these two pollens and is, therefore, indicated for such attacks.

Full information upon request

LEDERLE LABORATORIES

New York

(Continued from page 753-adv. xv)

Department is now engaged in preparing a census of the physically and mentally handicapped people in the State of Iowa between the ages of five and twenty-one, as directed by the last session of the general assembly. This survey is to include both those in and out of school. County superintendents of schools will organize the teachers in each county to list those known to be defective, and the reports will be based upon the local school district as a unit. The director of this work is very anxious that this list shall be as complete as possible, and that the data assembled shall be based on more than the opinions

or observations of the teacher.

"With this in mind, an appeal has been made to the members of the Iowa State Medical Society to assist in the program, since it is realized that through the activities of the Society and those of its individual members, distinct contributions to the solution of many problems of the school child have been made. They further realize that the members of the State Society are prepared and equipped to determine the extent of physical defectiveness much more accurately than a lay person. It is hoped that the school teachers and superintendents will have the cooperation of the medical profession in this work in making the returns accurate and comprehensive, and that physical examinations may be secured when required through the members of organized medical units. Mental diseases should be reported as well as physical ones in this survey. They will be given special listing and classification.

"Special instructions as to the nature of the handicaps to be reported and how each type is defined in this census are now being sent to all schools through county superintendents and physicians. Those interested in the matter may receive full instructions from this source. Further information relative to the program may be secured from the county superintendent of instruction in your county, or by directing your inquiry to the State Department of Public Instruction in Des Moines.

#### OSTEOPATHS AS HEALTH OFFICERS IN WASHINGTON

The March issue of Northwest Medicine comments editorially on the appointment of an osteopath as health officers in the State of

Washington as follows:

"When the city council of Ellenburg a year ago appointed as health officer Walker, an osteopath, the incumbent physician, Dean, refused to retire and turn over the office to the new appointee. This was in accordance with instructions from the Washington State Board o' Health, on the grounds that an osteopath is net a 'legally qualified physician.'

(Continued on page 755-adv. xvii)

(Continued from page 754-al vii)

"In April, 1929, Walker appealed to the su perior court in Kittitas county which confirmed the action of the state board of health in refusing his appointment as health officer Later he appealed from this decision to the State Supreme Court The case was heard by five of the nine members of the court, and on February 3 of this year an opinion was rendered by Judge Walter B Beals with the concurrence of the other four, reversing the action The argument was of the superior court wholly on the ground that the term physician had of late years been broadened to include the osteopath, who is thus recognized as a physician in the same classification as a doctor of medicine as regards appointment to official positions in the state

"How can an ostcopyth as health officer direct the treatment and prophylaxis for diseases by methods which are denied to him in practice and with which he has had no experience? The situation amounts to a manifest absurdity. If he were to attempt to function as a health officer, he would be liable to prosecution as a law breaker for failure to carry out the requirements provided by health regulations in dealing with contagious diseases. Considering all aspects of this matter, one cannot avoid the

conclusion that the supreme court decision has been unwisely adopted. It is believed that this may be reconsidered and arguments may be entertained in accordance with these facts.

#### GRADUATE COURSES IN NEW JERSEY

An editorial in the May number of the Journal of the Medical Society of New Jersey describes the Graduate Courses of the State Society as follows—

"It is very pleasing to report that the special post graduate courses in medicine and surgery bring offered by the Medical Society of New Jersey through Rutgers University have been received by our members even more cordially than had been anticipated. The special committee having this matter in charge and the representatives put into the field by Rutgers have worked assiduously to launch the project sitisfactorily, and their labors have been rewarded by a hearty response. The committee will make a detailed report to the House of Delegates at the Annual Convention, with recommendations as to continuance of such study courses in the future, but we are per-

(Continued on page 756-ads vim)

#### Arthritis, Sciatica, Lumbago, Neuritis and Gout, Exclusively

Painstaking diagnosis cated, complete clinic partment of physio th

SHANNON LO

sician may refer his chronic rheumatic cases Located at Bernardsville, N J, it is quickly reached over high speed highways physician may maintain constant contact and control Absolute quiet is assured by the 120 Buildings modern, thoroughly acre property fire protected, beautifully furnished Launment is the latest and complete. The Medical Director is wailable at all times Registered nurses, graduate technicians, trained masseurs and completely equipped metabolic and patho logic laboratories place every needed facility at the disposal of the referring physician rates are ill inclusive and range from \$75 a week and up, depending upon the accommodations Reservations are necessary Admissions



selected No mental, alcoholic or tuberculous cases admitted

Realizing that many of the profession are too busy to come to Shannon Lodge to personally inspect its equipment and learn of its methods, we have prepared a special booklet for physicians. Please fill in and mail the coupon below so that we may send you a copy

SHANNON LODGE Bernardsville N J

Gentlemen

Please send me without obligation your booklet for physicians descriptive of Shannon Lodge and its methods

Doctor

Street and Number

City and State

## Mager & Gougelman, Inc.

FOUNDED 1851

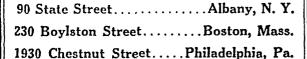
108 East 12th Street

New York City

Specialists in the manufacture and fitting of

# Artificial Eves

Selections on request



Charitable Institutions Supplied at Lowest Rates

## The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

> 305 Lexington Avenue New York City Tel, Ashland 3563

. Day and Night Service

Registered Nurses
Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions



## "INTERPINES"





ETHICAL—RELIABLE—SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL—QUIET—HOMELIKE—WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt.

DR. C. A. POTTER

DR. E. A. SCOTT

#### RIVERLAWN

DR. DANIEL T. MILLSPAUGH'S SANATORIUM

#### ESTABLISHED 1892

PATERSON, N. J.

A private institution for the care and treatment of those afflicted with mental and nervous disorders. Selected cases of alcoholism and drug addiction humanely and successfully treated. Special rates for the aged and semi-invalid who remain three months or longer.

Paterson is 16 miles from New York City on the Erie Railroad with frequent train service. Buses render half hourly transportation from the Hotel Imperial and Martinique.

Apply for booklet and terms

ARTHUR P. POWELSON, M.D., Medical Director

45 TOTOWA AVENUE

PHONE: SHERWOOD 8254

PATERSON, NEW JERSEY

#### HOSPITALS IN OKLAHOMA

The May issue of the Journal of the Oklahoma State Medical Association contains the annual The reports of the officers Committee on Hospitals says

"The hospital has been called a Clearing House of Medical Science and such it should be Besides serving the people of the community in the conservation of health and life, the hospital is supposed to be an institution in which all the reputable physicians can meet on equal terms and share their experiences and their wisdom, thus making for the mutual improvement of the physicians themselves and their services to the people of the com-This is a fine ideal and munity it seems to be most nearly realized in those localities, cities or towns, where the hospital is a community institution

"The ill health of our citizens, accident, disease and poverty are a community affair-a common burden on all our citizens, and the institutions and instruments with which to cure these ills should be public property, in the same way as are our city halls and courthouses, fire stations, our public schools, municipal electric lighting and water plants Only so can the burden of sickness be equalized among all the citizens Under present conditions the burden is borne, (1) Largely by physicians who give unlimited gratuitous services, (2) By the unfortunate patients, whose illness is often no fault of their own, but of circumstances and environment and untoward conditions for which even society as a whole may be responsible, (3) By the voluntary contributions of philanthropic citizens The only way to correct abuses is to change the attitude of the public

"Some few hospitals are opcrated by men whose qualifications are mostly a knowledge of the advertising value of propaganda and the association of ideas in the mind of the public are operators rather than surgeons I A well known Urological Tournal says:

"If you must use a diuretic, try the best -water"

This recommendation is well worthy of adoption especially

ıs used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years

Literature Free on Request



POLAND SPRING COMPANY Dept. C 680 Fifth Avenue New York City

-but this fine and vast difference the dear public is slow to grasp

"The outlook is not hopeless, however There are hopeful trends and tendencies If we of the hospital protession will clear our vision the public can be grad ually brought to right action But only by our cooperation will the hospitals gain the proper support of all the citizens

#### **EXAMINATION** HEALTH IN NEW JERSEY

The May issue of the Journal of the Medical Society of New Jersey contains the following item copied from the Hackensack Hospital Bulletin of April

"There is always new work for the hospital and its physicians to take up. A new need arises and is met

"Have a health examination on your birthday" is a slogan being broadcast throughout the nation Prolong your life by conserving it Avoid the pitfalls of old age and disease by proper living Frequent check-ups reveal little defects before they become scrious

#### Room Outfitted by Physicians

"The hospital has provided a room near the main entrance which is available for complete medical examinations been furnished with equipment donated by the following physicians I S Hallett, A R. Spiegelglass, Howard Cooper, P F Liva, S T Hubbard and S T Snedecor

"Doctors may now bring patients to this room for careful and complete examinations if they do not have the facilities in their offices Here the laboratory, a ray, and other technical aids are at their service if special tests are required "

## THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

### =The list of advertisers in the 1929 edition follows:=

#### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopsedic Appliance Co.,

#### Ambulance Service

Holmes Ambulances MacDougali Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

#### Corsets

Linder, Robert, Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc. United Orthopaedic Appliance Co.,

#### Pharmaceutical

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Rogistry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Serville Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rost
West Hill
Westport Sanitarium
White Oak Farm

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

#### Wassermann Test

Bendiner & Schlesinger

# New York State Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 103rd St., New York City.



Entered as second-class matter July 5, 1907 at the Post Office, at New York, N. Y., under the act of March 3, 1879. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized on July 8, 1918. Copyright, 1930, by the Medical Society of the State of New York.

TABLE OF CONTENTS PAGE IV

### A COLD PRESSING PROCESS

insures the clear, crystal-like, non-cloying quality of Dewey's

Red and White

### WINE-GRAPE JUICE

THIS process eliminates the sweetish, unacceptable taste of juice that has been boiled; and preserves intact all the flavor and nutritive value of the natural fruit.

The limited quantity of the fine, sun-ripened Jersey grapes of which Wine-Grape Juice is made, and the cost of the special process, make it impracticable to place the product in the hands of dealers everywhere.

We shall be glad to make arrangements to have your dealer stock it, if you kindly will send us his name and address.

#### FREE SAMPLES

Complimentary samples of both red and white will be mailed to you on request.

H. T. DEWEY & SONS COMPANY

Established 1857 138 Fulton Street

New York

Cellars:-- Fgg Harbor, N. J.



## Tyriiir Orchi-gididyminis Trinoce Abscesses

Prosectis

and in all some on devoice Inflammatory Processes
the Contro-Utimary System

# Antiphlogistine

due to its stimulating and regenerative action, hastens repair, relieves overling, reduces pain and is an efficient factor in the treatment.

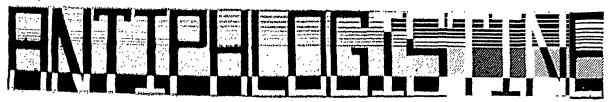
Antiphlogistine prosesses redaine and antiseptic properties, in addition to its ability to produce osmotic lavage, which is the mechanical phenomenon taking place in a membrane separated by two fluids of different molecular concentration.

"Osmotic lavage is far more beneficial than the superficial lavages, which never penetrate the membrane and merely produce a surface reaction."

(P. Doumer, of the French Academy of Sciences.)

Write for sample and literature to

THE DENVER CHEMICAL MFG. CO., 163 Varick St., New York



#### HARRY F. WANVIG

Authorized Indemnity Representative

nf

The Medical Society of the State of New York
80 MAIDEN LANE NEW YORK CITY

TELEPHONE: JOHN 0800-0801

## If You Dispense You Need This Book

THE kind of medication employed plays an important part in results . . . and results build your professional reputation and good will. The reliability and uniformity of the many ethical pharmaceuticals described in this book have been clinically proved by thousands of physicians through years of experience.

Conspicuous among these products is Pulvoids Natrico, used with great success for many years in the symptomatic treatment of hypertension. Pulvoids Natrico are specially coated—to insure passage through the stomach but ready dissolution in the intestinal tract.



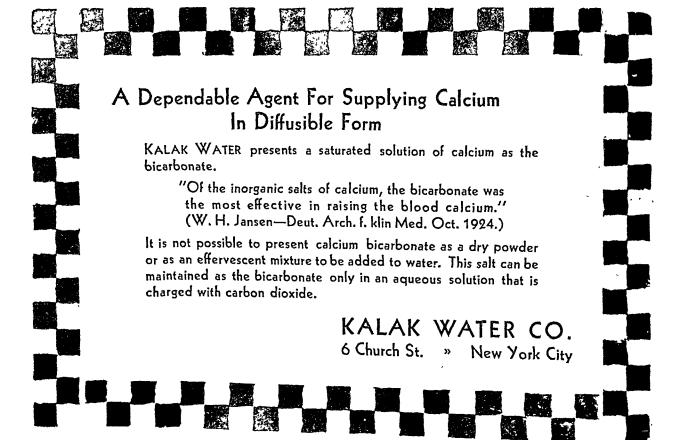
This coupon with your check or money order for \$5.00, will bring you 1000 Pulvoids Natrico, postpaid, and the complete catalogue of Ethical Pharmaceutical Products, with valuable case reports.



	THE DRUG PRODUCTS CO., Inc. 25-62 Skillman Ave., Long Island City, N. Y.
	I enclose \$5.00, for which send me 1000 Pulvoids Natrico, postpaid, with y complete catalogue.
,	☐ Send me free sample of Polvoids Natrico
	Name
	Street

#### TABLE OF CONTENTS—JUNE 1, 1930

acesses—By Henry Ward Williams, M.D., F.A.C.S., Rochester, N. Y	ORIGINAL ARTICLES	NEWS NOTES	
dorf, M.D., New York, N.Y	ter, N. Y	Report of Special Committee to Consider the Pollution of the N. Y. State Waterways, the Hudson River, and its Main Tributary, the Mohawk River	66: 66: 66: 66:
Indianapolis, Ind	dorf, M.D., New York, N. Y	THE DAILY PRESS	
Daylight Saving Time at the Annual Meeting	Tracheobronchial Adenitis—By Charles P. Emerson, M.D., Indianapolis, Ind		
Daylight Saving Time at the Annual Meeting	EDITORIALS		
This Journal Twenty-five Years Ago—Interest in Civic Medicine	Daylight Saving Time at the Annual Meeting	•	67:
Diet in Health and Disease	This Journal Twenty-five Years Ago-Interest in Civic Medi-		
Examination of School Children in Wisconsin	MEDICAL PROGRESS	OUR NEIGHBORS	
	Diet in Health and Disease       656         Endocrines and Infections       656         Noma of the Cheek       656         Treatment of Vincent's Angina       657         Nature of Kuemmel's Disease       657         Damage Caused to the Eye by Strong Light       658         Obliteration of Central Artery of Retina       658         Serum Treatment of Pneumonia       658         Oxygen in Treatment of Disease       659         Sclerotic Kidney Diagnosis       659         LEGAL         Habit Forming Drugs—State Statutes Analyzed       660         Claimed Negligence in Caesarian Section, Resulting in Death 661	Maine Public Health Association	676 682 684 685 687 688 689



## SATISFYING HUNGER in DIABETES

When you prescribe for a diabetic patient keep in mind the efficacy of Knox Gelatine as an agent for satisfying appetite without violating the most rigid protein diet.

Here is the purest of gelatine, uncolored, unflavored and unsweetened.

It may be combined with such fruits, vegetables, and other foods, as are prescribed for a diabetic patient—and served as a dish so appetizing in taste and appearance, so satisfying in bulk, that the most eager appetite will find itself happily abated.

Recognized dietetic authorities have prepared dishes made with Knox Sparkling Gelatine. that are a real contribution to the successful treatment of diabetes. Here are two recipes that will aid you in giving diabetic patients complete instructions for home co-operation with your treatment.

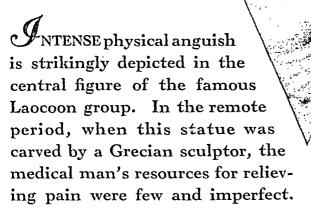
# KNOX is the real GELATINE

Contains No Sugar

# SELLIED VEGETABLE SALAD (Sie Sereiner) 1 tablespoon Knon Spathing Cristum Frot. Fat Carb. Cal 1 (cup cold water. 1) (cap cold water. 1) 1 (cap cold water. 1) (cap cold water. 1) 1 (cap cold water. 1) (cap cold water. 1) 1 (cap cold water. 1) 1 (cap cold water. 1) 1 (cap cold water. 1) 1 (cap cold water. 1) 1 (cap cold cater. 1)

JELLIED CHICKEN IN	CRE	AM	(Six	Servic	g+)
	Grams	Prot.	Fat	Carb,	Cal
	7	6		****	
••	-				
					-
•		_		****	
I cup cooked chicken, cubed  X cup cream, whipped	125	24	20		_
K cup cream, whipped	55	1	22	1 5	_
	Fotal	31	46	1.5	526
One see		5	7		88

Soak gelatine in cold liquid for five minutes and dissolve in her broth. Season with salt and pepper and chill until nearly set. Falt in chicker and whipped cream. Turn into molds and chill until form. Serve on letture or garnlih with parsley and strip of pimente.



Nowadays the physician has at his disposal a large number of analgesics, and among these Pyramidon occupies a prominent place.

For more than thirty years, Pyramidon has proved a prompt and potent analgesic. The effect of a single dose often persists for many hours. Pyramidon does not disturb the stomach and is free from depressing action upon the heart and respiration.

Indications: Pyramidon has dem-

onstrated its efficiency as an analgesic in many painful conditions—frequently even wherenarcotics might otherwise be required. Especially good results have been obtained in headaches and neuralgias, in migraine, sciatica, lumbago, dysmenorrhea, tabetic pains, colds, influenza, and gouty rheumatic affections.

Dosage: The average dose for an adult is 5 grains, repeated if pain recurs; for children of 5 years, 1½ grains.

How supplied: Tablets of 5 grains (in tubes of 10 and bottles of 100), and 1½ grains (in bottles of 25 and 100). Elixir of Pyramidon, 2½ grains to the teaspoonful (in 4 oz. bottles).

Sample of Pyramidon tablets or Elixir on request



The Dependable Analgesic

H. A. METZ LABORATORIES, INC.

### When Your Diagnosis of Malignancy Has Been Confirmed We Can Help You

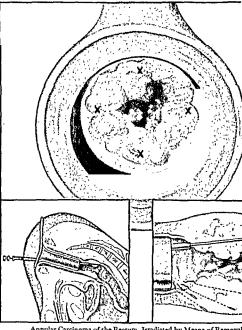
QUIETLY, but effectively, The Radium Emanation Corporation has been administering the radium needs of America's most prominent physicians since 1922.

We offer you the same technical counsel, the same extraordinary radium laboratory facilities that have made it possible for surgeons, gynecologists and urologists throughout the United

States and Canada to reinforce their own efforts in behalf of the patient afflicted with cancer.

Very definite changes have taken place in the art of radium therapy. The "hazard and hope" methods of earlier days have been abandoned in favor of a new, more scientific technique, which has completely changed the attitude of the entire medical fraternity towards the surgical use of radium, and radium therapy is rapidly becoming an indispensable element in the armamentarium of every surgeon, gynecologist and urologist.

The Radium Emanation Corporation has contributed in large measure to this modern trend in radium therapy. It gave the medical profession the Removable Platinum-Radon Seed which has made possible so many of the unparalleled results reported recently in the medical press. Through its radium therapy consultants. The Radium Emanation Corporation sponsors the most advanced methods in radium therapy and makes radium available to the individual physician according to the requirements of his particular case.



Annular Carcinoma of the Rectum, Irradiated by Means of Remova Platinum-Radon Seeds, Without Radical Surgery.

We have only one ideal—to help you obtain better results in the treatment of your malignant cases.

If you have malignant cases, for which you are considering treatment, investigate this unique service. Let our radium therapy consultants collaborate with you in the solution of your problems. They will gladly give you the benefit of their own broad experience and you may have their opinion and recommendations without incurring the slightest obligation.

Send us a history of the case and you will receive immediately a carefully considered plan covering the application of radium.

The type of service we are giving the medical profession will amaze you, unless you are one of the hundreds of physicians whose radium needs we are already administering.

Intense physical anguish is strikingly depicted in the central figure of the famous Laocoon group. In the remote period, when this statue was carved by a Grecian sculptor, the medical man's resources for relieving pain were few and imperfect.

Nowadays the physician has at his disposal a large number of analgesics, and among these Pyramidon occupies a prominent place.

For more than thirty years, Pyramidon has proved a prompt and potent analgesic. The effect of a single dose often persists for many hours. Pyramidon does not disturb the stomach and is free from depressing action upon the heart and respiration.

Indications: Pyramidon has dem-

onstrated its efficiency as an analgesic in many painful conditions—frequently even where narcotics might otherwise be required. Especially good results have been obtained in headaches and neuralgias, in migraine, sciatica, lumbago, dysmenorrhea, tabetic pains, colds, influenza, and gouty rheumatic affections.

Dosage: The average dose for an adult is 5 grains, repeated if pain recurs; for children of 5 years, 1½ grains.

How supplied: Tablets of 5 grains (in tubes of 10 and bottles of 100), and 1½ grains (in bottles of 25 and 100). Elixir of Pyramidon, 2½ grains to the teaspoonful (in 4 oz. bottles).

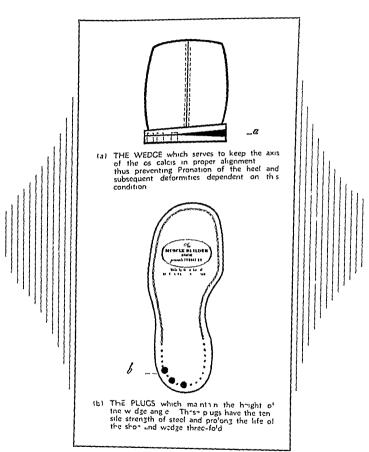
Sample of Pyramidon tablets or Elixir on request



The Dependable Analgesic

H. A. METZ LABORATORIES, INC.

Now that orthopaedic surgeons are recommending the wedged heel for all children's feet as a preventive measure—you will be interested in learning of the Muscle Builder Shoe—available in all sizes for your patients



DR A POSNER SHOES, INC 140 WEST BROADWAY, N Y, CITY

The MUSCLE BUILDER SHOE

MADE BY THE MAKERS OF DR POSNER S SCIENTIFIC SHOES

# Quick Relief

NOT only does the balanced antacid, BiSoDoL, afford quick relief to the well known symptoms of gastric hyperacidity, but it introduces a control factor against the setting up of a dangerous alkalosis—a chief objection to single alkali medication.

In BiSoDoL the sodium bicarbonate, being soluble, is immediately neutralized. However, as soon as neutralization has been established, magnesium carbonate serves as a control. It remains inert until a rise in the acid content of the stomach activates this neutralizing property. The two salts maintain the balance of normal reaction in the stomach, and correct abnormal deviations.

BiSoDoL has been found effective in controlling cyclic vomiting, the morning sickness of pregnancy, and alkalinizing against colds and respiratory affections.

In the formula are included bismuth subnitrate, antiflatulents and flavorings which enhance its value and render it acceptable to the patient.

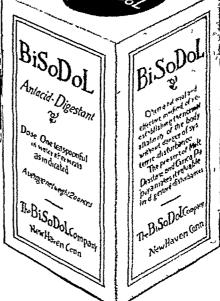
Advertised solely to the medical and allied professions.

Let us send you literature and sample for a clinical test.

# **BiSoDoL**

The BiSoDoL Company

130 Bristol Street NEW HAVEN, CONN. Dept. NY6





# When is Diathermy of Value in Your Practice?

YOUR decision to use diathermy in the treatment of any condition will, of course, be based on recognized medical authority. Many physicians have become interested as a result of observing the many references to diathermy in current medical literature, and no doubt intend to investigate for themselves when opportunity presents. But a busy practice affords little of the time required in searching the files of the medical library, and it is put off indefinitely.

A preliminary survey of the articles on dinthermy, published during the past year or so, is available to you in the form of a 64 page booklet entitled "In dications for Dithermy' In this booklet you will find over 250 abstracts and ex tracts from articles by American and foreign authorities, including references to more than a hundred conditions in the treatment of which the use of diathermy is discussed

If you number yourself among the phy sicians who have not adopted diathermy in practice, and desire to investigate this form of therapy in view of reaching your own conclusion as to its value in your practice, you will find this booklet a conve-

nient reference A copy will be sent on request

General Electric \(\lambda\) Ray Corporation 2012 Jackson Blvd Chicago

Not being a user of disthermy in my practice please send your 64 page booklet. Indications for Disthermy

Dr	 	-	
Address			
_			Sente

## GENERAL @ ELECTRIC X-RAY CORPORATION

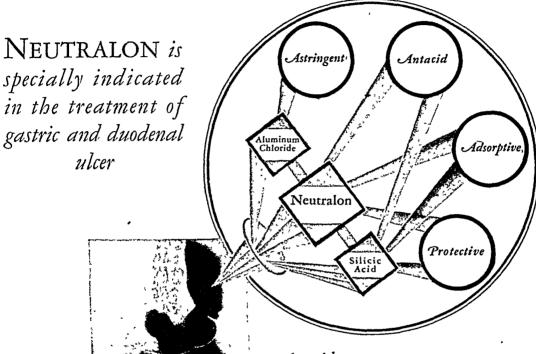
2012 Jackson Boulevard Chicago III. U S.A.
FORMERLY VICTOR (109 X RAY CORPORATION

Join us in the General Electric Hour broadcast every Saturday night on a nationwide N II C network

and an the totthe All the art ny to a toret n

# The Action of NEUTRALON

A synthetic aluminum silicate with about twelve per cent sodium silicate



DOSAGE: The usual dosage of Neutralon is a teaspoonful stirred in half a glass of water three times daily, before meals when the protective and astringent action is required, and after meals as an antacid.

#### ORIGINAL PACKAGES:

NEUTRALON

Boxes containing 50 and 100 grams.
Belladonna-Neutralon
Boxes containing 100 grams.

#### Belladonna-Neutralon

is Neutralon with the addition of 0.6% extract of belladonna.

#### Antacid

Neutralon has a twofold antacid effect, a siight immediate effect through the action of the soluble sodium silicate component and a slow prolonged effect through the decomposition of the insoluble aluminum silicate which converts free into combined acidity.

#### Astringent\_

The aluminum chloride formed by the reaction of Neutralon with the acids of the stomach acts as a mild astringent, thus tending to limit gastric secretion.

#### Adsorptive

Neutralon and the silicic acid adsorb albumen and pepsin so that the harmful digestive action of pepsin on the ulcerated wall of the stomach is hindered.

### Protective and Analgesic

Unchanged Neutralon and the silicic acid formed during the course of the reaction tend to form a coating on the ulcerated wall of the stomach, thereby affording protection against mechanical and chemical irritation.

Sample and literature upon request

## SCHERING CORPORATION

110 William Street NEW YORK, N.Y. A great
advance in
Calcium
Therapy

## advance in CALCIUM Gluco-SANDOZ

Per Os - Palatable
Intramuscular - No Irritation
Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

SANDOZ CHEMICAL WORKS, Inc. 61-63 Van Dam St NEW YORK, N.Y.

### \$50.00 Saved on McIntosh Polysine During June



During April the price of copper dropped temporarily causing a reduction in price of brass wire and other materials entering the construction of the Polysine. At this particular juncture our Purchasing Agent found that one of the brass mills had a large surplus of the particular sizes of material used for the Polysine and was able to drive an exceedingly sharp bargain securing this material far below cost the outcome of the transaction being that 250 Polysine Generators were immediately placed in production resulting in a considerable reduction in manufacturing cost

#### How You Can Benefit by This

In order to pass along the benefit of this saving to the profession our General Sales Manager authorized a reduction of \$50.00 on each of these 250 Polysines to all purchasers sending in their orders together with the initial deposit of \$25.00 postmarked on or before June 30th Should they be all disposed of however before that date this special reduction immediately entires.

#### Unusually Easy Terms of Purchase

Will be extended to all purchasers under this special arrangement. Buy a Polysine now and reap the benefit of this \$50.00 saving. Utilize the unquestioned there peutic value of Galvanism and the Sinusoidal Currents as an aid in your practice and procure the same auccessful results as thousands of your confreres

FREE.— Three Timely Papers on Calvanism and the Sinusoidal Currents and Their Therapeutic Uses by three prominent medical men using these modalities. It will be mailed to you complimentary if you will sign this coupon and mail it in now.

McIntosh Elec Corp Gentlemen

MEINTOSH ELECTRICAL CORPORATION

New York Office 303 Fourth Avenue Phone: Gramercy 7058 Main Office and Factory 223 233 N California Ave CHICAGO ILL Buffalo Representative Mr H K. Lay Stratford Arms Hotel 25 W Utica Street A Idress

NISMIF

Please seri me a
cop of Three Timely
lajers also yo ir propo
t n on how I can save
\$50.00 on the McIntosh
P lya ne Generator



GLUCOSE intravenously is used in surgical acidosis and shock, toxemias of pregnancy, in pneumonia and other infectious diseases. It also has indications in diseases of the heart, skin, and liver, in mercury and phosphorus poisoning, and cerebral edema.

Glucose intravenously is a source of food and energy, contributes to glycogen storage, conserves body tissues, prevents or overcomes dehydration, dilutes circulating toxins, acts as a diuretic, and relieves localized edemas.

Lilly Glucose Ampoules (Dextrose, U. S. P. X.) containing respectively 10, 25, and 50 grams of glucose in approximately 50 percent solutions are supplied through the drug trade.

SEND FOR NEW AND
CÓMPREHENSIVE BOOKLET ON INTRAVENOUS
GLUCOSE MEDICATION

LILLY AND COMPANY

INDIANAPOLIS, INDIANA, U. S. A.

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 11

NLW YORK, N Y

June 1, 1930

#### SOME NEUROSURGICAL PROBLEMS OTHER THAN TUMORS AND ABSCESSES\*

By HENRY WARD WILLIAMS, M.D., FACS, ROCHESTER, N. Y.

A consideration of a variety of neurosurgical conditions is approached in the belief that during the brief twenty years span of the development of this branch of surgery there has not been sufficient general realization of its attainment to a level of satisfaction compirable to other branches. In the further opinion that this is more particularly true of actian conditions other than tumor and abscess these two subjects are not included in this brief presentation.

CRANIAL FRAUMA This subject of general interest presents a number of points worthy of discussion In the first place it is well to emphasize the fact that the chief factor in trauma to the head is the degree of injury to the nervous tissue, the amount of damage to the skull being of comparatively minor importance The injury to the brain may be simple concussion which is manifest by temporary loss of consciousness or there may be contusion or actual laceration of the brain, producing sympton's corresponding with the extent or location of the injury. Hemorrhage is also of importance because it produces immediate damage by clot formation or remote damage by interference with the flow of spinal fluid in the subarachnoid space through the production of adhesions

If the trauma is of sufficient magnitude an increase in intra cranial pressure results, which is merely a swelling of the brain due to an increase of fluid or blood or both and is essentially similar to swelling produced by bruising any other part of the body. The inclustic skull crists can not accordate more than a moderate amount of swelling and after the subarachnoid space is filled further expansion is impossible. Beyond this point the condition is made worse by the pressure shutting off the return circulation of blood from the brain, the

The treatment of head minutes consists al most entirely in the control of this one factor For this reason we have come to regard the level of consciousness as an indicator of the amount of intracranial pressure and the most important prognostic sign. Dehrium following injury should not be classed with unconscious ness and does not of itself suggest a graver prognosis Definite unconsciousness continued does make the outlook bad and until the level of consciousness rises to approximately normal energetic treatment of intracranial pressure is indicated It has been found that the introduc tion of concentrated (hypertonic) saline or glu cose solutions into the blood stream will de crease the volume of the brain by osmotic action drawing out fluid. The fluid thus drawn into the blood stream may be eliminated from the body by the use of a saline cathartic such as magnesium sulphate. As saline solutions produce a secondary rise of pressure after the salt has passed into the tissues which it will do after a time reversing the osmosis glucose seems to be preferable as it is destroyed in the blood stream and can not have that effect has been our custom to treat such cases with intravenous doses of 100 cc of 50% glucose solution once or twice a day and to give 12 ounce of magnesium sulphate every two hours by mouth or instilled in the rectum if the prtient cannot swallow This is, of course de creased as the condition improves. Daily spinal puncture assists in reducing pressure and also removes the blood which is almost always present in the spiral fluid. There is little question that blood allowed to remain in the question that blood allowed to remain in the cultural health of the cu spinal fluid produces changes in the subarach

attend blood which has pressure enough to still flow in stagnating in the veins before it can escape again. When this occurs the effect on the patient is to produce a depression of the level of consciousness, which if unrelieved spontaneously or by artificial means will progress to coma and death

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York at Utica N Y June 5 1929

noid spaces which may permanently upset the spinal fluid circulation.

Decompression. In a very occasional case is subtemporal decompressions indicated. Only in those cases where intracranial pressure remains elevated in spite of the above treatment. It is never wise to operate for the relief of intracranial pressure until dehydration treatment has been given a thorough trial. Following this rule will eliminate utterly useless operations in hopeless terminal stages of intracranial injury. No case which can not be controlled at all by dehydration can be saved by surgery, and one cannot help but have the feeling that operating because there is nothing else to do accomplishes nothing more than to discredit surgery.

EXTRA-DURAL HEMORRHAGE: Intracranial pressure may be raised by intracranial bleeding alone. If this bleeding is massive and inside the dura death occurs at once without the possibility of surgical intervention. is outside the dura recovery will occur if surgery is resorted to immediately. This being the only complication following head injury in which delay in operative interference is not preferable to haste. The condition of extradural clot is usually caused by a fracture through the middle fossa tearing a branch of the middle meningeal artery, and may follow a seemingly trivial injury. The following characteristic symptoms are observed. After the accident there is a lucid interval of a few hours during which examination of the patient reveals nothing abnormal. Then the patient becomes rather rapidly drowsy and unconscious, there is marked slowing of the pulse and weakness with exaggerated reflexes and a Babinski sign on the side of the body opposite to the clot. In the terminal stage convulsions occur on that side. The operation of choice for removal of the clot is a bone flap turned down to expose the clot. This is preferable to a subtemporal decompression through which the bleeding point cannot always be found. presence of the clot between the skull and the dura makes a flap operation easier than usual because the dura is pushed away from the bone and does not have to be avoided as carefully as is customarily the case.

SUB-DURAL HAEMATOMA: Bleeding within the dura if arterial is almost immediately fatal. If venous it is either absorbed or a clot formed. The symptoms differ from those of extra-dural bleeding most markedly in that the lucid interval may be from a few weeks to several months in duration. The clot commonly known as sub-dural haematoma lies over one side or other of the brain, its characteristic symptom is intractable headache gradually followed by pe-

riods of drowsiness continuing to unconsciousness. There is a very slight weakness of the side of the body opposite to the clot and a Babinski sign on that side, but convulsions seldom occur. There is usually some congestion of the fundi without definite choked disc being present. The spinal fluid is customarily and paradoxically under normal pressure with a slight increase in the cell count.- The clot is sharply outlined and of a dark greenish color. Its treatment is surgical and its approach varies with the age of the clot. If it is of short duration it will be found to be firm and must be removed entire through a bone flap. Whenit is older it will be softened in the center and its cure can be effected by the simple evacuation of the fluid center of the clot through a small burr hole. Once removed or evacuated the bleeding does not recur. These cases are not uncommon but are rarely diagnosed before death. The chief reason, for this is that the trauma is remote and frequently forgotten or not mentioned. This is unfortunate because few surgical diseases make a more rapid and complete recovery than a properly handled sub-dural clot.

PNEUMATOCELE: Aside from the presence of a blood clot within the cranium, intracranial pressure may be raised by the presence of air. It sometimes happens that in fracture through the anterior fossa the dura and skull are injured in such a way that air can enter the sub-dural space from the frontal or ethmoid sinuses. If the air can readily escape again the situation is only manifest by the discharge of spinal fluid from the nose. However, if the dura is so torn that it acts as a flap valve, the air which enters cannot escape. Coughing, sneezing, or blowing the nose forces air in faster than it can be absorbed. The pocket of air thus formed compresses the frontal lobe (See Figure 1) and produces a cyst like cavity which finally ruptures into the ventricle. A great part of the spinal fluid may be replaced by the air before death ensues. Clinically the symptoms are a discharge of spinal fluid from the nose followed in a few days by headache Any fracture involving a and drowsiness. sinus should be watched for this possibility and an x-ray taken if the possibility suggests itself. The treatment consists in exposure of the dural perforation and its closure, but if suture is impossible properly placed packing can usually be relied upon to conduct the air externally. Infection is one of the greatest dangers in this complication and can often not be avoided.

DEPRESSED FRACTURES: Depressed fractures of the skull if allowed to remain unoperated are a potential danger to the patient, the local irritation produced frequently caus-

ing cortical damage of a permanent nature Therefore all depressed bone should be removed or elevated. Compound communited fractures are best treated by careful debridement, repair of the dura if torn, haemostasis, and loose packing. This does a great deal to prevent infection and frequently permits primary union to occur. It is much wiser to delay any form of surgical treatment until recovery from any immediate shock due to the accident has occurred.

CRANIAL DEFECTS: Defects in the skull from any cause if small cause no discomfort. If large they may give the patient enough annoyance chiefly because of his fear of hurting his brain or for cosmetic reasons to require repair. The best method which should not be undertaken until several months after the wound has completely healed is by the use of a graft taken from another part of the skull consisting of the periosteum and outer table. This removed by a chisel and transplanted into the defect gives good results.

TRAUMATIC HEADACHE At times a head injury causes severe and intractable headache without any intra-cranial pressure being present. The pathology of this is obscure although it has been suggested that the presence of fine arachnoid adhesions is the cause tain of these cases are markedly benefited by the spinal insufflation of air (encephalog-To perform this the patient is placed in a sitting position and 100 or more c.c. of spinal fluid removed 10 cc. at a time and replaced by an equal or slightly less quantity of air, keeping the spinal fluid pressure at a constant level throughout. The procedure is with out danger and its relief may be explainable by the hubbles of air breaking up the adhesions in the subarachnoid space.

TRAUMA TO SPINAL CORD. Fracture of the spine with mjury to the spinal cord is a very serious accident. If actual displacement has occurred and the cord crushed no treatment can have any effect because the immediate result of such an injury is complete and permanent Paralysis A spinal cord once cut will never regenerate. In other cases the paralysis will be found to be partial or late in showing itself. The cause of the paralysis in such cases may be oedema or hemorrhage either in the substance of the cord or between the cord and the dura, or a spicule of a fracture lamina may he impinging on it. Here surgical treatment must be considered. If spinal puncture shows obstruction to the spinal fluid flow immediate lammeetomy is indicated, but when there is no obstruction and the paralysis remains unchanged or improves expectant treatment is the only rational course to follow. In certain



Traumatic pneumo ephalus four days after fracture through right frantal sinus

instances some months after an injury slowly progressive spastic paralysis may appear. This is due to scar production or to cystic collections of fluid in the arachnoid Surgical treatment in these instances often gives excellent results.

TRIGEMINAL NEURALGIA: Neuralgia of the fifth nerve is an exceedingly painful disease rather well limited to the fifth, sixth, and seventh decades of life. It generally involves the cheek or lower jaw, i.e., maxillary or mandibular branches and is almost always confined to one side only. The first branch is sometimes effected when the term supra-orbital neuralgia may be applied to it as it is usually limited to that branch. The pain in any location is sharp and lancinating in character and is brought on by eating, swallowing, talking, touching the face, or cold air. There is no pain between the attacks and none when the patient is quiet as when in bed. The treatment consists in interrupting the nerve connection be tween the sensitive portion of the face and the brain, i.e., by rendering it anaesthetic may be done by the injection of alcohol into the corresponding nerve trunk, preferably at its point of exit from the skull The anaes thesia resulting lasts for a number of months and gives pain rehef lasting on an average for from one to three years. Injections may be re-peated as needed, but the duration of relief decreases after each repetition until they finally

noid spaces which may permanently upset the spinal fluid circulation.

Decompression. In a very occasional case is subtemporal decompressions indicated. Only in those cases where intracranial pressure remains elevated in spite of the above treatment, It is never wise to operate for the relief of intracranial pressure until dehydration treatment has been given a thorough trial. Following this rule will eliminate utterly useless operations in hopeless terminal stages of intracranial injury. No case which can not be controlled at all by dehydration can be saved by surgery, and one cannot help but have the feeling that operating because there is nothing else to do accomplishes nothing more than to discredit surgery.

EXTRA-DURAL HEMORRHAGE: Intracranial pressure may be raised by intracranial bleeding alone. If this bleeding is massive and inside the dura death occurs at once without the possibility of surgical intervention. If it is outside the dura recovery will occur if surgery is resorted to immediately. This being the only complication following head injury in which delay in operative interference is not preferable to haste. The condition of extradural clot is usually caused by a fracture through the middle fossa tearing a branch of the middle meningeal artery, and may follow a seemingly trivial injury. The following characteristic symptoms are observed. After the accident there is a lucid interval of a few hours during which examination of the patient reveals nothing abnormal. Then the patient becomes rather rapidly drowsy and unconscious. there is marked slowing of the pulse and weakness with exaggerated reflexes and a Babinski sign on the side of the body opposite to the clot. In the terminal stage convulsions occur on that side. The operation of choice for removal of the clot is a bone flap turned down to expose the clot. This is preferable to a subtemporal decompression through which the bleeding point cannot always be found. presence of the clot between the skull and the dura makes a flap operation easier than usual because the dura is pushed away from the bone and does not have to be avoided as carefully as is customarily the case.

SUB-DURAL HAEMATOMA: Bleeding within the dura if arterial is almost immediately fatal. If venous it is either absorbed or a clot formed. The symptoms differ from those of extra-dural bleeding most markedly in that the lucid interval may be from a few weeks to several months in duration. The clot commonly known as sub-dural haematoma lies over one side or other of the brain, its characteristic symptom is intractable headache gradually followed by pe-

riods of drowsiness continuing to unconscious-There is a very slight weakness of the side of the body opposite to the clot and a Babinski sign on that side, but convulsions seldom occur. There is usually some congestion of the fundi without definite choked disc being present. The spinal fluid is customarily and paradoxically under normal pressure with a -slight increase in the cell count. - The clot is sharply outlined and of a dark greenish color. Its treatment is surgical and its approach varies with the age of the clot. If it is of short duration it will be found to be firm and must be removed entire through a bone flap. When it is older it will be softened in the center and its cure can be effected by the simple evacuation of the fluid center of the clot through a small burr hole. Once removed or evacuated the bleeding does not recur. These cases are not uncommon but are rarely diagnosed before The chief reason for this is that the trauma is remote and frequently forgotten or not mentioned. This is unfortunate because few surgical diseases make a more rapid and complete recovery than a properly handled sub-dural

PNEUMATOCELE: Aside from the presence of a blood clot within the cranium, intracranial pressure may be raised by the presence of air. It sometimes happens that in fracture through the anterior fossa the dura and skull are injured in such a way that air can enter the sub-dural space from the frontal or ethmoid sinuses. If the air can readily escape again the situation is only manifest by the discharge of spinal fluid from the nose. However, if the dura is so torn that it acts as a flap valve, the air which enters cannot escape. Coughing, sneezing, or blowing the nose forces air in faster than it can be absorbed. The pocket of air thus formed compresses the frontal lobe (See Figure 1) and produces a cyst like cavity which finally ruptures into the ventricle. great part of the spinal fluid may be replaced by the air before death ensues. Clinically the symptoms are a discharge of spinal fluid from the nose followed in a few days by headache and drowsiness. Any fracture involving a sinus should be watched for this possibility and an x-ray taken if the possibility suggests itself. The treatment consists in exposure of the dural perforation and its closure, but if suture is impossible properly placed packing can usually be relied upon to conduct the air externally. Infection is one of the greatest dangers in this complication and can often not be avoided.

DEPRESSED FRACTURES: Depressed fractures of the skull if allowed to remain unoperated are a potential danger to the patient. the local irritation produced frequently caus-

when the total mass of muscle which goes into spasm is reduced by paralyzing part of it as above the intensity and frequency of the spasm is decreased. Further the drooping lower lid found in the usual facial paralysis is not observed because the innervation of the muscles of the upper lip is preserved holding the lower lid in its approximate normal position.

CEREBRAL LUES: Choked disc with headache and high intra-cranial pressure is a not uncommon occurrance in cerebral syphilis. There is great danger of this producing optic atrophy before anti-leutic treatment can sufficiently lower the pressure. The artificial lowering of intra-cranial pressure by sub-temporal decompression will do a great deal to prevent this accident. In the crises of tabes root resection or chordotomy may be of great value.

SYMPATHETIC NERVOUS SYSTEM: Within the past three or four years the sympathetic nervous system has come to be of surgical importance. Sympathectomy was first undertaken for the relief of spastic paralysis, but the results have not proved satisfactory in this condition. It has however been found to be of marked benefit in painful arterial spasm such as is present in Renaud's Disease and an gina pectoris. In Renaud's Disease removal of the lumbar and sympathetic chains markedly improves the circulation of the corresponding extremity and prevents the painful symptoms of the disease. In angina surgical removal or more safely and preferably alcoholic injection of the left cervical chain in a large percentage of cases favorably modifies the attacks. It is necessary to destroy not only the cervical ganglia but also the first and second thoracic ganglia in order to interrupt all the necessary

SPINA BIFIDA: This very common anomaly present at birth is generally outwardly manifest by the presence of a sac protruding from the back in the mid line. It may occur at any point from the sacrum to the occiput and similar sacs are not infrequently found arising from the cranial suture lines. There may be no sac at all only the absence of one or more

laminae being present. This known as spina bifida occulta is only of surgical importance in a very rare instance later in life when progressive paralyses requiring its exploration for adhesions or other abnormality. When a sac is present it may contain spinal fluid alone or any portion of the spinal cord or roots, which latter are always more or less abnormal and deficient in function. The surgical treatment is simple and consists in amoutating the sac and closing the defect the simplest way possible with the least possible tension. There is little surgical risk and no infant who has a spina bifida containing only spinal fluid and without paralysis should be denied the opportunity to grow up to be a normal adult. We feel on the other hand that all cases which have nervous tissue in the sac cannot be expected to grow to be normal individuals and should be refused operation. All cases with paralysis of the legs are included and any case which does not have a normal sphincter reflex should be regarded as a questionable subject for operation and the family warned of the possible paralysis, trophic ulcers and incontinance which may persist as long as the child lives. Some knowledge of the contents of the sac can be gathered from its shape, simple meningoceles being as a rule pedunculated with but one spinal lamina absent. Large defects and sessile sacs contain nerve tissue most frequently. The best time for operation in the new born baby depends on the condition of the skin over the sac. It it is thin and shows signs of breaking down operation should be performed as soon as possible. If the skin is thick and of normal appearance it may be delayed till the child is older.

#### CONCLUSIONS

A brief discussion of a few neurosurgical conditions other than neoplasms and infections has been attempted.

Certain of these diseases which have generally been considered as hopeless can be treated satisfactorily by neurosurgical methods.

No detailed description of pathology or technique has been included.

# CLASSIFICATION OF ENDOCARDITIS\* By WILLIAM F. JACOBS, M.D., BUFFALO, N. Y.

U NIFORMITY of nomenclature for classification of disease has been a problem for many years. The need for standardization is urgent.

What is true concerning general disease con-

\*Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929

ditions is equally true pertaining to cardiac disease.

When we consider the innumerable terms that have found application to the variety of heart conditions, the desirability for uniformity immediately becomes apparent.

The nomenclature, terminology and group-

ing of endocarditis by clinician and pathologist would at times, appear to be at a variance. This is in part due to the fact that they do not always speak the same language, and also because of their different viewpoints.

Changing conditions in methods of practice, the multiplication of laboratory aides, much more comprehensive studies, are in our day responsible for a greater degree of accuracy

and completeness in diagnosis.

The relation of clinician and pathologist too. has been changing, they have become more intimate, often meeting on common ground, it being not unusual for the pathologist to forsake his lair and visit the bedside with the clinician and the latter more frequently is found attending the post-mortem table. Many more autopsis are being made. An "esprit de corp" is developing, a cooperative spirit, that should work out finally not only to a better common understanding, but also, let us hope. to the use of common terms and language.

The heart committee of the New York State Tuberculosis Association with the approval of the American Heart Association, have published a brochure on "Criteria for Nomenclature, Diagnosis and Classification of Heart Diseases," from the press of Paul Hoeber. This little booklet I heartily commend to you all. It is a product of careful study and represents the conjoined effort of representative clinicians, pathologists, anatomists and physiologists.

It is intended primarily as a guide to the final classification of all cardiac conditions, so that part of it concerned with endocarditis involves our special interest. (See Table 1).

At the Buffalo City Hospital we have followed the Bellevue nomenclature for over ten years. Six months ago, a committee of which I have been a member, began weekly meetings to consider and pass on the discharge, death and post-mortem diagnoses, with a view of developing a uniformity so that filing by the registrar would be facilitated. Naturally, we encountered much to be remedied, but the effort is proving worthwhile and it is admitted that the records are in much better order.

We have added to the Bellevue nomenclature in many instances, and are looking forward to the revised issue which we hear is, in

contemplation.

On the subject "Heart," we decided to follow the lines laid down by the Heart Committee and American Heart Association, and had the tables mimeographed for the convenience of the House Staff and students.

Before going any further, let us briefly consider endocarditis. First, its limitations. Many of us are inclined ordinarily to limit endocarditis to the reflections of the endocardium over the valve leaflets, when as a matter of fact, it includes the mural surfaces, papillary muscles and chordae tendinae.

Clinically and pathologically, acute and chronic forms are recognized, and the clinicians have compelled the recognition of a third—the

sub-acute.

Under the acute type, the clinician speaks of septic, malignant, ulcerative, and septico-pyemic. Under the subacute, the terms benign and simple, and sub-acute bacterial endocarditis are spoken of.

In chronic cardio-valvular disease with the scarring deformity, the clinician generally speaks of the particular valve lesion, that is, functional lesion, regurgitation, insufficiency or stenosis of either the mitral, aortic, tricuspic or pulmonic valves. The pathologist makes use of such terms as mycotic, polypoid, ulcerating, vegetative, verrucous for the acute endocarditis; for the sub-acute, verrucous and simple. The chronic valve defects are for the

## A. ETIOLOGICAL

- 1. Unknown
- 2. Rheumatic fever\*
  - a. Polyarthritis b.
  - Chorea
  - Growing pains d. Tonsillitis
  - Pharyngitis
    - Others, as purpura, erythema nodosum,
- Syphilis\*
- 4. Bacterial infections\*

(Specify bacterium if possible.) Here should be classified subacute infective endocarditis (Streptococcus veridans). chronic endocarditis, etc.

## TABLE 1

# B. ANATOMICAL

- 15. Endocarditis
  - a. Acute
  - b. Chronic

(Include the continuous activity of a valvulitis, or papillary muscle, chordae tendinae or mural infection. Usually 15 would precede the 16 diagnosis.)

16. Cardiac valvular disease

(Should be thought of as active or inactive as expressed under etiology.)

- Aortic insufficiency. b.
- Aortic stenosis. Mitral insufficiency.
- d. Mitral stenosis.
- Pulmonic insufficiency.
- Pulmonie stenosis. ſ.
- Tricuspid insufficiency.
- Triscupid stenosis.

N.B. The above table is part of that published by the American Heart Association. \*The activity of the process should be indicated as being present or absent.

pathologist a chronic endocarditis with the in sufficiency or obstruction as noted clinically

Both chincian and pathologist recognize the rheumitic fever type of endocarditis and also the choreic, which the pathologist characterizes as simple or vertucous, meaning wartlike Both also speak of the recurring type that lights up with a renewal of joint symptoms, fever and pain and pathologically with thrombotic deposits and an active inflammatory reaction in the involved endocardium. Carefully analyzed, it would appear that there are no real differences excepting in terms.

The life history of infections has taught us that endocarditis is always secondary to sistemic my asion by disease prolucing bacteria these having gained entrance thru some local ized focus of infection. The nature of this particular germ of bacterium as to degree of virulence determines the nature of the inflammatory reaction in the heart. This ranges from the simple warflike excrescences along the edges of the mitral leaflets as in rheumatism and chorea, to the more vegetative, cauliflower-like and ulcerative type with embolic phenomena as found in profound septic conditions that lead to a rapidly fatal issue.

Subacute bacterial endocarditis being an intermediate form caused by the streptococcus Venidans the vegetations are a little more fleshy like, not so hard as in the rheumatic and chorece types. They also exhibit a tendency to spread upward on the mural endocardium down along the Chordae Tendinae and papillary muscle. Also along the under surface of the vilve leaflets following the direction of the blood stream the mural endocardium under the aortic cusps and up onto these valves also.

Because of the longer course as compared to the acutely septic types this is called 'sub-acute' but it also finally leads to a fatal issue

In both acute septic and subreute types we have every reason to believe that they are superimposed on previously damaged valvular endocardium, that of course, presupposes a previous acute endocarditis that may not have registered clinically but that did leave thickened damaged valves which furnish an ideal area of lowered resistance. The nature of the germ may be that of the recurring type or a more virulent germ factor may come into play, with course and outcome accordingiv

Finally, in the chronic deforming types the acute stages may have never registered chinically, its development having been insidious, so it is discovered after cardiac disability presents or incidentally at the time of examination for insurance. Or it may be perfectly clear that the condition goes back to repeated tonsillar infections with or without rheumatic joint symptoms. So that the heart with the chronic

scarring deformity depending on form and valve, may serve an allotted spin of life without a new superimposed infection

Without attempting a detailed description of the pathology in endocarditis and going into the clinical course, let us rather briefly take the criteria developed and clissify them

## (15) Endocarditis

(a) Acute (b) Chronic

The acute is obviously always a sequel or a part of a general or local discase. The table under (A) Ptiological, lists a series of causes grouped as to kind and numbered from one to four. The first 'Unknown should only be used after all available methods have failed.

The second group is capped by 'Rheumatic Feer,' this with (a) polyarthritis, (b) chorea (c) growing pains (d) tonsillitis, (e) pharvingitis (f) purpura, erythema nodosum covers a definite type of infection that is well under stead

stood

The third Syphilis" while varied in its manifestation attacking any and every kind of tissue, the heart valves and vessels have always had a peculiar affinity for this. The aortis with aortic endocarditis, therefore deserves special consideration as a definite etiologic factor in a group by itself.

In the fourth Bacterial Infection," the name of the bacterium should always be specified if possible. This means blood culture. It is well to remember in this connection that there are very few of our pathogenic organisms that have not been found to be the cause of endocarditis. The subacute should have streptococus Veridans added

One further observation should be made in the instances 2-3-4 and that perfains to the activity of the process. Is it still active or no longer active? This should be stated.

(16) Cardio Valvular Disease

These valve defects, such as with insufficiency and stenosis should always be preceded by (15) being a sub division of chronic endocarditis. They are essentially a chronic inflammatory process and should therefore be regarded as in continuous activity, whether involving the valves only or extending to mural endocardium, papillary muscle and chordae tendinae.

It will be noted that in this simple and brief classification, none of the many descriptive terms appear as to the character of the vegetations or course of the disease.

These, of course, have a place in the clinical record and the protocol of anatomical findings

We offer that this simple method and classiheation that considers the etiological anatomical, and physiological is not alone practicable but very desirable

# PRESENT CONCEPTIONS AS TO THE CURABILITY OF SYPHILIS—METHODS OF TREATMENT\*

# By HAROLD N. COLE, M.D., CLEVELAND, OHIO

From the Department of Dermatology and Syphilology of the Western Reserve University School of Medicine, Cleveland, O.

ONSIDER for a moment how many different drugs, how many different modes have been employed at one time or another in the treatment of syphilis. instance, among my books is a first edition, 1519, from Fournier's library, of Ulrich von Hutten's book, "De Guaiaci Medicine et Morbo Gallico." The author, von Hutten. was a sufferer from that apparently new disease in his time, syphilis. He was cured, ostensibly, by the use of guaiac, and also cured several of his friends. He felt so strongly on the virtues of the medicine that he wrote a book on the subject that is quoted, even to this day. History tells us that Benvenuto Cellini treated and cured himself with guaiac at a time when the physicians wished to treat him with mercury.

Since the earliest history, ointments of this metal had been employed by Arabians and others in the treatment of skin diseases. How natural, then, it must have been to try its effect in that disease which was spreading so rapidly throughout Europe around the beginning of the sixteenth century. It was first used in the form of inunctions, or rubs. Bethencourt suggested starting a course of treatment with one rub a day, gradually working up to even three rubs in twenty-four hours, depending on the severity of the disease, the constitution of the individual, and the way in which he developed a salivation. Among the old syphilographers, salivation was the acme and desired end of all mercurial treatment, and the patient who was not excreting a quart or two of saliva in twenty-four hours was not getting the proper mercurial effect. Almenar<sup>1</sup> alone, among the physicians, as long ago as 1502, was against the vogue of profuse salivation. He purged the patient, used blood letting, cathartics, gave a mild diet, and rubbed in up to one-half of an ounce of the ointment three times in three to five days, and continued it if there was no salivation up to the tenth day. Contrast this with Sydenham's recommendation of three ounces of ointment in three successive days. Following the use of mercury in an ointment made up of various complicated bases we next find it suggested by Pietro Andres Mathioli2 that it be used internally in the form of the red precipitate. Later it was employed in various types of pills, in fumigations, and in solution, for example from

\*Read at the Annual Meeting of the Medical Society of the State of New York, at Albany, N. Y., May 22, 1928.

the Vienna school of medicine as van Swieten's sublimate solution.

However, mercury was by no means the only remedy used in olden times. Many doctors discouraged the use of this drug and why not, when one reads of the heroic treatments the patient was forced to endure? In fact the average syphilitic made his will before undergoing his "Careme de Penitence," as Bethencourt Zittman's decoction attained an terms it. enormous popularity in the eighteenth century; for a time opium was used extensively; to say nothing of decoctions of holy woods (Ligni Sancti) from the Orient; sassafras; sarsaparilla; oranges; lemons, bitter sweet and so forth. Sooner or later, however, the old time physician was forced to turn to mercury, and it remained for the great French syphilographer Phillipe-Ricord<sup>2</sup> at the middle of the last century to first put the treatment of syphilis on a rational basis. He advised the proto-iodide tablets by mouth, using smaller doses, and endeavoring to discourage the severe therapy. His patients, at signs of intolerance, were put on smaller doses. The treatment was continued for six months and then followed by potassium iodide. He was probably among the first of the physicians to treat the patient and not the syphilis alone. Later, one of Ricord's most famous pupils, Alfred Fournier, suggested the use of the so-called intermittent treatment. The relative merits of the continuous versus the intermittent type of treament will be discussed later.

In 1905 Schaudinn discovered the spirochete, or treponema pallida, and shortly thereafter Paul Ehrlich made his remarkable syntheses of the arsphenamines. In almost the same period of time Wassermann also brought out his serological discoveries. These events all taken together have exercised a profound influence, not only on the diagnosis, but on the course and treatment of syphilis. Metchnikoff and Levaditi in the laboratory, and Neisser in the jungles of Java, had already presaged the coming event. Even poor old John Hunter, when he inoculated himself with the pus from a purulent gonorrrhœa and contracted lues as well had shown that syphilis was an inoculable disease. This was repeatedly verified, thereafter. It is said that Ricord, alone, in his fight to overcome Hunter's mistaken belief in the oneness of gonorrhæa and lues, inoculated many hundreds of people. Yet by the actual discovery of the germ of syphilis, and by Wassermann's serological work we, for the first time, had something tangible on which to base our diagnosis and on which to follow out our therapeutic procedures. Even the writer can remember the time when we were forced to await the secondary eruption before beginning antiluctic therapy. How otherwise could we properly distinguish between certain chancroidal and primary lesions? Moreover, Levaditi and Sazerac in 1920, following up Balzer's suggestion as to bismuth, have added another valuable drug to our antiluctic armamentarium

Moreover, certain laboratory studies have enabled us better to understand the spread of syphilis through the body, and to relate these to better treatment of this condition, we refer to certain immune reactions The writer, likewise, remembers the time when it was advised to excise the primary seat of invasion. It was felt that the organisms developed only very slowly at the point of inoculation, and that only after an appreciable length of time were there enough of them locally to set up the local sore the chancre This focus should be Thanks to the studies of Brown and Pearce and to Kolle and those of many other workers, we now know that syphilis is generalized very soon after the inoculation Kolle and Evers have recently shown in rabbits that the infection spreads from the point of inoculation to the inguinal glands within thirty min-Within five minutes after treponema have been introduced into the scarified skin these workers have found infections of the lymph glands six centimeters from the site of the abrasion and inoculation Does this change our conceptions as to the types of treatment advisable in a case of syphilis? Possibly a few quotations from different studies on immune reaction in this disease can assist us to answer this question

Metchikoff and Roux, Neisser and others working with apest found that luctic animals could be reinfected with syphilis if the sec ond moculation was made comparatively soon after the first They could not be reinfected if it was tried after the first infection was well developed. This has been found true with rabbit syphilis and is probably true with man Neisser taught that if he was unable to remoculate an age with syphilis it was because the animal already had a well developed disease but that if he was successful there was no lues present. In other words he felt that there was no immunity to syphilis without infection. He thought that as soon as the ape was cured that he could contract lues again Chesney and Kemp have found that an immunity may develop under some conditions, in rabbits, and perhaps even after rection has been eliminated

The French schools would d

state of syphilis into two distinct stages-a first phase in which the chancre is automoculable and the sero-reaction negative the second period the chancre is no longer auto moculable, and the sero-reaction becomes The sero reaction does not neces sarily start exactly at the time when the in oculability disappears, in twelve days, but it is usually between the thirteenth and thirtieth They held that this so called prehumoral period holds the most chances of definite sterilization of the disease This brings up the question of so called superinfection, reinfections, and pseudoinfections Neisser thought that it was impossible to reinfect a man who already had a syphilis. It was considered doubtful for many years, and probably is true under most conditions However, Hashimoton has recently superinfected twenty proven hu man syphilities in various stages of their syph ilis, injection of the material having been made into the flexor surfaces of the arm. Injections were all controlled Infiltration ulcers and no dules later developed, and treponema were demonstrated locally in eighteen of them Chesney and Kemp, Brown and Pearce, Frei and others have found the same thing true in It has been found in rabbits that if they have an early moculation syphilis of the testicle that if they be inoculated into the other testicle they can be superinfected. It is ensier to achieve this superinfection if a different ctrain of trenonema be used. On the other hand Chesney and Kemp have found that if they take a syphilitic rabbit abrade an area on the dorsum of the back producing a crust, and then remove this crust and rub an emulsion of spirochetes into this area that they can superinfect this rabbit already syphilized. In other words, superinfection is a possibility onoff<sup>8</sup> has recently reported a superinfection in a tertiary luctic Bernard<sup>9</sup> thinks superinfection is possible in the primary stage up to the thirty-first day of the chancre, but especially in the first cleven days. He thinks it would be an exception in the secondary stage, but pos sible in the tertiary stage

Pseudo infection is nothing but a manifestation of the patient's own syphilitic invasion Chancre redux is a pseudo infection is endogenous in origin indicates insufficient treatment, and may be, possibly, secondary in part to trauma

The question of reinfection comes up We have been reading so much in the literature to day of reinfection in lies even of second reinfection. It is true that before the days of arsphenamin reinfection was rarely mentioned. We are now seeing so many reports of reinfection that there must be some truth in them. Moreover, as Chesney points out, so

many of them are in individuals who have been diagnosed early and treated thoroughly with arsenic and other heavy metals. Nevertheless, in the light of studies made on the ape, on the rabbit and now in humans, by Hashimoto, we probably should accept these reports conservatively. Certainly many reinfections could be superinfections; at least there is that possibility.

We simply mention these different laboratory studies inasmuch as they naturally lead us to a better conception of syphilis as considered from the treatment standpoint. so-called prehumoral stage of the French is also to be termed the sero-negative primary. After the serology is positive on the primary we speak of the sero-positive primary; and finally of the secondary, latent and tertiary stages. The sero-positive primary and the secondary stages are closely related. Despite the rapid spread of the treponema after invasion, the earlier the diagnosis the better the prognosis. The earliest type of treatment in use today is the so-called prophylactic treatment. After all, this is given on the supposition of an infection and should be considered from this standpoint. Naturally the earlier the prophylaxis the better the result. Despite some recent reports to the contrary, early thorough prophylaxis within a few hours of the exposure, using plenty of soap and water, elbow grease and thirty per cent calomel ointment rubbed in for five minutes by the clock, will prevent many a case of later syphilis.

Once the disease has been contracted what are the approved remedies to be used in eradicating its cause? Certainly potassium iodide should be considered. Pearce<sup>11</sup> has found in experimental rabbit syphilis that its use definitely changed the severity of the acute infection and diminished the period of the experi-

mental disease.

## MERCURY

Despite the present tendency to neglect mercury in favor of bismuth, we believe that physicians should not forget its value. We can remember several instances of patients susceptible to the arsphenamins and not reacting to bismuth therapy, who responded nicely to hydrargyrum. It is true that it is more nephrotrophic than bismuth or arsenic, yet it is not so prone to cause liver damage or skin reaction. For quick mercury action we may employ soluble daily intramuscular injections of the biniodide or binbromide, or the cyanid or of flumerin. Among the semi-soluble mercury preparations we are still using the mercury salicylate in doses of 0.1 once a week. We think there has been too great a tendency to discredit this valuable drug. Mercury inunctions are still of great service in a continued plan of

treatment, where gradual mercury absorption and excretion is desired. The clean inunctions, where the extraneous mercury is removed from the skin after thirty minutes rubbing, are probably as potent as where the ointment is left after the inunctions. Moreover in a scheme of treatment involving continuous therapy such as is now widely employed, it is well to have, not two, but three different preparations which may be alternated.

# BISMUTH

Bismuth is a drug that has only come into use since about 1920. It apparently has a stronger parasiticide action than mercury and it does not seem to be so toxic in its action on the kidneys as the latter drug. Nevertheless we are now reading of some cases of poisoning from this remedy and it is not to be used without care. Herzog12 says that bismuth preparations to be effective should have at least six centigrams of metallic bismuth in a dose and that in six to seven weeks the patient should receive around 1.5 gm, of metallic bismuth. This, of course, eliminates intravenous therapy in the use of this remedy, inasmuch as by this route it is possible to use no more than four centigrams at a dose and serious symptoms may arise from three centigrams. Moreover, intravenous therapy with this drug is ten times more toxic than intramuscular therapy. muth is probably a remedy superior to mercury. This, however, will require many years of observation before we can fully substantiate it. It seems to be quite active in changing the Wassermann reaction, and is of high therapeutic efficiency.

There are many different bismuth preparations on the market, for example the bismuth salicylate and the potassium-bismuth-tartrate, are very popular in this country, while in Germany tartroquiniobine is widely used. In both France and England a finely divided preparation of bismuth suspended in oil is in general use. It will require much time and study before the most suitable bismuth preparations can be worked out from the clinical, bacteriological and pharmacological standpoints.

# ARSENIC

Arsenic in the form of arsphenamin is, after all, the most potent remedy that we have today for treating syphilis. Its action is essentially that of a spirillicide. It is more tonic than the mercury or even the bismuth. Moreover, it does not have the depressant action that we see with mercury, nor is it quite as depressing as bismuth, though bismuth, in this quality, is not as severe in its action on the human body as is mercury.

Arsenic is more toxic in its action on the

liver and on the skin, and patients who are under therapy with the arsphenamins should be carefully examined at each visit from the standpoint of irritation of the kidneys, possible icterus, and certainly from the standpoint of irritation of the skin. It is not sufficient simply to ask the patients whether they have noticed any skin eruption, but before each injection of one of the arsphenamins the patient should be stripped and examined for evidence of urticaria, of erythema, or even of a mild pruritus Care in this particular may often be the means of preventing a severe dermatitis exfoliativa We have seen many patients who have gone to a physician and received another injection of arsphenamin when they already had an arsenical eruption on the skin The result, natu-The old arsphenamin is rally, was disastrous probably the most potent one of this group, and generally can be employed in doses of from 02 up to 04 gm depending on the age of the individual, the sex and their size believe that the tendency today is not to use quite so large doses. This is certainly true in Europe In fact, in Europe, generally, neoarsphenamin is the drug of choice, and is used in doses of 03 up to 075 gm. It is rare for the German syphilographer to use a larger dose than 06 gm and we are inclined to agree with them in this particular There are some cases where the sulpharsphenamin is of use, particularly where it is necessary to give the drug by intramuscular injection However, it is a treacherous drug, one that is liable to set up a very severe hemorrhagic reaction with little or no notice and we believe that it is being used less and less on this account

The final arsenical to be recommended is This preparation, brought out tryparsamide by the Rockefeller Institute, is widely used in the treatment of central nervous system syph-It is especially employed after malaria therapy and is of great value. In using it we must watch the optic nerves very closely, having preliminary perimeter, including color, examinations It is contraindicated with contracted fields Occasionally the patient will complain of a little blurring after one or two injections which clears up if therapy is stop-In a few weeks it can be renewed and usually continued with no further trouble We often give as much as fifty weekly injections, starting with doses of 10 gm and working up to 30 gm

# INTERMITTENT VERSUS CONTINUOUS TREATMENT FOR SYPHILIS

Now having considered the individual remedies for our arminentinum—how should they be used? As we have already mentioned, Ricord advised continuous treatment therapy,

and advised its being carried on for around a Mercury was used the first six months and potassium iodide later. His greatest pupil Fournier, was the means of the introduction of the intermittent treatment which has been so popular for the last fifty years Once more we find a tendency for the syphilographers to veer back to the continuous form of treatment We believe this to be with reason Almkvist18, in Europe, seems to have been the first one to take up this method of treatment. In our country Moore and Keidel14 have been carry ing it on for some time. They reason well "that a few patients with a primary or possibly a secondary syphilis may be biologically cured from a single course of arsphenamin treatment In most instances, however, this is not pos sible, and virulent organisms are left in various foci in the body. In the days before arsphen amin therapy the patient probably built up a certain amount of resistance or immunity, if you wish to call it such, on his own part against the disease Since we are using ars phenamin, however, little or no opportunity for bodily resistance to be built up has been given and the patient may enter this period following a course of arsphenamin therapy with little or no resistance against the living organisms in the tissue. The result may be that the organisms once more begin to multiply and disseminate themselves, resulting sooner or later in a delayed or recurrent type of the disease" If, however, continuous treatment is used, that is, courses of arsphenamin followed by courses of mercury, or of bismuth, this is not possible The patient may be kept under continuous therapy, first with arsphenamin, for example, then say with bismuth perhaps later with more arsphenamin, for example, then again with mercury and so on for such a period of time as completely to cure the patient and allow the organisms no chance to develop

It is to be noted that Colonel Harrison in his recent publication on Wassermann Treatment of Syphilis in England his come to the conclusion that his patients do better with interrupted courses of treatment. Nevertheless, we personally believe the continuous therapy to be the rational mode of treating syphilis and would advocate its adoption by every thoughtful physician.

## ABORTIVE TREATMENT

What then should be the treatment of choice in the early syphilitie in the light of our continuous therapy and from the standpoint and viewpoint of different syphilographers? Let us first consider the so called sero-negative primary, the type of case in which the abortive treatment is recommended.

The abortive treatment is all right, provided it

be thorough enough and provided the diagnosis be made early enough. It should be applied to sero-negative primaries and even then the patient should be followed in his after life like the ordinary syphilitic. Gougerot and Fernet<sup>15</sup> advise for such cases a course of intense neorsphenamin treatment, up to a total of six or seven grams, a rest for several weeks and then a repetition of this treatment, followed by treatment with mercury and bismuth for six months. Bernard<sup>16</sup> likewise insists on a long, intensive, abortive treatment with clinical observations thereafter.

The late Dr. Fordyce<sup>17</sup> suggested for patients in this stage, where we hope to abort the disease, that there should be at least two courses of eight doses each of arsphenamin and two courses of fifteen injections each of mercury. He emphasized the need of continuous observation and control of Wassermanns, in even these cases. Cannon<sup>18</sup> recommends as a minimum standard of treatment at least thirty injections of arsphenamin, or its equivalent in neoarsphenamin, and forty-five injections of mercury salicylate, over a period of nine to ten months.

Hoffmann of Bonn feels that an early case of this type can often be cured by a course of arsphenamin followed by a course of bismuth. Almkvist would use in a case of this kind in addition to the arsphenamin course ten injections of bismuth and then ten injections of For example, he would use the mercury. Spirobismol and the mercury salicylate. Schamberg recommends his course of arsphenamin be given as follows: 0.9 gm. of neoarsphenamin twice a week for two weeks and then once a week in a case of this type. Stokes recommends three almost maximum doses in the first nine days of the disease and then would follow this weekly with milder doses, after which he would administer mercury. Both of these types of administering arsphenamin are given, of course, with the idea of sterilizing the lues. Keidel and Moore<sup>14</sup> in their outline for continuous therapy recommend eight injections of arsphenamin in the first series, while subsequent courses of injections would consist of six. In order to utilize the effect of the arsenic as much as possible the first mercury course between the courses of arsphenamin should be four weeks, gradually lengthened to six, eight and ten weeks in respective subsequent courses. As long as nine years ago they set up a standard of one year's continuous treatment after the blood Wassermann and spinal fluid had become and remained strictly negative. The patient is then put on a full year of probation during which he receives no treatment, and if in this time he develops no lesions of syphilis, the blood Was-

sermann tested at frequent intervals remains negative, physical examination and punctures are likewise negative, the patient is allowed to marry on the supposition that he is probably cured.

Tadassohn.19 The German syphilographer, writing on the treatment of syphilis emphasizes the need of early diagnosis. He still advises the use of combinations of therapy, that is of arsphenamin, mercury and bismuth. He still thinks that arsphenamin is the specific treatment of syphilis, and mentions the large number of reinfections that are being reported since its use. He thinks that the use of too little arsphenamin is bound to predispose to the central nervous system recurrences. his sero-negative primary cases his treatment during the first course would run somewhat as follows: on the first day, neoarsphenamin, 0.3 gm., second day an injection of Spirobismol (tartroquiniobine), 1.5 cc. to 2 cc., that is, metallic bismuth 6 centigrams, or of mercury salicylate, 0.1 gm; the sixth day neoarsphenamin 0.45 gm.; the ninth day the same injection of Spirobismol or of mercury; the tenth day neoarsphenamin 0.45 gm. After this he would give his neoarsphenamin injections about once in five days up to a total of 5 gm. to 5.1 gm. and interspersed along with this Spirobismol, 35 cc to 40 cc, that is 1 gm. to 1.2 gm. of metallic bismuth; or twelve to fifteen injections of the mercury salicylate. In the sero-negative primary cases after a rest of four to eight weeks he would give another cure of like length. This would constitute the treatment of a socalled abortive case.

With a sero-positive or a secondary eruption he would give three of these cures and after three to four months a fourth cure. During the first cure Jadassohn would advise a Wassermann along with the first, fifth, and sixth injections, and two and four weeks after the first cure. He also advises serological tests at the beginning of the second cure. and at the time of the second neoarsphenamin of the second cure, also at the end of the second cure, and every four to six weeks the first six months, every eight to twelve weeks the second six months and the second year every three months. At the end of the second year he would advise a lumbar puncture, and at the end of the first and second years 0.45 gm. of neoarsphenamin and a blood Wassermann one and five days afterwards. The patient is then discharged, but a Wassermann advised every year.

As we drift from the sero-negative primary into the sero-positive primary we find that our treatment is much the same with the different syphilographers. For example, Almkvist would recommend instead of his abortive treatment

of ten injections of arsphenamin, ten of bismuth and ten of mercury, that the same course of treatment be repeated, treatment continuing for seven months. If he has a secondary eruption he would recommend an even longer course of three courses of treatment, or arsphenamin, bismuth and mercury, duration ten and a half months, or in a more resistant case even four of these courses, duration fourteen months. If we examine the recommendations of these different syphilographers, combine them and attempt to evaluate them we find several deductions that are to be drawn. In the first place, all the men emphasize the necessity of making a diagnosis as early as possible. We should not wait for a seroreaction to become positive. Diagnosis should be made by means of a darkfield, or if not by means of the darkfield, by the use of gland punctures, saving many valuable days in instituting treatment. Too much emphasis cannot be laid on this point. A week at the beginning of a syphilis may be of as much value for treatment as a year, four or five years later. It may mean the sterilization of the disease. Hence every suspected case of syphilis should be diagnosed as soon as it is humanly possible, not waiting for the serology to become positive, and it is certainly criminal to wait for a secondary eruption, as we so often see even in this day and age of medicine.

Having made a diagnosis, the treatment should preferably be continuous in type, in the hope that thereby we may actually eradicate the disease from the human system. Throughout the treatment frequent serological examinations should be made. Much depends on the reaction of the blood as to future treatment and as to the amount of treatment necessary. Moreover, we should not neglect frequent physical examinations to determine the course of the patient's condition. It is probably impossible to outline any routine iron-bound chart that could be used on every patient seen. One man will take arsphenamin well. next man will develop a mild nephritis after the use of mercury or of bismuth. Another patient may show an erythematous eruption after the second or the third injection or ars-We repeat that an iron-bound phenamin. chart is only a convenience and cannot be used in every case.

Nevertheless as near as possible we shall submit what we think comes closest to the ideal of present conceptions in the treatment of an early syphilis.\*

# Sero-negative Syphilis

We would give arsphenamin, 03 gm. to 04 gm the first day, or its equivalent in neoarsphenamin, and repeat this the fifth and tenth

day, and then once a week up to a total of ten injections, if the patient stands it well This we would follow immediately with ten weekly injections of one of the above mentioned bismuth preparations. After a second like course of arsphenamin we may put the patient on unguentum hydrargyrum, 4 gm to an inunction, six days a week for a total of fifty inunctions. Along with this therapy we would advise potassium iodide internally With the average sero-negative primary two such course of arsphenamin will suffice Mercury salicylate may be substituted for the inunctions. It might be well to follow the mercury with another short course of bismuth injections. We would advise that a blood Was sermann be taken at the beginning and at the end of each course and the first day and the fifth day after the first injection of the second and third course of arsphenamin. We would advise a lumbar puncture early in the course of treatment and again at the end of the first year. If these are both negative, probably further exploratories of this type will not be necessary.

### Sero-positive Syphilis

With a sero-positive primary eruption early in type, we would certainly advise at least three of these courses of treatment and with a secondary eruption at least four of them. The patient should then be put on a probation period of at least a year, with a blood Wassermann every month or so. If, at the end of this time, complete physical examination and puncture are negative, permission should be given the patient to marry, though they certainly should come in for examination every six to twelve months for the next two or three years and have yearly physical examinations.

Naturally with later cases of syphilis it is rather difficult to carry out any definite routine of treatment. Each case is one unto itself. We would likewise use the heavy metals here along with potassium iodide. Naturally great stress would be put on careful physical examination to discover any possible internal ravages of the disease With syphilis of the central nervous system the same remedies are to be recommended and if physical findings and serological findings do not respond we would unhesitatingly recommended foreign protein, or better, malaria therapy. We are employing malaria therapy more and more and find it to be of the greatest help in coping with stubborn central nervous system lucs. expecially with taboparesis. Our results from

<sup>&</sup>quot;We would refer the reader to reprint to 13 from Venereal Disease Information Vol X. No. 2, 16th 20 1029 Venereal Management of Syphiles in General France, by Incenh Latte Moore in collaboration with Harold N Cost F. Schamberg. If C Solomon, Und J Wite and John II Stokes

# CHART FOR ANTI-SYPHILITIC THERAPY

Day or Week	Arsphenamin	Віѕмитн	MERCURY	KI	REMARKS
Day 1 5 10 (Week 2) 17 Weeks 3 to 8	0.2 0.3 0.4 0.4 0.4	0 1 to 0.2			Wassermann General physical examination Lumbar puncture Wassermann
Weeks 9 to 18		10 injections 0.1 to 0.2 intra- muscularly	-	0.5 x.i.d. p.c.	Treatment average seronegative primary finished end of 40th week. Seropositive primary end of 62nd week. Secondary 74th to 84th week
Weeks 19 to 29	10 injections each 0.4 total 4.0 or neoarsphenamin 6.0				Wassermann 1st day and 5th day after 1st arsphenamin Wassermann
Weeks 30 to 40			HgSal 0.1 every week total 1.0 or 50 to 80 Hg. inunctions	0.5 x.i.d. p.c.	Wassermann
Weeks 41 to 51	10 injections each 0.4 total 4.0				Wassermann 1st and 2nd day after 1st injection General physical examination Wassermann and lumbar puncture
Weeks 52 to 62		10 injections 0.1 to 0.2 Total 1.0 to 2.0		0.5 x.i.d. p.c.	Treatment seropositive primary completed. End of this course Wassermann
Weeks 63 to 73	10 injections each 0.4 total 4.0				Wassermann
Weeks 74 to 84			HgSal 0.1 every wk. total 1.0 or 50 to 80 mercury inunctions	0.5 x.i.d. p.c.	Treatment average secondary case completed at the end of this course

foreign protein treatment have not been so encouraging.

# Malaria Therapy

Malaria treatment should only be instituted under the most careful hospital supervision. Careful check should be made on blood pressure, blood study and blood chemistry of the patient. We routinely are typing their bloods, inasmuch as in several instances acute collapse has been averted by transfusion. Malaria therapy is not without risk, but where one sees the results in a class of patients otherwise often beyond therapeutic hope it is a great boon. We generally follow up these cases with arsphenamin but especially with tryparsmide intravenously, often giving it over a long period of time.

# General Discussion

What is the answer to present day therapy of syphilis? Is syphilis on the decline or is it on the increase? In 1926 Jadassohn (20) reported the results of a questionnaire sent out to fifty-one specialists in nineteen countries as to their views on the decline of syphilis and its relations to treatment with arsphenamin. In fourteen of these countries there was a unanimity as to the decline of the disease. In Italy six out of the seven replies showed a decline. In France there has been an undoubted decline to the extent of 50% up to 1923, but of recent years Jeanselme had observed a flare-up in Paris which he attributed to immigration of foreign workmen. The decline in Bulgaria, Denmark and Sweden was fourfifths; in England and Switzerland at least one-half; in Holland three-quarters, and in

Italy one-third. Scandinavian countries today have almost no acute syphilis. Almost all of the specialists attributed this decline to the use of arsphenamin. In a recent paper one of our well known American syphilographers, in one of the great medical centers of this country decried the factthatthey were having difficulty in getting enough syphilis material for teaching purposes. While the writer regrets to say that this is not the case thus far in Cleveland, yet he, too, feels that syphilis today is possibly on the decline. Certainly we rarely see the rupoid and malignant types of syphilis that were formerly encountered. We believe that with education of the medical profession and with proper education of the laity as to the consequences of this disease that much good will result. We would doubly emphasize the necessity of early diagnosis and of thorough treatment along with the more general and universal use of prophylaxis. With these forward steps and with compulsory examination of all applicants

for marriage, syphilis in the next twenty-five to fifty years will truly take an enormous decline. Perhaps the day will actually come with syphilis as with typhoid fever that the medical schools will have difficulty in getting material for teaching purposes.

#### BIBLIOGRAPHY

- 1. Kerl, Wilhelm, Wien Klin. Wehnschr, 40.1, 47, 1927
  2. Shaffer, L. W., Mil. Surgeon, 49 566, 1921
  3. Kolle, W., and Evers, Elsa, Deut. Med. Wehnschr, 52 1075, 1926
- 1926 4 Chesney, Alan M. Ven Dis Information, 8:389, 1927. 5. Dujardin, B., Ann. Dermatol et Syph, 6th series, 4:541
- 923
  6 Editorial, Loncet, London, † 145, 1927.
  7. Tret, W., Arch, † Derm u Syph, 144 365, 1923
  8 Vornonfi, D L., Ann mal tinir, 21 401, 1926
  9 Bernard, Rev franc de dermal et ténér., Paris, 2 577, 1926
  10 Driver, J R., J A M. A 83-1728, 1924
  11 Pearce, Louise, Rev franç de dermat et de vénér, 3 16
- 1921 Herzog F Med Klinik, 20 1333 1924
  12 Herzog F Med Klinik, 20 1333 1924
  13 Almkvist J. Arch f Dermat w Syph 150 179, 1926
  14 Moore, J E, and Keulel, A, Bull Johns Hopkins Hosp
  14 Moore, J E, 6 1023
- 19:1. 15

# WHAT MAY THE DOCTOR GAIN BY DISCRETION IN READING? By J. BAYARD CLARK, M.D., F.A.C.S., NEW YORK, N. Y.

O this, the answer is both forthright and clear, for if he already has not made that blessed discovery, he may gain for himself a new heaven and a new earth.

Said Ralph Waldo Emerson: "We love to associate with heroic persons, since our receptivity is unlimited; and, with the great, our thoughts and manners easily become great. We are all wise in capacity, though so few in energy. There needs but one wise man in a company, and all are wise, so rapid is the contagion."

Through reading of the right sort we are brought into the company of the great, into the company of the wise; it is the doorway of a new companionship, the entrance of a new radiance in life. How well Osler, the brightest star in our recent contemporary firmament, knew this. He became the companion of the great men of all time; much of his life was spent in their company—until finally, he too, became one of them. But he did not lose touch with the illuminating souls of his own time because he dwelt so much with those who had gone; rather, he allowed them to complement each other, and from those of the past he learned to measure and evaluate those of the present. We need not dwell on the ennoblement of Osler's character through his knowledge and friendship with the great ones of our profession who went before, because through

his influence this ennoblement is now filtering through the faculties of our own medical schools and to the students of our own time. They are learning to make friends with those large figures of the past in whom our profession is rooted, and by that companionship are gaining a nobility all too little appreciated before Osler's time. This is his bequest to the present, and the future, and it stems from what he gained by reading.

Who of us in our boyhood did not gather into our minds visions of heroic persons and generous deeds? Who of us did not see the possibilities of life lived on a higher plane; a fairer outlook and a better portion for the multitudes submerged in ignorance, in poverty and disease?

In our youth it was with thoughts such as these in our hearts that we turned our stepsthat is, most of us did, I am sure-toward the career of our choice. We could as well have gone into business or, possibly, into some other profession; but there was that, somewhere, down deep in our nature, which turned us toward the profession of medicine Again, I believe, those of us motivated by such thoughts have no regrets concerning our early decision, but in the ebb and flow of life and the changing and varying conditions of society that accompany it, there come times when even the path of one's chosen career becomes

thorny and strewn with obstructions. With the traditions of our calling still warming our blood, we press on amidst increasing difficulties and into a future befogged by we know not what.

With the rapidly expanding knowledge within the precincts of our own profession we are often put to it to keep acquaintance with what is growing up about us, let alone looking across the boundary and studying the activities of those just beyond.

It is held by some that the chief difference between a business and a profession is that the primal motive of the one is to take something away from society while the motive force of the other is to add something to that society. If this be so, it scarcely needs a mature mind to understand that social trends, as between business and profession, must at times collide and jostle one another threatening the outcome of, what is after all, a common cause.

Shut in, as the busy practitioner frequently is, by the multifarity of his own pressing professional activities, he often does not see what is going on beyond the narrow confines of his own horizon; he feels the pressure but he fails to sight the activating agency, over the way, at work.

In his busy caring for the physical body at hand he is prone to lose sight of the social body just yonder. He does not always realize that what the social body is doing beyond may be the very thing that is making the physical body, he is dealing with, so difficult a matter to serve justly and well.

If the physician has failed to secure that certain home for his soul that Emerson points to and Osler found to fulfillment, he is failing just now even more certainly to keep his earthly home in order and intact by his failure to read with discretion the passing history of the present moment as it is being recorded. It is quite as necessary for the medical man to know the social body as it is for him to know the physical body if he would keep his place in the former and do his full duty by the latter. It is quite as necessary for the good doctor not only to know diseases, but to know men. He must study not merely their physical processes, but the motives that guide them and the problems that beset them. These things he must know if he would see clearly and as a whole the civilization men have made, and of which he himself is.

At present the physician shows signs of not realizing at all what the leaders of our present social order have in store for him. It seems to be escaping him entirely that the social body in its industrial dress is discovering in him a very useful and profitable tool which is highly desirable from a financial point of view to have

incorporated with its own erstwhile activities. That he forfeits his own individuality and communal influence built up through the ages and through no self-seeking motives, is to the corporate interests of small concern.

The physician above all others, if he is to follow the high ideals of his professional past and meet the high ideals of his professional future, should know with great accuracy, just what the social body outside his small professional sphere is doing, if he hopes to protect his personal as well as his professional being. And he may not expect to accomplish this without an intelligent selection of his reading. His sources of information need to be sound and authentic.

The truth is, be it said to our professional chagrin, that all too often the medical man, for want of a little system, allows his life to become so involved in a round of unimportant activities that he has no leisure in which to acquire a broader wisdom and perspective. He ceases to be a citizen of the world.

Rumors float about that all doctors will be absorbed in a vast scheme of State medicine. They will be hired and fired like any other government employees. On the first of the month they will receive their pay envelopes like the rest.

Where has the dignity of our profession fallen? We who were once leaders are now to be hirelings. Must we keep reminding ourselves and the public of what a free and independent medical profession has given to civilization? That through the struggles and selfsacrifices of its individual members the sudden and most dreaded scourges of mankind have been wiped out or held in check? That whole countries have been made habitable places? That commerce can function only when supervised by its sanitary ruling? That cities can exist only by its protection of their water and milk supplies and its direction of public health? That warfare can only be waged by the assurance of its participation—or shall we say by its consent? Here, indeed, is a power and influence, as well as a value, that industrial or political leadership would like well enough to call its own. The tragedy is that others see what we do not.

It is time that the medical profession made a careful individual study of just what the social body outside its gates is aspiring to.

There have been two great profit-gathering periods in the history of civilization—that of ancient Rome, when the physicians were slaves, and recent America, where as yet their status has not been determined. The former, it is to be presumed, all cultured professional men are familiar with. The latter is now being vividly related in contemporary book form

and in the best of our magazines. If need be, the medical man should lay aside a portion of his other interests to acquaint himself with the rapidly moving and astonishing events of his own times and, on behalf of that welfare of which he alone is the capable custodian, stand ready to protect those traditions of large social value upon which he was nurtured.

It would be well for the medical men of this land and of this time to knit themselves together into a firm fabric that will withstand the certain subjugation of their individual members if they attempt to remain ununited. There are spiritual values as well as physical values woven into the cloth of which we are. Never, perhaps, was there more need than now to stand guardian over these sacred human assets menaced by a materialistic frenzy from without.

The physician is advantaged by a clearer appreciation of the limited mental age of the average citizen and, with his own better knowledge and understanding, a heavier responsibility rests upon him in this relaxed period of playthings and light mindedness provided by the machine. Alcohol is not the only intoxicant capable of upsetting mental balance and defeating the temperate and surer cultural advancement of the race. In the days of Sulla and Caesar slavery provided the setting for the self-indulgent and superficial life that machinery provides for us in these days of Rockefeller and Ford.

This is but a period, a season, in the transit of time; and the chances that it will land us in the same dark debacle as our predecessors is becoming ascendingly more probable unless we put into operation more intelligence than they did.

Our first necessity is to acquaint ourselves with the situation, and do it with the same energy and dispatch usually devoted to any problem confronting the first law of nature; it is, indeed, a matter of self-preservation for affairs are not moving slowly albeit they may seem silent and safely distant.

The medical profession should prepare it-self to take part in the world's work fully recognizing its own important place, its own power and influence in the present scheme of civilization. It should stand solidly upon its own feet and carefully reserve for itself the dispensation of its own contributions to the present pattern of society. It should do this, need it be said, from no selfish motives but in order to stay the forces inimical to those higher human values that the profession of medicine has always championed. It should advance its cause primarily by investing its interests in health and secondarily in meeting the problems of disease. To these high ends the physi-

cian must become acutely alive to the dominating tendencies of his own times.

Let us keep our eyes on what is being told in any two or three of the leading magazines and also watch for the books that sincerely chronicle the passing show. Study a cross section of any typical community by reading "Middletown" by Robert and Helen Lynd, for example, and see how prosperity "sets" on the stomach of every day American life.

"Our Business Civilization," by James Truslow Adams, is another book of revelation—and, by the way, when you see Mr. Adams ame attached to any recent book or magazine article dealing with social problems pounce on it as you would upon a precious stone, for it will ornament your understanding. In the past eighteen months he has appeared several times in Harper's Magazine. Not one of those papers should be missed. In the same magazine have appeared papers during the last year by such men as Albert Jay Nock, Harold J. Laski, and Stuart Chase. Hunt those writers out and let them clarify your mind on this important matter.

Scribner's, The Forum, Harper's, The Bookman, Century, The Atlantic, The Survey Graphic, The New Republic, The Outlook and Independent—these are the sort of magazine that marry your mind to the realities of our present period.

These few suggestions make a sound beginning for any of our profession who have not as yet got up an interest in this new national game of who can get the most money. In this game it is not always easy to descry the players who, bent on a vast superfluity of wealth, neatly screen their unwholesome acquisitiveness behind the utterance of platitudes or a display of concern in man's welfare.

Fortunately for humanity there are other things beside material accumulation which in the long haul are infinitely more worth while to the interests of mankind and, fortunately again, the vast majority of the men of our profession realized this or they never would have chosen the career they did,

What other profession is there that has the far reaching power and influence for good or evil possessed by the medical profession? We dip into every crevice of society and we reach to its every peak. Let us take a page from Osler's book and try, as he did, to fulfill our obligation of allegiance to the noblest calling of all. Let us stand together and above submission, and fight for the cause that leads man upward rather than, through our indifference, sink into a mere materialism with him. Let us lead, not follow, and to this end devote ourselves to such reading, as, rounding out our social sense and enlarging our vision to see life whole, fits us for the role of leadership.

. 44.

# THE PSYCHO-ANALYSIS OF BORDER LINE CASES\*

By C. P. OBERNDORF, M.D., NEW YORK, N. Y.

AT the outset, it is best to define, so far as can be done, the terms percha and border line mental cases. The term psycho-analysis is legitimately used to denote three distinct concepts: (1) the school of psychology founded by Freud; (2) a method of psychological research; (3) a method of treatment of neurotic disorders. In this paper, we are concerned preponderatingly with the last application. However, in America especially, "psycho-analysis" is glibly used and vaguely applied to almost any form of psychotherapeusis, mind reading or palmistry.

"Border line mental case" is as indefinite as the indiscriminate use of the phrase psychoanalysis. In a general way in our estimation of human conduct, the average must serve as a norm-a shifting, varying, impermanent norm—and that norm shades off into the milder forms of neurotic conduct imperceptibly. Progressing a step beyond the realm of simple neuroses, between the severer neuroses and the milder psychoses, one also finds a merging of symptoms so that competent psychiatrists might differ in applying either the benign or malignant label to certain cases. The terms neuroses and psychoses, like the term insanity, are concepts which may be expanded or contracted within certain limitations. While a nomenclature is indispensable in order to convey very broadly the type of disorder under consideration, terminology in functional disorders admits a latitude which makes it possible for a goodly percentage of. cases to be pigeon-holed as either severe neuroses, mild schizophrenias or mild depressions.

The Kraepelinian descriptive nosology of psychotic manifestations represented a brilliant advance in psychiatric orientation at the time of its promulgation. It had barely become established in America about 1910, before the studies of the psycho-analytic school were well on the way to undermine its value. The work of Bleuler in Zurich, especially his theory of psychic ambivalency, directly instigated by the discoveries of Freud, the analysis of the association disorders of schizophrenia and his studies in autistic thinking, made, possible a psychological interpretation of the symptoms seen in schizophrenia. However, Bleuler clung to the concept of schizophrenia being the evidence of an organic disease of the brain. Notwithstanding this, in 1908, Karl Abraham,1 possibly the keenest clinician of the early group which joined Freud's standard and at the time under the direct influence of the

\*Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

\*Abraham, Karl: Klinische Beiträge zu Psycho-analyse, 1921—Internationale Psycho-analytic Verlag, Page 35.

Zurich clinic, stated that the "postulations of an abnormal psycho-sexual constitution in the sense of auto-erotism seem to me to explain a large part of the disease symptoms of dementia precox and make the recently elaborated toxin-hypothesis needless." Subsequently, in 1912, Abraham<sup>2</sup> analyzed a case of manic depressive insanity and called attention to the fact that the affect of depression is quite symptomatic of all forms of neuroses just as the affect of anxiety is present in most cases of depression. His formula of the psychic mechanism of depression is-I cannot love people, I must hate them. The second step in the process is a projection—namely people do not love me, they hate me because I am afflicted with certain congenital defects, therefore I am unhappy, depressed. at this time proposed the psycho-analysis of persons suffering from recurrent depressions in the interval between attacks as a prophylaxis against future recurrences. By this time, Freud himself had invaded the field of the psychoses with his ingenious psycho-analytic interpretation of the biography of a case of paranoia which he held to be due to the projection of an unconscious homosexual interest by the persecuted upon the persecutor. Shortly thereafter, he published his delicate differential study of "Mourning and Melancholia" which might, perhaps, he translated as grief and depression, in which he emphasized the ambivalent feelings of the depressed patient toward the lost love object.

The personality studies by Hoch and the formulation of psychological reaction types by Meyer in America, the latter's dynamic interpretation of mental disease, embody at a conscious level the dynamic principles of conflict between instinctual strivings and ego demands which Freud demonstrated to be the basis of so many neurotic disorders. Meyer still4 (1928) "prefers not to do very much more with the socalled unconscious but to work very much more with the facts as we find them." The valuable contributions which American psycho-analysts have made to the advancement of psychoanalytic knowledge are meager indeed and the few original ideas brought forth are not particularly well substantiated. However, very largely because psycho-analysis in America has been unswervingly sponsored by a group of well trained psychiatrists, the tendency to infuse psycho-analytic concepts into border line cases has been more general here than abroad.

<sup>&</sup>lt;sup>2</sup> Ibid.—Page 95. <sup>3</sup> Ibid.—Page 102. <sup>4</sup> Meyer, Adolf: American Journal of Psychiatry, Vol. VII— No. V—Page 940.

The position previously assumed in this paper indicates that there is no hard and fast line between neuroses and psychoses, that one finds schizophrenic reactions in compulsion neuroses, that compulsive activities complicate schizophrenias, that anxiety states quite constantly fuse with depressions, that conversion symptoms are found in depressions, in manic excitement as well as in hysterias, etc.

One may even carry this theme a bit further in questioning the desirability and validity Freud's own classification of neuroses into the psychoneuroses proper-namely, the conversion hysterias, compulsion neuroses and anxiety hysterias, on the one hand, and the actual neuroses-neurasthenias, hypochondrias and anxiety neuroses, on the other. Indeed pure cases of any of these types are so rare as to be negligiblefor neuroses as a rule are mixed. In private psychiatric practice, most of the semi-psychotic and psychotic functional pictures are so far removed from text book descriptions that the thought arises to what extent given functional diagnoses in closed institutions are forced and how much more difficult still it would be to force them into the established groupings were they studied more intensively.

Freuds has attempted to differentiate neurosis from psychosis on the basis of the reaction to reality. While the neurosis does not deny reality, it attempts to avoid some specific disagreeable phase of it and seeks to protect itself from contact with it. In contrast, the psychosis denies reality and seeks to replace it. Thus in the psychotic reaction some rejected portion of reality is reconstructed pathologically to meet the needs of the patient. Freud, however, recognizes that this differentiation is weakened in that in the neurosis there may be also attempts to substitute the undesired reality by a more acceptable fancied one. Let me quote briefly such a complex patho-

logical reaction:

The patient, at the time aged twenty-four, came for treatment following an attempt at suicide by drinking iodine which culminated an intense depression and almost continuous reflection over his intolerable personal situation day and night for a period of three months. He had suffered from a similar depression at the age of nineteen when he voluntarily discontinued his studies at one of the Catholic colleges where he was preparing for the priesthood and entered business. When the patient attempted suicide, he confessed to his brother that he had been driven to it by a conviction that he had been overwhelmed in his apparently hopeless struggle against sex. He had been raised in an extremely pious Catholic environment and it had been the fond hope of his parents that he would eventually be ordained. His psycho-sexual conflict began at the age of

\*Freud, S.: Zeitschrift für Psychoanalyse, Vol. X-No. 1-Pages 1-5, 1924.

The immediate cause for his despondency centered in a very unusual neurotic manifestation. He abandoned his studies for the priesthood after his first depression so as to be freed of the sexual restrictions inherent in that profession but upon attempting coitus some years later he found that he became afflicted with a sniffling of the nose whereupon his erection disappeared. As a matter of fact, the sniffling of the nose had constituted a tic like movement since the age of fifteen and if he had been committed to a state hospital it is quite possible that this tic in as much as it was associated with mental inaccessibility, would have been classified as a stereotypy or a grimace. Moreover, the patient's very bizarre, fantastic, interminable psycho-sexual religious phantasies, such as one finds coming to light only in very deteriorated dementia precox cases, would have easily justified a diagnosis of schizophrenia. He presented a disorder which in all probability at the hands of a non-analytically trained psychiatrist would have been diagnosed either a dementia precox or by some few, perhaps, in view of the ostensible recovery of the early depression. a depression of the manic depressive type. However, on the basis of his insight and contact with reality, the conversion symptom (nasal sniffling) was analyzed first. Later the phantasy formations and correlated depression were attacked and because of the handling of unconscious factors, a recovery has been effected.

It becomes almost automatic for the analytically trained physician to approach psychotic reactions as a whole in terms of evolution or regression of the individual's psychic structure in the face of intra-psychic situations-less cogently in response to environmental stress. For example, two months ago a woman, aged thirty-four, married. was referred for analysis because of fainting attacks occurring at rapidly increasing intervals. Her physician recognized them as hysterical and suspected their origin in a psychic conflict aggravated by a marital situation and correctly interpreted them as a flight from reality. He sent her to a hospital but two days elapsed before I saw her. At the first interview, for two solid hours long repressed psychic material gushed forth with a glow of hot lava. A full fledged manic attack, from which she has not yet recovered, ensued-but, with the surmounting of the repressing forces, the fainting attacks have

Likewise, the minutiæ of psychotic reactions supplement and elucidate the factors operative in the reaction as a whole in the appearance of individualistic symbols, substitutions, sublimations, projections, displacements and overcompensations—the significance of which is so often totally unconscious to the patient.

While often emphasizing the importance of psychogenic factors in the production of organic disease and psychoses, the psycho-analyst does

not ignore either biological causation or process in mental disease. Admittedly, psychoses are often set in motion by many types of pathological processes causing temporary or permanent damage to the brain-tumors, scleroses, endogenous or exogenous toxins, etc. But even in such cases the content of the process serves as a basis for intelligent insight into the structure of personality. For example, the content of hallucinatory experiences, whether induced by drugs such as ether or the elevated temperature or without demonstrable cause, probably represent some purpose satisfying to the psychic economy of the individual." That the visual hallucinations produced by alcohol in men (snakes, elephants with huge trunks, mice, etc.-phallic symbols) are often identical in alcoholic patients is not to be construed as evidence that alcohol produces a specific type of hallucination but that in the minds of many males addicted to alcohol the same fullness of repressed homosexual fixation exists. Several competent observers have assured me that no similar hallucinations are customary in female alcoholics. So too, no matter what the instigating process of the pathological mental state may be in psychotic states, analysis may show that the delusion of persecution is closely connected with a primal thwarted love attachment to the persecutor, that alcoholism is not explicable upon hereditary, environmental or educational grounds alone but represents a flight from and indulgence in certain libidinous cravings, that in melancholia the self reproaches are due to an ambivalence in regard to the lost love object and that the reproach is directed not against self but against an image of the love object incorporated in the ego, that in manic phases in his garrulousness and elation the patient rises above his inhibitions and rides care free upon the top of the world as he did before society imposed its irksome restrictions upon his conduct.

The criteria for the advisability of making an analytic approach with some hope of therapeutic success in psychotic disorders are three-foldnamely, the degree and stability of the transference, the depth, persistence and clarity of insight. and the degree to which the patient in his mental disorder denies reality. The term transference, usually corrupted to indicate any form of rapport between patient and physician, is used here in its strict psycho-analytic sense, i.e., the unconscious displacement of an affect, either positive or negative, from a person who at one time played an important affective role in the patient's life, upon the analyst in the course of the patient's contact with him. While it would seem extremely difficult to utilize negative transference to a therapeutic end in the case of a pschotic patient it is conceivable that an inconstant negative transference might, with sufficient patience and insight on the part of the psychiatrist, be employed as an entering wedge for contact in a case of mild schizophrenia. In this latter class of patients who remain so persistently at or have regressed to an auto-erotic level, a dependency transference in which the physician plays the role of the nursing mother can often be immediately established.

So too, a certain degree of insight is probably never entirely absent in either schizophrenias or manic depressives, although varyingly reliable at different phases of these disorders. Withdrawal from reality is rarely complete, notwithstanding the apparent isolation of the schizophrenic who sits rigidly, drooling, in a chair but who may astonish one by spontaneously making some very pertinent comment about the examining physician or his environment. Obviously, in determining the advisability of therapeutic approach, the proportionate retention of these three qualities-transference, insight and denial of reality—must be ascertained and the physician might hazard the undertaking of the analytic treatment of a case in which one of the factors, such as transference, was extremely propitious whereas the other two were meager at the outset.

On the basis of these criteria obviously the incipient case of schizophrenia and mild, undifferentiated depression are the psychotic disorders most amenable to readjustment through the psycho-analytic approach. In such situations the orthodox method of psycho-analysis must be altered very widely, particularly in the matter of expression of greater sympathy, advice and encouragement of the patient on the part of the analyst, and greater caution in intimating the underlying unconscious causes for the pathological symptoms. Perhaps even a conscious effort on the part of the analyst to encourage the identification of the patient with himself is permissible. Often a lack of understanding and an environmental situation in the home make it desirable and even imperative that these patients be removed. Here, I would make a plea that the State establish a home or house for such mild psychotics to forestall their entrance to a closed institution. Such patients when their mental conditions permitted could pursue their occupations and be treated in a State sustained clinic located apart from such a home just as the wealthier individuals are allowed to reside in the community to their great advantage, I think, and obtain treatment at the hands of private practitioners.

In the analysis of most psycho-analysts, an unconscious ambivalence to the subject they so zealously advocate and pursue is almost invariably demonstrable. The same is probably true of psychiatrists in general who occasionally have been heard to utter remarks of disparagement, deprecation and disgust in regard to their patients. If we can free ourselves from such unconscious hostility, following the Freudian for-

<sup>\*</sup>Oberndorf, C. P.: A Case of Hallucinosis Induced by Repression. Jour. of Abnormal Psychology, February, 1912.

mula we may run less danger of falling into a state of depressing self reproach and its concomitant mental retardation and psychic paralysis in connection with functional disorders. In similar vein, I would close with one of Freud's pithy, epigrammatic remarks voicing a guiding principle particularly well suited for psychiatric attitude if we are to progress in the understanding of our mystifying specialty, namely, "if we cannot see clearly, let us at least see what is unclear clearly"

## TRACHEOBRONCHIAL ADENITIS\*

# By CHARLES P. EMERSON, M.D., INDIANAPOLIS, INDIANA

AMONG the shadows on chest films few have attracted more attention than those in the hila of the lungs, sometimes so conspicuous, so frequently present in apparently well persons, and, except in children, usually so little related to the active processes present in the case.

Along the lower trachea, at the bifurcation of the primary bronchi, and along the larger bronchi are groups of lymph-nodes which may play a large part in the pathology of chronic pulmonary conditions. These nodes may be divided into three groups; the tracheal nodes, seven to ten in number, located along both sides of the lower trachea; the bronchial nodes, larger than the above, and from ten to twelve in number, at the angle of the primary bronchi; and the pulmonary nodes, smaller but more numerous, imbedded along the bronchi in the hila of the lungs. These lymph-nodes receive afferent vessels from the lower trachera, the lungs and their bronchi, while their efferent vessels run upwards toward the neck.

Only two or three years ago the roentgenologists, with much improved technic (Granger's method) in visualizing the conditions of the nasal sinuscs, demonstrated their ability to diagnose the presence of an unsuspected nasal sinusitis from the appearance of these hilum shadows alone. Also, it is since that time they have emphasized more than ever the importance of infections of the posterior sinuses, that is, of the posterior ethmoidal and sphenoidal sinuses. These sinuses have often been disregarded since their ostia can seldom be seen on direct inspecton of the nose and they cannot be transilluminated. It would be foolish to pronounce these more important than the anterior sinuses, nevertheless, because of their size and position, they must be quite important in the pathology of general infection. They deserve especially mention also because they may harbor serious infection when the nose on direct inspection and on transillumination may appear quite normal.

The lymph flow from the nasal sinuses would seem to be by way of the deep superior, inferior cervical, and retropharyngeal lymph channels directly into the thoracic duct at the root of the neck. Whether or not they can drain directly to

\*Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 4, 1929.

the tracheobronchial lymph-nodes is doubtful. Certainly under normal conditions the lymph flows from the head and that from the hila of the lungs would seem to converge towards the left sternoclavicular articulation. Clinically, however, one is tempted to assume that the infection from the sinuses reaches directly the tracheobronchial nodes. More likely, however, these nodes are infected by repeated descending infections of the mucous membrane from the upper respiratory passages to the trachea and bronchi, the so-called recurring colds, "slight flus," and "grippes," which these patients have; or, receive their infection directly from the bronchial mucosa which had been infected by way of the pulmonary circulation. Nevertheless, under pathological conditions the lymph flow does establish unusual routes, and a direct flow from the head to the hila is by no means an impossibility.

Since the great influenza epidemic sinusitis has demanded much more attention than ever before. Indeed, influenza has been well named "epidemic sinusitis" because of the almost constant early localization of this infection in these cavities, and because of its almost constant sequela, chronic This latter is not, however, of the sinusitis. purulent type, but the sinus mucosa undergoes a slow hyperplasia which produces a thick mucosa. perhaps more injurious than a sinus empyema, since freely flowing pus is, after all, an irrigating fluid which starts in the tissue spaces themselves and washes out the products of infection, which no local therapeutic irrigation could possibly do. We have always felt that the partiality of the Middle Ages for "laudable pus" does not now receive nearly the respect it deserves, for in those centuries preceding aseptic and antiseptic surgery a free flow of pus must certainly have washed out from the wound many germs, including Bacillus tetani, which later would kill the patient.

Tracheobronchial adenitis is often referred to as "mediastinitis," an unfortunate term since indefinite and also untrue, for many of these nodes are imbedded in the lung tissue of the hila. It is these nodes which are the starting point of many of the cases of so-called central pneumonia, or bronchopneumonia, so common during and after the influenza epidemic. These were the cases with uncertain physical signs—now a hint of pneumonia on one side, tomorrow on the other, later

on both, some days on neither, which worry the physician so much, who feels confident from general symptoms that the condition must be a pncumonia and yet is unable clearly to demonstrate it. These pneumonias, however, are really a form of pneumonitis or interstitial pneumonia. The term pneumonia should be reserved for primary infections of the alveolar epithelium such as are caused by Diplococcus pneumonii. Such a pneumonia is a true surface disease since the exudate is entirely on the surface of the body; that is, is within the air cells of the alveoli whose epithelium is a surface membrane. In the hilum pneumonia we are describing there is, in addition to consolidation in the air cells, an inflammation which involves also the interlobular tissues. Hence it is that resolution is quite slow. presence of these infected nodes in direct proximity to the wall of the trachea or primary bronchi produces an inflammation which extends directly through to their mucosa, and explain the paroxysms of hard dry cough, often worse at night, often suggesting the paroxysms of whooping cough, and often so violent that the patient fears that his lung may be ruptured. The character of this cough suggests a foreign body within the bronchi which if it were present would produce a somewhat similar lesion of the nucosa. These coughs are usually dry, and yet may raise a little mucus, but this alone gives little relief. Such a cough may persist for months. It is more than possible that many cases of chronic bronchitis owe their origin and continued existence to these infected lymph-nodes. This would seem particularly true of those cases of bronchitis which depend so immediately upon changes of weather, a point which suggests the sinuses as the starting point of the infection. These patients claim to have "flu" or "grippe" each winter. They say that they "catch cold easily," which means that they have the same cold all the time, but one which easily becomes acute.

These tracheobronchial lymph-nodes, although not now tuberculous, have earlier undergone calcification and form some of the so-called lung stones, which set free by secondary infection, ulcerate into the neighboring bronchus. At such a time the patient who previously has enjoyed good health suddenly develops a particularly aggravting, dry cough, with afternoon fever. He loses weight and strength, and in a few days suddenly coughs up some pus, following which he feels at once better. If the calcification is soft the incident is soon forgotten, although some patients do notice that some of the sputum is gritty; but if hard, the patient, following often a sudden hemorrhage, suddenly suffers a bronchial colic of excruciating pain, and expectorates one or several calcified masses.

These infected tracheobronchial lymph-nodes may explain also many, and possibly most, of

the pulmonary hilum abscesses, which are more common, perhaps, than we have assumed. In these cases the patient, following an uncertain fever of one or more weeks duration, suddenly expectorates a cupful of pus. After several such evacuations these abscesses may completely heal.

The infection which spreads from these nodes to the hilum and along the bronchi easily explains, together with the resulting recurring chronic bronchitis, some cases of bronchiectasis.

In diagnosis the history of frequent attacks of "influenza" or "grippe," attacks of severe dry, coughing, and the development of chronic bronchitis, frequent hilum pneumonia, bronchiectasis and hilum abscess suggest tracheobronchial aden-Their shadows on the x-ray plate are often itis. very suggestive of the condition, but we may overlook them unless good lateral plates are made, since in the anteroposterior plates the shadows of the spine, aorta, and nodes are superimposed. Since the shadows of chronically infected and calcified nodes are permanent, and therefore when present cannot be interpreted as necessarily the sources of the then present infection, there is need of careful study of the sinuses and careful consideration of the clinical features of the case before assuming their importance at any particular time. A marked D'Espine test is suggestive. of our cases our associate, Dr. J. F. Barnhill, the otolaryngologist, was able through the bronchoscope to see the inflamed spot on the mucosa of a primary bronchus, and by local treatment to hasten the evacuation of the lung stone.

In the treatment of tracheobronchial adenitis we have used moderate x-ray therapy with great success. One should first assure himself that the sinuses are at least quiescent. Cod liver oil, syrup of the iodide of iron, tonic treatment of all kinds, full diet, and especially a change of climate all have their value in these cases.

Of course the infected sinuses will demand adequate and persistent attention. their surgical care we can say little, except that the opening of the nasal passages by submucous resection of the septum or of a turbinate usually is sufficient. After this is done the care of the sinuses themselves is well handled by drops, the patient lying across a bed, his head hanging over the edge and bent back to over a right angle. First, one instills into each nostril three drops of 1% ephedrine solution followed by eight drops of 1 to 8000 mercurophen or of 10% argyrol solution (the ephedrine and mercurophen solution should be made up with physiological salt solution, not distilled water, since the effect of the latter may be painful). (Our colleague Dr. Ernest deWolfe Wales has taught this treatment.) Many cases fail because the neck is not bent back quite far enough, and the drops, instead of reaching the superior meatus, flow along the middle meatus to the posterior nares.

# NEW YORK STATE JOURNAL OF MEDIC NE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication,
WILLIAM H. ROSS, M.D., Chairmen, Berntwood CHARLES GUDON HEYD, M.D., New York
DANIEL S. DOUGRESTY, M.D., New York

Business and Editorial Office—2 East 103rd Street, New York, N. Y. Telephone, Atwater 5058
The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Joursal. Views expressed in the various departments of the Joursal represent the views of the writers

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### OFFICERS

#### TRUSTEES

GRANT C. MADILL, M.D., Chaire	nesOgdensburg
JAMES F. ROOMET, M.DAlbany ARTHUR W. BOOTH, M.DElmira	HABRY R. TRICK, M.D. Buffelo NATHAN B. VAN ETTEN, M.D. New York

### CHAIRMEN, STANDING COMMITTEES

Arrangements-Walter A. Califfan,	M.D	Rochester
Legislatita " Aganta Br		17. V
Pub. Hec		
Scientific	»*	
Medical		•
Public Real	**	1.1
Madical Land at 11 L	'	

#### CHAIRMEN, SPECIAL COMMITTEES

#### PRESIDENTS, DISTRICT BRANCHES

First District-Grorge B. Stanwir, M.D	Fifth District-Paige E. Thornmell, M.D. Watert Sixth District-LARUE Colegnore, M.D. Ele
Third District-EDGAR A. VANDER VEER, M.D. Albany Fourth District-William L. Munson, M.D. Granville	Seventh District-Austin G. Morris, M.DRoche Eighth District-Thomas J. Walsh, M.DBut

#### SECTION OFFICERS

Medicins—A. H. Aakon, M.D., Chairman, Buffalo: John Wyckors, M.D., Secretary, New York,
Sargery—William D. Johnson, M.D., Chairman, Batavia; Craaters W. Webb, M.D., Secretary, Clitton Springs,
Constitute and Constitution of the Constitution of th

#### LEGAL.

Office at 18 Park Place, New York. Telephone, Barcley 5550

COMMSSI-LORRE J. BROSHAN, ESG.

CONTRIBING CONTRIBLITY D. STRYER, ESG.

Buecutive Officer-Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4-4214.

For list of officers of County Medical Societies, see May 15 issue, advertising page xxviii

Annual meeting June 2-4, 1930, Hotel Seneca, Rochester, N. Y.

# DAYLIGHT SAVING TIME AT THE ANNUAL MEETING

The City of Rochester has gone on daylight saving time within the last fortnight. All the meetings of the Medical Society of the State of New York will therefore be held according to the daylight saving schedule. This means that the times of assembly will be one hour sooner than those announced in the programs

sent to the members. The principal inconvenience will be to those who are arranging their railroad schedule so as to arrive at a definite hour. But whatever the technical hours may be, a pleasant and profitable time is assured to everybody who attends the annual meeting on June 2-4, 1930.

# UNITY OF MEDICAL EDUCATION

Medical education is a never-ending process, beginning with the premedical college courses in sciences and mathematics, and continuing as long as the physician remains in active practice. Yet every practising physician is likely to think of his medical career as constituted of three stages:

- 1. The medical school.
- 2. The interneship.
- 3. The rest of his medical life.

There is a tendency for doctors to separate these stages in fact as well as in thought. The medical school quickly becomes a sublimated memory of strange names and of mysterious processes only dimly understood and of little practical application in the practice of medicine. The interneship is recalled as a nightmare of laboratory reactions and ponderous tomes of dry records and statistics. When the fledgling doctor tries his wings alone and finds that he can soar unhindered and unnoticed, he is likely to leave the training nest behind him and fly away on his own career of medical independence. The interneship and the medical school are too often but far off memories to the practising physician; and yet the doctor who is respected by his fellows never ceases to study. His hospital takes the place of his medical school, and his medical society becomes his fraternity and club where he finds pleasure, information, and inspiration.

The leaders in medicine today are the modern products of the spirit of the medical school incarnated in medical practitioners; and the great mass of physicians are now eager to sit at the feet of their teachers in graduate courses which bridge the gulf formerly existing between the medical school and the medical society.

The methods of the medical school are needed in graduate education; and on the other

hand students in the medical schools need to catch a vision of the clinical experience to which later they will be introduced. The Yale Medical School recognizes this need by providing simple clinical demonstrations at the beginning of the course so that first-year men will see the application of anatomy, physiology and chemistry to the actual practice of medicine. Some medical schools give their course in physical diagnosis to second-year men who thereby approach the clinical teaching of the third year with the basic knowledge which enables them to profit at once by what they see and hear in the sick room.

Reversing the process, those giving moderr graduate courses find it necessary to teach the principles of the elementary sciences which apply to the condition under discussion. The fourth year medical students and the internes can often profit by a graduate course to a greater extent than the practitioner who has forgotten his elementary science. One characteristic of the modern doctor is that he carries the spirit of the medical school into his practice of medicine.

The Medical Society of the State of New York as well as the societies of most other states are making graduate education one of their major activities. In them the physicians are all students again, living over their experiences of the medical school

riences of the medical school.

It is an excellent omen that many of the graduate courses are sponsored by the medical schools whose professors profit by first-hand contact with their sophisticated students. Moreover, the practitioner student becomes meek and receptive as he sees the practical results which research men have accomplished in the cloistered school. It is a good sign of the times that medical societies and medical schools are merging into a unified system of medical education.

## HOSPITAL CENTERS

The practice of medicine consists in giving medical service to the people. Physicians have standard ways of giving that service. The great majority of doctors give their services as individual physicians to individual patients; and the system works with efficiency when it is handled intelligently.

Neither the law nor medical custom requires the doctor to give the highest type of scientific medical service to his patients. The doctor is expected to give service along the broad lines of diagnosis and treatment which are available in his locality. Many diagnostic measures are not available outside of urban centers of population. The ordinary practitioner is not expected, for example, to own an x-ray machine or an apparatus for making chemical blood analyses. Neither is he expected to have the diagnostic ability to judge rare diseases such as tularemia. He seeks the help of a specialist for the more uncommon conditions; but the eye specialist is not expected to be an expert on fractures, nor the neurologist to make blood sugar determinations. A physician who con-

EDITORIAL 655

scientiously wishes to make the more uncommon diagnostic tests must seek the services of not one specialist, but several.

The question further arises—how much should a general practitioner be expected to know. Experience has shown a practical answer in most cases. Dr. Billings says that a general practitioner should be expected to make a correct diagnosis and give the proper treatment in ninety-five per cent of his patients. It is the remaining five per cent that puzzles him and leads to misunderstandings and dissatisfactions.

Doctors throughout the land are solving the problem of diagnosing and treating problem cases by means of hospital centers. Every general hospital has the possibility of being such a center through its laboratories and the cooperation of members of its staff who prepare themselves by intensive study along certain lines. There are enough general practitioners available on every hospital staff to give proper

medical service in the great majority of problem cases. A few obscure cases will require still more special knowledge which will be supplied by a consulting staff. There is no difficulty in securing a list of skilled consultants who will be available for the few difficult cases which the staff cannot handle.

Every section of New York State is so well supplied with hospitals that skilled attention is available to every person. The new welfare law of the State requires the welfare officers to offer medical service to every citizen who is unable to pay for the service. The law is new and has not been thoroughly tried; but it at least removes the excuse of poverty from both the doctor and the patient.

The patient who needs medical service can find it in the hospitals of New York State provided the proper means are adopted for securing it. Both doctors and the people need to study the law and follow the procedures which it prescribes.

#### LOOKING BACKWARD

### This Journal Twenty-Five Years Ago

Interest in Civic Medicine: Mr. Edward Bok, editor of the Ladies' Home Journal, addressed a letter to the medical profession, which is printed in this JOURNAL of June, 1905, and in which he scolds the physicians for not cooperating with him in his efforts to control patent medicine advertising, Mr. Bok said:

"During the past winter there were introduced into the Legislatures of not less than fourteen States bills which had for their object the regulation of the sales of injurious patent medicines, or the compulsory printing of the ingredients of those medicines on the label of each bottle, under penalty of fine on conviction.

"Committee hearings were given on these bills in each State. The proprietors of some of the patent medicines were exceedingly active—and effectively so—in their opposition to these bills. Associations interested in the patent-medicine traffic worked with unceasing vigil to defeat the bills—which they succeeded in doing.

"Now, who appeared in favor of the bills at these hearings? Generally, members of the

Woman's Christian Temperance Union, whose zeal usually exceeded their discretion and judgment—well-intentioned, but ineffective. In one or two cases representatives of some liquor dealers' association appeared in behalf of the bills. But not in a single instance, and I speak by authority of personal representation at each of these hearings, did there appear a single physician or the representative of a single State, county or city medical association. There was not the slightest active interest taken by physicians in these hearings, and yet scores of physicians wrote me irate letters after the bills were defeated, deploring the corruption (?) of the Legislatures in their States!

"The Ladics' Home Journal entered on its editorial treatment of the patent-medicine curse from principle and from no other motive. Its only interest is the interest of the great public at large, not the commendation either of it or its editor. Both have received that at the hands of the medical profession. It now asks that the hands of the profession works, not words."

# 2

# MEDICAL PROGRESS



The Relation of Diet to Health and Disease. -Edward Mellanby submits evidence showing that diet, in addition to supplying material for growth, maintenance of the body, and energy for the performance of work, also contains two groups of substances—one which tends to produce pathological changes and ill health, and the other which helps to protect against toxic factors and other disease-producing agents, such as microorganisms. It has been shown that well calcified teeth can be produced by the ingestion of sufficient vitamin D, and that such teeth are less susceptible to caries than badly calcified teeth. Cereals seriously interfere with the deposition of calcium salts in bones and teeth. Oatmeal is the worst of all the cereals examined, and white flour interferes least with the calcifying process. studying the action of cereals on the formation of bone, it was found that some of the dogs developed severe incoordination of movement. and that examination of the nervous system of these animals showed scattered degeneration of the cord. This change was found especially in animals whose diet included the germ or embryo of grains, and was found only in animals receiving a diet deficient in fatsoluble vitamins. Mellanby has introduced the term "toxamin" to describe this substance found in grains which has a harmful effect and can be antagonized by specific vitamins. It seems possible that ergotism of the nervous system can be prevented in human beings by the inclusion in the diet of sufficient sources of vitamin A. The three other conditions best recognized in which subacute degeneration of the cord arises are lathyrism, pellagra, and pernicious anemia, and the question may be raised whether the degeneration in the cord may not be associated with a toxamin. In lathyrism the substance may be a toxin in lathyrus peas; in pellagra possibly it is a substance in maize. The cord degeneration found in pernicious anemia and the changes produced in dogs by cereals, in the absence of vitamin A, suggests a similarity in etiology. Furthermore pernicious anemia is brought under control by liver and water-soluble extracts of liver. The nerve degeneration of ergotism and that produced by the wheat embryo can be prevented or, if developed, the condition can be improved by the fat-soluble portion of liver. It is suggested that possibly the blood changes and cord degeneration in pernicious anemia are due to failure on the part of the liver, caused by a deficiency of a specific fat-soluble sub-stance, vitamin A. Observations made in a

series of cases of septicemia supply convincing evidence that vitamin A is an effective factor in preventing bacterial invasion and in overcoming septicemia.—British Medical Journal, April 12, 1930, i, 3614.

Relationship Between Endocrines, Infection, and Wound Healing.—H. J. Lauber believes that there should be a definite relationship between readiness for infection and the endocrine balance and that this might also be evident in wound healing. We know that in underfunction of the pancreas there is a marked predisposition to furunculosis due to the staphylococcus or streptococcus and that insulin will correct this tendency by increasing resistance. In seeking for analogous relationships in other incretory conditions he mentions that before menstruation some women have a subfebrile temperature, which may be due, he thinks, to a mild infection in the respiratory tract. He has seen cases in which the temperature was febrile and the infection beyond doubt, and even in these patients ovarian extract appeared to exert a specific action, when given as a prophylactic. In other words it is a good rule if the case is suspicious to give the extract two weeks before the menses for in so doing we apparently prevent the development of these mild or more severe infections. Some of these women who have been unable to work during the menstrual period have been restored to full activity in this manner. In regard to the thyroid he cites a case in a woman of notably hypothyroid constitution who sustained a wound on the back of the hand. It had been properly dressed and should have healed by primary union but suppurated with the development of lymphangitis and a temperature of 104° F. Healing even by second intention was frustrated, but six weeks later when the author saw the patient he placed her on thyroxin tablets and the wound healed in 12 days. author has no knowledge of any such association between infection and the other incretory glands. In a patient with unsatisfactory wound healing but without any evidence of incretory deficiency he tested a polyvalent treatment. The patient was a woman of 23, fat, who in theory might have had a defective formation of thyroid and ovarian hormone and who improved well on the two extracts. Analogous cases are also quoted.—Münchener medizinische Wochenschrift, March 14, 1930.

Noma of the Cheek.—Dr. J. Friedmann, in reporting a fatal cause of this affection, states

his belief that it is far less common than many years ago. Thus in one clinic in St. Petersburg (now Leningrad) 47 cases were recorded between 1870 and 1887. Today, although one may go back for a generation or more, only scattered cases are found recorded in the proper clinics, while the autopsy material is equally rare. At the otolaryngological clinic at Basle, the author found mention of but one case in the past 32 years, the one reported here, which occurred in 1926. The age was 17 months, the case far advanced when first seen, and there was great destruction of tissue before the fatal ending. No pathogenic organism or other causal agency could be located and treatment was of no avail. The theory that noma is due to trophic influence and is akin to decubitus gangrene, lead the author to study the trigeminus nerve which did indeed seem to be inflamed although perhaps secondarily. The theory of localized thrombophlebitis was also considered. Although some of the more recent cases seem to pursue a mild course and although not a few cases, mild and severe, seem to yield to treatment of one or another kind, noma still figures as a deadly disease because of the liability to such complications as aspiration pneumonia, toxic heart failure, and severe gastroenteric involvement, from swallowing the putrid secretions. places the mortality at from 70 to 80 per cent, which may be a slight improvement over the The amount of local damage which can be set up is in contrast to the constitutional symptoms of some of the patients. Thus gangrene has involved the ear of the affected side and even the brain may be exposed. In one recorded case in an adult the disease lasted for 8 months. Cures have been obtained by resection, electrocoagulation, curettage, salvarsan, and chemical caustics but also from mild applications and even spontaneous recovery is not unknown. The rapid development of facial surgery should favor cosmetic results .- Schweizerische medizinische Wochenschrift, March 22, 1930.

Treatment of Vincent's Angina.—George O. Cummings, on the basis of an experience with some 150 cases of Vincent's angina suggests the following outline of treatment: During the stage of invasion, if there are constitutional symptoms, the patient should be kept in bed and treated with laxatives, antiseptics, and a bland diet. Either hot or cold packs may be used on painful swollen glands. Although mouth washes are of little avail, they afford comfort for the time being, and it is well to prescribe them. They should contain some astringent, such as potassium chlorate, tincture of myrrh, or glycerite of tannic acid, for the purpose of diminishing salivation. Topical appropose of diminishing salivation.

plications are of value in only the milder ca as they do not get into the gingival st about the teeth. This should be flushed with a syringe having a blunt-pointed ne set at an angle with the long axis of syringe. As the needle follows around gingival sulcus, pressure is slowly application the plunger of the syringe, so that not onl necrotic débris washed out but mild antiser are applied to the diseased area. For this pose a 1:500 solution of metaphen or hexy sorcinol solution S. T. 37 is efficient. treatment should be carried out daily or ev other day, until the condition quiets do The patient should use sodium perborate home. This should be applied with the fir or a soft toothbrush, and should be used a dentifrice for some time after the symptom of angina have disappeared. In subacute chronic cases to avoid reinfection the pat should have three toothbrushes, which i be used in rotation, one soaking in a solu of chlorazene, or other mild antiseptic. drying, and one in use. When the disc affects the tonsils, the ulcerated area sho be wiped free of necrotic tissue and some a septic applied. The author has found chro acid more effective than any other drug, thou mercurochrome, metaphen, or hexylresore may be used. He does not feel that a pati having early symptoms and signs of Vince angina should be treated with salvarsan travenously until the simpler local treatme have been tried. In severe cases in which Ic treatment and salvarsan have failed, intrav ous injections of 5 c. c. of 1 per cent solut of antimony and potassium tartrate may tried .- New England Journal of Medicine, A 17, 1930, ccii, 16.

Nature of Kuemmel's Disease.-R. Leri states that some surgeons even deny the istence of this malady. Kuemmel who f isolated it in 1891 does not seem to be a to explain its nature and merely suggest trophic origin. The present author belie that it may be explained through what already know of ankylosing spondylosis. sums up the entire problem under four her Is there always a history of an old fractu The röntgen plates daily show us that fr ture of the spine may exist without caus symptoms at the time and we know also t a slight trauma may produce the most serie consequences. For some years after Kuemi isolated the condition we had no radiograp and he naturally did not associate the conditi with past fracture. Second, why should t disease be painful? The answer to this que is purely speculative and only hypotheses m be offered. Leriche considers several of the but seems unable to reach any definite co clusion. Third, can one prevent the appearance of this affection? The author speaks of the advantages, after any sort of injury to the spine, of immobilization of the latter and discusses routine surgical intervention to secure ankylosis, but thinks the risk too great. He has operated five times in all, in cases where the special indication was present, in other words in selected cases and his results in four have been excellent, the fifth case being too recent to include with the others. after Kuemmel's disease has developed, what is the best treatment? The answer is simple and direct—he would perform the bone grafting operation. The implanted bone graft should be both long and rigid. Rarefaction of bone is not a contraindication, for there is a good prospect of recalcification. no guarantee that the disease will always respond to the treatment. Immobilization and recalcification are not enough, for there is a tendency to hyperemia which must be checked. The author discusses the addition of sympathectomy to the other resources. Although he makes use of Albee's operation he makes no mention of his name.-Lyon Chirurgical, January-February, 1930.

Damage Caused to the Eye by Strong Light. -George H. Mathewson has had the opportunity to see a number of cases in which the eye has been damaged by strong light and has been impressed by the similarity of the ocular lesions produced by the different agents-sunlight, light reflected from snow, electric light flash, charcoal flash (the light produced when charcoal and gases in a retort take fire). The structures affected were the skin of the eyelids, the conjunctiva, the cornea, and the retina, but in no instance were all these parts affected in the same individual. In snow blindness there was superficial burning of the skin of the lids and face and the conjunctiva, with shallow nicers of the cornea. The electric light burns in some cases showed conjunctivitis, with slight burn of the cornea, while in others there were superficial ulcers, like those seen in sun blind-The symptoms in both of the above conditions, as well as in the charcoal flash burn, were chiefly photophobia and intense pain. In all these burns the use of simple vaseline in the eyes and protection from light relieved the pain, and recovery was prompt and perfect. Looking at the sun in eclipse produced lesions on the retina, seemingly a burn of the macula. Subjectively the only symptom was diminution of central vision, which varied from transient hazing to prolonged and permanent damage. There were dots of pigment and small white

of atrophy scattered about the macular and in one case permanent loss of , '-ion. A similar lesion was produced

in a case of acetylene gas burn.—Canadian Medical Association Journal, April, 1930, xxii, 4.

Treatment of Obliteration of the Central Artery of the Retina .- J. Rosnoblet distinguishes between the complete and incomplete forms. The former was ascribed originally to embolism, but in reality is due to several causes, as thrombosis, obliterative endarteritis, and persistent spasm. In the incomplete form the cause is angiospastic. In the embolic form there is sudden and total monocular blindness. If the causal agency is angiospasm the perception of light is conserved as is also the photomotor reflex. The author has had six personal cases and has studied the material of colleagues. In all the cause was angiospasm and the obstruction incomplete, the complete type being of excessive rarity. therapeutic angle the author divides his material into acute and incomplete. In the former something must be done quickly and the author recommends inhalations of nitrite of amyl and retrobulbar injections of atropine. Other measures which have given good results comprise massage of the bulb, division of the external rectus, and iridectomy. As glaucoma may be a sequela one may also make some use of miotics. However the author admits that this condition is but little amenable to treatment and that success is the exception. In the incomplete type the same remedies are directed against the angiospasm—amyl nitrite, atropine, and the recently introduced acetylcholin. There may be a causal indication in the form of hypertension due to nephritis, of syphilis, etc. A case is related of acute total loss of sight in a woman of 53 of 10 days duration. Examination of the fundus showed total obliteration of the central artery, evidently due to obliterative endarteritis (pseudoembolic The other eye had long been blind type). from optic atrophy. The author instilled dionine, and ordered nitrite of amyl inhalations. No time was lost on a Wassermann which later was found positive, but intravenous injections of cyanate of mercury were at once begun, and the patient entirely recovered the sight of the affected eye.-Le Journal de Médecine de Lyon, March 20, 1930.

The Serum Treatment of Pneumonia.—Professor Morawitz of Leipzig treated over 100 cases during the winter of 1928-29 representing both ordinary pneumococcus and grippe pneumonia. In the latter both polyvalent pneumococcus and grippe sera were used. The intramuscular route was always chosen and naturally the cases were selected, being taken early in the disease. There was no control to show superiority but the author had the impression that he saved life in some of the severe cases.

No attempt was made to type the pneumococcus patients according to the pathogen concerned. Statistics are not given. Professor Volhard treated 41 cases during 1929, typing them all and giving the indicated specific serum in each case. About half required a polyvalent serum. Tests for anaphylaxis were always made first and both intravenous and intramuscular routes were used. The doses were large. The author was unable to convince himself of any specific action and in no case was the pulse improved. There was evidently the usual mortality although the author gives no statistics. More recently he has used an American serum which seems to promise specific effects. But the author will probably depend chiefly on quinine and urethan as heretofore. Professor F. Meyer of Berlin has used serum since 1916 but in connection with some of the quinine derivatives and is satisfied that this combination is the best treatment we have. He gives no figures. In addition Dr. A. Sonnenfeld of Berlin contributes a special paper on the subject. The interest in the serum treatment in America and the favorable results obtained have served to bring the subject especially before the German clinicians, but the author, like many others, seems disappointed with results obtained in his cases.-Deutsche medizinische Wochenschrift, April 4, 1930.

The Inhalation of Pure Oxygen in the Treatment of Disease.-Though considerable research has been done on therapy with 40 to 60 per cent, oxygen, the value of inhaling pure oxygen for long periods has not heretofore been investigated. John H. Evans has studied the effects of the inhalation of 100 per cent oxygen, using a face mask or a nasal inhaler. In a series of 143 cases of pneumonia treated by this method in all of which the prospects of recovery were very doubtful or nil, the death rate was 482 per cent. In 24 cases oxygen therapy was begun on the first day; among this group there were 23 recoveries and one death. The gratifying result shown in these cases deserves consideration, especially in view of the fact that the patients were nearly all seriously ill. The old custom has been to administer oxygen in low concentrations late in the disease, whereas the converse should be the case, namely, to administer oxygen in high concentrations early in the disease, as this helps to support the heart and permits a reduction in the dosage of the usual supportive medication. The intravenous administration of glucose in toxic cases has helped to save some of these patients. The plan consisted in the administration of pure oxygen continuously for the first twelve hours, whether or not cyanosis was present. If there was none, oxygen was given for from twenty to thirty

minutes each hour, if the patient was not asleep. When there was cyanosis the administration was continuous. The daily inhalation of pure oxygen has proved useful not only in anoxemia, but in a number of pathological conditions where there is no apparent lack of oxygen in the blood. It has proved beneficial in cases of cardiac decompensation, asthma, hay fever, influenza, extensive burns, pulmonary embolism, and hyperthyroidism. The administration of pure oxygen in order to be successful should be in charge of one familiar with the physiology and pathology of respiration and accustomed to the administration of compressed gases. The anesthetist is already in possession of the main requirements for the application of oxygen therapy.-Canadian Medical Association Journal, April, 1930, xxii, 4.

Diagnosis of Beginning Sclerosis of the Kidnevs.-Professor Erwin Becher of the Volhard internist clinic, Frankfurt, attempts to answer this query in a new fashion. Volhard has shown that in this affection the clinical picture exhibits much variation. Death may occur from apoplexy, pneumonia, cardiac insufficiency, uremia, etc. On the other hand blood tests do not show clearly when sclerosis passes into renal inadequacy. They differ notably in contracting kidneys and in acute nephritis. In the latter, at least until anuria is threatened, the aromatic group-intestinal putrefactive products-escape normally from the blood into the urine. The coloring matter also passes. In contracting kidneys after insufficiency has developed there is a precocious increase in the urinary aromatics, the color of the urine is pale, and the density does not exceed 1010. In acute nephritis the blood urea is increased early while in contracting kidneys it remains normal for a considerable interval. Hence in the latter affection the ratio between the retained urea and the amount of aromatic substances in the blood should be followed up. The author makes an important distinction between benign and malignant sclerosis, the former having a natural tendency to terminate in the latter. The transition between the two is indicated when there is a gradual increase in the amount of xanthoprotein and indican in the serum. On the other hand a mere increase in blood nitrogen in benign sclerosis does not at all signify that malignant sclerosis has developed, save of course when there is also an increase in the two aromatic substances above mentioned. The author disagrees with those who see in the increase of the serum aromatics the cause of hypertension, but on the other hand increase of aromatics might conceiv-' --- medizinably ische



# LEGAL



# HABIT FORMING DRUGS-STATE STATUTES ANALYZED

By Lorenz J. Brosnan, Esq. Counsel, Medical Society of the State of New York

We have been asked by a number of physicians to set forth the present statutes relating to habit-forming drugs, and specifically to set forth the various statutes dealing with the unlawful possession or use of a hypodermic needle or syringe.

The present state statute dealing with habitforming drugs is Article XXII of the Public Health Law, and embraces Sections 420 to 445 of that Article. This Article is known as the Narcoue Drug Control Law.

By Section 421, the term "habit-forming drugs" is defined as meaning coca leaves, option, cannabis indica or cannabis sativa. The various ingredients herein enumerated are defined as follows:

'Coca leaves' includes coca leaves, cocaine, or any compound, manufacture, salt, derivative or preparation thereof, including alpha or beta eucaine, or any of their salts or any synthetic substitute of any of them, identical in chemical composition, but shall not include decocanized coca leaves, or preparations made therefrom or other preparations of coca leaves which do not contain cocaine.

"'Opium' (includes opium, morphine, codeine, diacetylmorphine heroin) or any compound, manufacture, salt, derivative or preparation of any of them or any synthetic substitute of any of them identical in chemical composition, but not apomorphine and its salts.

"'Cannabis indica' or 'cannabis sativa' shall include any compound, manufacture, salt, derivative or preparation thereof and any synthetic substitute of any of them identical in chemical composition."

Section 422 of the Public Health Law provides:

"Any unauthorized possession, control over, sale, distribution, prescribing, administering or dispensing of habit-forming drugs is hereby declared to be dangerous to the public health, and a menace to the public welfare."

The sale of habit-forming drugs on written orders may be made by a manufacturer, whole-saler, or apothecary, as provided by Section 424 of the Public Health Law, to any of the following persons:

"a. To a manufacturer, wholesaler or apothecary,

"b. To a physician, dentist or veterinarian.

"c. To a public or private hospital,

"d. To a hospital or institution licensed for the treatment of drug addiction.

"e. To a person in charge of a laboratory where habit-forming drugs are used for scientific or medical research, but only for use in such laboratory.

"f. To a person in the employ of the United States or of this state or of any political subdivision thereof purchasing or receiving the drug by reason of his official duties.

"g. To a captain or proper officer of a ship upon which no regular physician is employed for the actual medical needs of the officers and crew when not in port.

"Provided, however, that both parties to the transaction in each of the above cases are registered under the Harrison Act if required by such Act to be so registered."

It is further provided in Section 424 that the possession of or control over habit-forming drugs obtained as provided in this Section, shall be lawful only in the regular course of business, occupation, profession, employment, or duty of the possessor and in an amount necessary therefor. This Section does not apply to the supply of habit-forming drugs on prescription or administered or dispensed by a physician, dentist, or veterinarian.

The Section dealing with the professional use of habit-forming drugs is Section 426, which provides as follows:

"1. Veterinarians. A veterinarian may prescribe, administer or dispense, habit-forming drugs in good faith and in the course of his professional practice only, and not for use by a human being.

"2. Dentists. A dentist, in good faith and in the course of his professional practice only, may administer or dispense habit-forming drugs to patients under his immediate treatment.

"3. Physicians. A physician in good faith and in the course of his professional practice only, may prescribe, administer, or dispense habit-forming drugs.

"4. Nurses. A nurse, in good faith and in the course of her professional practice only, and acting under the direction or supervision of a physician may possess and administer habit-forming drugs. Any unused habit-forming drugs left by a physician with a nurse to be administered during his absence, upon dis charge of the nurse must be returned to the physician"

And Section 428 provides that physicians, dentists and veterinarians shall keep a record of all habit forming drugs administered or dispensed by them, showing the amount administered or dispensed, except such as may be administered or dispensed to a patient upon whom they shall personally attend Section 432 provides that before any habit forming drug is prescribed, administered or dispensed by a physician, he must make a physical examination of the person for whom the drug is intended

We now pass to the subject of the possession of instruments for the injection of habit-forming drugs. The statute governing the possession of instruments for the injection of habit-forming drugs is Section 433 of the Public Health Law, which provides as follows

"No person except a manufacturer or a wholesale or retail dealer in surgical instruments, apothecary, physician, dentist veteri narian, nurse or interne shall at any time have or possess a hypodermic syringe or needle or any instrument or implement adapted for the use of habit forming drugs by subcutaneous injections and which is possessed for the purpose of administering hibit forming drugs in less such possession be authorized by the certificate of a physician issued within the period of one year prior thereto."

From a reading of this Section, it will be noted that in order to constitute an unlawful possession of an instrument or implement for the injection of libit-forming drugs by a per-

son not in the excepted class of the statute, and who has not obtained within a period of one year prior thereto a certificate from a physician authorizing the possession of such instrument, two things must exist. First, the person must have or possess a hypodermic syringe or needle, or some instrument or implement adapted for the use of habit forming drugs by subcutaneous injections, and secondly the syringe, needle or implement must be possessed for the purpose of administering habit forming drugs. This Section was added by the Laws of 1927, Chapter 672 and became a law April 5th, 1927.

A violation of the above Section is a mis demeanor under Section 1751 of the Penal Law, and is punishable by a fine of \$500 or imprisonment not exceeding one year, or both such fine and imprisonment

There is a similar prohibition against the possession of instruments for the injection of habit forming drugs in the Sanitary Code of the Department of Health of the City of New York (Section 135)

There does not appear to be any reported case in either the Court of Appeals or the Appellate Division construing the Section with respect to the unlawful possession of instruments for the injection of hight forming drugs but it seems clear from a reading of the statute that, in order to constitute a violation of that Section even where the possessor did not have a certificate from a physicini issued within a period of one year, it would be necessary to establish that the possessor had the instrument for the purpose of administering habit forming drugs

## CLAIMED NEGLIGENCE IN CAESARIAN SECTION, RESULTING IN DEATH

In this case plaintiff s deceased consulted the defendant-physician, griving a history of five months pregnancy. The woman was thirty-two years old and a primipara. Arrangements were made with the defendant for the purpose of rendering prenatal care and also for the delivery.

The patient called to see the defendant-physician for examinations and prenatal care for the balance of the period of gestation, and until such time as the physician was advised that the plaintiff had been admitted to the hospital agreed upon and was in labor. The defendant-physician immediately proceeded to the hospital, where upon examination he advised both the patient and her husband that the patient could not have a normal delivery and would require a Cæstrin section. This was due to a contracted pelvis. Both the patient

tient and the husband agreed and approximately seven hours after her admission to the lospital a Cæsarian section was performed upon the patient. A living child was delivered the after-birth removed and the abdomen closed with all due and proper aseptic measures. Shortly after coming out of the anæsthetic, the patient's heart failed to function properly and the patient began to run a temperature. This continued for slightly more than forty-eight hours, when the patient died

Thereafter an action was commenced against the defendant physician for claimed negligence resulting in the death of his patient. The plaintiff, however, failed to serve a complaint after the commencement of the suit and in due course the action was dismissed for the plaintiff's failure to prosecute the same, thus ter minimizing the proceeding in the doctor's favor



# **NEWS NOTES**



# REPORT OF THE SECOND DISTRICT BRANCH

To the House of Delegates:

Gentlemen:

This populous Branch, numbering 2,773 members, comprises the very active County Societies of Kings, Queens, Nassau and Suffolk. We furnish about 22 per cent of New York State Society revenue from dues and have 35 votes in

the House of Delegates.

In Queens the outstanding feature of the year is the perfectly appointed new building at Forest Hills on Queens Boulevard which is now the home of the County Society. Since meeting in this new building attendance at regular Society meetings has increased one hundred per cent. Every member of the State Society should visit this building and in appreciating the accomplishment visualize what can be done materially anywhere if the profession is united and capably led.

Another activity worthy of note in Queens County during the year has been the cooperation with the Departments of Health and Education and the Queens Borough Tuberculosis and Health Association in the campaign for the physical examination of the pre-school child by the private physician. Queens claims to lead all New York City Boroughs thus far in accomplishing this end. Queens County Society regards this as a very important move, tending to provide preventive measures for children who would otherwise be neglected, while definite financial benefit accrues to the physicians of the County. Other activities in conjunction with the Queens Borough Tuberculosis and Health Association have been the educational campaigns for the prevention and control of heart disease, and two courses for physicians have been conducted. The Society has made a personal survey of Out-Patient Clinics and finds that the majority of the sick poor are obliged to seek medical care in the institutions of Manhattan and Brooklyn. Definite accomplishment along this line is expected early. A new general hospital of four hundred beds is now promised for Queens. Diphtheria immunization has been accomplished up to about 50 per cent of all school children.

Members of the Society have recently incorporated a society organized to do certain business for members, especially the collection of

delinquent accounts.

From these and other activities that have not been mentioned, it will be found that Queens County Society is thoroughly alive and growing more vigorous.

In Nassau County large things have been accomplished by the County Society along the lines of diphtheria immunization and the examination of the pre-school child. This Society has proven the private physician can be interested in public health projects and when so interested can contribute service and assistance which are extremely difficult to secure from other sources. President L. A. Newman, in his recent address before the Branch Meeting, uttered this pregnant sentence: "To all this might be added two observations; first, that from a dollars and cents standpoint it is cheaper to conduct public health campaigns through the organized physicians, and second, that it is possible for the physicians to contribute to the success of such campaigns without pauperizing the public and without a sacrifice of the economic rights of the profession." These facts have been kept so clearly in mind in the County of Nassau that it has become more or less automatic with lay organizations to think of the County Medical Society when they are faced with problems which concern medicine in any way. The first order of business for the present year is to secure a public hospital for chronic and incurable cases, venereal diseases, and to solve the acute and perplexing problem of com-municable disease. It is hoped and expected that this matter will be submitted to the voters at the next general election.

In Suffolk County the social and educational activities are largely left to the local districts especially those where hospitals are located. Suffolk County Medical Society, therefore, undertakes to assume leadership in Civic medicine along those lines which effect the entire County. special interests of the Suffolk County Society have been Tuberculosis and the County Health "The interest of the Society in Department. tuberculosis began in the year 1912 when it started a campaign for the establishment of a County Tuberculosis Sanatorium. It attained its goal in 1916, but climbing the mountain and attaining its summit was only the beginning of the tuberculosis work of the County Society. There followed ten years of development of the antituberculosis work and its extension to every section of the county by means of clinics, visiting nurses, and the practice of physicians. All the work was unified under Dr. Edwin P. Kolb, Superintendent of the Tuberculosis Sanatorium, who handled it as a communicable disease problem, and sought to find contacts with known cases after the manner of searching for smallpox. Moreover, Dr. Kolb handled his work in

a peculiarly friendly manner and secured and held the active good will of every doctor in the County. The results have been that the doctors of Suffolk County think in terms of tuberculosis and are in hearty cooperation with Dr. Kolb and the visiting nurses. The unifying system is entirely managed from a medical point of view. Thus the County Medical Society has had a definite object in view over a long period of years beginning with 1912 through a four-year campaign, ending in 1916, and a decade of development which is still far from being completed.

"The Suffolk County Medical Society began to discuss a County Health Department in the year 1926 and instituted a campaign which resulted in the establishment of the County Department This was another mountain top of progress attained, but like that of tuberculosis there still remains the process of development and popularization of the work. Its eighteen months of existence have been devoted largely to the investigations of health conditions in every part of the county, and in the development of organizations to meet the actual needs of the county. Just what the development of the County Health Department will be remains to be seen, but based on past experience it will have a natural growth and will be centered in practicing physicians just as tuberculosis work has been. One tangible result already has been the development of an interest in public health by officials of the County, towns and villages, to a degree which almost unsuspected when the Society instituted its campaign four years ago.'

Kings County:—The activities of the Public Health Committee have continued fostering relationship with the community and carrying out professional activities along public health lines. The second outstanding activity has been continuing and extending medical education of doctors of the Borough. The Society has actively cooperated with the Health Department in thre campaigns—health examination, diphtheria prevention and the cancer publicity. The new health work this year has been the undertaking of the health examination project in conjunction with the Brooklyn Boys Continuation School. The Friday afternoon lectures have been continued

and have attracted from four to six hundred physicians weekly. Longer and more constructive courses have been planned by the Joint Committee on Graduate Education and have been well attended. Medical education has been fostered by fifteen talks over the radio and one hundred addresses on subjects of lay interest given to clubs, schools and industrial groups. The Library has been used by 9,000 readers. Valuable foreign volumes were added to the library last year while the Librarian was in Europe. Milk certification has increased. During the past year the Society has established a Medical Information Bureau with the idea of caring first hand for many inquiries coming to us concerning physicians, methods of medical procedure, the work of institutions, advice regarding charlatanism and other matters. Thirteen hundred and fifty inquiries were received during 1929.

Thus it will be seen that in this populous district the County Medical Societies are endeavoring to make progress. One of the great tasks to be accomplished here is the enlistment of more of the member physicians in the army of those who would personally cooperate with the authorities and public to solve public health problems Your Branch Officers are especially interested in making the Second District's contribution to the work of the State Society larger and more helpful.

The Annual Meeting of the Branch was delayed until April 1st so as to stage it in the new building of the Medical Society of the County of Queens. The meeting was the largest in the memory of any one present. The program included superb reports from the Presidents of the component County Societies (leading features of which are included in this report) and splendid addresses by President-Elect Ross and Professor John O. Polak of Long Island College Hospital; Speaker Card, Secretary Dougherty, Treasurer Heyd, Editor Wightman and Ex-Presidents Kevin and Sadlier were guests of honor from the State Society.

Respectfully submitted,
CHARLES H. GOODRICH, President.
May 1, 1930.



# REPORT OF SPECIAL COMMITTEE TO CONSIDER THE POLLUTION OF THE NEW YORK STATE WATERWAYS, THE HUDSON RIVER AND ITS MAIN TRIBU-TARY THE MOHAWK RIVER

To the House of Delegates:

Gentlemen:

It will be recalled that this Committee was appointed by President Vander Veer as a result of the approval by you of the Dutchess-Putnam County Medical Society's resolutions at your last

meeting, June 3d, 1929.
After brief informal conferences your Committee met at Albany on October 14th, 1929, and resolved itself into a fact-finding commission. Its fact-finding was facilitated immeasurably by the wisdom of our President in appointing Dr. Edward II. Marsh, Secretary of the State Department of Health, as a member of the Committee, and by the earnest cooperation of Dr. Marsh and one of the Health Department Engineers, Mr. Earl Devendorf. These two gentlemen were able to answer all of the twenty questions which the Committee presented at our first meeting. In the discussion of that evening the tenor of the report of your Committee was determined.

Herewith follows a brief summary of the facts found:

- 1. Five (5) cities or towns obtain their water supply from the two rivers mentioned in the Res-The Mohawk supplies Cohoes. Hudson supplies Albany, Rensselaer, Catskill and Poughkeepsie.
- 2. In the fifteen years immediately past, waterbourne diseases have occurred in these municipalities as follows:

Cohoes—1927—48 cases of Typhoid Fever due to a crossed connection—since eliminated.

Albany—1924—140 cases of Typhoid Fever due to a crossed connection—since eliminated.

1927—30 cases—due to cross connection since eliminated.

Rensselaer-No outbreaks.

Catskill—1917—10 cases of Typhoid Fever. Poughkeepsie—No outbreaks.

3. Of these five cities and towns—Albany is building new water supply facilities (hill and mountain sources) so that in three years no more river water will be used.

Rensselaer—is planning a new source of supply and soon will be independent of river supply.

Catskill-has been ordered by the State Department of Health to secure supply from the hills, and will soon take no water from the

This will leave only Cohoes and Poughkeepsie dependent upon the rivers for water supply. The State Department of Health hopes and expects that these two cities will soon find their supply elsewhere, although this will be most difficult

for Poughkeepsie, (where there have been no outbreaks of water-bourne diseases during the last fifteen years).

- 4. Eighty-three (83) municipalities discharge sewage into the Mohawk and Hudson Rivers directly or through their tributaries. In most instances there is no other evident possible ultimate disposal.
- 5. To compel other equally safe means of sewage disposal would bankrupt any of the municipalities concerned if the expenses were imposed upon them, and would hopelessly bankrupt the State if the commonwealth should assume the
- Were all municipalities to deposit sewage elsewhere the rivers would still be unclean as drinking water resources as there would still be tugs, steamboats, barges, pleasure boats, fishing boats, picnic grounds and the like to contaminate
- 7. The State Health Department is insisting that all sewage systems which are now (and in recent years have been) connected with the rivers as outlet—have provisions for treatment so that no untreated sewage enters the rivers from these sources. This costs Five Dollars per capita for installation and between seventy-five and eighty cents per capita per year to operate. Other municipalities are being induced or compelled to put in treatment facilities as rapidly as their resources will permit. Thus a gradual evolution which will ultimately result in universal treatment has been instituted. With the above costs in mind we can see what a shock taxpayers would receive if any of the large cities were compelled to install adequate treatment in a short period of time-notably New York City.
- 8. Treatment is already completely in operation at Marcy State Hospital, in Rome, Frankfort, New Hartford, Dolgeville, Gloversville, Corinth, South Glens Falls, Albany, Bethlehem District, Ballston, Saratoga, Altamont, Pleasantville, Wappinger Falls and West Haverstraw.
- 9. In Schenectady 60% of sewage receives treatment.
- 10. There are definite plans for treatment or actual construction is under way at Whitesboro, Utica, Cohoes, Troy and Rensselaer.
- 11. Although the health records of cities using river water show an extremely low incidence or water-bourne diseases there is an annual improvement in the quality of sewage deposited in the streams.
- 12. The economic phase of the entire question cannot be disregarded. In any event, if we consider the State in its entirety, the cost of a very

few new water systems is negligible as compared with either universal treatment or diverting the sewage of eighty-three (83) municipalities (including New York City) elsewhere.

13. This economic question seems negligible compared with the practical difficulties of finding outlets for these eighty-three sewage systems

other than in the rivers.

14. The once-believed statement that ten miles of exposure of river water to sunshine and oxygen will render the water thereof free from nathogenic bacteria has been disproven.

15. The ordinary (and even extraordinary) amounts of chlorine used to sterilize suspected

waters do not endanger human kidneys.

In view of these facts your Committee rec-

1. That the Medical Society of the State of New York approves of the desire and plan of the State Department of Health to secure for all municipalities supplies of water from sources other than rivers.

2. That the Medical Society of the State of New York commends the activities of the State Department of Health aiming ultimately to secure universal treatment for all sewage deposited

in the rivers

3. That the Medical Society of the State of New York endeavor, through its membership, to acquaint the public with the facts above detailed and secure as far as is possible enthusiastic support of the principles "No river water for domestic purposes" and "No untreated sewage for the Mohawk and Hudson Rivers."

For all of these recommendations your Com-

mittee is unanimous.

Respectfully submitted,

CHARLES H. GOODRICH, Chairman

May 1, 1930

# REPORT OF COMMITTEE TO FORM A PLAN TO MAKE TOXIN ANTI-TOXIN AVAILABLE TO EVERY CHILD IN THE STATE

To the House of Delegates:

Four years of intensive activity by organized medical groups within our State Society—by lay organizations—by philanthropists and by State and County and City Health Departments have resulted in the administration of three doses of Toxin-anti-toxin to 818,770 children as reported to official agencies up to January 1, 1930, and in addition a very large number of immunizations have been completed by private physicians of which no record has been kept.

The case rate and death rate both in the State and in the City of New York have been cut in half during this period. A remarkable accomplishment which can again be duplicated by another 50 per cent cut in a very short time if practical plans can be developed for the immunization of every child entering school and for the immunization of as many children as possible at the end of their first year.

A continuous flow of education must be maintained to develop a health conscious citizenry which will revolt against any official or private neglect which may endanger the lives of children.

The following State Health Department figures for the past nine years speak for themselves and need no interpretation to this House.

Diphtheria Cases and Deaths in New York State (Outside of New York City) For Past Nine Years

For Past Nine Years

(Rates are per 100,000 Population)

Cases Rate Deaths Rate

11656 2422 211 265

	Cases	Rate	Deaths	Rate
1921	11,656	243.3	811	16.9
1922	8,468	176.0	581	12.1
1923	7,040	145.8	455	9.4
1924	5,885	113.2	369	7.1
1925	4,370	82.5	339	6.4
	State C	Campaign I	Begins	

	Cases	Ratc	Deaths	s Rate
1926	3,647	67,6	251	4.7
1927	3,914	71.2	266	4.8
1928	2,898	52.0	221	3.9
1929	2,268	40.0	193	3.4
				1930
				27.7 36

Reported diphtheria cases: 195 131 130
Reported diphtheria deaths: 17 20 14

THE 1930 DIPHTHERIA TREND INDICATES:

 A marked reduction thus far in cases: For the first three months of 1930 cases have been less than 200 each month, the first time this has occurred at this season of the year, and are the lowest yet recorded for these months.

The 131 cases for February and 130 cases for March are the lowest yet recorded for any one month with the exception of 128 in September, 1929, and 109 in September, 1928.

The total for the first three months of 1930 of 356 cases is 207 fewer than the number reported for the same period in 1929, 669 under 1928 and 750 less than 1927.

2. The fatality rate is much higher, as the deaths for the first two months of 1930 are the same as for this period in 1929, although the cases have been substantially reduced.

The fourteen deaths reported in March constitute the lowest number of deaths from diphtheria ever reported in that month.

Active campaigns with clinics are now under way in Buffalo, Amsterdam, Cohoes, Endicott, Elmira, Chautauqua County, including Jamestown, Dunkirk and Westfield, also in Medina, Saratoga Springs, Gloversville, Watertown, Oswego, Lackawanna, Tonawanda, Chicktowaga, Binghamton, Johnson City, Albany, Troy, Watervliet Cattaraugus County and Olean, Little Falls, Herkimer, Ilion, Mohawk, Frankfort and Poughkeepsie where the city has appropriated \$1,000.00 for the campaign.

Many smaller localities throughout the State are actively at work. The newly organized Cortland County Health Department is making Diphtheria prevention one of its chief 1930 objectives.

The Nassau County Medical Society is working hard with fine publicity—Suffolk County Health Department works steadily. Newburgh and Middletown are doing excellent follow-up work with splendid results.

The campaign in the five counties included in the City of New York is making wonderful strides under the inspiring leadership of Commissioner Wynne, a member of our Committee.

Up state and down state are working together as they should, and the following New York City

report is of the utmost significance.

The Diphtheria Prevention Commission reports a reduction of 56 per cent in the deaths from diphtheria and a 53 per cent reduction in the number of cases during the first quarter of 1930 as compared with the first quarter average for the previous six years.

For the first time in six years, cases of diphtheria dropped below the 1,800 mark during the first quarter of 1930 when they fell to 1,375. The average for the first quarter for the last six years was 2,931 cases. Comparing the first quarter of 1930 with that of 1929, we find 170 deaths in 1929 as against 82 deaths in 1930, and 2,800 cases last year as against 1,375 cases this year.

other words, diphtheria deaths and cases during the first quarter of 1930 have been cut just about in half as compared with the same period for 1929.

The figures for the last six years, covering only the first quarter, tell what is regarded as one of the most interesting experiences in the history of the Department of Health in its battle against While summer complaint among childisease. dren was overcome by the introduction of pasteurized milk, smallpox subdued by the enforcement of vaccination and typhoid fever virtually wiped out by the chlorination of the city's water supply, the attack on diphtheria was perhaps the first real direct frontal movement made on a common malady.

# 1929 Statistics

Inasmuch as the protective powers of toxinantitoxin administered to children in the first quarter of 1929 were not fully developed until the third quarter, and those administered in the second quarter not fully effective until the fourth quarter (to say nothing of those children immunized in the third and fourth quarters from whom results could not be ascertained until 1930) —we believe the effects of the campaign actually became successfully manifest in the final two quarters of 1929, and that the great saving of life, as well as the reduction in the number of new cases may rightfully be attributed to toxinantitoxin immunization.

New York City's diphtheria death rate for 1929 was 7.63 per 100,000 population, a reduction of 3.04 over that for 1928. Whereas there were 10,776 cases of diphtheria and 642 deaths from this cause in 1928, the year 1929 records 8,548 cases and 463 deaths—a decrease of 2,228 cases and 179 deaths.

The 463 deaths occurring in 1929 were among the following age groups:

Under 1 year  From 1 — 2 years  From 2 — 3 years  From 3 — 4 years  From 4 — 5 years	75 65 54
Total Under Five	146 19

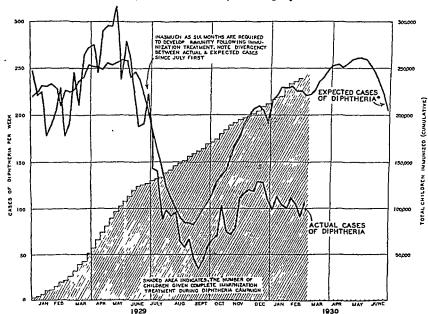
It will be seen from the foregoing that while we must endeavor to have all children under ten years of age immunized against diphtheria, we must concentrate our efforts upon the pre-school child particularly.

During 1929-211,985 children were immunized with toxin-antitoxin as compared with approximately 50,000 immunized in 1928.

Of the 211,985 children immunized:

### INFLUENCE OF IMMUNIZATION ON DIPHTHERIA PREVALENCE

Cases of Diphtheria reported in New York City each week, 1929 30, compared with the number expected, based on the previous eight years.



Prepared for Diphtheria Prevention Commission by Bureau of Health Education, N Y C Dept of Health

\*Diphtheria case expectancy for New York City es timated by the U S P H S on the basis of the number of cases for the previous eight years

92,549 were immunized in the Baby Health Stations:

56.853 in the schools-and

62,583—more than 30% of all children immunized—were taken to family doctors.

That toxin-antitoxin does pay and that it has paid well in the City of New York can be no better illustrated than in the accompanying graphic presentation of actual cases of diphtheria in New York City for 1929-1930, and expected cases that period according to U. S. Public Health Service figures

Your Committee recommends that this House of Delegates request the cooperation of the Departments of Health and Eduçation and of Health and Education officials of every county, city, town or village or district of the state, in a continuous campaign of education to reach those responsible for the pre-school as well as the child of school age.

Your Committee believes that the filing of every birth certificate should be answered by a letter to the parents—which should advise them to take their babies to their family physician for instruction in disease prevention—for vaccination against small pox and for immunization against diphtheria.

Respectfully submitted,

NATHAN B VAN ETTEN, Chanman April 1, 1930

#### REPORT OF THE COMMITTEE TO STUDY THE NURSE PROBLEM

To the House of Delegates:

Gentlemen:

Your Committee has continued the study of the nurse problem with an increasing conviction that satisfactory solutions are still remote.

The data disclosed by the researches of the Committee on the Grading of Nursing Schools have established the status of supply and demand, of economics, of education and of distribution.

Your Committee believes that when these studies, shall have been finished next year, there will have been erected a body of facts upon which remedial measures may be constructed.

We now know that there are in the United States 2,205 schools of nursing—that 25,300 nurses were graduated in 1929—that there is one graduate nurse in the United States to every 590 people—that there is one to 500 in the State of New York—one to 234 in the County of New York—that the average nursing life of a graduate nurse is 17 years—that except in localities where epidemics prevailed nurses had less employment in 1929 than in any other year—that many nurses come into the State of New York from Canada competing with nurses who are citizens of the United States, thus invading the already over-crowded field of our graduate nurses.

The general nursing field is further filled beyond the saturation point, indicated by the foregoing figures, by the large number of undergraduate and practical nurses who furnish little or no financial relief to the sick patient because they demand practically the same fees as graduates.

Apparently the only place where a shortage may be claimed is in the upper levels occupied by hospital superintendents or heads of training schools, or those qualified for teaching or those trained in the specialties.

Members of your Committee met with the

Board of Regents and with the Committee on Higher Education and secured the adoption of the new standards for admission to training schools which require two years of High School in 1930, three years in 1931 and four years in 1932.

The curriculum was also discussed—the Regents Committee approving the "Syllabus of Obstetric Lectures" prepared by Dr. Kosmak of our Committee and asking for further help in building a new curriculum.

Dr. Kosmak also has been appointed chairman of a sub-committee of the "White House Conference" to study obstetric nursing—a most important special study in view of our very sad maternal mortality statistics.

Your Committee regrets that the Nurse Registry law is apparently not being enforced and suggests that this House request the Department of Education to stimulate the license bureaus to observance of this law.

Your Committee recommends that the student entering a school of nursing should be of sufficient maturity—at least eighteen years of age—that she should present a certificate of complete health examination from a physician known to the school, that she should have character endorsements from at least two reputable persons, one of whom should be a physician, that she should be a native or a citizen of the United States, that no hospital should conduct a training school of nursing where the daily average of patients is less than twenty with affiliation, or less than fifty patients without affiliation.

Your Committee again recommends group nursing in hospitals, part time or hourly nursing in homes, and liberal support of visiting nursing organizations in their devoted service to the poor.

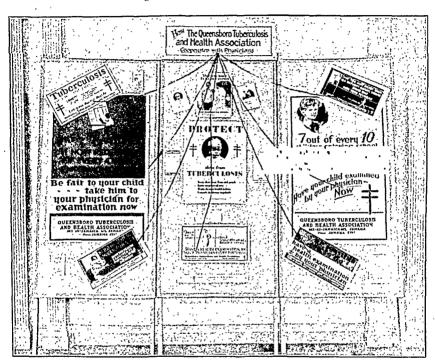
Respectfully submitted,

NATHAN B. VAN ETTEN, Chairman. April 1, 1930.

#### QUEENSBORO TUBERCULOSIS ASSOCIATION

The Queensboro Tuberculosis and Public Health Association works in close harmony with the Queens County Medical Society. How the two organizations cooperate is told in an exhibit shown at the meeting of the Second

District Branch of the Medical Society of the State of New York on April first in the new building of the Queens County Medical Society. A photograph of the exhibit is here reproduced.



#### **QUEENS COUNTY**

A stated meeting of the Medical Society of the County of Queens was held in the auditorium of the Society Building on March 25, 1930, at 8:30 P.M., President E. A. Flemming, M.D., in the chair, and 120 members present.

The secretary reported that the Comitia Minora meeting on March 8 had acted favorably upon a communication from the Legislative Committee of the Medical Society of the County of New York indicating a proposed amendment to the local laws of the City of New York for the year 1929 in relation to establishing a Department of Hospitals and defining its jurisdiction, powers and duties. The proposed amendment consisted of the in-

sertion in Section 692E which stated:—"The members of a medical staff or board shall serve without compensation," the addition:—"Except that where treatment is rendered to patients for which compensation is provided for under the Workmen's Compensation Act of the State of New York, the physician or surgeon rendering the medical and surgical services shall be entitled to receive such compensation." On motion, duly made and seconded, the Comitia Minora unanimously approved and endorsed this proposed amendment.

Two thousand dollars were appropriated for the conduct of the Business Bureau at the meeting of the Society on January 28, 1930, to be set aside by the Treasurer as a separate fund subject to the use of the Directors of the Business Bureau.

The matter of opening the library to the lay public was considered and on motion referred to the Committee on Library to report back to the Comitia Minora.

Dr. Boettiger for the Committee on Public Health and Public Relations requested the cooperation of the Society in the matter of more efficient blood transfusion service, an information booklet by the Welfare Council of New York, and the investigation by the New York Academy of Medicine on the problem of maternal mortality in the city, and supplied matter covering these subjects for publication in the Bulletin.

"The Membership Committee reported that it has assigned to the individual members of the Committee recent graduate physicians in their respective localities to canvass for membership. It also suggested that white buttons be secured bearing the names of the various members to be sold at a low cost and to be worn at the meetings to stimulate the spirit of the organization.

"Dr. H. P. Mencken presented the contemplated program for the Graduate Education.

The following new members were received: Albert J. Aptaker, M.D., 9440 210th Street, Hollis; Dallas G. Bray. M.D., 3048 36th Street, Long Island City; George V. Duffy, M.D., 8848 212th Place, Queens Village; Harry Clifford Oard, M.D., 150-84 87th Avenue, Jamaica.

The following were received by transfer: Abraham Braunstein, M.D., 2906 31st Avenue, Astoria, from the Medical Society of the County of New York; B. Shapiro, M.D., 9508 Polk Avenue, Jackson Heights, from the Medical Society, County of Sullivan, Liberty, N. Y.

Dr. Boettiger called attention to the new schedule of the consultation chest clinics of the Queensboro Tuberculosis and Health Association for the examination of cases of tuberculosis referred by physicians. He stated that a complete report is made to the physician referring each case, and that all intimate household, social, and industrial conduct of each positive case are examined and included in such report. The clinics are held in four hospitals in the borough. The schedule is available upon request—phone Jamaica 2557. He further spoke of a special educational campaign for the detection of tuberculosis among children conducted by the Association with a view of acquainting the public with a condition found in childhood which is the precursor of tuberculosis in the adult; and urging that children be taken to their family physician for examination.

Dr. F. G. Riley addressed the Society on the coming Friday afternoon talk by Dr. Clyde W. Collings, "Genito-Urinary Conditions," and urged the attendance by the membership of the Society. He thereupon offered the following resolution:

WHEREAS, it has been called to the attention of the membership of the Medical Society of the County of Queens that there are at the present time many practitioners of medicine within the city of New York who are advertising in an unethical manner in the daily press and other publications, and

WHEREAS, such practitioners are a menace to the public health, be it therefore

RESOLVED, that the Medical Society of the County of Queens go on record as opposed to such methods and that the Society give its support to any and all measures the Commissioner of Health of the City of New York may see fit to employ to eradicate such menace to the public health, and be it further

RESOLVED, that a copy of this resolution be sent to the Commissioner of Health, of the City of New York.

On motion, duly seconded and passed this

resolution was unanimously adopted.

The Chairman directed the attention of the members to the coming meeting of the Second District Branch of the Medical Society of the State of New York and urged the attendance of the members of Queens.

The following scientific program was presented:

1. Paper, "Coronary Thrombosis and the Causes of 'Angina Pectoris,'" by E. Libman, M.D., Clinical Professor of Medicine, Columbia University.

2. Paper, "Stagnation Thrombosis Occurring in Cardiac Disease," by Arthur J. Fischl, M.D.

3. Discussion by Drs. E. M. McLave, Joseph Baum and closed by Drs. Libman and Fischle.

4. Paper, "Pneumonia in Children," by Roger H. Dennett, M.D., Professor of Pediatrics and Director of the Department, New York Post-Graduate Medical School and Hospital.

5. Discussion by Drs. A. S. Tepper, Margaret Reynolds, E. L. Friedman, J. M. Dobbins, T. C. Chalmers and closed by Dr. Bennett.

E. E. Smith, M.D., Secretary.



#### BRONX COUNTY

A regular meeting of the Bronx County Medi cal Society, held at Concourse Plaza, on April 16, 1930, was called to order at 9 PM, the President, Dr Aranow, in the Chair

New members elected were Drs David I Bissett, Angelo R Cantelmo Joseph Erdman, Joseph O Fisher, Hilda M Iserlis, Peter T Panaro and Elvira Willis

Dr Magid, Chairman of the Committee on Medical Economics, submitted the Report of the Committee relative to a conference on the matter of permitting the Medical and Surgical Staffs of City Hospitals to charge for their services in compensation cases, and also with regard to the aim of the Commissioner of Health to raise the

standard of medical practice

Dr Aranow, Chairman of the State Legislative Committee, reported on the Legislative session just closed with regard to the Bills affecting the Medical Profession All the Bills introduced during the session which were objectionable and opposed by the Medical Profession, such as the Anti vivisection, Osteopath, Optometrist, Physio Therapist and Chiropractic Bills, were defeated On the other hand, all our own Bills, such as the Bill providing for the free choice of physician, and the Bill which would create a Medical Council in the Department of Labor, were defeated Dr Aranow stated that the Medical Profession should do a great deal more than it is doing in opposition to the cults. We ought to appeal to the colleges and to the scientific organizations If chiropractic has some scientific basis for it, then the colleges ought to teach it On the other hand, if, as we know, it is a fraud, then the colleges ought to help us fight these cults for the good of the people

The Secretary read the report of the Nominating Committee presenting the list of candidates designated by the Committee for Officers

and Delegates for the year 1930 1931

Under New Business, Amendments to the By-Laws were proposed These Amendments will be printed in The Bulletin and acted upon at the May meeting

The following resolutions were presented by the Bronx Gynecological and Obstetrical Society, through its Executive Committee for adoption by our Society

Whereas, A Report of the maternal and neo natal mortality has been published by the State Department of Health.

"Whereas, This Report has failed to disclose the necessary information which would be of help in reducing this mortality,

"Whereas, The Bronx Gynecological and Ob stetrical Society has voted to take up the study of the causes in the County of the Bron,

"Whereas, The membership of the Bronx Gynecological and Obstetrical Society is composed of members of the Bronx County Medical Society.

"Whereas. The Executive Committee of the Bronx Gynecological and Obstetrical Society has decided that it would be beneficial to enlist the cooperation of the Bronx County Medical Society

"Be It Resolved, That the Bronx County Medical Society go on record as favoring and sponsoring the work of the Bronx Gynecological and Obstetrical Society in this study '

It was moved and carried that the above Reso lutions be adopted

The Scientific Program then proceeded as fol Papers

1 The Frentment of Gonorrhea in Women,

Maurice O Magid 2 Pregnancy Complicating Fibroids of the Percy H Williams

3 Some Simple Procedures Which Make Ob stetrical Practice Safer and Easier

Benjamin P Watson

The Papers were then discussed by Drs Wil ham P Healy, Abraham J Rongy and Edward T Hull The discussion was closed by Drs Magid, Williams and Watson

I J LANDSMAN, MD Secretary





# THE DAILY PRESS







Old fashioned home treatments, as remembered by Briggs, whose cartoons are reproduced from the Herald Tribune of March 6 and March 11, 1930.

#### ANTIVIVISECTION

The New York Times of May 20 contains the following account of the activities of the antivivisectionists:—

"The International Conference for the Investigation of Vivisection, meeting at the Biltmore yesterday, sent a telegram to President Hoover protesting against alleged 'political' activities of certain departments of the government opposing antivivisection.

"'We do earnestly protest,' the message read, 'against the political activities of the United States Public Health Service and the United States Army in opposition to the bill to exempt dogs from vivisection in the District of Columbia now pending in Congress. We ask you to give this matter your serious consideration.'

"Another message to the President requested his aid in furthering the progress of

the bill, and a telegram to Senator Thomas H. Caraway of Arkansas asked him to investigate the 'political activities' of the two departments in opposition to the bill, adding that documentary evidence would be submitted in support of the request. A resolution asked the same Senator also to investigate documentary evidence to be submitted by the conference against the use of vivisection and serums.

"A telegram to Governor Ritchie of Maryland protested against the 'political activities of the Maryland State Board of Health' in opposition to the dog exemption bill, and asserted that more than 10,000 residents of Maryland desired the bill's passage by Congress. Another resolution endorsed a bill being introduced in Congress to provide for moral and humane education in the public schools of the District of Columbia."

#### NOISE ABATEMENT

The systematic campugn for abstement of unnecessary noise conducted by the Department of Health of New York City is bearing fruit. The New York Herald Tribune of Max

22 says editorially ---

"The Board of Aldermen has done a good turn for the people in adopting the ordinance to reduce the nuisance of the outdoor radio loud speaker. The measure introduced by Alderman Stand with the indorsement of the Noise Abatement Commission prohibits the doorway and window din from shops or else where except on special occasions such as events of national interest under police permit.

'In the volume of complaints about needless rackets the street radio hubbub has been a conspicuous target as perhips the most intrituting and gratuitous. As an advertisement it must very ten persons to one whom it pleases. But whether that is so or not it is unreasonable to inflict on the general public a high powered artificial disturbance of what hittle resemblance to quiet there is on the streets of the city. For their effort of silence one at least of the dispensable yawps of the current bedlam the aldermen deserve thanks."

The New York 1 mes of May 22 also says editorially —

"The Noise Abatement Commission is re-

ported to be pleased with the prompt action taken by the Board of Aldermen. The particular noise is one of those most complianed about. But it is doubtful if the relief will be so widespread as if further restrictions were placed on loud-speakers in open windows in private dwellings and apartments.

"In the Summer they do more to shatter the evening than anything except the clevated automobile trucks loud horns and the baby next door. It is to be hoped therefore that the ordinance will be extended—or another passed to supplement it—so as to give a measure of protection against the excessive use—or rather abuse—of radios in the home Perhaps a curfew law would be most effective Meanwhile a deafened public will be thankful for even the present measure of rehef."

The control of noise by a law court depends on evidence. When two or three neighbors complain that a noise is irritating and harmful, half a dozen others will swear truthfully that they enjoy that particular noise. The Noise Abatement Commission of the New York City Department of Health therefore in vestigated noises scientifically as reported on page 573 of the May 15th issue of this Journal Health officers and others interested in noise abatement will find the article valuable.

#### RELIABILITY OF TESTIMONY

The members of psychology classes in college have frequently been asked to write descriptions of incidents enacted before them at unexpected times and the result is always a wide variation in the accounts. The New York Times of May 20 describes one as follows.

"The reliability of witness testimony was again attacked by Dr Richard H Paynter, Professor of Social and Abnormal Psychology at Long Island University in announcing yesterday the results of the fourth of his series of experiments in applications of psychological technique to police administration and juris prudence

"The experiment was conducted with the aid of two students Afred Lucia and Charles M Rubin who had been coached to start a disturbance in the room during an examination period, and two fraternity brothers of Mr Lucia, who had been asked to intercede in his defense. A list of questions was submitted to the class by Professor Paynter immediately after the incident and again one week later. In the meantime the class had been informed.

that the episode had been staged as an experiment in psychology

"The results of this experiment clearly show the value of the study of difference between various individuals and in the same individual at different times. The wide divergences of statements from actual facts on all questions asked point to the subtle ways alterations go on in our intellects and personalities.

"There is found to be, among various mental activities, a degree of interweavings and interdependence surprising, not only in extent but also in our ignorance that such operations are taking place. Their evaluation is the work of

the psychologist

"Elusive preoccupations and preconceptions came into play and distorted the facts the individuals thought they saw and heard. Thinking, imagination, inventiveness actions and emotional disturbances operated in other ways to alter what was really seen and heard.

"No one is, of course, immune from being fooled, not even the psychologist. But training in psychology is of great aid in detecting and evaluating the multitudinous errors in the personal equations of observation."

# <del>2</del>02

# BOOKS RECEIVED



- Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.
- A System of Bacteriology in Relation to Medicine. [By Various Authors. Prepared under the direction of the Medical Research Council.] Volume IV. Octavo of 482 pages. London, His Majesty's Stationery Office, 1929. Cloth, £8-8-0 a set; £1-1-0 each.
- Practical Psychology and Psychiatry. For Use in Training-Schools for Attendants and Nurses and in Medical Classes, and As a Ready Reference for the Practitioner. By C. B. Bürr, M.D. Sixth Edition. Octavo of 378 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$2.75.
- Tonsil Surgery, Based on a Study of the Anatomy. By Robert H. Fowler, M.D. Quarto of 288 pages, illustrated. Philadelphia, F. A. Davis Company, 1930. Cloth, \$10.00.
- Medical Clinics of North America. Vol. 12, No. 6. May, 1929. Index Number. (Mayo Clinic Number.) Published every other month by the W. B. Saunders Company, Philadelphia and London. Per Clinic Year (6 issues): Cloth, \$16.00 net; paper, \$12.00 net.
- MEDICAL CLINICS OF NORTH AMERICA. Vol. 13, No. 4. January. 1930. (Philadelphia Number.) Published every other month by the W. B. Saunders Company, Philadelphia and London. Per Clinic Year (6 issues): Cloth, \$16.00 net; paper, \$12.00 net.
- Applied Physiology. By Samson Wright, M.D. Third Edition. Octavo of 552 pages, illustrated. London and New York, Oxford University Press, 1929. Cloth, \$5.50. (Oxford Medical Publications.)
- Surgical Diagnosis. By American Authors. Edited by Evarts Ambrose Graham, A.B., M.D. Volume 1. Octavo of 919 pages, illustrated. Volume 2. Octavo of 871 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1930. To be complete in three volumes and separate index, in cloth, at \$35.00 per set.
- SLEEP AND THE TREATMENT OF ITS DISORDERS. By R. D. GILLESPIE, M.D. 12mo of 267 pages. New York, William Wood & Company, 1930. Cloth, \$3.25. (Minor Monograph Series.)
- INSOMNIA: How to COMBAT IT. By JOSEPH COLLINS, M.D. 12mo of 130 pages. New York and London, D Appleton & Company, 1930. Cloth, \$1.50.
- THE PSYCHIATRIC STUDY OF PROBLEM CHILDREN. By SANGER BROWN, II, M.D., and HOWARD W. POTTER. M.D. (Published by the New York State De govof Mental Hygiene.) Octavo of 152 respectively. State Hospitals Press, 1930.
- PHILADEIPHIA HOSPITAL AND HEAVITICAGES Utica, Conducted Under the Auspices Dervi Committee by Haven Emers Osition Survey, 1929, C.E., and Anna C. Phillippecti of a Citizens' Survey illustrated. [Philadelphia, Phidon, M.D., Sol Pincus, Health Survey Committee, chas. Octavo of 844 pages, Nouveau Traite De Médecis hiladelphia Hospital and NAND Widal and P. K 1930.]
- Nouveau Traite De Médecry hiladelphia Hospital and NAND Widal and P. H. 1930.]
  Pathologie des reins. Officrike. By G. H. Roger, Fer-Paris, Masson et Cic, J. Teissier. Fasc. XVII.

  tavo of 1024 pages, illustrated.

  929. Cloth, 125 francs,

- ATHLETICS IN EDUCATION. By JESSE FEIRING WILLIAMS, A.B., M.D., and WILLIAM LEONARD HUGHES. A.M. Octavo of 414 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1930.
- A Text-Book of Psychiatry. By D. K. Henderson, M.D., and R. D. Gillespie, M.D. 2nd Edition. Octavo of 526 pages. London and New York, Oxford University Press, 1930. Cloth, \$5.50. (Oxford Medical Publications.)
- THE HARVEY LECTURES. Delivered under the auspices of the Harvey Society of New York. Series 24, 1928-29. Octavo of 216 pages. Baltimore, Williams & Wilkins Co., 1930.
- PROCEDURE IN EXAMINATION OF THE LUNGS. BY ARTHUR F. KRAETZER, M.D. Octavo of 125 pages. New York, Oxford University Press, 1930. Cloth, \$2.00. (Oxford Medical Publications.)
- SURGICAL CLINICS OF NORTH AMERICA. Vol. 10, No. 1. February, 1930. (Mayo Clinic Number.) Published every other month by the W. B. Saunders Company, Philadelphia and London. Per Clinic Year (6 issues): Cloth, \$16.00 net; paper, \$12.00 net.
- Ker's Infectious Diseases: A Practical Handbook. Revised by Claude Rundle, O.B.E., M.D. Third Edition. Octavo of 614 pages, illustrated. London and New York, Oxford University Press, 1929. (Oxford Medical Publications.)
- LEAD POISONING: Report of the Committee on Lead Poisoning, presented to the Industrial Hygiene Section of the American Public Health Association at the Fifty-eighth Annual Meeting at Minneapolis, Minn., October 4, 1929. Octavo of 37 pages. New York, American Public Health Association, 1930. Paper, 75c.
- THE BABY'S FIRST TWO YEARS. By RICHARD M. SMITH. A.B., M.D. New and revised Edition. 16mo of 159 pages, illustrated. Boston and New York, Houghton, Mifflin Company, 1930. Cloth, \$1.75.
- Nasal Catarrh. By W. Stuart-Low, F.R.C.S. (Eng.). 12mo of 84 pages, illustrated. London, H. K. Lewis & Company, Ltd., 1930. Cloth, 5/-.
- Surgery at the New York Hospital One Hundred Years Ago. By Eugene H. Pool, and Frank J. McGowan. 12mo of 188 pages, illustrated. New York lator also to investigate. Cloth, \$1.50. evidence, factor, field, 1985.
  - THE BACTERIOPHAGE AND ITS CLINICAL APPLICATIONS.
    By F. D'HERELLE. Translated by George H. SMITH.
    12mo of 254 pages. Springfield, III., Charles C.
    Thomas, 1930. Cloth, \$4.00.
  - DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SUR-GERY. By HAMILTON BAILEY, F.R.C.S. (Eng.). Second Edition. Octavo of 268 pages, illustrated. New York, William Wood & Company, 1930. Cloth, \$6.50.
  - Medical Clinics of North America. Vol. 13, No. 5.
    March, 1930. (Chicago Number.) Published every
    other month by the W. B. Saunders Company, Philadelphia and London. Per Clinic Year (6 issues):
    Cloth, \$16.00 net; paper, \$12.00 net.



### BOOK REVIEWS



OUINT Its Causes Pathology, and Treatment By CLAUD WOFTH F.R.C.S. Sixth Edition Octavo of 246 pages, illustrated Philadelplia P Blakiston's Son & Company, 1929 Cloth \$350

This classical work comes to the ophthalmologist in the same form as the earlier editions. The teachings of this pioneer have been so universally accepted that other teachings of equally sound principles are apt to be entirely overlooked. That an enormous material has been covered by this able worker is not to be demed but one is apt to forget that the more refined types of scientific studies were only carried out on a very small and select group Yet the data furnished by these was and select group Yet the data furnished by these was used to supply the actual proof of the existence of congenital and acquired varieties. To establish the pres ence of an amblyopia evanopsia it is necessary to demonence of an ambigonal examples it is necessary to demonstrate that the infant had normal visual acuity that the eye was unused for a prolonged period of time, and that the poor vision following, could not have developed from intercurrent disease or injury. Since congenital defects seldom come unaccompanied by other congenital defects it is to be expected that evidence will be presented of such conditions. The presence of such defects in other members of the same family would seem a necessary piece of evidence if we are to think of these amblyopias as congenital

It seems unfortunate that so classical a work should be so lacking in the more minute essentials which would have substantiated the theories set forth to the fullest extent Even the studies carried out have not in the judgment of the reviewer been set forth in sufficient

detail from a truly scientific standpoint

These features notwithstanding Squint will main tain its well deserved prominence on our bookshelves for many years to come JOHN N EVANS

On Prescribing Physical Treatment By Matthew B Ray DSO MD (Edin) Octavo of 179 pages, illustrated New York William Wood & Company 1929 Cloth, \$375

This little volume brings to us a very complete ac count of the uses and methods of hydrotherapy, and a briefer account of the other modalities of modern physiotherapy The details of hydrotherapy are well described in an interesting manner, with mention of the difference in technique as employed at the various bath resorts. The chapters devoted to electrotherapy and heliotherapy are complete though brief, and con tribute to make the volume of great value to the prac titioner who uses or prescribes physiotherapy

JEROME WEISS

DISEASES OF THE STOMACH A Text book for Practitioners and Students By Max Einhorn MD Seventh Revised Edition Octavo of 593 pages illustrated New York William Wood & Company, 1929

The ingenious methods of examination and treatment which Dr Einhorn invented early in the history of gastro enterology did more to establish it as a specialty than the efforts of any writer His book beside being wealth of practical points both to the general practitioner and the specialist. In these days when careful clinical observation so easily gives way to radiography and the laboratory his suggestions regarding history taking and the physical examination are invaluable

His liberal ideas concerning diet in health and disease bring one back to sainty when confused by the mul-tiplicity of complicated diet lists. He is concerned more with the principles of nutrition and the physical nature of food than with chemical composition and combinations The discussion of pathological conditions of the stom

ach presents a basic knowledge of pathology which most text books lack. The treatments in each condition is detailed and especially helpful having been tested

by many years of successful practice
In the archives of gastro enterology no name appears more frequently than that or Einhorn and it is re markable that one man should have the energy of mind to produce so much amid a busy practice, both in litera-ture and in useful inventions which have been accepted and proven of value to the stomach specialist

HENRY F KRAMER

THE PRACTICE OF REFRACTION BY W STEWART DUKE ELDER MA DSc. MD Octavo of 410 pages illus trated Philadelphia, P Blakiston's Son & Company, Cloth, \$100

This little book compares very favorably with similar American publications It is well arranged well illus trated and the descriptions are brief but clear

It has always been the reviewer's hope that a little more color would be added to works of this type by a historical sketch of each subject as it is taken up Such background always adds materially to the interest of

the most lifeless branch of ophthalmology An attempt to present normal and pathological conditions without an accompanying anatomical review makes

most difficult the necessary visualization

To a student of refraction the book will be useful as it follows well accepted practices and is modern in its application of recent data JOHN N EVANS

APPLIED ELECTROCARDIOGRAPHY An Introduction to Electrocardiography for Physicians and Students By AARON E PARSONNET, MD and ALBERT S HYMAN, AB MD Octavo of 206 pages illustrated, New York, The Macmillan Company 1929 Cloth \$400

The authors have attempted to write a book on electrocardiography for the clinician. They have well succeeded in their endeavor. They give a comprehensive view of the entire subject along modern lines and express it in simple lucid English.

There are no lengthy discussions on theoretical points which appears wise in view of the general plan to make the book a guide for the bedside practitioner rather than

the trained cardiologist

It deserves recognition and the reviewer wishes it every success C S DANZER.

DISEASES OF THE BLOOD BY PAUL W CLOUGH, M D 16mo of 310 pages New York and London Harper & Brothers 1929 Flexible leather, \$250 (Harper's Medical Monographs)

In this volume of a convenient size the essential fea tures of the diseases of the blood are presented. In the early chapters the blood cells normal and abnormal are described and a satisfactory description of the different diseases follows A logical classification of the anemias is offered based upon the pathogenesis. This is post nemorrangic anemia acute due to large amounts of blood lost and chronic from the continued loss of small amounts (2) destruction of blood within the body (hemolytic anemias) and (3) inadequate blood formation (aplastic anemias) A chapter deals with transfusion and another with the technique of blood transfusion is an excellent volume in every respect examinations. It is an excellent volume in every respect W L. McCollon



# OUR NEIGHBORS



#### EXAMINATION OF SCHOOL CHILDREN IN WISCONSIN

The May issue of the Wisconsin Medical Journal describes a plan by which the examination of school children in Outagamie County, Wisconsin, is made under the auspices of the County Medical Society, under an appropriation of one thousand dollars by the City and two thousand by the County. The article reads:

"It was proposed that a minimum charge of \$3.00 per hour for the city and a charge of \$3.00 per hour with 50 cents mileage (each way) or \$1.00 (one way) would be most moderate and exceedingly fair.

"A panel consisting of all regular medical men in the county, irrespective of Society affiliations, was then made up who would do the work acting in two and threes and who would be called upon in regular rotation. The hours for such examination were arranged by the city school and county nurses, which would not conflict with the regular afternoon hours of the physicians. The work proceeded expeditiously and smoothly,—a most notable and almost unknown cooperation of all parties concerned.

"All defects such as (special eye, ear)

throat, neck, chest, skin and body were noted upon each individual card and such patient referred to the regular family physician for further attention. There were only two failures of medical men in reporting for duty and as no valid excuse was given, no further requests for examinations were made of them. As a result, a feeling of mutual confidence between the city and county authorities, laity and medical personnel has evolved itself.

"There is very little question of this work becoming an annual event. The parents, children, city and county authorities as well as the medical personnel are all intensely interested in the venture. Suggestions for the improvement of these examinations are always welcome. The examinations have been held in the various public (ward) schools in the city, and the district schools in the county.

"Finally supervision of the school child as regards his physical well being and thera-peutic prophylaxis for infection diseases is kept entirely in the province of the local medical man who should be competent to direct and carry on such work. More than

10,000 children were examined.

#### MAINE PUBLIC HEALTH ASSOCIATION

The April number of the Maine Medical Journal contains the following editorial on the Maine Public Health Association:

"Maine is living up to her motto, 'Dirigo,'

in public health affairs.

"The Maine Public Health Association is doing for the people of this state, with the advice and direction of the physicians of Maine, a work in the interests of health which is already a model for other states. By spreading the gospel of health, by educational campaigns, through clinics and lectures by reliable agents, this Association is carrying light into dark places, financing these measures for the most part by sums raised in the locations where the work is carried on. This is sound policy. The Maine Public Health Association deserves the whole-hearted support of the physicians and people of our state.

"Public health activities, if carried on in this way and properly supervised by the profes-

sion, should be an effective weapon with which to fight State Medicine. To the State belongs the safeguarding of our liberties. To the Medical Profession belongs the preservation of the Public Health.

"Some idea of the scope and variety of the public health work now carried on in our state may be gained by a study of the carefully prepared reports printed in this number of the Journal. One-third of the Board of Directors of this Association are medical men, which should guarantee adequate professional supervision, and control and secure the greatest good to the greatest number."

The finances of the Association are summed up by the financial Secretary as follows:

"We began in 1929 with all back bills paid, and cash on hand amounting to \$1,385.67. The first activity of the year was a checking up of the Christmas Health Seal and Bond Sale.

(Continued on page 678-adv. xvi)

# HAY FEVER

### An Advertising Statement

HAY FEVER, as it occurs throughout the United States, is actually perennial rather than seasonal, in character.

Because in the Southwest—Bermuda grass, for instance, continues to flower until December when the mountain cedar, of many victims, starts to shed its pollen in Northern Texas and so continues into February. At that time, elsewhere in the South, the oak, birch, pecan, hickory and other trees begin to contribute their respective quotas of atmospheric pollen.

But, nevertheless, hay fever in the Northern States at least, is in fact seasonal in character and of three types, viz.:

TREE HAY FEVER—March, April and May GRASS HAY FEVER—May, June and July WEED HAY FEVER — August to Frost

And this last, the late summer type, is usually the most serious and difficult to treat as partly due to the greater diversity of late summer pollens as regionally dispersed.

With the above before us, as to the several types of regional and seasonal hay fever, it is important to emphasize that Arlco-Pollen Extracts for diagnosise and treatment cover adequately and accurately all sections and all seasons—North, East, South and West.

FOR DIAGNOSIS each pollen is supplied in individual extract only.

FOR TREATMENT each pollen is supplied in individual treatment set.

ALSO FOR TREATMENT we have a few logically conceived and scientifically justified mixtures of biologically related and simultaneously pollinating plants. Hence, in these mixtures the several pollens are mutually helpful in building the desired group tolerance.

IF UNAVAILABLE LOCALLY THESE EXTRACTS
WILL BE DELIVERED DIRECT POST PAID
SPECIAL DELIVERY

List and prices of food, epidermal, incidental and pollen proteins sent on request

THE ARLINGTON CHEMICAL COMPANY YONKERS, N. Y.

# Pomeroy Girdles

and

# Supports

425,550



WHETHER of elastic (Handwoven) or fabric, or elastic and fabric, there is a Pomeroy to meet your requirements. Made to measure and designed for the individual, you are certain to obtain the desired results.

In seeking support for movable kidney, ptosis or after - operation, you have at your service a corps of fitters trained in the making and adjusting of surgical appliances.

**→20820≻** 

### POMEROY COMPANY

16 East 42nd St., New York

400 E. Fordham Rd., Bronx

Brooklyn Newark Boston Springfield Detroit Wilkes Barre

(Continued from page 683-adv. xxi) clusively in public health work, was..... 33, or 17.9% The number contributed by writers holding the Degree of M.D. which were of combined medical and public health interest The 1928 program of the American Medical Association, meeting in Minneapolis, offered addresses, articles or papers to the number of ......296 Of these, the number contr buted by practitioners of medicine and bearing upon the causes, diagnosis or treatment of disease While the number contributed by Doctors of Medicine and devoted to the discussion of topics related to preventive medicine, public health and public health education The 1930 program of the American College of Physicians, meeting in Minneapolis, otfered addresses, articles or papers to the number of ..... Of these, the number contributed by practitioners of medicine, and bearing upon the causes, diagnosis or treatment of disease While the number contributed by Doctors of Medicine and devoted to the discussion of topics related to preventive medicine, public health or public health education were 15, or 6 %

# EXAMINATION OF SCHOOL CHILDREN IN RHODE ISLAND

The following editorial from the May issue of the *Rhode Island Medical Journal* expresses a point of view which seems to be opposed to that of the physicians of New York and other States:

"We have at hand a newspaper clipping which purports to be a condensed résumé of the supervision and inspection of health in the public schools, in which some \$84,000.00 are spent on same during the last year. Together with this staggering announcement comes one none the less astonishing that 96% of public school children are under medical supervision. It does not state what portion of this 96% are under private and what under public supervision, but it may be inferred that a large portion of these are under State or what may be as well termed Charitable treatment. Let us for a few minutes consider what this means. In the first place, any such high percentage as that may suggest that the race is undergoing a retrograde metamorphosis which exceeds in extent anything ever thought, anticipated or believed. This, it must be borne in mind, is in early youth when the vital powers should be at their highest and fullest vigor and strength. Is it possible that they are born of diseased parents, illy nourished in infancy, and deprived of the usual necessity of food, light and air?

(Continued on page 685-adv. xxiii)

(Continued from page 684-adv 11111)

Had these figures been 50% or under, we should be astonished; but with 96% we are simply flattened out. Before we can discuss the question of pauperism we must know the proportion of these that are State charges and that percentage under private care, also the nature of the ailments. If as stated in the article, there is such enormous deterioration in the youth of today, it is time that the entire medical profession be aroused.

"Comes at this very time an able address by the retiring President of the Providence Medical Society on the subject of Medical Leadership or State Medicine. We have been interested to learn just what State Medicine is, but, whatever it is, the foregoing would appear a part of it, and an interested and insidious part, too. Our problem is not that of England, where there is a tremendous amount of destitution and a dole. But from a medical standpoint, ours is rapidly becoming a race of paupers, of well dressed and apparently prosperous persons without pride, who gladly receive what is more precious than alms, and who, if compelled to employ a physician, would not pay him and do not intend to pay for the necessities of life if they can avoid it.

free system is evidently encouraging this mendacity, and this system is aided and abetted by those who should be encouraging a sterner manhood and a more honest citizenship than is being developed at the present time."

#### COUNTY HEALTH COMMITTEE IN WISCONSIN

The organization for general public health work in Wisconsin is described in the Wisconsin Medical Journal of May as follows

"There is in every county in Wisconsin, a county health committee, consisting of the juvenile judge, the chairman of the county board, the county superintendent of schools, the deputy health officer, and a woman appointed by the county board. Its duties are to direct the work of the county nurse and supervise general public health and welfare work in the county. The local medical profession, which is most interested in and conversant with health conditions and problems in the community, is not and cannot be legally represented in this committee. However, a committee of the county medical society can meet with this board, in an advisory capacity, to their mutual benefit.

(Continued on page 687-udz, 112)

### Summer Problem No. 1—CONSTIPATION



AGAROL is the original mineral oil—ages ages emulsion with phenolphthaleln and has these special advantages

phenoiphthatein and has these special advantages expecial with a stable, pleasant taste without artificial flavoring freedom from sugar, alialies and alcohol: no contraindications, no oil leake, no striping or pain, no nause or garetic disturbances, nor label forming

The greater loss of water from the body in hot weather due to perspiration is seldom replaced. Some habits do not change with the season. Constipation is the inevitable result. Chronic cases become aggravated.

The cathartic habit is easily established, unless you prescribe

# AGAROL

the original mineral oil and agar-agar emulsion with phenolphthalein. It is not heating; it is palatable; and no alkali, alcohol or sugar is present to interfere with digestion.

Two regular size bottles are at your service for the asking.

Send for them.

#### WILLIAM R. WARNER & CO., INC.

Manufacturing Pharmaceutists since 1856

113 West 18th Street

New York City

# THE NEW YORK POLYCLINIC

Medical School and Hospital

(ORGANIZED 1881)

(The Pioneer Post-Graduate Medical Institution in America)

# Gastro-Enterology Proctology and Allied Subjects

For Information Address

MEDICAL EXECUTIVE OFFICER: 345 West 50th Street, N. Y. City

for the failing heart

# Digitan

Accurate digitalis dosage by mouth

Literature on request

MERCI SCO. INC.

Rahway, N. J.

mention the JOURNAL when writing to advertisers

(Continued from page 685-adv. xxiii)

"Similar committees can be apointed to meet with health departments in larger cities. Where this has been tried the committees have been cordially welcomed by the county health boards and the health departments. Other similar points of contact should be sought and developed as occasions arise

"By these methods greater cooperation is secured by public health agencies from the medical men and their work can be carried on more efficiently; the public is saved from exploitation by sincere but over-realous health and welfare workers and the legitimate rights of individual physicians can be protected.

"The public will continue to look to the medical profession for leadership in health matters so long as that leadership is sincere, efficient, and fair to all concerned. At a time like this we must put forth every effort to continue to maintain this leadership and merit this confidence."

Another item in the same Journal states that the Medical Economics Committee of the State Society plans to try to secure an amendment of the law requiring the appointment of one or more physicians on each county Committee.

### GOLFING AT THE OHIO ANNUAL MEETING

The following abstracts from the half page announcement of a golfing tournament to be held in connection with the annual meeting of the Ohio State Medical Association are taken from the May issue of the Ohio State Medical Journal:

"A record-breaking entry list for the Tenth Annual Tournament of the Ohio State Medical Golfers' Association to be held at the Columbus Country Club, Monday, May 12, the day preceding the opening of the Eighty-Fourth Annual Meeting of the Ohio State Medical Association at the Neil House, Columbus, is predicted by Dr. Carl A. Hyer, Columbus, president of the golfers' association.

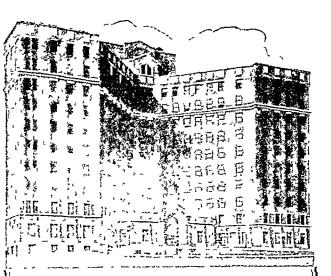
"If weather conditions are satisfactory, between 200 and 250 physicians from all parts of the state are expected to tee off in the meet which has become one of the unofficial but interesting and important features of the annual meeting of the State Association.

"The Columbus committee on arrangements, appointed Dr. Hyer, has been busy for several weeks assembling a list of approximately 35 attractive prizes and completing details.

(Continued on page 688-adv xvvi)



Please mention the JOURNAL when writing to advertisers



# The "HINDLE" Electrocardiograph

in the

# **Hurley Memorial Hospital**

Flint, Michigan

"We have been operating our Hindle Electrocardiograph for three years and it has given complete satisfaction in every way. The curves taken are wood and it is easily manipulated by our Technician."

the past Fifteen Years, "Hindle" Hetrocardiographs have been recognized a tree standard equipment by leading Hospitals and Medical Schools of America

#### FOUR MODELS ARE AVAILABLE

The 'Mobile Type is, however, the accepted model for the Hospital or Institution of moderate size since it may be used in the Cardiac Department or. if required, may be wheeled to the bedside of the patient.

Send for Literature

# CAMBRIDGE INSTRUMENT CO INC

3512 Grand Central Terminal New York

Pioneer Manufacturers of the Electrocardiograph

(Continued from page 687-adv. xxv)

"A majority of the past-champions of the golfers' association are planning to be on hand in an effort to dethrone Dr. J. L. McEvitt, Akron, who copped the championship last year at Cleveland.

"A program of special entertainment has been arranged for the annual banquet which will be held at the clubhouse in the evening

when the prizes will be awarded.

"The Columbus committee has arranged for transportation for visiting golfers, who do not drive to Columbus. Machines, provided by Columbus physicians, will visit the various Columbus hotels on the morning of the tournament to pick up golfers who have no other way to get to the course. The first foursome is scheduled to tee off as near 7:30 a.m. as possible

"Every member of the State Association who plays the game is urged by the officers and local committee men to take part in this year's meet with its unusually large prize list and which will be played over one of the finest courses in the state."

The May number of the Nebraska State

Medical Journal says:

"Golf is a game that makes a man who is too lazy to mow his lawn, work when he thinks he is playing."

An old definition of play is that it consists in working hard at something one likes to do.

## POPULAR MEDICAL EDUCATION IN WISCONSIN

The State Medical Society of Wisconsin prepares and distributes popular articles on medical education and contributes them to the newspapers. The issue of May contains one on "Dangerous Cosmetics" and one on "Mental Health." It also prints the following editorial copied from *The Capital Times*, Madison, of April 19, 1930, addressed to the State Medical Society

"Someone in your organization should be credited with doing all of us a lot of good through the publication of your bulletins exploding a lot of fancy and assorted fables about diseases. With health, probably the most concern to everyone, the possibilities for quackery, superstition and even downright fraud in this field are practically unlimited. In a recent issue of *The Capital Times* we see that you exploded that old tale about shingles encircling the body and causing death. We remember hearing that one a great many times and we hope your facts in the matter will clear up the fog in the minds of many who likewise heard the dire tale. We believe the

(Continued on page 689-adv. xxvii)

(Continued from page 688-adv. xxv1)

medical profession is taking a smart step in enlarging its publicity in projects similar to these bulletins. Distrust of some in your profession may have grown from their misunderstanding of your ultra-conservativeness in matters of publicity."

#### COMMISSION ON NEW TREATMENTS IN MICHIGAN

Not all medical men make good representatives in our State Legislatures, as is illustrated by the following editorial in the May issue of the Journal of the Michigan State Medical Society:

"There appeared in one of the Detroit newspapers a few weeks ago an announcement in the shape of what was evidently an advertisement to the effect that one of our State Representatives purposed introducing during the next session of the Michigan State Legislature a bill to create a 'State Medico-Legal Commission' which will be empowered to require that all news advances of treatment and methods in the field of medicine be submitted to the Commission by any licensed practitioner in Michigan who may originate or perfect any such new advance or method, and that it would be the duty of this Commission to investigate most rigidly and thoroughly the new advances and treatment methods and report to the people their findings. Then the article goes on to extol the merits of a method of treatment of a Detroit doctor. As the physician referred to in this announcement is not a member of the County or State Medical Society or the American Medical Association, we make no comment,

"For the information of the Representative, however, as well as of any others who may be doubtful, we wish to say that every new method proposed in medicine or surgery is thoroughly tried out and passed upon by those most competent to evaluate its merits; that this custom has been in vogue throughout the civilized world for almost a century; that the medical profession contains its own severest and sanest critics; that as soon as any method of treatment proves itself as being of real value, the people at large become the beneficiaries and that without delay. Therefore we fail to see what useful function any such commission as that suggested could perform. In this regard we quote the splendid sentiment expressed by Adams Gowan White: 'No scientific discovery is accepted until it has been checked again and again by investigators working with the most rigorous and vigorous skepticism. At the court of science every prisoner is suspected until proved innocent by a cloud of witnesses before an implacable bench of unemotional judges."

# PHILLIPS Milk of Magnesia

# THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz., 12 oz., and 3 pt. Bottles.

### THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London

### HAY FEVER

has been prevented in thousands of cases

Of THE HAY FEVER from August 1st to frost in the United States east of the Rocky Mountains is caused by the Short and Giant Ragweed.

#### Pollen Antigen Lederle

(Ragueed Combined)

Contains equal amounts of the glycerolated extract from these two pollens and is, therefore, indicated for such attacks.

Full information upon request

LEDERLE LABORATORIES
NEW YORK

---

# DEXTRI-MALTOSE WITH VITAMIN B

IN 1922, the Mead Johnson Research Laboratory evolved a vitamin B concentrate. Realizing from our own constant research, and that reported by others in the scientific literature, the rapid changes going on in the understanding of the vitamin B complex, we refrained from marketing any vitamin B product until we could be absolutely assured of its potency and safety both experimentally (on rats, birds and other animals) and clinically (on babies).

Now that this time has arrived, we offer the medical profession, with confidence, DEXTRI-MALTOSE WITH VITAMIN B for use in all cases where the physician wishes to employ the well-known carbohydrate value of the Dextri-Maltose he has used successfully for so many years, and in addition the now accepted benefits of vitamin B—antineuritic, antipellagric, and appetite-and-growth stimulating. One gram of this product is equivalent in vitamin B<sub>1</sub> and vitamin B<sub>2</sub> potency to approximately .4 gram of dried yeast or .8 gram of wheat embryo.

There is no danger of intestinal irritation or other digestive upset from DEXTRI-MALTOSE WITH VITAMIN B—due to the fact that Mead Johnson & Company's experimenting is conducted before marketing. Samples and literature available to physicians.

MEAD JOHNSON & CO., EVANSVILLE, INDIANA, U.S.A.

# **ANNOUNCEMENTS**

ANNUAL MEETING, JUNE 2-4, HOTEL SENECA, ROCHESTER 

Vol. 30, No. 10

May 15, 1930

Pages 569-630

\$3.50 YEARLY

# **New York State** Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 103rd St., New York City.



Entered as second-class matter July 5, 1907 at the Post Office, at New York, N Y., under the act of March 3, 1879 Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized on July 8, 1918. Copyright, 1930, by the Medical Society of the State of New York.

TABLE OF CONTENTS PAGE IV kanananananan anananananan anananan anananan ananananan anananan ananan ananan ananan ananan ananan ananan ana

### Starch-Free Food Variety IN DIABETIC DIET



These and many other appetizing, starch-free foods are easily made in the patient's home from

### LISTERS DIETETIC FLOUR

Strictly Starch Free

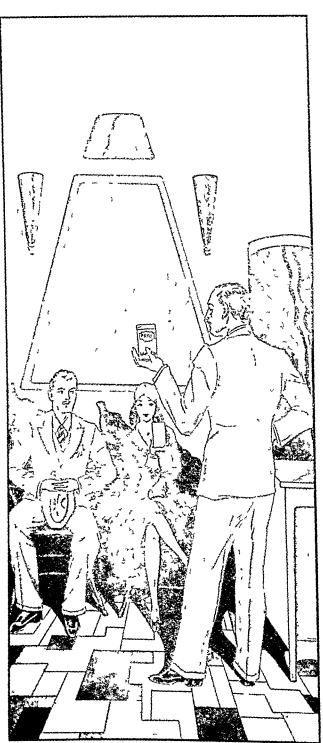
Carton Listers Flour (one month's supply, enough for 30 bakings) \$4.85

Ask us for the name of the Lister Depot near you. Advertised only to the physicians.

Lister Bros., Inc., 41 E. 42nd St., New York



# A Drugless Corrective in



# CONSTIPATION

ates that in chronic constipation, colitis, fissure and hemorrhoids, where gentle and regular evacuation is essential, laxatives not only fail to prove corrective, but often cause irritation.

Bland bulk and lubrication are now considered the important aids to a non-constipating diet, and for this reason interest has centered on the introduction of the plant seed of plantago psyllium, now available for use under the name

# Psylla

On coming in contact with water the small brown seeds swell and throw off a peculiar mucilaginous substance.

In the intestinal tract, therefore, Psylla provides both bland, non-irritating bulk and lubrication—a great aid in the treatment of constipation.

Where the condition is complicated by the presence of intestinal putrefaction and toxemia, the action of Psylla can be supplemented by the use of Lacto-Dextrin (Lactose, 73%—Dextrin, 25%)—a colon food which promotes the growth of the normal intestinal flora.

Let us send you a copy of the most recent literature on these accessory food products. We will also be glad to let you have free clinical samples for trial.

Mail Us This Coupon Today

# The BATTLE CREEK FOOD COMPANY

Dept. NYM-5, Battle Creek, Michigan

Send me, without obligation, trial tins of Lacto Dextrin and Psylla, also copy of treatise, "The Intestmal Flora."

NAME (Write on margin below.)

ADDRESS



Ecd Hosnite of Disbetic Feet by Conservative Trestment

"I highly recommend dressings with hot Antiphlogistine, which has a softening and resolvent action, hastening, in advanced cases, the sloughing of the necrotic tissue and core without pain and danger to the patient."

-From "Die Reizkoerperbehandlung des Diabetes," by Professor Dr. Gustav Singer, head physician at the Rudolfstiftung Hospital, Vienna.



# Furuncular and Phlegmonous Complications of Diabetes

IN seemingly hopeless cases, if the general condition, metabolism and local processes do not endanger life, simple and conservative treatment should be patiently applied with the help of careful and persistent esort to minor surgery.

Surgeons, more and more, are inclined towards the Conservative Treatment of Furuncles and Carbuncles, especially those of Diabetics, and some of them even go so far, in many cases, as to refrain from incisions and to rely on outward applications.

# Antiphlogistine

by hastening the disintegration of the exudates and toxins and by stimulating cellular activity, is an appropriate topical application, producing definite physiological reactions, which are the basis of all healing.

Depletant!

The	Denv	er	Chen	nical	Mfg.	Co.
163 Y	ľarick	St.	, New	York	City.	•

You may send me literature and sample of Antiphlogistine for clinical trial.

Address\_\_\_\_\_\_M. D.

ion the JOURVAL when tersting to advertisers

Resolvent!

#### TABLE OF CONTENTS-MAY 15, 1930

Lulsating Exophthalmos—By Anton S. Schneider, M.D., Plattsburg, N. Y.  loise: Its Measurement, Effect and Control—By E. B. Dennis, Jr., IC.E., New York, N. Y.  lay Fever: The Summer Type. Studies in Hay Fever, III—By A. A. Thommen, M.D., New York, N. Y.  lay Fever: The Summer Type. Studies in Hay Fever, III—By A. A. Thommen, M.D., New York, N. Y.  lay Fever: The Summer Type. Studies in Hay Fever, III—By A. A. Thommen, M.D., New York, N. Y.  lay Fever: The Summer Type. Studies in Hay Fever, III—By A. A. Thommen, M.D., New York, N. Y.  By A. A. Thommen, M.D., New York, N. Y.  By A. A. Thommen, M.D., New York, N. Y.  By A. A. Thommen, M.D., New York, N. Y.  By A. A. Thommen, M.D., New York, N. Y.  By Nicholas Lukin, M.D., New York, N. Y.	ORIGINAL ARTICLES		The Annual Banquet	604
Plattsburg, N. Y. Colose; Its Measurement, Effect and Control—By E. B. Dennis Jr., IC.E. New York, N. Y. Start Association of Public Health Examinations (605)   Extra-Curricular Arrangements (606)   Extra-Curricular Arra	Pulsating Exonbithalmos-Ry Anton S. Schneider M.D.			
Color   1st Measurement, Effect and Control—By E. B. Dennis, Ir. ICE. New York, N. Y.   Size   Section		569		
Jr., I.C.E. New York, N. Y.  By A. A. Thommen, M.D., New York, N. Y.  By A. A. Thommen, M.D., New York, N. Y.  By A. A. Thommen, M.D., New York, N. Y.  By A. A. Thommen, M.D., New York, N. Y.  By Nicholas Lukin, M.D., New York, N. Y.  By Notes and Throat—By Theodore H. Weisenburg, M.D., Philadelphia, Pa.  By Indicance in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  By Indicance in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  By Indicance in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  By Indicance in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—Schenectady County 610 Obstetrical Syllabus.  By Hollic Relations Survey No. 13—S	oise: Its Mensurement, Effect and Control-By E. B. Dennis			
Any Fever: The Summer Type, Studies in Hay Fever, III—By A. A. Thommen, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes Mellitus Treated with Insulin and Synthalin with Complete Recovery —By Nicholas Lukin, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes Mellitus Treated with Insulin and Synthalin with Complete Recovery —By Nicholas Lukin, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes Mellitus Treated with Insulin and Synthalin with Complete Recovery —By Nicholas Lukin, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes Mellitus Treated With Insulin and Synthalin with Complete Recovery —By Nicholas Lukin, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes Mellitus — Synthalian Active Insulance —By Nicholas Lukin, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes Mellitus — Synthalian Active Insulance —By Nicholas Lukin, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes Mellitus — Synthalian Active Insulance —By Nicholas Lukin, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes Mellitus — Synthalian Active Insulance —By Nicholas Lukin, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes — Synthalian Active Insulance —By Nicholas Lukin, M.D., New York, N. Y.   Aroxysmal Tachycardia in a Case of Diabetes — Synthalian Active Insulance — Synthalian Active No. Y.   Aroxysmal Tachycardia in a Case of Diabetes — Synthalian Active No. Y. State Association of Public Rectary — Synthalian Active Active No. Y. State Association of Public Rectary — Synthalian Active No. Y. State Association of Public Rectary — Synthalian Active No. Y. State Association of Public Rectary — Synthalian Active No. Y. State Association of Public Rectary — Synthalian Active No. Y. State Association of Public Rectary — Synthalian Active No. Y. State Association of Public Rectary — Synthalian Active No. Y. State Association of Public Rectary — Synthalian Active No. Y. State Association		573	Extra-Curricular Arrangements	605
Dy A. A. Thommen, M.D. New York, N. Y.   2007   277   277   278   277   278   277   278	lay Fever: The Summer Type Studies in Hay Fever 111-			
Treated with Insulin and Synthalin with Complete Recovery —By Nicholas Lukin, M.D., New York, N. Y. —By Nicholas Lukin, M.D., New York, N.  N.Y. State Association of Public Health Laborater 607.  Cimic Day —Committee on Public Health and Medical Education 608. —Committee on Public Health and Medical Education 609.  Defense in Contract Cases. —Committee on Public Health and Medical Education 609.  Milien Lealth and Medical Education 609.  New Jersey Contract Cases. — Committee on Public Health and Medical Education 609.  New Jersey Lucine State New York 160.  New Jersey Lucine State New York 160.  New Jersey Lucine State Medical Association 70.  New Jersey Lucine State Medical Association 70.  The Survival of the Fittest 606.  Miliennial Pantasies 606.  New Jersey No. 13—Schenectady Co		577		
Treated with Insulin and Synthalin with Complete Recovery—By Nicholas Lukin, M.D., New York, N. York, N. York, N. Work, N. Williams, P. Doctor Looks at Journalism—By Linsly R. Williams, P. Doctor Looks at Journal Looks and Looks and Looks and Looks and Looks and Looks and Looks and Looks and Looks at Journalism—By Linsly R. Williams, P. Doctor Looks and Looks and Looks and Looks and Looks and Looks and Looks and Looks at Journalism—By Linsly R. Williams, P. Doctor Looks and Looks and Looks and Looks and Looks and Looks and Looks and Looks at Journalism—By Linsly R. Williams, P. Doctor Looks and Looks an				
By Nicholas Lukin, M.D., New York, N. Y. he Doctor Looks at Journalism—By Linsly R. Williams, M.D., New York, N. Y. M.D., New York, N. Y. Hoodore H. Weisenburg, M.D., Philadelphia, Pa. Septement H. Weisenburg, M.D., Philadelphia, Pa.				
he Doctor Looks at Journalism—By Linsly R. Williams, M. D., Nev York, N. Y.  Doctor Looks at Journalism—By Linsly R. Williams, M. D., Nev York, N. Y.  Theodore H. Weisenburg, M.D., Philadelphia, Pa.  Sep Incidence in Perforated Peptic Ulcer—By Joseph C. Read, M.D., Brooklyn, N. Y.  EDITORIALS  Innual Meeting  Innual		583	Rates of Hotels of Rochester	607
Theodore H. Weisenburg, M.D., Philadelphia, Pa.  Ige Incidence in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  IEDITORIALS  Innual Meeting Innual Meet	The Destar Looks at Journalism By Linely D. Williams	,0,		
Theodore H. Weisenburg, M.D., Philadelphia, Pa.  Ige Incidence in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  IEDITORIALS  Innual Meeting Innual Meet	MD New Yeek N Y	5.05		
Theodore H. Weisenburg, M.D., Philadelphia, Pa.  Ige Incidence in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  IEDITORIALS  Innual Meeting Innual Meet	Tournetic Nouseau of the Eve Con Man and Threat Du	,,,		
See Incidence in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  Set Incidence in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  Set Incidence in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  Set Incidence in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  Set Incidence in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  Set Incidence in Perforated Peptic Ulcer—By Joseph C. Rend, M.D., Brooklyn, N. Y.  Set Incidence in Perforated Peptic Ulcer—By Joseph C.  Set Inside Set Incidence in Perforated Splabus C.  Conference on Public Health Education in Sevise Health Laws (512  Committee on Physical Therapy (514  Legislation, Final Bulletin Commission to Revise Health Laws (512  Committee on Physical Therapy (514  Legislation, Final Bulletin Committee on Physical Therapy (514  Legislation, Final Bulletin Committee on Physical Therapy (514  Legislation, Final Bulletin Committee on Physical Therapy (514  Legislation, Final Bulletin Committee on Physical Therapy (514  Legislation, Final Bulletin (512  Committee on Physical Therapy (514  Legislation, Final Bulletin (512  Committee on Physical Therapy (514  Legislation, Final Bulletin (512  Committee on Physical Therapy (514  Ant Jaw Sutures (614  Negislation, Final Bulletin (612  Committee on Physical Therapy (514  Ant Jaw Sutures (614  The Survival of the Fitest (616  Millennial Phantasies (616  Millennial Phantasies (616  Millennial Phantasies (616  Millennial Phantasies (616  Millennial Phantasies (616  Millennial Phantasies (616  Millennial Phantasies (616  Millennial Phantasies (616  Millennial Phantasies (616  Millennial Phantasies (616  Millennial Pha	Thumatic Neuroses of the Lye, Ear, Nose and Intoat-by		Public Relations Survey No. 13Schenectady County	610
Rend, M.D., Brooklyn, N. Y	Incodore in. Weisenburg, M.D., Friindelphia, Fa	200	Obstetrical Syllabus	610
Historical Exhibit Commission to Revise Health Laws 612 Commission to Revise Health Laws 612 Commission to Revise Health Laws 612 Commission to Revise Health Laws 612 Commission to Revise Health Laws 612 Commission to Revise Health Laws 612 Commission to Revise Health Laws 612 Commission to Revise Health Laws 612 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 614 Commission to Revise Health Laws 615 Commission to Revise Health Laws 614 Commission to Revise Health Laws 615 Committee on Physical Therapy 614 Committee on Physical Treapy 615 Committee on Physical Treapy 614 Committee on Physical Treapy 615 Committee on P	tge incidence in remorated reptic Older—by Joseph C.	E O 1	Conference on Public Health Education	116
EDITORIALS  Commission to Revise Health Laws 612 Legislation, Final Bulletin 612 Committee on Physical Therapy 614 Seneca County 614  MEDICAL PROGRESS  urling's Ulcer 596 The Uterus as a Digestive Organ 596 Identification and Transmineralization of Food 596 Ide	Read, N.D., Brooklyn, N. 1	166		
nnual Meeting 693 enters, Medical and Health 594 his Journal 25 Years Ago—Spitting in Public 595  MEDICAL PROGRESS  urling's Ulcer 596 he Uterus as a Digestive Organ 596 the Uterus as a Digestive Organ 596 the Uterus as a Digestive Organ 596 telation of Intestinal Toxemia to Allergy 597 toxute Appendicitis in the Aged 597 tigns of Crisis of Chronic Colitis 597 horoxin in Eclampsin 598 hernapeutic Application of Parathyroid Hormone 598 hernapeutic Application of Parathyroid Hormone 598 hernapeutic Application of Parathyroid Hormone 598 hernapeutic Application of Parathyroid Hormone 598 hernapeutic Application of Parathyroid Hormone 598 hernapeutic Application of Parathyroid Hormone 598 hernapeutic Application of Parathyroid Hormone 599 he Heart and the General Practitioner 599 he Heart and the General Practitioner 599 he Heart and the General Practitioner 600  LEGAL 600  LONDON LETTER 600 inights of the Round Table 602 he Registrar-General's Report 602 ashion 602 NEWS NOTES 603  NEWS NOTES 604  Canduate Courses in Oklahoma (adv. page xvii) 624 Advertising in Colorado Medicine (adv. page xvii) 624 Advertising in Colorado Medicine (adv. page xvii) 624 Advertising in Colorado Medicine (adv. page xvii) 624 Advertising in Colorado Medicine (adv. page xvii) 627 Finances of the Indiana State Medical Association 628 his Journal of the Texas State Society (adv. page xxii) 628 Graduate Education in Texas (adv. page xxii) 628 Graduate Education in Texas (adv. page xxii) 628 Graduate Education in Texas (adv. page xxii) 628 Journal of the Texas State Society (adv. page xxii) 628	EDITORIALS		Commission to Revise Health Laws	612
committee on Physical Therapy 614 his Journal 25 Years Ago—Spitting in Public 595  MEDICAL PROGRESS  urling's Ulcer 596 he Uterus as a Digestive Organ 596 leciation of Intestinal Toxemia to Allergy 597 he leation of Intestinal Toxemia to Allergy 597 hourd Appendicitis in the Aged 597 hyroxin in Eclampsia 598 herapeutic Application of Parathyroid Hormone 598 hallium Acetate in Ringworm of Scalp 616 herapeutic Application of Parathyroid Hormone 598 hallium Acetate in Ringworm of Scalp 617 he Heart and the General Practitioner 599 his LONDON LETTER 602 he Registrar-General's Report 602 nights of the Round Table 602 he Registrar-General's Report 602 nights of the Round Table 602 he Registrar-General's Report 602 nights of the Round Table 602 he Health Evamination of Children in Virginia 623 Annual Meeting in Texas 624 Advertising in Colorado Medicine 102 Advertising in Colorado Medicine 103 Annual Meeting in Texas 625 he Heilth Examination of the N. Y. Law Enforcement 627 he Heilth Examination of the N. Y. Law Enforcement 628 Advertising in Colorado Medicine 103 Annual Meeting in Texas 627 he Heiltnerant Practitioner in Wisconsin 628 he Heiltnerant Practitioner in Wisconsin 627 finances of the Indiana State Medical Association 628 he House of Delegates 603 he House of Delegates 603		:01	Legislation, Final Bulletin	612
MEDICAL PROGRESS  MEDICAL PROGRESS  MEDICAL PROGRESS  The Uterus as a Digestive Organ	mnual meeting thereases t	50.4		
MEDICAL PROGRESS  urling's Ulcer			Seneca County	614
ruling's Ulcer the Uterus as a Digestive Organ	his Journal 25 Tears Ago-Spitting in Tubile	,,,	•	
he Uterus as a Digestive Organ. 596 hemineralization and Transmineralization of Food 596 kelation of Intestinal Toxemia to Allergy. 597 keute Appendicitis in the Aged. 597 igns of Crisis of Chronic Colitis. 597 hyroxin in Eclampsia 598 herapeutic Application of Parathyroid Hormone 598 herapeutic Application of Parathyroid Hormone 598 he Heart and the General Practitioner 599 he Heart and the General Practitioner 599 he Heart and the General Practitioner 599 he Heart and the Round Table 600 he Registrar-General's Report 602 he Registrar-General's Report 602 he Registrar-General's Report 602 he House of Delegates 603 he House of Delegates 603 hr Discipline 604 he House of Delegates 605 he House of Delegates 605 he Health Examination of Children in Virginia 618 he Health Examination of Children in Virginia 618 he Health Examination of Children in Virginia 628 health Education in Georgia 624 health Education in Georgia 624 health Education in Georgia 624 health Education in Georgia 624 health Education in Texas 625 health Examination of Children in Virginia 628 health Education in Georgia 628 health Education in Georgia 628 here Survival of the Fittes 616 he Survival of the Fittes 616 he Survival of the Fittes 616 hillium In Survival of the Fittes 616 he Survival of the Fittes 616 hillium In Survival of the Fittes 616 he Survival of the Fittes 616 hillium In Survival of the Fittes 616 he Survival of the Fittes 616 hillium In Survival of the Fittes 616 hillium In Survival of the Fittes 616 hillium In Survival of the Fittes 616 hillium In Survival of the Fittes 616 hillium In Survival of the Fittes 616 he Survival of the Fittes 616 hillium In Survival of the Fittes 616 he Survival of the Fittes 616 he Survival of the Fittes 616 hillium In Survival of the Fittes 616 hillium In Survival of the Fittes 616 he Survival of the Fittes 616 he Survival of the Fittes 616 he Survival of the Fittes 616 he Survival of the Fittes 616 he Survival of the Fittes 616 he Survival of the Fittes 616 he Survival of the Fittes 616 he Survi				
lemineralization and Transmineralization of Food 596 lelation of Intestinal Toxemia to Allergy 597 lecute Appendicitis in the Aged 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 598 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 597 lines of Crisis of Crisis of Chronic Colitis 597 lines of Crisis of Chronic Colitis 598 lines of Crisis of				
telation of Intestinal Toxemia to Allergy				
Millennial Phantasies 616  igns of Crisis of Chronic Colitis 597  igns of Crisis of Chronic Colitis 697  igns of Crisis 698  igns of Cris 617  igns of Charles 617  igns of Charles 618  igns of Children				
igns of Crisis of Chronic Colitis				
billodion Treatment of Boils and Carbuncles. 598 hyroxin in Eclampsia 598 hernpeutic Application of Parathyroid Hormone 598 hallium Acetate in Ringworm of Scalp 599 he Heart and the General Practitioner 599 he Heart and the General Practitioner 599 he Heart and the General Practitioner 599 he Heart and the General Practitioner 599 he Heart and the General Practitioner 600 LEGAL 600 Attorneys—Courts Inherent Power of Discipline 600 hights of the Round Table 602 he Registrar-General's Report 602 asshion 602 he Health Examination of Children in Virginia 618 Health Education in Georgia 620 Graduate Courses in Oklahoma 620 Advertising in Texas 624 Advertising in Colorado Medicine 625 New Jersey Comment on the N. Y. Law Enforcement 625 he Registrar-General's Report 602 asshion 602 he Health Examination of Children in Virginia 628 Advertising in Georgia 620 Advertising in Texas 625 New Jersey Comment on the N. Y. Law Enforcement 627 The Itinerant Practitioner in Wisconsin 627 Finances of the Indiana State Medical Association 628 Graduate Education in Texas 626 Graduate Education in Texas 627 Graduate Education in Texas 628 Graduate Education in Texas 628 Annual Meeting in Texas 625 Advertising in Colorado Medicine 627 The Itinerant Practitioner in Wisconsin 627 Graduate Education in Texas 628 Graduate Education in Texas 628 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Advertising in Colorado Medicine 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Advertising in Colorado Medicine 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Annual Meeting in Texas 625 Advertising in Colorado Medicine 625 Advertising in Colorado Medicine 625 Advertising in Colorado Medicine 625 Annual Meeting in Texas 625 Advertising in Colorado Medicine 625 Advertising in Colorado Medicine 625 Advertising in Colorado Medi			Willennial Phantasies	010
Book Reviews   617		597	BOOKS	
hyroxin in Eclampsia		598	Book Reviews	617
Health Examination of Children in Virginia 618 Health Education in Georgia (adv. page xvi) 620 Graduate Courses in Oklahoma (adv. page xvi) 622 Autorneys—Courts Inherent Power of Discipline 600 LEGAL Graduate Courses in Oklahoma (adv. page xvi) 623 Annual Meeting in Texas (adv. page xviii) 624 Advertising in Colorado Medicine (adv. page xviii) 624 Advertising in Colorado Medicine (adv. page xviii) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xxi) 627 asshion 602 health Examination of Children in Virginia 618 Health Examination of Children in Virginia 620 Advertising in Golorado Medicine (adv. page xxii) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xxi) 627 The Itinerant Practitioner in Wisconsin (adv. page xxii) 627 Finances of the Indiana State Medical Association (adv. page xxiii) 628 Graduate Education in Texas (adv. page xxii) 628 Graduate Education in Texas (adv. page xxii) 628 Journal of the Texas State Society (adv. page xxiii) 628	Thyroxin in Eclampsia	598		
The Heart and the General Practitioner			OUR NEIGHBORS	
Health Education in Georgia. (adv. page xiv) 620 Graduate Courses in Oklahoma. (adv. page xvi) 622 Actorneys—Courts Inherent Power of Discipline. 600  LONDON LETTER (advertising in Colorado Medicine. (adv. page xvii) 623 Annual Meeting in Texas. (adv. page xviii) 624 Advertising in Colorado Medicine. (adv. page xvii) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627 Annual Meeting in Texas. (adv. page xx) 626 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627 Annual Meeting in Texas. (adv. page xx) 627 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 628 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 628 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 628 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 625 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 626 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 626 New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 626 New Jersey Comment on the N			Health Examination of Children in Virginia	618
LEGAL Attorneys—Courts Inherent Power of Discipline	he Heart and the General Practitioner	599		
LONDON LETTER LONDON LETTER Longists of the Round Table. The Registrar-General's Report.  Septimental Residual	TECAL			
Annual Meeting in Texas				
LONDON LETTER Advertising in Colorado Medicine (adv. page xix) New Jersey Comment on the N. Y. Law Enforcement (adv. page xx)	Attorneys—Courts Inherent Power of Discipline (			
New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 626  The Registrar-General's Report 602  ashion 602  NEWS NOTES  The House of Delegates 603  New Jersey Comment on the N. Y. Law Enforcement (adv. page xx) 627  The Itinerant Practitioner in Wisconsin (adv. page xxi) 628  Graduate Education in Texas	LONDON VETTER		Advertising in Colorado Medicine (adv. page xix)	
Anights of the Round Table			New Jersey Comment on the N. Y. Law Enforcement	
The Registrar-General's Report		602		626
Section			The Itinerant Practitioner in Wisconsin (adv. page xxi)	627
NEWS NOTES Graduate Education in Texas(adv. page xxii) 628 The House of Delegates	ashion (	60Z	Finances of the Indiana State Medical Association	
The House of Delegates			(adv. page xxii)	628
the House of Delegates				
deference Committees				
	Reference Committees (	603	Unemployment from a Medical Viewpoint (adv. page xxiv)	630
			<del></del>	

# A Dependable Agent For Supplying Calcium In Diffusible Form

KALAK WATER presents a saturated solution of calcium as the bicarbonate.

"Of the inorganic salts of calcium, the bicarbonate was the most effective in raising the blood calcium." (W. H. Jansen—Deut. Arch. f. klin Med. Oct. 1924.)

It is not possible to present calcium bicarbonate as a dry powder or as an effervescent mixture to be added to water. This salt can be maintained as the bicarbonate only in an aqueous solution that is charged with carbon dioxide.

KALAK WATER CO. 6 Church St. » New York City

# LITTLE HEART STRAIN

With This Method of Producing Non-Specific Fever

THE contious physician will naturally wish to know what effect, if any, Transkutan baths have on the heart. In

the accompanying curve is shown the in crease in the pulse during and after I rankutan baths. These data represent the mean of over 220 treatments. The increase shown is moderate and subsides regularly. It is the opinion of those familiar with the effects of these baths that there is no druger

of detrimental results even where there is considerable heart impairment

There are other factors which contribute to the safety of these baths when heart conditions must be reckoned with Becruse of the marked hyperemia produced in the skin, there is a distinct lowering of the blood pressure which, of course, lessens the load under which the heart acts. Moreover, the entire treatment being external, without any use of narcotics or depressants, the stimulus may be instantly removed at any moment indicated.

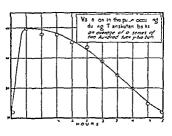
Because it acts by way of the skin it is apily called transcutaneous therapy, and the activating substance is called Transkutan Transkutan is supplied in three dosages, in convenient 5-ounce bottles, each sufficient for one treatment It is a scientific combination of a highly concentrated solution of natural mineral salts with turpentine, oil of wintergreen, menthol and camphor.

Transkutan is used in a hot both followed by a sweat pack and six to eight hours' rest. As may be seen from the

accompanying chart a moderate increase in the pulse rate is produced which slowly and regularly abates There is concomitantly a marked disphoresis and fre quently a leucocytosis

Transkutan baths havebeen provento be of the greatest value

as adjuncts in the treat ment of the diseases of the rheumatic group Arthritis especially, of virious categories, has yielded to the beneficial results of Transkutan baths Records are available of many long-established cases successfully treated Every physician has such cases Every physician should, therefore, investigate Transkutan All inquiries should be directed to the address below on your office stationery as Transkutan is sold only to the profession directly



TRANSKUTAN, Inc., 8 West 40th Street New York, N Y Gentlemen

Kindly send me, without obligation, full information on the use of Transkutan for the easy, pleasant, safe and controlled production of non specific fever

Doctor

Street and Number

City and State

#### TABLE OF CONTENTS-MAY 15, 1930

Plattaburg, N. Y. Plattaburg, N. Y. Noise, Its Measurement, Effect and Control—By E. B. Dennis, Jr., I.C.E., New York, N. Y. Iny Fever: The Summer Type. Studies in Hay Fever, III— By A. A. Thommen, M.D., New York, N. Y. Paroxysmal Tachycardia in a Case of Diabetes Mellitus Treated with Insulin and Synthalin with Complete Recovery —By Nicholas Lukin, M.D., New York, N. Y. The Anniversary Meeting The Anniversary	605 605 605 606 606 607 607
Plattaburg, N. Y.  Noise, its Measurement, Effect and Control—By E. B. Dennis, Jr., i.C.E., New York, N. Y.  Iny Fever: The Summer Type. Studies in Hay Fever, III— By A. A. Thommen, M.D., New York, N. Y.  Paroxysmal Tachycardia in a Case of Diabetes Mellitus Treated with Insulin and Synthalin with Complete Recovery —By Nicholas Lukin, M.D., New York, N. Y.  The Doctor Looks at Journalism—By Linsly R. Williams, M.D. New York, N. Y.  M.D. New York, N. Y.  State Ansociation of Public Health Laboratories Clinic Day Rates of Hotels of Rochester Committee on Public Relations Committee on Public Health and Medical Education	605 605 606 606 607 607
Noise, Ita Measurement, Effect and Control—By E. B. Dennis, Jr., I.C.E., New York, N. Y	605 605 606 606 607 607
Jr., I.C.E., New York, N. Y	605 606 606 607 607
Iny Fever: The Summer Type. Studies in Hay Fever, III— By A. A. Thommen, M.D., New York, N. Y.  277 Public Meeting on Periodic Health Examinations N. Y. State Association of Public Health Laboratories N. Y. State Association of Public Health Laboratories Clinic Day Clinic Day The Doctor Looks at Journalism—By Linsly R. Williams, M.D. New York N. Y.  M.D. New York N. Y.  585  M.D. New York N. Y.  586  M.D. New York N. Y.  586  M.D. New York N. Y.  587  Committee on Public Health and Medical Education  588  Committee on Public Health and Medical Education	606 606 607 607
By A. A. Thommen, M.D., New York, N. Y	606 607 607
Paroxysmal Tachycardia in a Case of Diabetes Mellitus Treated with Insulin and Synthalin with Complete Recovery —By Nicholas Lukin, M.D., New York, N.Y	607 607
Treated with Insulin and Synthalin with Complete Recovery  —By Nicholas Lukin, M.D., New York, N.Y	607
-By Nicholas Lukin, M.D., New York, N.Y	
The Doctor Looks at Journalism—By Linsly R. Williams, M.D. New York N. Y. Shannes S. Committee on Public Relations	607
M.D. New York, N. Y	400
	608
from the Newson of the Fire For Nose and Throat—Ry Delense in Contract Cases	609
The Jam to Walled Mrs Okilodalakia Da Saa Fublic Relations Survey No. 12—Schenectary County	610
Obstetrical Syllabus	610
Rend, M.D., Brooklyn, N. Y	611
Historical Exhibit	611
EDITORIALS Commission to Revise Health Laws	612
Annual Meeting	612
Contact Medical and Health 594 Committee on Physical Therapy	614
Fils Journal 25 Years Ago—Spitting in Public	614
Time Journal 22 Train 1160 - Strong to a management of the strong to the	
MEDICAL PROGRESS DAILY PRESS	615
Curling's Ulcer 596 Prohibition Psychology	615
The Uterus as a Digestive Organ 596 Ant Jaw Sutures	616
Demineralization and Transmineralization of Food. 596 Liability for a Guest	
Relation of Intestinal Toxemia to Allergy	616
Acute Appendicitis in the Aged	010
Signs of Crisis of Chronic Colitis	
Collodion Treatment of Boils and Carbuncles	617
Thyroxin in Eclampsia,	
Therapeutic Application of Parathyroid Hormone 598 OUR NEIGHBORS	
Challium Acetate in Ringworm of Scalp	618
The Heart and the General Practitioner	620
	622
LEGAL Graduate Courses in Oklahoma	623
	624
Annual Meeting in Texas	625
LONDON LETTER  Advertising in Colorado Medicine (adv. page xix)  New Jersey Comment on the N. Y. Law Enforcement	023
Knights of the Round Table	626
The Registrar-General's Report	627
	027
ashion 602 Finances of the Indiana State Medical Association (adv. page xxii)	628
NEWS NOTES Graduate Education in Texas(adv. page xxii)	628
The House of Delegates	629
Reference Committees	630
Committees	550

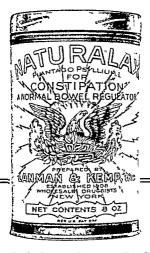
# A Dependable Agent For Supplying Calcium In Diffusible Form

KALAK WATER presents a saturated solution of calcium as the bicarbonate.

"Of the inorganic salts of calcium, the bicarbonate was the most effective in raising the blood calcium."
(W. H. Jansen—Deut. Arch. f. klin Med. Oct. 1924.)

It is not possible to present calcium bicarbonate as a dry powder or as an effervescent mixture to be added to water. This salt can be maintained as the bicarbonate only in an aqueous solution that is charged with carbon dioxide.

KALAK WATER CO. 6 Church St. » New York City



### FOR CHRONIC SLUGGISHNESS

Psyllium seeds of selected grade, in their natural state — clean and free from impurities — that's NATURALAX.

Naturalax is practically tasteless and has no disagreeable properties. The fact that it can be administered in a variety of ways is important "when treating patients whose delicate condition makes it imperative to avoid any form of treatment that may produce further irritation.

Naturalax is a demulcent and emollient, and can be used with safety when inflammatory infections are present. Naturalax is not habit-forming and treatments may be prolonged for any length of time. It is, therefore, an ideal regulator.

Naturalax is packed in two sizes only — 8 ounces and five pound tins. An original 8 oz. tin will be gladly sent free of charge to any physician upon request.

NATURALAX

LANMAN and KEMP, Inc. 135 Water Street, New York
Please send me free of charge for clinical test an 8 oz. tin of Naturalax.
Name
Address

pola JOUP AI at a west no to advertisers



# The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

> 305 Lexington Avenue New York City Tel. Ashland 3563

> DAY AND NIGHT SERVICE

Registered Nurses
Private Duty Hourly Nursing

Positions Filled in Doctors' Offices

# Mager & Gougelman, Inc.

FOUNDED 185

108 East 12th Street

New York City

Specialists in the manufacture and fitting of

Artificial Eves

Selections on request

148 State Street.......Albany, N. Y.
230 Boylston Street.....Boston, Mass.
1930 Chestnut Street....Philadelphia, Pa.

Charitable Institutions Supplied at Lowest Rates

A general solicitation for Directory advertisements in the next issue of the

# Medical Directory of New York, New Jersey and Connecticut

is now under way.

We request our members to send to the Advertising Department of the Directory names of firms making bids for their business, so they may be approached for advertising contracts.

Committee on Publication

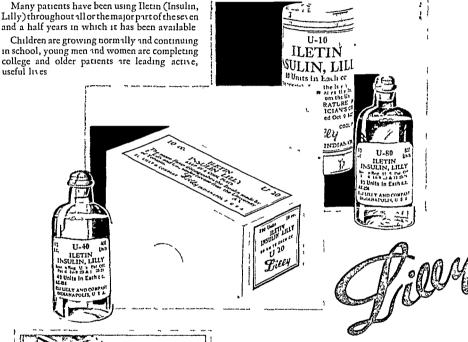
# **ILETIN** INSULIN, LILLY

Iletin (Insulin, Lilly) was the first Insulin commercially available in the United States

By faithful use of Insulin and adherence to proper diet the life and usefulness of the patient may be extended indefinitely in so far as diabetes is concerned

Children are growing normally and continuing in school, young men and women are completing college and older patients are leading active,





On account of its characteristic uniformity, purity, and stability Iletin (Insulin, Lilly) may be relied upon whenever Insulin is needed Supplied through the drug trade in 5 cc and 10 cc vials

Write for pampblets and diet charts

The Lally Research Laborator es which co-operated with the Insul n Com-

ELI LILLY AND COMPANY, Indianapolis, U.S. A.



# The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

> 305 Lexington Avenue New York City Tel. Ashland 3563

DAY AND NIGHT SERVICE

Registered Nurses
Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions

# Mager & Gougelman, Inc.

FOUNDED 1851

108 East 12th Street

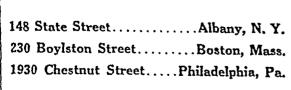
New York City

Specialists in the manufacture and fitting of

# Artificial



Selections on request



Charitable Institutions Supplied at Lowest Rates

A general solicitation for Directory advertisements in the next issue of the

# Medical Directory of New York, New Jersey and Connecticut

is now under way.

We request our members to send to the Advertising Department of the Directory names of firms making bids for their business, so they may be approached for advertising contracts.

Committee on Publication

# ILETIN INSULIN, LILLY

Iletin {Insulin, Lilly} was the first Insulin commercially available in the United States

By faithful use of Insulin and adherence to proper diet the life and usefulness of the patient may be extended indefinitely in so far as diabetes is concerned

Many patients have been using Iletin (Insulin, Lilly) throughout all or the major part of the seven and a half years in which it has been available

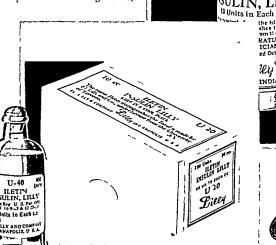
Children are growing normally and continuing in school, young men and women are completing college and older patients are leading active, useful lives



Medical Building University of Toronto in which Insulin was disco and first prepared for nedical u e

U-10

ILETIN





On account of its characteristic uniformity, purity, and stability Iletin (Insulin, Lilly) may be relied upon whenever Insulin is needed Supplied through the drug trade in 5 cc and 10 cc vials

Write for pamphlets and diet charts

The Lilly Research Laborator es the co-operated with the Ins t Com-

Jiany.

Though less spectacular than the achievements of the engineer the fruits of research in the medical sciences are quite as essential to human welfare and progress.

Biological research has provided the means of combating the increased danger of infection by tetanus spores due to the multiplied wounds of industry, travel, and play.

The administration of Tetanus Antitoxin should be a routine treatment of all wounds liable to be infected with tetanus spores. In manifested tetanus the antitoxin gives better results than any other treatment.

TETANUS ANTITOXIN, LILLY, is purified and concentrated by methods which give remarkable clarity and limpidity, low total solids, and a material reduction in serum-sickness-producing constituents.

TETANUS, ANTITOXIN, LILLY, is supplied through the drug trade in syringe containers practically assembled ready for use:

A 39 1,500 units

A 47 10,000 units

A 38 1,500 units, in vials

IN SYRINGE CONTAINER

TETANUS ANTITOXIN

.: PURIFIED, ( Gos'i, License

INDIANAPOLIS

# CROOKES COLLOSOLS

The original colloidal and non-ionic preparations for medicinal use

A wide range of these important additions to therapeutic resources is now available. As upwards of 250 published references to the clinical efficiency of the products have appeared in authoritative British medical journals and text books, they merit close investigation by every practitioner.

The Collosols available include

COLLOSOL ARGENTUM COLLOSOL MANGANESE COLLOSOL IODINE
COLLOSOL SULPHUR

COLLOSOL KAOLIN COLLOSOL TRIMINE

Full particulars and clinical samples will be sent on application to

#### THE CROOKES LABORATORIES, Inc.

145-147 EAST 57th STREET NEW YORK CITY

TELEPHONES: VOLUNTEER 1182-83.

London

Bombay

TELEGRAMS: COLLOSOL

# Wellin's Frence that can always be

All the resources and experience of the Mellin's Foundation one thought of making a product of the higher in the relied upon to accomplish its mission— rinfant feeding.

A means tas its reward in the sincere esteem and ever modificas Food by physicians everywhere.

This single-minded detose and Dextrins increasing confide Milk Modifier

ellin Food Company

Boston, Mass.

Please mention the JOURNAL when westing to advertises.

#### 2

# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

### —The list of advertisers in the 1929 edition follows:

#### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomerov Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

#### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

#### Corseta

Linder, Robert, Inc. Pomercy Company United Orthopaedic Appliance Co., Inc.

#### Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan. Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

#### Pharmaceutical

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Servitz Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Fark West Hospital
Crest View Sanatorium
Haleyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopsedic Appliance Co. Inc.

#### Wassermann Test

Bendiner & Schlesinger

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 10

NEW YORK, N. Y.

May 15, 1930

#### PULSATING EXOPHTHALMOS\*

By ANTON S. SCHNEIDER, M.D., PLATTSBURG, N. Y.

In the presentation of this paper three points are stressed. First, the literature has been collected and reviewed; secondly, tying off the common carotid is emphasized as the method of choice in the cure of pulsating exophthalmos; and third, preservation of full vision in the case reported here in view of the length of time the injury has existed.

In 1809 pulsating exophthalmos was first described by Benjamin Travers but at that time the intimate connection betwen the internal carotid artery and the cavernous sinus was not recognized. Baron of France is due the credit of finding at post-mortem a rupture of the internal carotid artery in its passage thru the sinus. We know that there is a rupture or an aneurism of the internal carotid artery in its intra-cranial course thru the cavernous sinus.

An excellent review of the literature up to 1924 and a thorough analyses of the then reported 588 cases is given by C. E. Locke in the Annals of Surgery, Dr. Locke on May 15th of this year lost his life in the line of duty while helping those overcome by fumes at the Cleveland disaster. In this review the percentage of spontaneous and traumatic, of male and female, the end results, etc., are tabulated. Essentially the same percentages have been found in the literature up to the present time. The statistics show that spontaneous pulsating exophthalmos occurs more frequently in women than in men, the percentage of the traumatic type is higher in men, betwen the ages of 25 and 35.

When pulsating exophthalmos is considered from a mechanical point of view there is a sudden marked diminution of arterial blood at the time of rupture, to the opthalmic artery and to the half of the brain supplied, and a blocking off of the return flow through the ophthalmic veins and through the cavernous sinus to the internal jugular vein. There must of necessity be an engorgement by venous

blood of the parts affected, namely, retina, bulbar and lid conjunctivæ and the orbital veins. Due to this back pressure the alarming picture of proptosis, edema and dark bluish congestion of the eye appears and bruit is heard by the patient. Synchronous with the heart beat there is a pulsation of the eyeball, felt when the fingers are placed on the lids. These pulsations can be demonstrated by placing a strip of paper about 3 inches long over the eye ball. One end of this indicator is attached to the inner wall of the nose and the free end is seen to move up and down in rhythm with the heart beat.

Since the internal carotid artery supplies the half of the brain on that side many and diverse symptoms are manifested. These range from complete unconsciousness at the time of rupture to mild degrees of mental disturbances, and from complete hemiplegia to mild choreiform movements and paresthesiæ. The symptoms at the onset and their improvement later on are capable of mechanical explanation. Sudden anemia of the hemisphere results in complete cessation of the functions of the brain and when collateral circulation is established through the basilar artery and the Circle of Willis, improvement takes place. It seems but reasonable, in order to affect a cure of the symptoms that a process should be adopted which would shut off the arterial blood supply to the point of rupture, and this proximate to the bifurcation of the common carotid. In this way a condition similar to that at the onset is produced. True, in many cases, symptoms of hemiplegia and other signs appear but these are of short duration because the load already carried by the collateral circulation is temporarily increased and then reaches a level maintaining equilibrium. It does not seem good judgment to tie off the internal carotid alone, because of the increased supply through the external carotid. Neither does it seem wise to ligate the ophthalmic veins in the orbit because only

<sup>\*</sup>Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 5, 1929

the back flow is secured and not the source from which the blood is coming, and it is claimed, that interference with this back flow

causes glaucoma.

The various ways in which attempts have been made to cure the symptoms are, besides those mentioned, digital compression over a long period, ligation of both carotids, partial occlusion by means of a fascial band, or occlusion, in stages, with the Neff clamp, and gelatin injections. The serious results of loss

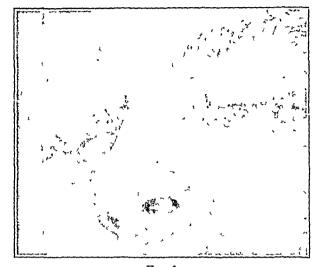


Fig 1
L M. Front view before operation.

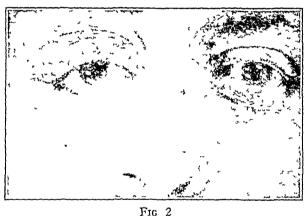
of vision, as reported in the literature, make it seem advisable to resort to the most efficient method in the shortest space of time.

Of the various methods used none have proved so consistently of benefit than tying the common carotid. The percentage is about 65 cures to 23 failures Spontaneous cures have been recorded in a few cases. Digital compression is reported as curing 23% and not affecting 73%. The ill effects which follow compression have been suggested as due to the pressure on the vagus nerve lying in the carotid sheath, as well as to the decreased blood supply to that part of the brain Ligation of the internal cartoid and opthalmic vein has been of benefit in some cases and cures by gelatin injections and even by installation of adrenalin have been reported.

Various factors determine the end result. The injury in 70% of the cases is a basal fracture which involves the sphenoid bone. This often leads to a direct injury to the optic nerve or compression of it by a blood clot or by cicatricial tissue. Depending on the type of injury and the duration, optic atrophy occurs to a greater or less degree. Pressure on the supra-orbital nerve by a blood clot causes pain. Collateral circulation may be quickly established or be very slow. Again it

is urged, that as soon as a definite diagnosis has been made and the patient is capable of withstanding the shock, ligation of the common carotid artery should be done.

L. M., male, age 35, was first seen March 8, 1929, and gave rather an indistinct history of a swelling 17 years ago in the right temporal region. No definite statement of an injury could be elicited, but he was operated upon at that time, the diagnosis being aneurism. The scar is plainly visible in the slides about to be shown. In 1925 there was some swelling again which persisted only for a short time. About a month ago, in February, he went swimming but did not remember whether he struck his head or not. Since that time there was a swelling of his lids and protiusion of the eyeballs, which gradually increased. He also stated that there was a gushing noise in his head which kept time with his heart beat At times he had difficulty because he saw two objects and it annoyed him. There was no pain.

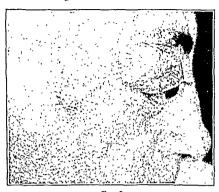


L. M. Front view, seventeen days after operation.

Physical Examination: Well developed and well nourished. Striking asymmetry of the face. the right side more prominent than the left There was a marked exophthalmos of the right cye, Hertel 30, left 19. The upper lid showed a mass of circoid vessels and to a slight degree on the outer side of the lower lid. The conjunctival vessels were full, cul-de-sac darkly congested Cornea clear, pupil 4.5 mm, regular, active to light. Vission 20/30 plus. The media were clear, disc clearly and distinctly outlined, with a heavily pigmented border The veins were about normal in size and the arterial walls were clear and distinct and showed no compression.

Left eye: Cornea clear, pupil 4.5 mm, regular, active to light, media clear, disc clear and distinct. very faintest pigmentation of the border and very slight increase in the size of the veins.

There was a distinct visible pulsation over an ovoid area starting from the inner canthus and extending well into the temporal region



1:16. 3

L. M. Side view, seventeen days after operation, also showing scar of previous operation for "ancurism."

back to the attachment of the auricle. On palpation there were forcible pulsations and on ausculation bruit over the entire right side

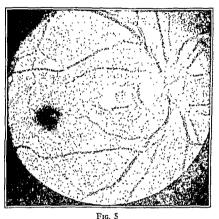


L. M. X-ray picture of right orbit showing mass, reported as "malignant growth."

and transmitted to the left, was heard. There was full motion of the globe except upwards where it was difficult to pass beyond the 25 point line. Compression over the carotid

stopped the bruit and the fundus was momentarily blanched. X-ray report was: On the right side there is a mass extending from the super-ciliary ridge downward involving the entire orbit, and also extending into the antrum. There is also a marked bone erosion involving the super-ciliary ridge and the adjacent portion of the parietal and temporal bones, evidently a malignant growth.

The disparity between the x-ray report and the clinical findings may be accounted for on the basis of the operation for aneurism 17 years ago. This can place the interpretation of the erosions as due to aneurism or to a



L. M. Photograph of fundus of right eye, negative.

cavernous hemangioma, rather than to a malignant new growth.

Wasserman, urine and blood examinations negative. General physical and neurological examination negative.

Operation. On March 12, 1929 the common carotid on the right side was securely ligated. Because of the danger of increased swelling and exposure of the cornea, two mattress sutures were placed through the lids. March 15th, marked improvement, all the vessels were smaller but the disc looked a trifle pale. March 21st arteries and veins certainly smaller, and faint pallor of the disc. March 24th, left the hospital and on March 29th vessels large; but there were no pulsations. Hertel at this time 28, left 10, and vision O. D. 20/20, and free motion of the globe in all directions. When last seen April 27th, the improvement had persisted. There is still some swelling but it is hoped this will gradually subside to normal.

#### BIBLIOGRAPHY

Atjay: Pulsating Exophthalmos, Zeitschrift f. Augenheilkunde, 1924, v. 53, p. 139.

Auerbach: Treatment of Pulsating Exophthalmos, Sammelschrift

Auerbach: Treatment of Pulsating Exophthelmos, Sammelschrift f. Augenhrankheiten, Moskow, 1921.
Arganaraz and Delfor del Valle: Bi-lateral Pulsating Exophthalmos, Ligature of Both Carotids, Recovery, Rev. de Assoc. Med. Argentine, 1919, v. 25, p. 377.
Aurand: Congenital Pulsating Exophthalmos, Soc. d'Ophtalmologie de Lyon, April, 1923.
Buchtel: Treatment of Pulsating Exophthalmos, Ophthalmic Record, 1913, p. 75.
Brons: Pulsating Exophthalmos due to Ancurism, Oft. Sclskab, Forhandlinger (Copenhagen), 1928, p. 21.
Bigoni: Bi-lateral Pulsating Exophthalmos, Policinico, 1927, v. 31, p. 142.

Bigoni: Bi-lateral Pulsating Exopininalines, Politicity, V. 31, p. 142.

Birley: Traumatic Aneurism of the Intra-cranial Portion of the Internal Carotid, Brain, 1928, v. 51, p. 184, pt. 2.

Buettner: Pulsating Exophthalmos, Beitraege zur klin. Chirugie, Abstr., Jour. American Medical Association, 1926, v. 86, p. 395.

Baroni: Pulsating Exophthalmos, Arch. Ital. di Chir., 1925, v. 14, p. 225, Abstr., Jaurnal American Medical Association, 1926, v. 86, p. 381.

Behav. Pulsating Exophthalmos in Blind Eye. Almost Normal

8. 80, p. 381.
Behan: Pulsating Exophthalmos in Blind Eye, Almost Normal Vision Following Cure of Exophthalmos, New York State Journal of Medicine, 1921, v. 21, p. 373.
Bot: Spontaneous Pulsating Exophthalmos, Illinois Medical Journal, 1918, v. 34, p. 217.
Bruun: Pulsating Exophthalmos, Ugesk, f. Laeger, 1923, v. 85, p. 472

Brazeau: Slow Occlusion with Neff Clamp, Ophthalmology, 1916,

Rrazeau: Slow Occusion with Neil Clamp, Opiniamology, 1910, v. 12, p. 511.

Barrett and Orr: Traumatic Pulsating Exophthalmos, Intercolonial Medical Journal of Australia, 1909, p. 492.

Bedell: Traumatic Pulsating Exophthalmos, complete bibliography, Arch. of Ophthalmology, 1915, v. 44, p. 139.

Bedell: Pulsating Exophthalmos, American Journal of Ophthalmology, 1918, v. 1, p. 311.

Becker: Traumatic Arterio-venous Aneurism, Pulsating Exophthalmos, Arch. f. Klinische Chir., 1908, v. 84, p. 720, Arch. of Ophthalmology, 1908, p. 635.

Barbieri: Bilateral Pulsating Exophthalmos, Ligature of Common Carotid, Arch. de Oftalmologie Hispano-Americanos, 1909, p. 9.

Blackman: Pulsating Exophthalmos, American Journal Medical Sciences, 1848, v. 15, p. 357.

Beauvois: Treatment Pulsating Exophthalmos, Soc. Francaise of Ophtal., 1907, Rev. d'Ophtalmologie, 1907, p. 337.

Bodou: Pulsating Exophthalmos, Deutsche Zeitschrift f. Chir., 1899, v. 51, p. 68.

Bourguet: Pulsating Exophthalmos, Soc. Médecine de Paris, 1855, p. 772.

Rourguet: Pulsating Exophthalmos, Soc. Médecine de Paris, 1855, p. 772.
Bruin: Case of Pulsating Exophthalmos, Litt. Opht. Hollandisc, 1905, p. 1005 and 1467.
Burghard and Pritchard: Pulsating Exophthalmos, Trans. Ophthalmological Society United Kingdom, 1907, v. 27, p. 184.
Braunschneig: Diagnosis of Pulsating Exophthalmos, Klin. Monatsblatter f. Augenheilkunde, 1905, v. 54, p. 73.
Cunningham: Gradual Occlusion of Common Carotid' in the Treatment of Pulsating Exophthalmos, Jour. American Medical Association, 1914, v. 62, p. 373.
Cauchoix: Vessel Ligation in Pulsating Exophthalmos, Rev. de Chiragie, 1921, v. 59, p. 197.
Cauchoix: Anatomical and Clinical Forms of Exophthalmos and Their Treatment, Soc. Française d'Ophtalmologie, 1922, No. 19.
Dupuy-Dutemps: Case with Glaucoma, Ligature of Common Carotid, Negative Result, Bull. Soc. d'Ophtalmologie de Paris, 1927, p. 136.

Dupuy-Dutemps: Case with Glaucoma, Ligature of Common Carotid, Negative Result, Bull. Soc. d'Ophtalmologie de Paris, 1927, p. 136.

Delens: Pulsating Exophthalmos, Thèse de Paris, 1870.
Duplay and Lamy: Pulsating Exophthalmos, Arch. Generale de Médecine, 1897, p. 585.
Duverger: Traumatic Pulsating Exophthalmos, Soc. Oto-neuro-oculist de Strassbourg, 1923, May.
Ehrman: Thèse de Strature.

Estaban: Extreme

Fracture of Skull, Tre
Common Carotid, Arch. de Med. Cir y Espec., 1928, v. 28, p. 428.
Fernardez, Santos: Pulsating Exophthalmos Cured by Gelatine Injections, Rev. de Medicine y Chir. de la Habana, 1907, p. 296.
Friedenwald: Pulsating Exophthalmos without Bruit, American Journal Ophthalmology, 1911, p. 131.
Fenton: Pulsating Exophthalmos, American Journal of Ophthalmology, 1922, v. 5, p. 802.
Perrero: Traumatic Pulsating Exophthalmos, Arch. Ital. di Chir., 1921, v. 3, p. 405, Abstr. Jaurnal American Medical Association, 1927, v. 77, p. 654.
Fleming and Johnson: Traumatic Pulsating Exophthalmos, Trans. Reval Society of Medicine, 1908-1909, p. 14.
Forgue and Bothezat: Experimentale, 1894, p. 473.
Fourmestraux: Accident to Brain and Eye by Vessel Ligature, Thèse de Parie, 1908.
France: Pulsating Exophthalmos, Guy's Hospital Reports, 1853, p. 58.
Ginzberg: Treatment of Pulsating Exophthalmos, Klin Monats-

P. So. Ginzberg: Treatment of Pulsating Exophthalmos, Klin Monats-blatter f. Augenheilkunde, 1912, v. 61, p. 698.
Gibson: Pulsating Exophthalmos, Medical Journal of Australia, 1918, v. 2, p. 203.
Gifford and Jonas: Pulsating Exophthalmos, Ophthalmology, 1907, v. 4, p. 21.

Golowine: Treatment of Pulsating Exophthalmos, Zeitschrift f. Angenhoulkunde, 1900, v. 4, p. 182.
Guinzbourg: Treatment of Pulsating Exophthalmos, same as

Guinzbourg: Treatment of Pulsating Exophthalmos, same as Ginzberg, above.

Harman' Traumatic Arterio-venous Lesion of the Orbit, Proc.

Rozal Society of Medicine, 1924, v. 17, p. 3.

Hallett: Pulsating Exophthalmos, American Journal of Ophthalmology, 1921, v. 4, p. 203.

Hallett: Pulsating Exophthalmos, American Journal of Ophthalmology, 1928, v. 11, p. 710.

Halstead: Double Pulsating Exophthalmos, Surg., Gyn., and Obstetics, 1911, v. 27, p. 298.

Halstead and Bender: Pulsating Exophthalmos, Ligature of Internal Carotid, Recovery, Surg., Gyn., and Obst., 1910, v. 26, p. 55.

p. 55.
v. Hippel: Pulsating Exophthalmos, Münchener Medizinischen Wochenschrift, 1924, v. 71, p. 186.
Henry: Thèse de Paris, 1856.
Holmes: American Journal Medical Sciences, 1864.

Issoupow: Treatment Pulsating Exophthalmos, Wiest, Opht.,

Issoupow: Treatment Pulsating Exophthalmos, Wiest, Opht., 1908, v. 25, p. 473.

James and Fredden: Two Cases of Pulsating Exophthalmos, Lancet, 1912. p. 237.

Jacques: Traumatic Pulsating Exophthalmos Cured by Direct Compression of Sphenoidal Sinus, Rev. de Laryngologie, d'Otologie et de Rhinologie, 1908, p. 72.

Jennings: Pulsating Exophthalmos, Journal American Medical Association, 1927, v. 88, p. 1790.

Jaensch: Pulsating Exophthalmos, Ligature of Common Carotid, Kinn. Monatsblatter f. Angenheilkunde, 1924, v. 73, p. 251.

Jaensch: Diagnosis of False Pulsating Exophthalmos, Medizinische Klinike, 1928, v. 24, p. 450.

Jacques: Same as above, Rev. de Chir., 1907, v. 36, p. 590.

Jocos: Contribution to Vascular Tumors of the Orbit, Soc. Frand'Ophial., 1895, p. 284.

Jolly: Pulsating Exophthalmos, Arch. Gen. de Médecine, 1866, v. 2, p. 21.

2, p. 21. Jullard: Pulsating Exophthalmos, Bull. Soc. de Chir., 1873,

v. 2, p. 114.

Keller: Contributions to the Origin of Pulsating Exophthalmos, Imang. Dissertation, Zurich, 1898.

Knapp: Pulsating Exophthalmos, Zeitschrift f. Augenheilkunde,

1901, v. 6, p. 962. Kruskal: Traumatic Pulsating Exophthalmos, American Journal Kruskal: Traumatic Pulsating Exoputnations, Constitution of Ophthalmology, 1925, v. 8, p. 141.

Kraupa: Retinal Vessels in Pulsating Exophthalmos, Klin.

Monatshaltan 2 1. Method of Ligating Ophthalmic

o. 215. New York Medical Journal. Krau

New York Medical Journal,
1916, v. 103, p. 877.
Kerr: Fractional Ligation of Carotid in the Treatment of Pulsating Exophthalmos, Surg., Gyn., and Obst., 1925, v. 41, p. 565.
Lane: Pulsating Exophthalmos, Ophthalmic Record, an., 1911.
Lewkojewa: Pulsating Exophthalmos, Russ. Ophthal. Journal,
1923, v. 2, p. 415.
Locke: Intra-cranial Arterio-venous Aneurism or Pulsating
Exophthalmos, Annals of Surgery, 1924, v. 80, p. 1.
Lystadi Traumatic Pulsating Exophthalmos, Pulsating
Operation, Norsk. Mag. f
Lystadi Traumatic Pulsating Fraction of Stater Ligation of
Carotid and Internal Jug:
heilkunde, 1912, v. 61, p. 88.
Lagrange: Textbook of Tumors of the Eye, Paris, 1904.
Lararew: Pulsating Exophthalmos, Klin. Monatsblatter f. Augenheilkunde, 1905, v. 43, p. 1.
Lapersonne and Sendral: Results of Ligation of One and Both
Common Carotids in Two Cases of Pulsating Exophthalmos, Bull.
Académie de Médecine, 1919, v. 26, p. 518.
Le Fort: Pulsating Exophthalmos, Rev. de Chir., 1890, v. 10, p.
Leparant: Ligature of Common Carotid See, de Chir., 1820

369 and 457

Lenormant: Ligature of Common Carotid, Soc. de Chir., 1920.
McClelland: Pulsating Exophthalmos, Journal American Medical Association, 1911, v. 74, p. 1552.
Marquez: Unilaveal Argyll-Robertson Pupil in Pulsating Exophthalmos, Klin. Monotsblatter f. Augenheilkunde, 1924, v. 73,

p. 588. Mathewson: Pulsating Exophthalmos, Ophthalmic Record, 1913,

Mathewson: Pulsating Exophthalmos, Ophthalmic Record, 1913, p. 294.

Magee: Traumatic Pulsating Exophthalmos, American Journal of Ophthalmology, 1919, v. 2, p. 744.

Maher: Two Unusual Cases of Pulsating Exophthalmos, Ophthalmology, 1914, v. 10, p. 407.

Merigot de Treiguy: Spontaneous Pulsating Exophthalmos, Ligature of Common Carotid, Arch d'Opht., 1921, v. 38, p. 568.

May: Traumatic Pulsating Exophthalmos, Journal Iowa Medical Society, 1921, v. 11, p. 346.

Newman: Pulsating Exophthalmos, Journal Tennessee Medical Association, 1925, v. 18, p. 229.

Orloff: Treatment of Pulsating Exophthalmos, Ann. d'Oculiste, 1911, v. 146, p. 40, Ophthalmic Review, 1912, p. 243.

Posey: Report of Three Cases of Pulsating Exophthalmos, Pennsylvania Medical Journal, 1920, v. 23, p. 658.

Peyrelouque and Bauer: Treatment by Ligating Common Carotid, Rev. de Chir., 1926, v. 64, p. 595, Arch. d'Ophtalmologie, 1926, v. 43, p. 684.

Pooley: Pulsating Oxophthalmos, Arch. of Ophthalmology, 1908, p. 449.

Picque: Pulsating Exophthalmos, Rev. de Chir., 1891, v. 29, 432.

٠. ٤ 1008

Poulard and Bailliart Pulsating Exophthalmos Treated by Ligation of Both Common Carotids, 5oc. d Ophialmologie, 1926.
Riese Traumatic Pulsating Exophthalmos, Deutsche Medisinische Wochenschrift, 1921, v 47, p 1090 ...

1, p 83 an Journal of loave de Paris.

· ''e · nische Wochen schrift, 1922, v 48, p 261.
Risley Traumatic Ancurism of the Cranial Artery, Annals of Ophthalmoloon 1912, p 375
Reclus Pulsating Exophthalmos, Gos des Hopiteoux, 1908, Reclus Pul July, p 1001. Ring Conce

July, p 1001.

Ring Concerning Extensive Orbital Hemangioma in Association with Pulsating Exophthalmos, Trans American Ophthal mological Society, 1924, v. 22, p 158

Rhodes I ligation of Common Carotid in Pulsating Exophthalmos, Annals of Swigery, 1916, v 63, p 189

Robert Pulsating Exophthalmos, Gaz des Hopiteaux, 1851, p

with Intra ocular Lesion, 05, v. 54, p 1, Graefe-

Orbital facial Aneurism, v. 9, p. 663
Swift Bi lateral Pulsating Exophthalmos, American Journal of Ophthalmology, 1921, v. 4, p. 124.
Seyfarth, Artero management of the control of the co Arterio venous Aneurism of Common Carotid and

Sattler A New Method of Treating Pulsating Exophthalmos, Klim Monatablatter f Augenheilkunde, 1905, v 54, p 486.
Savarnaud Pulsating Exophthalmos, Bull et Mem de la Soc. de Chir de Parts, 1912, v 38, p. 672.
Santa Ceccila Pulsating Exophthalmos, Braz. Medicire, 1923, v 1, p 4 and p 161, Abstr Journal American Medical Association, 1923, v 80, p 1347 and p 1739.
Sattler and Perthest Pulsating Exophthalmos, Menchener Medical Medical Medicine Medical Medical Medicine Medical Medicine Medicine Medical Medicine Medical Medicine Medici from Bullet

Segrist Pulsating Exophthalmos, Arch f Ophthalmologie, 1900, 50, p 511 Silcock Pulsating Exophthalmos, Lancet, 1886, v 2, p 72

Stulz. Case of Pulsating Exophthalmos, Soc Neuro oculiste de Stassbourg, 1924, May 10

Stassbourg, 1924, May 10
Weeks and Gilson Lugstion of Common Carotid in Ocular Therapeutics, Bull Soc Belge of Ophtalmologie, 1927, p. 37
Wheeler Pulsating Exophthalmos, Atlantic Medical Journal 1928, v. 31, p. 812
Whitman Pulsating Exophthalmos, American Journal of Ophthalmology, 1923, v. 6, p. 81
Wiesinger Pulsating Exophthalmos, Muenchener Medicinsche Wechenschrift, 1903, v. 51, p. 1315
Yvert Pulsating Exophthalmos Cured by Instillation of Adrenalin, Gaz. des Hopiteaux de Lyon, 1906 1907, p. 89
Zeller New Method of Treating Pulsating Exophthalmos, Deutsche Zeitschrift f Chivage, 1911, p. 1
Zentmayer Traumatic Pulsating Exophthalmos, Journal Ameri

Deutsche Leitzentij 7 (Lhttugie, 1911, p. 1 Zentmayer Traumatic Pulsating Exophthalmos, Journal American Medical Association 1916, v. 67, p. 163 Zentmayer, Pulsating Exophthalmos, American Journal of Ophthalmology, 1924, v. 7, p. 872 "Travers Medical chirungical Trans, 1809 Thompson and Thompson Pulsating Exophthalmos, American Journal of Ophthalmology, 1920, v. 3, p. 605

#### NOISE—ITS MEASUREMENT, EFFECT AND CONTROL

By E. B. DENNIS, Jr., C.E., NEW YORK, N. Y.

From the Noise Abatement Commission of the Department of Health, New York City

→HE rather testy old gentleman who said, "Noise is anything that I don't want to hear," provided us with a definition that is not scientific, but which has the advantage of being broad and general enough to meet the requirements of a subject having many ramifications. There are many definitions of Noise in current use and most of them do not tell the whole story. In Webster we find that "Noise is a sound without agreeable or musical quality," while another authority states that "noise is sound produced by the irregular or unperiodical vibration of a body in the air." But curiously enough there are times when sounds that are decidedly musical become noise.

Early on a quiet summer evening a beautiful piano concerto played by the talented young lady next door may be very enjoyable, but the same concerto played by the same young lady in the same excellent manner at one-thirty A.M. when sleep is being wooed, would be termed noise in no uncertain manner. And yet the sounds generated each time had the same musical characteristics so far as structure of the sound waves is concerned. The rhythmical vibrations of a perfectly functioning motor may be musical sounds in the ears of the engineer in charge, and yet it is not difficult to conceive of some other person calling the same sounds noise. It is therefore apparent that the reaction of the individual enters into the determination and makes it very difficult if not impossible to classify as noises, as they are generally understood, those sounds which have, or do not have, certain characteristics of pitch or frequency, amplitude or intensity, quality, and frequency of occurrence. Something more must be considered and that is the annoyance effect

The data which have been collected by the Noise Abatement Commission of New York City indicate that the most annoying noises are those that the average person thinks are unnecessary or due to thoughtlessness on the part of the person responsible for them The replies to the questionnaire printed in the Metropolitan newspapers show quite clearly that the noise of the radio loudspeakers and automobile horns are annoying to a greater degree than the noise of the elevated or the subway, altho the actual intensity of the latter two noises is much greater than of the first two In other words, when an automobile horn is blown to call someone from the house. we know that it is because the person blowing

it is too lazy to get out and walk up to the door, and that he is entirely disregarding the peace and comfort of the neighborhood. The roar of the elevated may be most disturbing, but we realize that it is from a necessary form of transportation, and so we do not react so strongly. The more unnecessary we feel the noise is, the more angry we become and the more we abominate that particular source of annoyance.

The question of why noise is annoying and the equally important subject of the degree of annoyance caused by various noises has been carefully considered by a number of research workers during recent years. Before much work could be done along these lines, it was necessary to develop a method for measuring noise. The first measurements of noise were made by means of the audiometer, by which method the loudness of the noise being measured is compared with a sound of known intensity. The audiometer consists of a device capable of generating a sound or tone of a definite pitch or band of pitches, and the necessary control for changing the intensity of the sound. The test tone is heard through an ear receiver which is slotted so that the noise to be measured may be heard at the same time. The person who is to make the measurement first decreases the intensity of the test tone until it is so faint that it can just be heard,if made fainer it becomes inaudible. A sound of such intensity is at the threshold of audihility, the datum line for sound measurement. The test tone is then compared with the sound to be measured, and its intensity is increased until it is barely audible above the sound. Since the intensity of the test tone is known, it is thus possible to determine the intensity of the sound or noise just measured. The intensity is stated as being so many units above threshold, or if we use a scale where threshold is zero, we state the intensity as being a certain number of units. Or if desired, the hearing loss or deafening effect may be used to indicate the loudness of the noise.

The unit most commonly used at this time for denoting the intensity of a sound is the decibel. This unit was selected by the engineers of the Bell Telephone Laboratory to replace the transmission unit which was previously used to designate the same degree of intensity, and the bel, which is ten decibels. was derived from the name of Alexander Graham Bell. The decibel is a unit of sound intensity which is equal to ten times the common logarith of the intensity ratio. One decibel corresponds roughly to the slightest change in the intensity of a sound that can be distinguished by the human ear, and represents a small change in sound energy for low inten-

sities and a large change for very loud sounds. If a sound has an intensity of 50 decibels it has an intensity 100,000 times that of a sound that cauld be heard under conditions of absolute quiet, and it would cause a hearing loss of approximately 30%. By raising the intensity to 60 decibels, we have an intensity 1,000,000 times the minimum audible intensity, with a deafening effect of approximately 40%.

In making audiometric measurements the ear of the investigator becomes an indispensable adjunct to the apparatus and the human element is involved in the results. The efforts of a number of research organizations have been directed toward the development of a machine that would be capable of making noise measurements objectively and without bringing in the human element, and to date several devices have been produced. One of these, the Room and Street Noise Meter, being developed by the Bell Telephone Laboratories, is playing an important part in the noise measurement survey being made by the New York Noise Abatement Commission. The audiometer, which is being used by the Commission to determine the noise intensity for three distinct bands of frequencies, is being supplemented by measurements with the noise meter of the noise level. The noise meter consists of a microphone pick-up and apparatus for measuring the currents set up when noises cause the microphone diaphragm to vibrate. The microphone may be moved around in a radius determined by the length of lead or wire used, which permits the stationary mounting of the meter in a truck. Noises actuate the diaphragm thus setting up a flow of current in the circuit, which is amplified and measured, the reading being made from a dial. Noises of high intensity cause a greater vibration of the diaphragm than noises of low intensity, and the measurement of the variation in the electrical current is an indication of the noise intensity, made possible through proper calibration of the instrument. The dial reading gives directly the noise intensity in decibels above

Through the use of these two types of measuring devices a very comprehensive picture of the noises of a city is being obtained by the engineers of the Noise Abatement Commission. Measurements made at many stations about the city give not only the intensity of the noise level, but also indicate the range of frequencies or pitches which comprise the noise level at any point. After the measurements are obtained at many points throughout the city, it will be possible to draw a noise map showing the amount and type of noise present in the city. If at any time in the future it is desired

to know whether the city has become noisier through growth, or whether the noise level has been decreased generally or at certain points, the noise map may be used as a reference point for another survey. In addition the survey will be broadened to show the contribution of specific sources to the general noise level. For instance, the study will show the increase in the noise level at a street intersection caused by the passage of an elevated train, or the rumbling racket set up by a rattling ruck as it crosses the trolley tracks. Building operations are a source of many noises and the survey will show the part played by the riveter, the steam shovel, or the pneumatic drill.

Measurements were not necessary to tell us that there is noise present in the city; we have known that for some time—but they were necessary if we are to determine the amount, pitch, cause, frequency of occurrence, and the other data requisite to a careful and comprehensive study of the situation. A campaign of noise abatement must be based on reliable data if it is to be successful.

In discussing the definitions of noise, we made use of the term "annovance effect," in endeavoring to point out the necessity of considering more than amplitude, frequency, and quality, of a sound in the determination of what sounds are noise. What makes a noise annoying? Is it the loudness, the pitch, or some peculiar quality of the sound? In an effort to answer this question Dr. Donald A. Laird has performed some very interesting experiments in his psychological laboratory at Colgate University. He had trained observers listen to sounds of differing degrees of loudness and pitch in order that they might determine when each became annoying. In general his experiments indicated that sounds of equal loudness between 256 and 1024 in frequency-that is between middle C and two octaves above-were less annoying than sounds below or above this range of frequencies. It was shown that at 512 cycles-or an octave above middle C-an intensity of 89 decibels was necessary to make the sound as annoying as 8192 cycles at 44 decibels. In general we might say that a noise of low frequency and high intensity may be less annoying than a high frequency noise of low intensity. In this connection Dr. Laird, says, "It is of considerable theoretical interest that those pitches which man himself makes in speech are the least annoying to him. The annoyance of certain tenor and soprano voices where higher pitches occur is in line with our findings. The low annoyance values of the more common speech sounds may represent a biological adaptation."

It would appear that this is the proper time to ask another question,-are sounds which are annoying harmful to the human system? While the fact that a noise is annoying does not prove that it is in any way harmful to human beings, it does indicate that it is not helpful. We know that certain types of noise speed up the mental and physical processes of certain types of persons, but it does not follow that this is proof that the noise is not harmful, for its long continued effect may bring injury in its train. And because noise in certain quantities will decrease the efficency of a skilled worker, that in itself is not a proof of harm, since relaxation may entirely compensate for this loss of efficiency. We do know. however, that theoretical tests and practical experience show conclusively that there is a loss in efficiency as determined thru output, and a general condition of strain imposed on a body working in a noisy room; and that the reduction of the noise brings about a decided improvement in the general tone and efficiency of that body.

Some very interesting findings have been brought to light by workers who have been studying the effects of noise on human beings. It has been shown that the rate of burning of tissues, or basal metabolism, is increased 19% under conditions of noise; and that workers become fatigued after a shorter period in a noisy room than in a quiet room. Dr. Foster Kennedy, a member of the Noise Abatement Commission of New York City, has been conducting experiments on persons having a deficiency in the bony covering of the brain. By means of a partly vacuumized drum placed on the soft spot over the brain of an otherwise healthy person, and thru which impulses are transmitted to a needle travelling over a sensitized paper drum, it is found that the brain pressure is increased four times over normal by a sudden loud noise. And this increased brain pressure is apparent for an appreciable length of time after the occurrence of the noise; in fact approximately 30 seconds are required for a return to normal pressure. C. Landis has shown that the noise of a firecracker raised systolic blood pressure 20 mm. in 20 seconds; while I. H. Hyde and W. Sealapino report that the noise made by a telephone bell will accelerate the heart rate. Laird has found that accuracy in immediate memory for nonsense syllables was increased 15 percent and delayed memory increased 8 percent by reducing a complex noise from 50 decibels to 40 decibels. Witmack has proved that some auditory organs are completely destroyed by prolonged exposure to loud noise.

The findings of a number of other experiments on noise effects are at hand; and in



practically every case the indications are the same, that noise does have a marked effect on the body, and in many cases this effect is harmful. This should not be interpreted as implying that this particular field of research has been well covered, for the contrary is the case. The field has been little more than scratched, and at this time several laboratories have ambitious research programs under way, the results of which will be of great interest and of help in answering some of the questions that are now debatable.

A great many business organizations have been shown rather conclusively that noise is costly, if not actually harmful. For instance, a group of office workers engaged at a variety of machine operations showed a 12 percent increase in output when the noise level was decreased from 45 decibels to 35 decibels. Again referring to the tests of Dr. Donald A. Laird we find that the output of experienced typists was increased 4.3 percent when the noise level of their work room was reduced from 50 decibels to 40 decibels. The typists slowed up in the noisy work room during the two hour test periods, and had a tendency to warm up and gain speed in the same room 10 decibels quieter. A 42 percent reduction in errors in the telephone operating room of a telegraph company, and a 3 percent reduction in the cost per message, followed lowering the noise level from 50 decibels to 35 decibels. More and more business men are following Mr. Babson's advice to "remove noise from the payroll."

Mark Twain, who by the way agitated against noise in New York City, made a statement concerning the weather that can be paraphrased to sum up the noise question. A great many people have talked about noise and its harmful and annoying effects, but no one has done anything about it. Well, the Noise Abatement Commission of New York believes that a great deal can be done to improve existing conditions, and is now developing ways and means for bringing relief to the several millions of city dwellers whose ears are assailed by noise from sun-up to sun-down, and then on around the clock in many cases. It is not an easy task by any means, and certain noises, such as those from fog horns, are unavoidable; but by studying each source and then applying the right remedy, a marked improvement can be brought about.

At the present time there are laws prohibiting certain noises within the city, such as the unnecessary blowing of automobile horns, cut-outs on automobiles, and the use of exhaust whistles on trucks and motor cars. If these laws were suddenly enforced not only would the courts of the city be swamped with cases, but most of the police force would be off duty while waiting to appear in court. Obviously, then, the mechanics of enforcing these laws must be changed, or the drivers of cars must be educated to the point of realizing that the production of unnecessary noise is an act to be compared with expectorating on parlor floors. The same application may be made to the person who insists on having his radio play for every person in the block or building. And then there is the matter of the riveter, the pneumatic drill, the rattling and backfiring truck, the subway and elevated and surface cars, the shriek of the fire engine siren, and the clang of the emergency truck's bell, and many other sources of distracting noise that any city dweller can name off as rapidly as his A B C's. And to forestall accusations of bias we will add to the partial list, the banging of ash cans and the barking of dogs.

Certain of these noises will be greatly reduced or eliminated through improved or changed methods, materials, and equipment of construction and of transportation, which may be some little time in coming, but which are surely on the way. Others will be abated thru the passage of new ordinances or the modernization of old. In the final analysis, however, Mr. John Citizen will get help when he is willing to turn to and help himself. It is surprising what an aroused public opinion will accomplish once it is stirred up sufficiently.

There will always be noise in our cities, of course,-and who would want to live amidst the silence of the tomb? There may be too much noise to suit some people, and too little to meet the exacting requirements of others. Those noises that can not be abated at their sources, or at least, not for some time to come, may be prevented from sweeping through our buildings and disturbing us while at work, rest. or play, through the use of proper methods of construction. Windows may be of double construction; walls, floors, ceilings, and partitions may be erected in such a manner that the amount of noise penetrating will be negligible; and that noise which is generated within our offices, our restaurants, our hospitals, our homes, and which is a necessary accompaniment to our activities, may be largely absorbed and blotted out. There are ways, then, of circumventing and rendering impotent that comparatively modern enemy of man which we have dubbed noise.

# HAY FEVER: THE SUMMER TYPE. STUDIES IN HAY FEVER—III By A. A. THOMMEN, M.D., NEW YORK, N. Y.

In THE major portion of the United States there are recognized three distinct types of hay fever; the spring type caused by the pollen of trees; the summer type due chiefly to the pollen of grasses; and the late summer—early autumnal type caused by the pollen of weeds.

The spring or Tree Type, will be treated in a forthcoming paper. In the present article the summer, or Grass Type, will be discussed in

detail.

General Considerations: In three respects grasses constitute an extraordinary family of plants: (1) They possess numerous structural peculiarities which sharply define them from all other kinds of plants; (2) In most sections of the globe they contribute a large part of the general vegetation, frequently constituting the dominant feature of the landscape; and (3) The universality and supreme importance of their uses, especially in relation to the food of man and beast, gives them preeminence among all families of plants. The true grasses are of more value as sources of food for man and the domestic animals than all other forms of vegetation combined. Their importance is readily appreciated when we consider that all the cereal grains, wheat, corn, oats, rye, barley, rice and millet are grasses, and that these constitute the food staple of at least four-fifths of the human race. Until within recent years the entire sugar supply of the world was obtained from a grass, and fermented grains have supplied most of the alcohol needed in the arts, sciences and manufactures, and for slaking a goodly portion of the thirst of the bibulous. Certain kinds of paper and cordage are made from grasses, and the fungus Claviceps purpurea, from which is derived the valuable medicinal product ergot, is parasitic only on grasses, chiefly rve. The importance of the grass family reaches its greatest eminence in those regions of the globe where bamboos-members of the grass family, in just as good standing as our common timothy, red-top, wheat, etc.—through their exuberance of growth and ready adaptability to the most numerous and varied uses, actually represent the sine qua non of existence for millions of individuals.

What the cereal grasses are to man, the pasture grasses are to one of the largest and most important groups of mammals—the Ungulata or hoofed animals, comprising horses, oxen, cows, calves, sheep, goats, antelopes, deer, llama, etc.—the camel and the elephant, splendid servants of man in distant lands.

Number and Distribution: There are more than 3500 species of true grasses, comprised in 400

1 Thommen A A Hay Fever The Spring Type Studies in Hay Fever—II The Medical Journal and Record, May 21st, 1930

with an

genera. In terms of the number of species, the grass family occupies fifth place after the composites, legumes, orchids and madderworts. The grass family, however, is of first importance, owing to the countless myriads of individuals, far excelling any family; and their almost universal range-for grasses are to be found in all parts of the world, wherever there is sufficient soil to permit growth-from the equator to the arctic, from the scorching sandy sea borders of tropical lands to the highest alpine limits of perpetual snow. They are found in the swamp and the desert, the woodlands and the plains, and on the floor of the densest forest. It is estimated that this single family, with its 3,500 species (there are altogether about 220 families of seedbearing plants, with 133,000 species) actually constitutes one-sixth of the vegetation of the globe.

Size of Grasses: Grasses vary in height from less than an inch (especially Alpine and Arctic species) to several feet (corn) in herbaccous species. The bamboos, which are tree-like grasses, are frequently over 100 feet tall and more than a foot in diameter. There are certain clambering species which climb up through the trees for 40 feet or more. The vigor and abundance of growth of grass is quite astounding. This is exemplified by the amount of hay produced by the following: Timothy has given 40,837 lbs per acre (17,356 lbs. when dry); Orchard grass—27,905 lbs., in addition to an aftermath of 11,910 lbs.; and Perennial rye-grass gave 7,827 lbs (when dry, 3,390 lbs.) per acre. (G. F. Scott-Elliot.)

The capacity of the grass family to bestow on man and the domestic animals such beneficence is in decided contrast to the malevolence of certain of its members, as manifested in the production of hay fever and asthma periodically, in many thousands of inhabitants, chiefly of the temperate zones.

#### THE MORPHOLOGY OF GRASSES

For a proper understanding of the importance of the grasses in the hay fever problem, a knowledge of some of their important morphological characteristics is necessary.

Grasses, collectively, are referred to as the Gramineae or Poacae, meaning "the grass family." (Gramineae is from the Latin, Gramen, grass; Poaceae is from the Greek, Poa, grass.)

In the old herbals, the word grasse, gres or gyrs meant any small green plant. In our modern vernacular language the term grass is still commonly used in a vague sense to designate every kind of herbage of small size. The term is also applied, generally in combination, to many plants of widely different relationships which pos-

رواهم المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة

sess, or are supposed to possess, some resemblance in foliage to true grasses. Thus we have Cottongrass (Eriophorum sp.<sup>2</sup>). Sea-grass (Ruppia maritima)-(Zostera marina); (Salicornia europaca); (Statice Armeria): Scorpion-grass (Myosotis scorpoides): Blue-eyed grass (Sisyrinchium sp.): Rib-grass (Plantago lanceolata): Knot-grass (Polygonum sp.) and Grass of Parnassus (Parnassia sp.)—none of these plants is a grass.

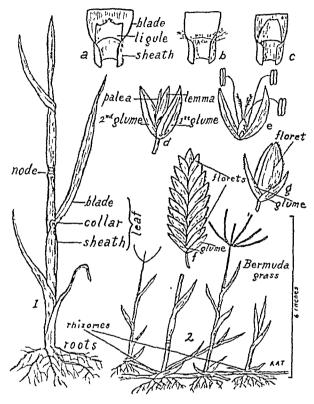


FIGURE 1

The structure of Grasses: 1. A typical stem. a., b. and c. Collar structure Timothy, Bermuda Grass and Red top, respectively. d. A typical flower. e. Structures within the lemma and palea. f. Spikelet of Stink grass (Eragrostis cilianensis); note numerous florets. g. Spikelet of Bermuda grass; note single floret. 2. Bermuda

Definition: Fig. 1. Grasses are mostly herbs with round or flattened (never 3-sided) hollow stems (called culms) closed or solid at the joints (called nodes) and 2-ranked (never 3-ranked) alternate parallel-veined leaves. The leaf has three more or less differentiated parts: (1) the sheath, which surrounds the culm, like a tube which is split down one side, the edges of which frequently overlap; (2) the blade, a free part branching from the sheath at (3) the collar, which serves to join the blade and sheath. On the inner side of the collar is the ligule, a small

membranous appendage. Occasionally the collar bears projections called auricles.

The above-mentioned characteristics are so distinctive of the grasses, that one can always readily decide whether a given plant is a grass or not, by looking for these characteristics. The only plants which may be confused with grasses are the sedges. In these, however, the culms are solid, are not jointed, and are nearly always 3-sided; the leaves are always 3-ranked, and the sheaths are entire; that is—not split down one side

The Flowers of Grasses: The spikelet is the unit of inflorescence, and consists of an axis (termed rachilla), bearing one or more florets in two ranks. A typical floret is composed of two bracts (termed lemma and palea respectively), which enclose the pistil, stamens (usually 3) and lodicles (usually 2), found at the base of the floret, outside of the stamens, in front of the lemma. At the base of the spikelet are two empty bracts termed glumes, which are referred to as the first and second glume respectively. A spikelet, therefore, is built on the simple plan of 2-ranked florets with a pair of glumes at the base. Both the grasses and the sedges (about 3,200), are characterized by the presence of glumes. These two families are referred to collectively as the Glumiflora.

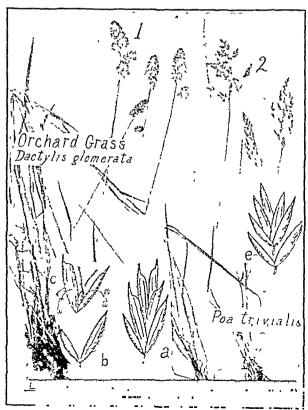


PLATE I

Detail of floral structures of (1) Orchard Grass; (2)

Meadow Grass. (See text.)

<sup>&</sup>lt;sup>3</sup> The abbreviation "sp." after a generic name signifies that no particular species of that genus is referred to.

These details can be readily mastered by referring to Plate I, Fig. 1, which depicts a specimen of ORCHARD GRASS (Dactylis glomerata). Fig. a, represents an entire spikelet, several of which are at 1. Note the two glumes at the base of the four florets. Fig. b represents the two glumes removed from the spikelet. At c. is shown a single floret, the lemma (at the left) and balea spread apart to show the three stamens and the pistal with the two feathery stigmas. lodicle is shown at the base of the pistil. When the floret is mature, the lodicles absorb moisture. the resulting turgescence causing the lemma and palea to spread apart. Fig. 2 is a specimen of MEADOW GRASS (Poa trivialis) with numerous delicate spikelets. A single spikelet is enlarged at e Note the glumes at the base of the three florets; the glumes are also shown removed from the spikelet.

The spikelet is therefore the unit of inflorescence of the grass family; and the unit of the spikelet is the floret. The 3,500 or more species of grasses differ one from the other, chiefly because of variations and modifications in these units. The variations in the vegetative system (root, stem, leaves, etc.) are slight, and of little importance in contrast to the modifications in the inflorescence (the reproductive system). A few of these important modifications are:

(1) The spikelets differ greatly in size.

(2) The florets may be one or many in number.

(3) The parts of the spikelet vary in relative size; the glumes may be large and the individual florets small; or vice versa.

(4) The glumes vary in size, shape, texture; they may be smooth or hairy; they may be reduced to rudiments, and are occasionally suppressed.

(5) The lemma may vary, as do the glumes. It may be minute, but is never absent.

(6) The palea is always 2-nerved, i e, it has two prominent nerves on its back. It also varies in size, shape, etc. It may be reduced in size and may, unlike the lemma, be occasionally absent.

(7) The spikelets may be unisexual (having either stamens or pistils) ie, not perfect. Sometimes spikelets contain perfect, staminate, and neuter florets (ie, those containing neither stamens nor pistils).

Any variations or modifications from the typical spikelet and floret are constant in a species, and within a genus.

TIMOTHY (Phleum pratense), an important hay fever grass, is of interest because of these modifications Plate II, Fig. 1, depicts an entire Timothy plant, with two spikes at 1, which contain several hundred spikelets crowded together, each comprising one floret. Fig. a. represents a single spikelet; note the glumes—and the contained floret, drawn separately at a\*.

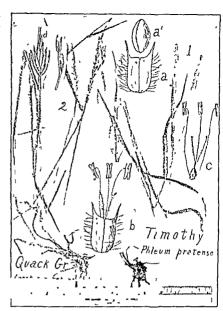


PLATE II

Detail of floral structure of (1) Timothy, (2) Quack

Grass (See text)

When the flowers are ripe, the organs (stigmas and stamens) contained within the lemma and palea of the floret protrude beyond the glumes as in Fig. b. Fig. c. represents the pistil and stamen after the glumes, the lemma and the palea have been removed. Note the lodicle at the base of the pistil Fig. 2. d shows a detail of a spikelet of QUACK GRASS (Agropyron repens). Front and side view.

It should be evident to the student of the hay fever problems that the grasses, by reason of their numerous, inconspicuous flowers, and their wide distribution, are evidently important causes of the malady. Clinical experience has proven the correctness of this surmise. As has already been emphasized, there are more than 3,500 species of grasses found throughout the world New York City, and within a hundred-mile radius, there have been recorded about 270 different species of grasses. Moreover, there is no time from early spring until the frost, when some species are not in bloom. Yet the grass-hayfever season in this section, is limited to a period extending from about June 1st to July 20th. Evidently, not all grasses are important factors in the hay fever problem

The question arises: Which grasses are impor-

tant causes of hay fever?

Five postulates have been formulated by the present writer, regarding pollen in relation to its hay fever causation.3 Unless a given pollen ade-. quately satisfies the requirements of all these postulates, it cannot be an important cause of hay fever. Their application to the grass-hay-fever problem will now be considered.

1st Postulate: The pollen must contain an excitant of hay fever. It is probable that all species of grass pollen possess the capacity to produce hay fever in specifically sensitive individu-The excitant or excitants are apparently present in different concentrations in different pollens. Most patients who are definitely sensitive to one grass pollen will be found sensitive to all other grass pollens with which they may be tested. It is not correct to generalize, however, for there are instances where patients, known to be markedly sensitive to several grass pollens, fail to react markedly to others. This seems to be particularly true of those individuals who have but recently developed hay fever. What appears. from our present knowledge, to be a safe generalization is, that a patient who is definitely sensitive to one grass pollen, most likely develops a sensitivity to all grass pollens to which he is adequately exposed.4

2nd Postulate: The pollen must be anemophilous, or wind-borne, as regards its mode of pollination. (For a more complete consideration of the question of pollination the reader is referred to the paper treating of the etiology of hay fever.<sup>8</sup>) Grasses, as a class, are wind-pollinated. Their small, numerous, inconspicuous, scentless and nectarless flowers have little, if any, attraction for insects. There is one phase of the problem, however, which has not been sufficiently stressed, particularly as regards the causation of hay fever by grass pollen, and that is the matter of self-pollination. There are many grasses which are neither wind-pollinated nor insect-pollinated—they are self-pollinated: that is, the florets do not open to have the pollen discharged into the air by the anthers. The importance of the matter of self-pollination is shown by

Chart I.

	CHART I	
•	Self-	Cross-
_	pallination	pollination
Corn	4 to 24%	Normal
Wheat	Normal	Fraction of 1%
Oats	Normal	Very seldom
Barley	Normal	Very seldom
Rice	Normal	Less than 3%
Crab-grass	Normal	Rare
Ryc	Self-sterile	Normal
Timothy	Rare	Normal
Orchard Grass	Rare	Normal

<sup>&</sup>lt;sup>3</sup> Thommen, A. A: The Etiology of Hay Fever; Studies in Hay Fever—1. New York State Jour. of Med., April 15, 1930, 437-442.

<sup>4</sup> In a forthcoming paper, the writer will discuss in detail with protocols, etc., of experiments, this phase of the problem.

Those which are italicized are important causes of hay fever, because they are normally crosspollinated (i.e., in this case, wind-pollinated). It is fortunate that wheat, oats, barley and rice are self-pollinated, because of the extensive areas of the globe given over to their cultivation. Crabgrass (Syntherisma sanguinalis), for example, rivals the ragweed as a weed in late July and August. It does not cause hay fever, however, because it is self-pollinated.

3rd Postulate: The pollen must be produced in sufficiently large quantities. As has been pointed out,3 flowers differ greatly in their capacity to produce pollen. Some grasses, though wind-pollinated, do not produce an abundance of pollen: such is the case, particularly with those species which, by habit, are highly colonial—i.e., grow in more or less circumscribed colonies.

4th Postulate: The pollen must be sufficiently buoyant to be carried considerable distances. The question of buoyancy has been discussed somewhat in detail.8 It is noted in Chart I, that Corn is normally cross-pollinated; moreover, the pollen is produced in large quantities, and is definitely active, yet it is not an important cause of hay fever, because it is not sufficiently buoyant, owing to its large size (80 to 110 microns). The question of buoyancy is intimately related to the size of the pollen grain. In Chart II the size of a number of grass pollens and plantain is recorded.

## CHART II

		Sise in
Botanic Name	Common Name	Microns
Argrostis palustris	Red Top	28
Agropyron repens	Couch Ĝrass	40
Andropogon virginicus	Beard grass	42
Capriola dactylon	Bermuda grass	26
Chactochloa glauca	Yellow fox-tail	40
Dactylis glomerata	Orchard grass	35
Panicum dicotomistorum	Witch grass	32
Phleum pratense	Timothy	40
Plantago lanceolata	English plantain	15
Poa pratensis		
Secale cereale		
Spartina stricta		
Sorghastrum nutans		
Sorghum halapense		
Tripsacum dactyloides		
Zea mays	Corn	90

5th Postulate: The parent plant producing the pollen must be widely and abundantly distributed. The importance of this postulate may be exemplified by a consideration of rye (Secale cereale). In large areas in continental Europe, rye pollen is a cause of hay fever of outstanding importance, because it is so extensively cultivated, and is consequently a so-called escape over large Hence, its importance has been demonstrated. It is found in New York and vicinity, but so sparsely that it is not a factor.

The grasses found in the north-eastern section of the United States, which satisfy adequately the requirements of the five postulates are chiefly: Timothy, Red Top, Orchard Grass, June Grass, Sweet-vernal Grass. Their periods of pollination, together with several others of minor importance, are shown in Chart III. Most cases of grass pollen hay fever in the section under consideration have their onset about May 30th, and terminate about July 20th.

found as an escape from cultivation, that is, as a weed.

The pollen of Timothy is quite light, and will float many feet in a scarcely perceptible current of air. In a strong wind it is carried considerable distances. The blooming process begins at the upper portion of the spike and travels down-

	I				Α,	W.		_			L		_		_	_	_	J	In	e						_	L								J	υŪ	<u> </u>		_	_	_			1
	14	9 4	4	1	, ,	12	3 2	5 2	2.2	,	<u>!</u>	ž	۲.	\$_	₫.	4	- 4		٠.	4	2 2	٠.	٠.	٠.	7	25	ولمو	đ.	_ť			Ŀ	2	4	~	í.	13	40	33	24	2,	31	31	1
TYP (cost bates)	П		4		_		-		_	_	-	±	Ł	÷	+	_	_		_		E	_	-	-	÷	+	Ε	Ⅎ.	_1	_		L	L	L	L	L	1	Ι	1	1	_[		$\Box$ I	T
Sweet Vernal	П	7	_[	-	_		-		_	_	ŀ.	E	£	±	+	4	=					L	1_	1	L	1.	1	1.	_			L	L	Ĺ	L	1	Γ	1	Ι	1	_		_[	T
Tune Grass	$\Box$						Ε.		Ι.	Ŀ	<u>\</u>	늘	÷	4	÷	_	_ `	_	-	=	-	-	-	1	+	7	Ŧ	7	_		_	_	-	1	L	1	.1	1	_[	Τ	_]	_1	$\Box$	T
Low Spear Gr			_]			Г	L	L	L	Ĺ	L	1_	Ŀ	÷	4	Η	-	_	⊨	<u>_</u>	<u> </u>	÷	Ł	÷	Ł	±	÷	÷	=	=	_	늘	÷	÷	+	+	+	7	4	+	-	⊣	_]	1
Orchard Gr.	П					Г	Ι-	Γ	1	1	Ĺ	L	L	-	+	-	_	_	-	-	١.	<u>!</u> _	÷	1_		1_	L	1	_i			L	1	Ĺ	1		Τ		T	7	_	}		T
Radow Fescue	П					Γ					L	L	1	L	Ŀ	3	_		-		=	<u>.</u>	Ξ	-	Ξ	1	1	1	l			Ľ	L	Ī	1	I	Т	1	Ī	1	_{-}	_[		Ι
unie Grass	П						T	Γ	Г	T.	L	L	L	1	1	_	_	_	_	_	-	٠.	+	T_	1	1	Ι	1	_]			L	L	I	1	I	Γ	Т	Τ	╗	7	٦	$\Box$	Ŧ
Couch Grass										Π	L	L	Γ	1	I	l	_	Ш	Ξ	Ξ	Ξ	-	-	Ξ	Ļ	1	1	Ξ	_			L	L	L	Γ	Τ	Ι	Ι	I	T	_1	T	$\Box$	T
Velvet Grass	$\Box$						П	Е		L	L	┸	L	1	1			L	-	=	┺	Ξ	₽	÷	÷	÷	Ξ	_	_			L	L	L	L		Τ	Ι	_	1	_]	$\Box$		T
Timothy Hay	П						Ι.			L	I_	L	L	L	1	_		_	Ĺ	L	<u> </u>	1_	╘	÷	÷	÷	1	+	_	ظ	_	_	-	-	-	+	Ξ	1	_	-	_]			1
Sed Top	Т							Γ		1	L	L	L	Γ	I	J			L	L	L	1	Ŀ	1	Ļ	1	+	4	1	_	_	_	L	1	-	1	£	Ξ	J	I	_	$_{ m I}$	I	Ι
Plantain	1			Ξ	Ξ	Ξ			Ξ	Ë	Ļ	Ε	Ī	1	1	3			Ē		Ε	Ē	Ε	F	Ţ	Ξ	Ξ	7	4				L	E	Ξ	1	Ï	ŀ	-	-	. 4	_]	=	Ī

CHART III

Pollination periods of several grasses growing in the northern portion of the United States. The grass hay fever season (end of May to end of July) is determined by the combined pollination periods of the several species. Note that Timothy does not begin to pollinate until mid-June.

The two most important hay fever causing grasses in the United States are Timothy and Bermuda Grass, because the excitant of hay fever is present in both pollens in large measure. It is chiefly an extract of Timothy pollen which is used in the northern states, and of Bermuda grass pollen in the southern and south-western states, in the treatment of grass pollen hay fever.

TIMOTHY (Phleum pratense) is the most important hay grass in America. There are 10 species of Timothy, only one of which is native to America, to wit, Mountain Timothy (Phleum alpinum), found from Labrador to Alaska and south to the White Mountains, and the ranges in the west. Common Timothy (P. pratense) was first brought into cultivation in the United States after it had been introduced from Europe long before the Revolutionary War. It was first cultivated by a New England farmer named Herd, and it was often called Herd grass. The first mention of the name Timothy is found in a letter written by Benjamin Franklin and dated July 16, 1747, in which he states that the Herd grass seed, recently received, proved to be "mere timothy." The name Timothy was derived from Timothy Hansen, who brought the grass from New England into Maryland, evidently prior to 1747. Its merits were soon recognized, and its culture spread throughout the country. In 1760, it was introduced into England as Timothy. The name has become adopted in all languages. Today, practically all grass grown for hay in the North-Eastern quarter of the United States and in eastern Canada is Timothy, either alone, or in mixtures. It is not surprising, therefore, that in this section Timothy is

ward, eight to twelve days being required for the entire process. The pollen is shed chiefly in early morning when the weather conditions are satisfactory. Timothy is an abundant producer of pollen; this may be deduced from the large number of spikelets densely crowded on the spikes which are usually 3 to 6 inches in length. (The writer has counted an average of 92 spikelets to the inch.) Timothy is a perennial, plants enduring as long as 6 years; and 15 years and longer in exceptional cases. The seeds are quite small, there being about 1,300,000 to the pound.

BERMUDA GRASS (Catriola dactylon) is the most important pasture grass in the Southern states, and is also an important hay grass in the same section. It occurs from Pennsylvania west to central Kansas and south to the Guli of Mexico; in Arizona, New Mexico and California. Bermuda grass is a native of India, where it is a much valued pasture grass, called doob or hariale. It was introduced into the United States about 1800.

Bernuda grass is a long-lived perennial with numerous branched leafy stems, commonly 4 to 6 inches high—under favorable conditions the stems may grow to 12 to 18 inches. It is one of the most aggressive of plants, few others being capable of growing with it. It produces numerous stout rootstocks (rhizones) about the thickness of a lead-pencil, which enable a single plant to cover an area of several square yards. If the soil is very hard, the rootstocks become runners (stolons) which spread above the ground for 1 to 4 feet. Because of these runners or rootstocks, it is almost impossible to eradicate Bermuda grass from an area after it has once gained a foothold,

for it has been demonstrated that a piece of rootstock one-quarter inch long is capable of developing into a new plant. The grass may be sown either as seed or cuttings of rootstocks and runners. Because of its ability to grow in any type of soil, and its creeping character, due to the development of rootstocks and runners, it is an excellent soil binder. It is used for this purpose on the levees of the Mississippi River, where it is very abundant.

Bermuda grass is one of the most important of lawn-grasses, owing to the fact that it forms a firm, even sod by means of its rootstocks and runners, and because of its marked ability to withstand close clipping. June grass, also known as Kentucky blue-grass (*Poa pratensis*) is the most important lawn grass in the North. It, too, is propagated by rootstocks and runners. In the South, more than 90% of the lawns are made of Bermuda grass. The spikelets are borne in clusters of 3 to 6 digitate spikes at the summit of the stems. The spikelets consist of one floret and are densely crowded on the spike. The seeds are very small, there being 1,800,000 to the pound.

PLANTAIN: Plantain is not a grass, though it is commonly called rib-grass. It is important to consider plantain in connection with the grass type of hay fever, because the pollination period of the hay fever causing species is in great measure coincident with that of the grasses. It pollinates from mid-May to mid-July, and then sporadically until about the middle of September. (See Chart.)

PLANTAIN (Plantago). Plate III. There are over 200 species of plantain of wide distribution. Twenty-four species are known to occur in North America. In New York and vicinity, eight species have been recorded, five of which are fairly common. The two most important species are the common plantain (P. major) and English Plantain (P. Lanceolata). Most species of plantain are chiefly insect-pollinated. English plantain is the exception in that it is mainly wind-pollinated. The common plantain was introduced into America from Europe in the early years of colonial development. It was known as "The White Man's Footprint" because it followed in the wake of civilization. The most important from the standpoint of hay fever causation is English plantain, a native of Europe, which is now a common weed everywhere in America, having been introduced as an impurity in grass and clover seed. It is a long-lived perennial, capable of growing in any soil that is well drained. Its leaves are long, hairy, ribbed and narrow at the base. From the midst of the leaves, which are basal, the stems arise which bear terminal spikes of flowers. These spikes are one to three inches long (much shorter than the common plantain). The flowers are minute, and though they are perfect, selfpollination is prevented by the pistil maturing

before the stamens, a phenomenon termed protogeny. (For a fuller discussion of this important phase of fertilization, the reader is referred to Note 3, page 580.)

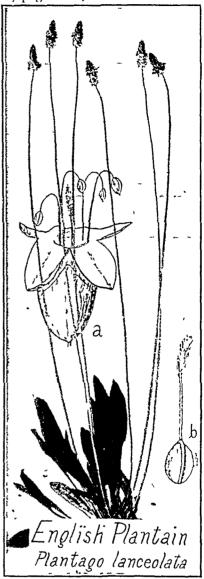


PLATE III

Detail of floral structures of Plantain. (See text.)

English plantain continues to grow throughout the greater part of the growing period of the year. If the plant be cut with a scythe after the spikes appear, other spikes will at once begin to grow in their place. It begins to flower in the latter part of May, and is capable of maturing seed during all the months following until the cold weather is near. The seeds are somewhat larger than the grass seeds mentioned, there being about 300,000 to the pound. English plan-

<sup>&</sup>lt;sup>5</sup> It is intended that only the major principles of diagnosis and treatment be mentioned in the present article. These phases of the hay fever problem will be discussed in detail in forthcoming papers

tain is a most troublesome weed in meadows and pastures It also infests lawns, roadsides, lanes

and waste places

Other common names used in various localities are ribwort, leechwort, ram's tongue, cat's cradles, chimney-sweeps, rattail, ripple grass, long plantain dog's ribs, headsman, jack-straws, hendlant, black-tack

Diagnosis The nature and character of the symptoms admit of little confusion in diagnosis. The symptomatic diagnosis is confirmed by the making of skin tests, mainly with Timothy pollen extract in the North, and Bermuda grass pollen in the South and West. If these be entirely negative, it is improbable that the case in question is one of hay fever of the grass type. Further investigation is necessary, however, and this should be made with other grass pollens. In addition to the grasses enumerated in Chart III, Bermuda grass (Capriola dactylon), Johnson grass (Sorghum halepense), Perennial rye (Lo-

hum perenne), and Canary grass (Phalaris canariensis) complete a list which most likely will cover any grass pollen sensitive case occurring in the United States, and most likely Europe as well

Treatment Experience has demonstrated that grass pollen sensitive cases occurring in New York and vicinity can be satisfactorily treated by the employment of a single extract, viz., Timothy It is doubtful whether the use of other grass pollen extracts, in addition, avail much The obvious principle involved is to treat the patient with that grass pollen extract to which the greatest reaction is obtained. In the writer's experience this has been invariably Timothy

It is well to make tests with plantain pollen extract as a routine measure in all cases of the spring type. If patients who give positive skin tests are proven to be clinically sensitive to plantain pollen, it will be necessary to give treatment with the latter extract, as there is no cross protection between the grasses and plantain

## PAROXYSMAL TACHYCARDIA IN A CASE OF DIABETES MELLITUS TREATED WITH INSULIN AND SYNTHALIN WITH COMPLETE RECOVERY

## By NICHOLAS LUKIN, M D, NEW YORK, N. Y

N November 4, 1928, I visited Mrs R S in response to an urgent call by her relatives, about 10 P M

She was in a grave state of anxiety and was attended by a nurse Those present in the apartment, husband, children and relatives were sad and dejected The woman was ill for four days and getting worse. A recent consultation between doctor and a specialist resulted in a grave prog-Upon reading the nurse's chart of the patient, the previous day's record stated "the pulse was very weak and very rapid, so that it could not be counted The patient was coughing frequently and perspiring Respiration labored Patient nauseated and vomited Complains of feeling dizzy Sleeping at intervals Respiration varied between 30 and 40 Temperature between 97 and 1005 Very cyanosed"

From my examination of the patient and questioning those nearest to her the following notes were made

Father died of Asthma when 65 years of age and mother of stomach trouble when 60

Patient, a mother of two healthy children She was ill with influenza in 1919. Eight years ago her weight was 200 pounds, upon dieting lost 50 pounds. At the age of 28 had one per cent sugar in her urine and was under treatment for a time, and then declared cured. Has had frequent spells of headaches with occasional dizziness lately. Menstruation is regular. Has had frequent attacks of palpitation for the past three weeks and on one occasion was brought home.

\*Presented before the North Bronx Mel November 14 1929

in a fainting spell Was then told of the presence of a high blood pressure which caused her dizziness, palpitation and fainting

Started suddenly with palpitation, severe vomiting and pain over the precordium in the sup-

ramammary region

A female of the brunette type about 36 years of age, well nourished, bearing an expression of anxiety and distress. Pulse proved almost imperceptible about 220. No murmurs were heard Pulmonary auscultation yielded broncho-vesicular breathing and numerous small dry rales at the bases. Rate of respiration was 38. The urine analysis resulted in the discovery of 6.5 per cent of sugar and the blood which was examined the next day proved to contain 0.330 mgms per 100 cc. There was no Ketonuria.

The sick room was darkened and all disturbing factors interfering with absolute rest eliminated as much as possible Head of the bed was placed in a modified Fowler's position and Colonic Irrigation ordered The ice bag to the precordium as well as the Digifoline which was used previously was continued Morphine sulpliate 1/4 of a grain without Atropine was given The next per hypodermic night and morning day, November 5th, the nurse's bedside notes were as follows 'Pulse appears slightly stronger Vomited seven though it cannot be counted ounces of dark colored fluid in the morning and ten ounces at 7 30 P M Temperature 100 per rectum" On this day after the blood sugar determination was reported at about 8 P M, 40 units of Insulin was administered and the usual inti Diabetic dict ordered November 6th The F nurse reported that patient was comfortable. Temperature 98.8. The pluse was rapid as on previous days but apparently stronger. Considerable nausea was present and vomiting occurred several times. Vomitus was of a lighter color and sometimes greenish. Stools were semisolid and considerable flatus expelled after two drachms of Comp. Licorice Powder. Patient expectorated a small clot of blood. Urine showed a heavy reduction.

Insulin 40 units was again injected and three tablets Synthalin in 10 mgms. doses ordered for the afternoon, one every four hours. Previous

orders were continued.

November 7th. Condition much improved. Pulse rate 80 and of good quality. No murmurs present. Apex beat defined in the fifth interspace and about 2 centimeters outside the midclavicular line. Cyanosis of face and lips has largely disappeared. Complains of gas and precordial pain, though to a lesser degree. The usual methods for relief were continued. Bedside examination of urine with Fehling's showed no reduction and the blood examination proved the presence of sugar to the extent of .220 mgms. per sugar 100 c.c. Insulin was discontinued and only Synthalin 10 mgms. with Camphor Monobromide 5 grains tid, to overcome nausea administered. Opiates were stopped and Luminal in 1/4 gr. doses given every three hours instead. digitales medication was stopped on my second visit because it seemed to leave no impression on the pulse.

Respiration was 20 and temperature 99 per rectum. Blood pressure was 110 Systolic and 80 Diastolic. From this day on convalescence continued in an uneventful manner. Her urine remained negative to sugar. The blood showed a gradual lowering of the substance being on successive examinations 0.190, 0.170, 0.160 and 0.158. The latter figure was reported on December 21st. Synthalin was continued. The diet was made more liberal and varied. The restrictions against carbohydrates were lessened.

On November 27th, about 4 weeks after the onset of her illness, the patient presented herself at my laboratory for a cardioligic examination. The findings were practically negative. Several electrocardiographic examinations were made. On November 27th, about four weeks after the onset of the tachycardia, revealed the only abnormality in the T wave, which was inverted in the 2nd and 3rd leads and attributed to the long and liberal administration of Digitalis. Another tracing was taken on December 11th. This exhibited the same abnormality to a lesser extent. The T wave in the 2nd lead becoming almost isoelectric, while in the 3rd it was less inverted than in the previous tracing. The gradual elimination of the Digitalis effect has changed the appearance of this wave. In a third electrocardiogram of

January 11th, a marked improvement was noted in the T waves of the 2nd lead, which was definitely upright and above the base line. The amplitude, however, is small. The third lead did not change greatly. A fourth tracing, taken on February 6th, 1929, almost three months after the onset of her illness showed no definite further improvement in the T waves.

Paroxysmal Tachycardia as defined by Thomas Lewis is a regular tachycardic which begins and ends quite abruptly and which is presumably ex-

tra-systolic in origin. \*1.

The auricular musculature which normally exerts the functions of contractility and tonicity for the propulsion of its blood content to the ventricles, thus obeying the normal impluses of the "Pacemaker" suddenly assumes the additional function of giving off impulses of its own accord and establishes a new ectopic focus. auricular node thus becomes submerged and the new impulses issue with great rapidity from 150 to over 200, the ventricules imperfectly contracting with each stimulus. When these impulses are not much above 200 the ventricles respond regularly though with a greatly lessened force. The diastoles are shortened, the left intraventricular pressure is diminished, due to imperfect filling and the right heart becomes engorged. If the condition lasts for any length of time the usual consequences of right ventricular stasis appear. Fortunately, the attack is of short duration and the symptoms vary accordingly. Thus, we may have pallor and fainting due to cerebral anaemia. \*2.

"A single paroxysm may consist of six or more beats; it may continue for an hour, a day, a week or more without interruption. Paroxysms lasting for more than ten days are extremely rare."

Synthalin was used on this patient as an aid to Insulin. Its use was suggested by a careful study of the drug by A. J. Ringer, S. Billon, M. M. Harris and A. Landy, which appeared in the Archives of Internal Medicine, April 1928, Vol. 41, pages 453-471.

In order to avoid overdosing with Insulin it was thought safer to administer a slower acting anti-diabetic drug and keep this up when the urine became negative to Fehling's solution and the blood still showed a relative high sugar content.

This case is presented in order to illustrate Diabetes as one of the possible causes of Paroxsysmal Tachycardia and its ready control by ap-

propriate medication.

The electrocardiograms prove the absence of evidence of intrisic cardiac pathology, except for the inverted T waves, which probably was caused by the Digitalis medication, as they gradually became positive and normal in subsequent tracings.

<sup>\*1.</sup> T. Lewis, p the heart beat\*
\*2. T. Lewis,

# THE DOCTOR LOOKS AT JOURNALISM\* By LINSLY R. WILLIAMS, M.D., NEW YORK, N. Y.

This glance at journalism, or as it might more properly be called, the daily newspaper, raises a question as to the function of a newspaper. If one had asked William Cullen Bryant what was the function of a newspaper, he might have replied, "A newspaper is published for the purpose of improving the taste of its readers in litera-Horace Greeley might have said, "The newspaper is published in order to tell Mr. Lincoin how to win the war or to persuade young men to go West," While Charles A. Dana would undoubtedly have thought of the newspaper's function as one which would induce young men in poor health to go to sea. All of them, however, would have agreed that the primary function of the newspaper was to mould public opinion.

It is quite evident that at the present time the primary function of the newspaper is to make money for its stockholders. It is recognized that a newspaper cannot make money unless it publishes a true account of the news (by the publication of human interest stories) promptly, and has a sound editorial policy and a circulation large enough to obtain a sufficient amount of advertising.

The press knows far better than the medical profession what is news and they recognize that it is the unusual, the unnatural and the horrible which appeals to the reading public while the humdrum affairs of our daily existence are not news.

There was a story in one of the newspapers recently of a little girl of six who had her leg caught between an elevator and the floor. It was impossible for her parents to extract the foot and an ambulance was sent for. The doctor climbed on a ladder from below the elevator, took off the child's shoe and stocking, greased her leg and managed to extract the child from her predicament without even a scratch. Here is a bit of news with human interest in it which is unusual. If this same child had fallen on the sidewalk and broken her leg, it would not have been news unless her father or mother held an important position in the financial or social world.

The modern press has a definite editorial policy, frequently political, but some specialize in different fields, giving emphasis to education, international affairs or other incidents in human life varying with the personality, character and experience of its editorial staff.

The modern press has taken a more active interest in the progress of science and medical affairs during the past two decades. The

\* Read before the Medical Society of the County of New York, Tebruary 24, 1930.

reader may now find a considerable amount of educational material of a medical nature in the daily press. The medical policy of a newspaper will naturally vary as does its policy in other fields. Many of us remember the way in which the former editor of *Life* was want to attack the medical profession and everything about the art and science of medicine. We know also that there are dailies in New York City which still belittle the medical profession and its effects.

On the other hand, there are newspapers which endeavor to furnish their readers with all the news available of a medical nature and strive to educate their subscribers in a manner of which any physician would approve.

Physicians, however, must remember that newspapers do not exercise a censorship of news, and that they will report as news discoveries of cures which are not curative. Until the last few years the papers have had no accurate source of information on medical affairs.

There is no doubt that the press will co-operate gradually with the medical profession in moulding public opinion on medical questions, but no order to do this the press must be furnished by the profession with news items advising them in advance if there is any human interest in a medical incident and also providing material for special feature stories. Many of these feature stories express the opinions of the writers but do not express the opinion of the editor.

Recently there was published in one of the evening papers a story on the value of painting the arteries with a preparation of carbolic acid, stating that old age may be deferred by this method. This story came from Europe written by a special writer on the paper and it was unusual. Consequently it was news. On the other hand, from the medical point of view, the article was valueless because one could not tell what arteries were painted, the exact nature of the solution used, or what the underlying theory of the procedure was.

Similarly another newspaper published a story prepared by a special news writer stating in effect that physicians were loathe to accept the statements of others and that Pasteur's teachings were not accepted at first, and that doctors opposed every new advance in medicine. The newspaper in question, however, promptly published a letter from a physician correcting the statement, proving that the editor's views were not the same as that of the news writer.

It is a matter of great satisfaction to many of the medical profession to note that the modern newspaper is willing to refuse advertisements for therapeutic measures when they are either untrue or misleading. It is recognized that advertising

 $\mathcal{A}_{2}$ 

is the main source of the newspaper's interest and when a newspaper goes to the trouble of questioning many advertisements and refusing or demanding that the wording be changed in many others, it is definite proof that the press has some knowledge of ethics as well as the medical profession.

Physicians are interested in medical publicity and have frequently criticized the press, but no more vigorously than the press has criticized the medical profession for its attitude of secrecy and mystery. The press must understand that as a prospective patient does not know what he proposes to purchase from a physician or the value of the purchase after he has received it, the best advertiser may become the busiest of physicians. Some of the people may be fooled all the time, and as our population is so large there are a sufficient number to be fooled daily to keep the advertising physician very busy. The practicing physician, therefore, desires to keep his name out of the newspapers primarily for the protection of the public.

There is a difference, however, in the announcements to the press being given by medical organizations, particularly county medical societies, academies of medicine and national organizations, which are educational in value, and many of our societies, in particular the American Medical Association and the national organizations, render a conspicuous service by furnishing the press with abstracts of papers read at their meetings which denote the progress of medical science and instruct the people.

In New York an endeavor has been made to furnish the press with the type of service which has just been indicated by means of the Press Relations Bureau which is maintained under a joint committee of the Medical Society of the County of New York and the New York Academy of Medicine.

## POPULAR EDUCATION

There are many physicians who believe very earnestly that the health of the people would be better if they lived more hygienic lives and took more precautions which would prevent communicable diseases; and that if the people were more regularly examined by physicians, many difficulties would be detected early and proper treatment could be instituted which would postpone the effects of disease. It is believed that tuberculosis and diphtheria can be largely prevented if the people are sufficiently informed and that death from cancer may be postponed if operations are sufficiently early.

For many of these conditions active propaganda is being carried on by voluntary societies, each of which have been organized and maintained by physicians, and in order to further the

popular education on the subject physicians in private practice (as well as others who may be officers or members of the boards of these associations) give lectures or talks over the radio. In order to further the effect of the physician's lecture, a summary of it is often provided in the daily press. There are some physicians who believe that this practice is a species of advertising on the part of the physician and perhaps it does bring him an occasional patient, but he is entitled to an additional patient if he is willing to give the time to the preparation and delivery of an address whether to a visible or invisible audience and it does not add to his professional standing. Experience over nearly thirty years testifies to the difficulty of securing physicians to carry on this type of work, the rewards for which are very slight. It is impossible to avoid the use of the speaker's name, for it is hard enough to get an audience even with the use of the speaker's name and no newspaper will print a summary of an address without the name of the speaker.

It is evident, however, that there is a group of physicians who are quite ready to speak over the radio or to write a magazine article on some phase of medical activity, acting under their own initiative and not under the auspices of an organization. The organizations, as a rule, are careful in the selection of their speakers and the addresses are usually of a type that does not draw The free lance, however, frequently manages to get his address in somewhere and if his subject be the prevention of disease, he is careful to explain how he treats people in his private office. This last group of individuals have occasioned a great deal of annoyance to the profession and brought about the formation of a committee for the control of radio talks and the New York Academy of Medicine requires its Fellows to submit magazine articles and radio addresses to the Medical Information Bureau.

## INSTITUTIONAL PUBLICITY

I refer here particularly to hospitals of all kinds and dispensaries which frequently have news to get out and also have a definite desire for publicity. The news is rare but publicity is rather frequent and is usually carried on when a campaign is being waged to secure funds for a new building or additional endowment.

Many physicians think that the hospitals and dispensaries are taking an unfair advantage of them when these institutions carry on a publicity campaign because the institution gives out the names of the prominent men on its staff.

On the other hand, we must realize that if the institution makes an appeal to the public, it must obtain the public's confidence and among a small number of large givers the individuals recognize

the names of physicians of prominence and their confidence is gained by this method. I do not see how this can be avoided. Unfortunately, when such a campaign is being carried on the publicity agent is seized with an advertising mania and is prone to exaggerate the advantages of the particular institution and to make it appear to the public that this institution is better than any others and that its medical staff will give better treatment than can be obtained from any private physician. This is obviously unfair, and there is but one way to control it and that is by asking the staffs of the various institutions to submit propaganda material to the Medical Information Bureau before releasing it to the press.

#### MEDICAL ORGANIZATIONS

Organized medicine frequently has a message to deliver and at many of the meetings of the five county societies papers are read which are of public interest and many more which are not. The average reporter not trained in medicine might think that the report of several cases of Colles' fracture at a Section meeting was a description of a new disease. On the other hand, he might fail to see that a new test for renal function might be of great value.

The county society should have a committee. one of whose functions should be to review the programs and titles of papers and have them submitted in advance and select from them those which have news or educational value. should be released in advance and the representatives of the press should be invited to the meeting and permitted to interview the speakers. I know there are many who will hold up their hands in horror at the idea of the speaker's name being mentioned, but I cannot see that a statement has any news value which says that Dr. X, who declined to give his name, spoke at the county medical society last night and described a marvellous improvement on the method of removing the spleen. This is not news. It is simply publicity for the county medical society and will not be published by the press.

Matters of medical policy which are discussed at the meetings of the county society, resolutions which are adopted, reports of committees which have a bearing on civic policies of all kinds, sometimes have news value and if consistent with the society's policy should be furnished to the press and the chairmen of these committees should sense when they have a story which is of

real interest to the public, and the reporters should be given an opportunity to obtain that story in advance.

What would be the effect of such a policy upon the individuals whose names were used frequently in the press? Would it increase their practice? They might get a few additional patients, but their names would only be used by and with the consent of a committee of the Society and they would not be reading papers very frequently.

There is a great educational value in the press releases issued during the progress of our national medical society meetings, state society meetings and others which do one definite thing. They stimulate the interest of the public in medical affairs, increasing the confidence of the people in the medical profession and collectively stimulate business.

#### COLLECTIVE ADVERTISING

Last October and November the five county societies in New York City launched a campaign of propaganda and advertising in favor of health examinations. Although this was primarily in the interests of the public, no one can deny that it was also in the interest of the medical profession. There is no doubt but that the majority of the members of the profession did not notice from their office attendance that the campaign was going on, and these individuals may have felt that the campaign was a waste of time and money-but we must remember that producers and distributors of dairy products, fruit growers associations, soap manufacturers and others advertise collectively the use of these commodities without necessarily mentioning the name of the individual concern.

I believe that it would be of great value to the public if the county society advertised more and more, and it would ultimately redound to its credit, and that it would not hurt its business. We live in a commercial age, an age of publicity, in an enormous city where no individual can keep pace with the daily doings, comings and goings of the populace, and we must modify our views to meet the views of the times. Although physicians may still be gullible in Wall Street matters, their business acumen has enormously increased during the last two decades and business is only the first cousin of commerce. Business and commerce cannot thrive if they keep hidden under a hushel.

# TRAUMATIC NEUROSES OF THE EYE, EAR, NOSE AND THROAT\* THEODORE H. WEISENBURG, M.D., PHILADELPHIA, PA.

HE traumatic neuroses of the eye, ear, nose and throat differ in no way from the neuroses of other parts of the body. Rarely are the symptoms limited to the eye, ear, nose or mouth, and usually we have accompanying such phenomena general symptoms which are common in all neuroses. It is well therefore to discuss the problem first from the general viewpoint.

To begin with the neuroses which follow trauma are in no way different in their general character from non-traumatic neuroses. They are exactly similar in their symptoms to the type of cases found in the war, so-called shell shock cases. Perhaps a better way of designating them would be post-traumatic neuroses, for they follow trauma.

Anyone who has a large experience with neuroses, and mine extends over 25 years, is impressed with the development of these cases. If I were asked what my outstanding impression was of the cause of the development and persistence of the symptoms I would say without hesitation, bad handling on the part of the physicians who first come in contact with the injured, and the subsequent treatment in the first few weeks following the trauma.

Usually after an injury, particularly in the nonsurgical cases or sometimes in surgical cases, the patient, who is more or less fearful of the consequences of the injury, is either casually examined by the physician so that he is dissatisfied with what has been done for him, or what is more common, a suggestion is thrown out on the part of the physician of a greater injury than he actually has and immediately a fear is put into the patient's mind that he may have an irreparable injury which will incapacitate him for life. All these impressions could of course be removed if the patient's viewpoint is understood, if he is thoroughly examined, told what is the matter with him and what the effect will be and what treatment is indicated, and following this is intelligently handled. But in the cases which are called to my attention a slip-up is generally made somewhere in the line and the consequence is that insufficient attention or poor applications of common principles of psychology bring about a neurosis which may continue for the rest of the patient's life.

If one follows the development of the neuroses it is at once obvious that such symptoms do not follow the trauma immediately but are of gradual development, there being usually one little incivient which finally fixes the symptoms in the parameter from a week to two or three months.

Week to the Medical Society of the Medical Society of the Week, at Utica, N. Y., June 5, 1929.

A certain number of the neuroses are the resultant of poor mechanical treatment. This is particularly true following injuries to the skull and concussions of the brain as a result of which so many symptoms referable to the eye, ear, nose and throat are developed. It is obvious that in any patient who has had a concussion, which means a shaking up of the cranial contents, there must be a certain amount of actual organic change. The longer the period of unconsciousness the greater the trauma. In most instances following such an experience where a neurosis has developed, the patient has not been kept in bed long enough. I have seen the same error made by neurosurgeons following operations for brain tumor. too much of a hurry to get rid of patients. In my judgment nothing needs more time than a readjustment of the cerebral situation following trauma. Moreover, especially in persons over fifty, it is well to consider that some symptoms may not develop until the convalescence and during the period of readjustment.

My own feeling is that in all cases of cerebral trauma there should not only be a thorough neurological and x-ray study, but also a complete investigation of the spinal fluid with pressure readings, a complete eye examination including field studies, complete ear study including vestibular tests, and the usual nose and throat examinations.

While this investigation is made it should be remembered that the patient has a viewpoint based upon a fear that something is seriously wrong with him, and it would be well if no remarks were dropped by the examiner as to possibilities of diagnosis, for no one is more eager to pick up such possibilities and give the worst interpretation to them than the patient.

In my experience only a small percentage of claimants are mallingerers. In Pennsylvania, for example, where the average compensation is never more than \$15.00 a week, it hardly pays an individual, especially one with family responsibilities, to continue his symptomatology. On the other hand, care must be taken to judge each patient by his merits. This is particularly true of individuals over fifty who may not be able to get their jobs back. On the other hand, one can readily understand how a woman over fifty who has been earning only seventeen or eighteen dollars a week, would prefer to get an extended holiday on fifteen dollars a week.

Frank hysteria is common. Cases of blindness or loss of hearing, or inability to swallow or talk, are however unusual. They of course occur in a certain number of cases but are not the rule. They are easily curable providing of course one recognizes that it is a case of hysteria and knows how to cure such patients.

## Influence of Focal Infections and Other Extraneous Causes

It is well recognized that just as in any other psycho neurosis, focal infections such as bad teeth, tonsils and gastro intestinal conditions may be the cause of the continuance of the symptomatology and frequently symptoms will not disappear until

such infections are removed In this regard syphilis plays a very important It is now well established that trauma may be the precipitating cause in the relighting of an old syphilitic infection, that is, if an individual had not been injured the active manifestations of neurosyphilis may not have become apparent for some time This subject is of great interest and is very important in compensation work should not be always assumed that merely because a person has syphilis all the symptoms are therefore referable to this disease. On the other hand, it cannot always be taken for granted that in every case of trauma of the nervous system the syphilitic symptomatology is precipitated Each instance will have to stand on its own merits but it is well to keep this relationship in mind

## Relationship of Cerebral Trauma

It can be taken for granted that trauma in parts other than the head rarely gives disturbances in the eye, ear, nose and throat, with the exception of dizziness, which is a common symptom of a general neurosis. It is an axiom in the traumatic neuroses that the local symptoms follow an injury in the part, and this is equally true of the head For example, if an individual is injured in his ear the consequent symptoms will be referable to this organ. The degree of the symptoms bears no relation to the amount of the trauma, for as is well known, frequently slight trauma may give the largest train of symptoms.

Following concussions of the brain or injuries to the head the commonest symptom is dizziness. While a certain proportion are undoubtedly due to an involvement of the labyrinth, the largest number are purely psychoneurotic in origin.

An analysis of most of the descriptions of dizziness shows that most of them are based on the fear of falling or staggering. Some of the descriptions are rather bizarre, for example, a curling feeling over the head and eyes, a crawling feeling in the head, with dizziness objects got larger and larger and then broke up and were seen in all colors, a dragging and cringeing feeling back of the head through the ear, a flickering before the eyes, pain in the ear, a flickering before the eyes, one patient stating that when he looked to the right objects would go to the left, when to the left objects would go to the right These descriptions of dizziness could be carried on indefinitely

In many there has been an actual labyrinthine involvement in the beginning, the symptoms either

disappearing or lessening in the course of time, but fear on the part of the patient had caused a persistence of dizziness. Where there has been no concussion the dizziness may be vasomotor in character. It is not at all uncommon in neurotics to have numbness or coldness, flushings or a feeling of heat. I believe that the same cause may produce dizziness.

While dizziness and buzzing in the ears are the common symptoms, fear of loss of hearing is frequently present following trauma of the ear

## Vestibular Symptoms

While the examination of the vestibular apparatus by so called Barany method is of the ut most importance, care must be exercised in not placing too much reliance upon unsupported find-Up to date there is very little data as to the vestibular findings in functional cases. I have been in the habit of referring all of my dizzy cases for a vestibular examination and not infrequently the findings by competent men have indicated lesions in the posterior cranial fossa In a number of instances the subsequent history of such cases has shown that with the settlement of litigation, all of the symptoms, including dizziness, have disap-This is not a reflection upon the examiner, for if neurologists frequently err in the differential diagnosis between organic and functional diseases, similar difficulties may occur in the realm of the vestibular apparatus and its related tracts I have had many instances of choked disc diagnosed by competent eye men only to find later on that they were examples of pseudo neuritis

My own attitude is that no tests whether they are vestibular, ocular, sinus or otherwise should be accepted unless they fit into the general symptomatology. As a rule clean cut opinions, particularly in the present status of our knowledge of the vestibular examinations, are rather foolhardy.

## Eye Symptoms

Most eye symptoms consist either of a fear of loss of sight or of irritating visual phenomena such as spots before the eves or temporary blindness or dizziness when trying to read Sometimes twitching of the eyelids is interpreted as a failure Usually there is no difficulty in differof vision entiating functional visual loss. While I am on the subject it might be well to insist upon the importance of field examinations From the neuro logical standpoint a routine eye examination gives more information than any other but usually field reports are lacking This is probably because of the time consumed in such an examination have long been in the habit of sending all such patients to the younger man who has plenty of time, rather than to the older and busier ophthal mologist

One frequent complication which must not be neglected is that traima, especially around the neck, might be the exciting cause of a gotter caus

ing exophthalmos with the attending train of

symptoms.

Injuries to the face, especially to the jaw and mouth, are not uncommon and are frequently accompanied by the usual symptoms which consist of disturbance of speech or of inability to open the jaw or swallow. Not long ago a patient who had a trauma in the upper lip claimed that he had developed disturbance of speech which rendered it impossible for him to be understood so that he had to give up his job. Examination showed that his speech was like that of a paretic with tremors in his face and tongue. His pupils were irregular and the reflexes were lost and subsequent serological study showed that he was a paretic. case illustrates very well the importance of always keeping in mind that in every instance when an examination is made a general examination is indicated.

Another man who was struck on the back of the head and neck claimed that he could not talk because of a pain in his neck and a crawling feeling in his head. The symptoms eventually disappeared.

Another man of 32 was struck on the left side of the jaw with a tool. The skin was not broken but his face became swollen and the left eye closed. He was not unconscious. He first went to the Company doctor who admitted him to a hospital and kept him there for six weeks, but nothing was done for him. He then left the hospital and went to his own physician who admitted him to another hospital where he was operated upon for a supposed dislocation of the jaw complicated by abscess. He then found that he could not open his mouth. The insurance carrier then referred him to a very good plastic surgeon who tried to heal up the site of the old operation. The surgical condition improved but the patient complained of the fact that the jaw clicked when he opened his mouth and he also had pain. Finally, after going through more medical handling, he came under my observation and was admitted to the hospital. He was very antagonistic and uncooperative.

Examination showed that in the first operation the upper part of the facial nerve was cut so that the patient could not close the eye. The jaw was in good position and could be opened. His chief resentment against treatment was that he was told that he was a mallingerer. As a matter of fact it turned out that he had consulted a great many physicians and had paid them out of his own pocket. There was no doubt in my mind that he had made a sincere effort to get well. He had been earning \$25.00 a week and was receiving only \$15.00 a week compensation, and was unable to support his wife and three children on this.

Another man of 41 was struck in the left face by an emery wheel, stitches were put in and he returned to work in about ten days. Following this he began to complain of a numb, dead feeling in the upper lip and inability to open the jaw. Examination was entirely negative. Inability to open the mouth and jaw was entirely of a hysterical character.

Another patient complained of difficulty in swallowing when he was drinking cold water, warm water did not bother him.

There are many instances in which there may be a combination of symptoms of the eye, ear, nose and throat. About the worst case with which I have come in contact was that of a man of fifty, with a negative history, who while stooping over was struck on the head by a board which threw him forwards. He was not unconscious but he felt stupid and his nose bled. There was some laceration of the skin at the point of contact. For about twenty-four hours he was well, then he got worse complaining of a pressure feeling with a sense of warmth to the back of the head and neck. He returned to work but stopped within a week because he was staggering all over, bumping into machinery, and since that time for a period of two years, during which period he has been under observation, he has not returned to work.

His history was rather interesting. He was referred to a hospital where x-rays were made of his head, but was told that there was nothing wrong with him. Following this he developed a whole train of new symptoms such as pain in the head, tenderness in the occiput and flightiness. He then began to stutter and it was thought by some that he had an organic nervous disease. With his eyes open he would stagger like a drunken man, but with his eyes shut this was much exaggerated, and at all times he would avoid objects in front of him and complained that he could not see well. After a period of hospitalization lasting over two months, practically all his symptoms disappeared with the exception of some dizziness and buzzing in one ear. However, no complete cure was ever accomplished because when he came into our hands the neurosis had been in progress about two years. He came to my clinic a week ago and while better, he still complains of symptoms and he is still on compensation.

There are other types of cases which have a resemblance in that patients complain that objects are retained in their eye, ear, nose or throat, such as the case of a man who said that he had a cement particle in his ear. He consulted his physician the day following the accident who removed some sand from his ear, but the patient complained of dizziness. Following this, on his own account he consulted a great many physicians and finally found one who removed a piece of cement from his ear forty days after the original episode. While he felt better for a number of hours afterwards, when I examined him a week later, he told me that he felt that he still had some cement in his ear because he had the same feeling in it. Besides he complained of impairment of hearing, roaring in his ear, pain in his neck and in his tongue, so that he occasionally could not use his

tongue for eating and talking. He also complained of some pain in his right eye and diminution of vision.

Examination by a competent ear man showed that his ear was normal. My own examination

showed that he was a psychoneurotic.

This is an interesting example of how a psychoneurosis was developed through fear and through bad handling by those who first came in contact with him.

Fears that objects swallowed still remain in the throat are not uncommon, or that there may be dust particles in the sinuses or the nose. Such patients are very troublesome unless adequately handled.

#### Pain in the Face

Pain in the face following trauma of the head is a common symptom. The diagnosis of pains in the distribution of the fifth and ninth nerves is now pretty well established, but the atypical pains are difficult of exact diagnosis. Whether they are functional, vasomotor, sympathetic or nasopalatine in origin cannot at this writing be definitely stated, but as a rule functional pains can be diagnosed because they are atypical in their distribution.

## Influence of the Law

There is no doubt that the mere fact that an individual may reopen his case any time he chooses causes a continuation of symptomatology in a certain number of patients. Lump sum settlement with no reopening is the best procedure. This has been tried in a number of States, particularly in California, with excellent results.

There is one aspect however which is very pleasant from the physician's standpoint, and that

is that as a rule hearings before the Referee are freely conducted so that the physician may give his full opinion without the usual wrangling and limitations of procedure which accompany similar cases before Common Pleas and other Courts. In this respect at least the physician has much for which to be thankful.

#### Treatment

From what has been said, the best method of treatment consists in the prevention of the neurosis. If examining physicians, particularly those who first come in contact with these cases would keep in mind the fact that every injured individual has a fear of the consequences of the injury, probably nine-tenths of the traumatic neuroses would be prevented. After the symptoms are once established a cure may be difficult particularly if the case comes to litigation.

From the standpoint of the insurance carrier it is a question of dollars and cents. The cost of the loss of an eye or ear will be balanced against the estimated cost of curing such an individual. Most enlightened companies, however, adopt the latter policy of attempting to cure the injured patient and they now have well conducted clinics with competent physicians who make every attempt to cure patients. In intractable cases the patients are admitted to suitable hospitals where every effort is made to cure them. Such companies find that this procedure is the least expensive for if the patients are adequately handled they are easily curable. Besides that the corporations have the consciousness of knowing that they are doing good work and in this respect physicians should do everything they can to encourage

#### AGE INCIDENCE IN PERFORATED PEPTIC ULCER

Statistics and Report of a Case Perforating at 18 years

By JOSEPH C. READ, M.D., BROOKLYN, N. Y.

From First Surgical Service of the Methodist Hospital, Brooklyn, N. Y.

D. Number 133625. A single, white, American male entered the Methodist Hospital, via ambulance, on September 25, 1929. One hour before admission, while operating a pneumatic drill, he was suddenly scized by an excruciating pain in the upper abdomen. This was non-radiating and caused him to double up. It was impossible to obtain any history of previous indigestion until after operation, when it was learned that, for one week before admission, he had experienced gnawing, cramp-like pain of moderate severity in the region of the umbilicus. The pain usually began between 3 and 4 P. M. each day and lasted three hours. It was accompanied by anorexia and

slight nausea but no vomiting. He ate no evening meal for the whole week. The pain was not relieved by food.

The past history was irrelevant.

The leukocytes were 13,240 with 86% polynuclears. The blood pressure was 118/90.

Physical examination showed a young, white boy lying in bed, suffering severe pain, with both thighs flexed. The abdominal muscles were spastic throughout, with board-like rigidity in both upper quadrants. There was also extreme tenderness—most marked in the epigastric region.

The liver dulness was completely obliterated.

An operation was performed two and one-half hours after onset of symptoms—by Dr. Henry F.

Graham. A small, soft, pin-head sized perforation was found one inch from the pylorus on the duodenal side. The perforation was sutured, an omental graft applied, and a posterior no-loop gastro-enterostomy performed. The patient made a rapid convalescence except for an infection of the wound which separated and required secondary suturing on the 13th day after operation with resulting prompt union.

On the day of discharge, 30 days post-op., a fluoroscopy showed a well-functioning gastro-enterostomy with equal portions of the contrast media passing through the pylorus and the enterostomy. For the first three weeks after leaving the hospital, he had a constant, vague pain in the epigastrium, not related to meals, but since then has been symptom free on a restricted meat diet.

The age incidence study has chiefly attracted our interest in this case. McCarty states that "acute perforation is essentially a condition of young adult life. Half of the cases are found between the ages of twenty and thirty; and three-fourths, before the age of forty." It seems to be the impression of earlier writers that ruptured peptic ulcers occur in young adult life. A review of the literature and our own series of cases would indicate that this condition occurs more commonly at a much later age.

Dineen reporting 142 cases of acute perforated ulcer of the stomach and duodenum from the New York Hospital, states that the youngest patient was eighteen years old and the oldest sixty-nine.

Morrison states that in fifty cases of perforated gastric and duodenal ulcer the age of the patient varied from twenty-three to seventy-two years.

Brown reported 100 cases of perforated peptic ulcer from the Pennsylvania and Presbyterian Hospitals in Philadelphia, and, in his series, two patients were under the age of twenty; twentysix, between twenty and thirty years; twentyseven, between thirty and forty years; seventeen, between forty and fifty years; seventeen, between fifty and sixty years; seven, over sixty; and, in four cases, the age is not stated.

Dunbar, in a review of 387 cases of perforated ulcer from the Glasgow (Scotland) Royal Infirmary, states that 6 per cent were under twenty years of age; 21.9 per cent, between twenty and

thirty; 29.2 per cent, between thirty and forty; 20.6 per cent, between forty and fifty; 17.2 per cent, between fifty and sixty; 4.7 per cent, over sixty. The youngest patient in his series was a boy twelve years of age; the oldest, a man of seventy-four years of age.

Hearst and Stewart, in their publication in 1929 on gastric and duodenal ulcer, give the most common age incidence as 25-45 years—males perforating on the average at 48.7 years and females at 41.8 years. They also cite Moynihan's fatal case at 77 years and Butka's case on the 4th day after birth.

In the Methodist Hospital, since 1920, there have been sixty-six cases of perforated peptic ulcer. The youngest case in our series was 18 years of age; the oldest, 76 years of age. According to age, they ranged as follows:

Below 20 years	2 c	ases	(both	18	years)
20-29 "	16	"			-
3039 "	19	"			
40-49 "	15	"			
50—59"	10	"			
6069 "	3	"			
Above 70 "	1	"	(age	76	years)

Average age in this series was 38.7 years.

Only 27.2 per cent perforated before the age of 30 years.

Only 56 per cent perforated before the age of 40 years.

28.7 per cent (19 cases) occurred between the ages of 30-39 years.

## Conclusions:

- (1) Perforated peptic ulcer is rare under the age of twenty, and the more recent analyses of cases indicate that the average age incidence is higher than formerly supposed. In our own series of cases, the average was 38.7 years.
- (2) A gastro-enterostomy is performed on this Service at the time of the suturing of the perforation on all good operative risks.
- (3) We are impressed by the rather frequent absence of an ulcer history at the time of rupture. After the relief of the acute symptoms, such a history is then frequently obtained.

## NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication, DANIEL S. DOUGHERTY, M.D......New York

Editor-in-Chief-Orbin Sage Wightman, M.D......New York Advertising Manager-Joseph B. Turrs ........... New York

Business and Editorial Office-- Z East 103rd Street, New York, N. Y. Telephone, Atwater 5056 The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions. published in the JOURNAL. Views expressed in the various departments of the JOURNAL represent the views of the writers.

## MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### OFFICERS

President—James N. Vander Veer, M.D	President-Elect—Wit Second Vice-Presides Assistant Secretary— Assistant Treasurer- Vice-Speaker—Gross
-------------------------------------	---

President-Elect-William H. Ross, M.D	Brentwood
Second Vice-President-LYMAN G. BARTON, M.D	Plattaburg
Assistant Secretary-Peter Inving, M.D	New York
Assistant Treasurer-JAMES PEDERSEN, M.D	New York
Vice-Speaker-Grouge W. Cottis, M.D	Jamestown

#### TRUSTEES

GRANT C. MADILL, M.D., CAGIF	manOgdensburg
JAMES F. ROOKEY, M.DAlbany	HARRY R. TRICK, M.DBuffel
ARTHUR W. BOOTH, M.DElmira	NATHAN B. VAN ETTEN, M.DNew Yor

## CHAIRMEN, STANDING COMMITTEES

Arrangements-Walter A. Calinan, M.D	Rochester
Legislative-HARRY ARANOW, M.D	New York
Pub. Health and Med. Education-T. P. FARMER,	M D Sycomor
Pub. Health and Alea. Daucation-1. I. PARMER,	m.p., Dylacust
Scientific Work-ARTHUR J. BEDELL, M.D	Albany
Italian Remandes-RENTAMIN I. SLATER, M.D	Kochester
Public Relations-James E. Sadlier, M.D	Poughkeepsie
Bolle Reining	New York

#### CHAIRMEN, SPECIAL COMMITTEES

Group Insurance-John A. Card, M.DPoughkeepsie	
Periodic Health Exam's-C. WARD CRAMPTON, M.D New York	
Narie Problem-Nathan B. Van Etten, M.D Bronz	
Physical Therapy-RICHARD KOVACE, M.DNew York	
Birth Control and Sterilisation-Jone O. Polar, M.D., Brooklyn	
Anti-Dichtheria-NATHAN B. VAN ETTEN, M.D. Bronz	
Pollution of Waterways-CHARLES H. GOODRICH, M.D Brooklyn	
Anti-Diphtherio-Nathan B. Van Etten, M.DBronz	

#### PRESIDENTS, DISTRICT BRANCHES

D.....Rochester

#### SECTION OFFICERS

Medicine—A. H. AARON, M.D., Chairman, Buffalo; John Wyckoff, M.D., Secretary, New York, Superty-William D. Johnson, M.D., Chairman, Buffalo; John Wyckoff, M.D., Secretary, Clifton Springs.

Superty: And Cymecology—Glouc M. Geleli, M.D., Chairman, Rochester; Onslow A. Gondon, Jr., M.D., Secretary, Brooklyn. Paddietic—John Aikman, M.D., Chair, Rochester; M.C. Prass, M.D., Vice-Chair., New York; B. C. Dourt, M.D., Sec., Syracuse. Exp. Exp., New and Throat—Edwin S. Ingersolt, M.D., Chairman, Rochester; Conrad Berns, M.D., Secretary, New York; B. S., Exp., News and Throat—Edwin S. Ingersolt, M.D., Chairman, Rochester; Conrad Berns, M.D., Secretary, New York; P. S., Exp., News and Superior of the Machine Control of the Con

Office at 15 Park Place, New York. Telephone, Barclay 5550 Counsel-Lorenz J. Brosnan, Esq. Attorney-MAXWELL C. KLATT, Esq.

Consulting Counsel-LLOYD P. STRYKER, Esq.

Brecutive Officer-Joseph S. Lawrencz, M.D., 100 State St., Albany, Telephone Main 4-4214. For list of officers of County Medical Societies, see this issue, advertising page xxviii

Annual meeting June 2-4, 1930, Hotel Seneca, Rochester, N. Y.

### ANNUAL MEETING

The expansion of the activities of the Medical Society of the State of New York becomes evident when one considers the extensiveness of the preparations for the annual meeting on June 2 to 4 in Rochester. Seventy pages of the Journals of April fifteenth, May first and May fifteenth are on the annual meeting including the annual reports of the officers and committees, and the personnel of the References Com-

mittees who will consider the reports and suggest the action which the House of Delegates should take.

This issue of the Journal contains the final announcements of the plans of the local Committee on Arrangements for the care and entertainment of the attending physicians and their wives. Let there be a good attendance at the annual meeting.

## CENTERS, MEDICAL AND HEALTH

A characteristic of modern medicine is the influence of the group of physicians upon the individual doctor. Each individual physician who works in close association with others contributes his experience to a common fund of knowledge, and draws from it the wisdom and inspiration of the others. Any medical organization which influences its individual members is a medical center. Its teaching may not be done along formal and didactic lines, but, nevertheless, its quiet influence is a most potent power in promoting medical progress and good practice.

There are medical centers and there are health centers, and the two are distinct from each other.

A medical center is purely medical, and its dominance by physicians is unquestioned. It exists for the detection and treatment of diseases and defects, and almost its entire equipment and administration are directly subservient to the physicians who belong to it.

A health center is concerned principally with the prevention of sickness. Its work is largely educational and social, and its staff consists principally of public health nurses and other non-medical workers; but physicians are absolutely necessary, for it is on their diagnoses and suggestions that the nurses, social workers, and teachers act.

A medical center has for one great object the continuous education of physicians in the art of medical practice. It exemplifies the collective influence of the group of physicians upon the individual member of the staff. The attending physicians and surgeons have widedifferent temperaments and tendencies, varying from intense individualism to altruism and broad cooperation. The doctor connected with a medical center is necessarily subjected to the influence of the best standards of the group, both in his attainments and in his conduct.

A health center exists primarily for the health education of the people along preventive lines. It deals with those facts of scientific medicine which may be applied by the people themselves. It teaches mothers to feed their babies; to bring them for preventive inoculations; and to heed the first signs of sickness.

A health center also teaches physicians how to deal with patients who are in comparatively excellent health. Almost any doctor can render first-class emergency service to a patient who is helpless; but it requires quite another approach to influence a well person or a mother of a husky baby. A health center educates the doctor as well as the patient.

Medical centers are composed of three principal elements:

- 1. Public Hospitals.
- 2. Medical Societies.
- 3. Medical Schools.

Every public hospital is a center of medical influence upon the members of its staff. The standards of public hospitals have been developed spontaneously by the members of their staffs organized as the national body called the American College of Surgeons. The essential elements of the standards are educational along two lines:

1. Written records of every patient, both

public and private.

2. Regular meetings of the members of the

staff for the discussion of any case.

The results of the universal adoption of the hospital system have been wide-spread in causing every member of the staff to adopt the hospital standards in his private practice. It has also educated the people to judge good medical service from poor; and it has inspired them to provide the equipment which will enable the doctors to practice a high standard of medicine.

Not every doctor is on a medical staff of a hospital; and not every staff member deserves a rating of one hundred per cent in his conformity to the ideals of the center. But every active physician comes into frequent contact with some hospital and is subjected to the quiet influence of the medical center.

Every Medical Society and Academy of Medicine is a medical center which has a deep and lasting influence upon the practice of medicine by its individual members. While few societies own or control their own buildings or suites of offices, yet their influence is profound in developing methods of dealing with the public. If, for example, the members of a board of county officials are considering the establishment of a nursing service, the County Medical Society is the natural center to which they should go for information and advice. On the other hand, it is the County Society which should be the center from which all these public health movements originate—and a constantly increasing number of county societies are assuming such leadership.

County Medical Societies provide physicians with the means by which they can discharge their duties to the community along civic lines; while a hospital enables them to discharge their individual duties to individual persons.

Every Medical School is also a medical center, not only to the medical students, but also to the physicians of its community. The modern medical school has bridged the great gulf that formerly existed between the undergraduate students and the teachers; and it now promotes a comradeship between teacher and pupil. The fourth year of study is largely a year of interneship, while the fifth and sixth years bring the medical leaders into intimate contact with the learners as they study their cases and work out their problems in a spirit of mutual helpfulness. Medical students teach their teachers as they delve into text-books, and ask disconcerting questions.

Health centers also have a prominent place in the system of medical education, for the practice of medicine will go no further than the people will allow. While medical science is able to point the way to the prevention or cure of most human ailments, yet men and women do not know about the methods, or are unwilling or unable to apply them. The existence of a health center with rooms and displays proclaims the availability of medical serv-

ice to all people.

While this is an age of organizations and groups, yet the American people, including the doctors, are essentially individualistic in their habits of thought and their methods of action. The people like to speak of "my doctor," and the physicians like to speak of "my patient." The ideal toward which the private practice of medicine is rapidly moving is that every doctor shall be a health center as well as a medical center to his patients. The Department of Health of New York City is emphasizing this ideal in its daily bulletins to the doctors and to the people. The Medical Society of the State of New York is urging its members to extend their practice to the preclinical and preventive stages of diseases, thereby compensating themselves for the loss of practice in diseases which have become almost extinct through the efficiency of their service.

Centers of medicine and health have sprung up separately from one another, each group developing its own organization. But there are premonitory stirrings of the birth of a unified system of medical and health centers which shall include hospitals, medical societies, medical schools, and health centers. Such a system is proposed for Brooklyn. The plan embraces the following points:

1. New buildings for the Medical School of the Long Island College Hospital and its separation from the administration of the Hos-

pital.

2. Coordination and cooperation with the Kings County Medical Society and the housing of the Society and its extensive library in the new buildings of the Medical School.

3. The affiliation of the Medical School with nine of the leading hospitals of Brooklyn.

4. Finally there will naturally follow the absorption of health centers into the coordinated system of leadership in medical service.

Brooklyn is the natural place for the establishment of a unified system of medical centers. While it is now the most populous borough of Greater New York, yet its growth has been that of a residential village adjoining commercial Manhattan. Brooklyn still retains many of the desirable characteristics which it developed a century ago while it was a series of small villages separated by farms. Physicians, hospitals and the County Medical Society are ready to cooperate in the plan of unification. The success of the proposed medical center depends on securing an endowment worthy of the undertaking.

## LOOKING BACKWARD

## This Journal Twenty-Five Years Ago

Spitting in Public:—Spitting in public places is not nearly so prevalent as it was a quarter of a century ago, when prohibitory signs were everywhere, and spittoons were common articles of furniture. This Journal of May, 1905, contained the following letter somewhat in defense of the practice:

"The position of our Board of Health in regard to the spitting nuisance, while admirable in its purpose, does not seem to be practicable. The great danger to the community of promiscuous spitting is a matter of common knowledge to every well-informed individual, but to demand that no one shall expectorate except in the privacy of his own house, or into a sputum cup which he carries about with him, is to ask more than is reasonable, or at least more than will be granter

"Many of our citizens are suffering from catarrhal conditions of the nasopharynx, larynx and bronchi, of varying degrees of severity, which render spitting necessary. To swallow the expectoration as women commonly do is to say the least of questionable desirability.

"What shall we do with the man who smokes? Shall we forbid him to smoke on the street, or require that the saliva saturated with the juices of tobacco be swallowed?

"Why not meet the need sensibly, and provide at the center or corner of each block some suitable receptacle containing an antiseptic solution and then insist on the strict enforcement of the Board of Health ruling. If this were done there would be some prospect of prevent-

## CENTERS, MEDICAL AND HEALTH

A characteristic of modern medicine is the influence of the group of physicians upon the individual doctor. Each individual physician who works in close association with others contributes his experience to a common fund of knowledge, and draws from it the wisdom and inspiration of the others. Any medical organization which influences its individual members is a medical center. Its teaching may not be done along formal and didactic lines, but, nevertheless, its quiet influence is a most potent power in promoting medical progress and good practice.

There are medical centers and there are health centers, and the two are distinct from each other.

A medical center is purely medical, and its dominance by physicians is unquestioned. exists for the detection and treatment of diseases and defects, and almost its entire equipment and administration are directly subservient to the physicians who belong to it.

A health center is concerned principally with the prevention of sickness. Its work is largely educational and social, and its staff consists principally of public health nurses and other non-medical workers; but physicians are absolutely necessary, for it is on their diagnoses and suggestions that the nurses, social workers, and teachers act.

A medical center has for one great object the continuous education of physicians in the art of medical practice. It exemplifies the collective influence of the group of physicians upon the individual member of the staff. The attending physicians and surgeons have widely different temperaments and tendencies, varying from intense individualism to altruism and broad cooperation. The doctor connected with a medical center is necessarily subjected to the influence of the best standards of the group, both in his attainments and in his conduct.

A health center exists primarily for the health education of the people along preventive lines. It deals with those facts of scientific medicine which may be applied by the people themselves. It teaches mothers to feed their babies; to bring them for preventive inoculations; and to heed the first signs of sickness.

A health center also teaches physicians how to deal with patients who are in comparatively excellent health. Almost any doctor can render first-class emergency service to a patient who is helpless; but it requires quite another approach to influence a well person or a mother of a husky baby. A health center educates the doctor as well as the patient.

Medical centers are composed of three principal elements:

- 1. Public Hospitals.
- 2. Medical Societies.
- 3. Medical Schools.

Every public hospital is a center of medical influence upon the members of its staff. The standards of public hospitals have been developed spontaneously by the members of their staffs organized as the national body called the American College of Surgeons. The essential elements of the standards are educational along two lines:

1. Written records of every patient, both

public and private.

2. Regular meetings of the members of the

staff for the discussion of any case.

The results of the universal adoption of the hospital system have been wide-spread in causing every member of the staff to adopt the hospital standards in his private practice. It has also educated the people to judge good medical service from poor; and it has inspired them to provide the equipment which will enable the doctors to practice a high standard of medicine.

Not every doctor is on a medical staff of a hospital; and not every staff member deserves a rating of one hundred per cent in his conformity to the ideals of the center. But every active physician comes into frequent contact with some hospital and is subjected to the quiet influence of the medical center.

Every Medical Society and Academy of Medicine is a medical center which has a deep and lasting influence upon the practice of medicine by its individual members. While few societies own or control their own buildings or suites of offices, yet their influence is profound in developing methods of dealing with the public. If, for example, the members of a board of county officials are considering the establishment of a nursing service, the County Medical Society is the natural center to which they should go for information and advice. On the other hand, it is the County Society which should be the center from which all these public health movements originate—and a constantly increasing number of county societies are assuming such leadership.

County Medical Societies provide physicians with the means by which they can discharge their duties to the community along civic lines; while a hospital enables them to discharge their individual duties to individual persons.

Every Medical School is also a medical center, not only to the medical students, but also to the physicians of its community. The modern medical school has bridged the great gulf that formerly existed between the undergrad-

through stewing (93 per cent.). Moreover analyses of the mineral content of vegetables shows much natural variation in individual specimens. Another element is the relative proportion between basic and acid equivalents. Experiments in boiling vegetables in plain water shows us that addition of 1 per cent. cooking salt tends to prevent much of the waste of mineral matter. Moreover a so called transmineralization is also effected. The wide spread, almost universal use of salt in cooking, probably over many millenia, is therefore founded on a sure instinct. Other substances like calcium chloride used in cooking might exert a like effect. In regard to basic and acid components the neutralization by the general economy is not dependent on the relative amounts in the ash of the food. We do not know yet that by ordinary dieting we can increase the acid component although this belief was held by some of the old biochemists and still obtains to some extent, being based on the fact that potassium can drive sodium out of the tissues. The cells take what they need irrespective of the dietetic ration .-Schweizerische medizinische Wochenschrift, March 8, 1930.

The Relation of Intestinal Toxemia to Allergy.-In support of his belief that there is a definite relation between intestinal toxemia and allergy, Allan Eustis quotes from an editorial in the Journal of the American Medical Association in which the statement is made that intestinal allergy at best accounts for only a fraction of the cases of allergy that come under observation, and in which reference is made to a study of 1,000 cases of asthma in less than half of which did the condition show any relation to an intrinsic antigen. In a former study of 178 cases of asthma, Eustis found that only 1.7 per cent, failed to give a strong indican reaction, which is evidence of intestinal toxemia, while only 5.6 per cent, were not benefited by therapy directed to the intes-tinal condition. His routine treatment consists in relieving the acute symptoms by hypodermic administration of ephedrine or epinephrine, and a thorough evacuation of the intestinal tract by means of calomel, phenolphthalein, and rhubarb. A tablespoonful of syrup of hydriodic acid is given every two hours until the bronchial secretions are softened, and a large amount of fluid is ingested, and 36 to 34 of a grain of ephedrine sulphate is given every three or four hours. The patient is kept on a cereal, fruit, and vegetable diet, excluding peas and beans, until the urine shows a negative reaction for indican. Cream is allowed on cereals and in coffee, but no milk, twenty-four hours the patient in iy in symptoms and the urine is ind dophilus buttermilk is now added three days, then per

eggs. The indican test is the guide as to the allowance of animal protein. The results of this treatment are uniformly good. Eustis does not claim that intestinal toxemia is the cause of asthma or urticaria, but he urges a consideration of the influence of intestinal toxemia on these conditions, and says that the gastroenterologist is in a position to assist in the treatment of these cases.—Southern Medical Journal, April, 1930, xxiii, 4.

Acute Appendicitis in the Aged .-- H. Flörcken and R. Riemann emphasize the relative infrequency of this association, which is due chiefly to involutional changes which affect the appendix after middle life. An average of some 80 per cent. of all individuals undergo these changes, which agrees in a way with the fact that less than 10 per cent, of all cases of acute appendicitis develop after the age of 50. In the aged, men are more frequently attacked than women. The temperature is strikingly low even in perforative cases and purulent peritonitis. The pulse is between Vomiting, found in 15 per cent, 80 and 90. occurred only when peritonitis had developed. The leucocytosis is about 15,000 in the perforative type but in diffuse purulent peritonitis may reach 40,000. Of 145 cases in patients between 50 and 80 over half gave typical local signs while no less than 63 were atypical and the frequent cause of erroneous diagnosis. Thus in 9 cases the diagnosis was intestinal obstruction, in 18 malignant neoplasm in the cecum, while in no less than 35 the symptoms pointed to purulent cholecystitis. The mortality was 12.4 per cent., death being due to peritonitis or embolism of the lungs. There was interference with the intestinal functions, a feeling of fulness in the belly and pressure pains over the appendix. The operative risk is enhanced in the elderly and at times the surgeon may get along with local or lumbar anesthesia or with gas anesthesia. In general the prognosis is more unfavorable with ether, and the earlier the operation the better the chance of light anesthesia. In the differential diagnosis of obscure acute abdominal disease one should not overlook the possibility of appendicitis, despite the infrequency and the misleading character of the symptoms .- Deutsche medizinische Wochenschrift, March 14, 1930.

Premonitory Signs of Crises of Chronic Colitis.—G. Faroy and H. Deseille refer to any kind of chronic colitis, mucous, muco-membranous, spastic, etc., although presumably the ulcerative form is excluded. While many patients do not complain during the intervals, others present well marked symptom pictures within 24 to 48 hours preceding acute crises. In some patients only one or a few symptoms may be in evidence. The authors give six semciological categories—ocular, nasopharynsemciological categories—ocular, nasopharynsemciological categories—cardiac, and urinary.

The first named comprise blepharitis with or without conjunctivitis or there may be only a There may be a profuse discharge from the nose, serous and without any suggestion of a cold in the head or other intranasal affection, and in some cases a spasmodic coryza. Nervous manifestations are subjective -fatigue with myalgia and especially lumbalgia, vertigo, insomnia. Digestive symptoms are numerous, comprising intense thirst, bulimia, false hunger, occurring without respect to need of food, pyrosis, air hunger, sialorrhea, etc. Of cardiac disorders the authors mention tachycardia, extrasystoles and bradycardia, and of urinary symptoms a transitory polyuria which may stand in some relationship to the thirst above mentioned. These various manifestations are well known to gastroenterologists and the authors quote freely from their writings. An attempt is made to account for the genesis of these symptoms but the authors can do little more than implicate fecal retention, which is so marked in these patients, and a quasi-toxic action on the vegetative nervous system. Twenty years ago Bonnier sought to trace a reflex between the colon and the trigeminal region and it is possible that certain of the symptoms have this reflex spinobulbar mechanism. In some symptoms there is a suggestion of anaphylactic mechanism, in which the offending substance is a protein absorbed from the intestine.—Le Progrès Médical, March 22, 1930.

Collodion Treatment of Boils and Carbuncles.—Walter J. Robbins states that the difference between boils and carbuncles is size. Other things being equal, the more compact the tissue, the greater the resistance to the extension of infection. The surrounding tissue can be rendered more compact by making use of the contractile power of collodion. The collodion must be contractile, i.e., collodion, The skin should be shaved, and if an ointment has been used, this must be removed by washing with gasoline. The final cleansing of the skin should be with alcohol or ether, or preferably both. The collodion is painted in a thick circular band around and on the boil. leaving an opening where it seems to be pointing, or where it is desirable that it should discharge. The band should be wide enough to extend beyond all inflamed tissue. It should be thick in the middle and tapering toward the periphery and toward the central opening. build a thick layer, the collodion should be applied by from ten to twenty circular strokes with a saturated swab. The size varies from a diameter of 11/2 inches with a 1/4 inch opening for a small boil to an area with diameter of 6 or 8 inches for a carbuncle. The pain is re-Reved within thirty seconds and does not recur. Wrinkles appear in the collodion and on the surrounding skin, showing that the tissue

is being pulled together, and there is considerable projection of tissue through the central opening. In from twenty-four to forty-eight hours the central projection breaks down and the slough is discharged. The collodion is covered with a gauze dressing secured by adhesive strips. For a boil near the edge of the lip, the collodion is applied in a half circle. The advantages of this treatment are prompt relief of pain, no need for incision, protection of the surrounding skin so that there is no secondary crop of boils, prompt discharge of the slough, and entire compatibility with other methods of treatment.—American Journal of Surgery, February, 1930, viii, 2.

Thyroxin in Eclampsia.—Professor H. Küstner of the Sellheim Gynecological Clinic, who recently made a favorable report on this subject, makes a second contribution on the occasion of a criticism recently published by Hammerschlag. Since his first report he has had four more cases of manifest eclampsia which he relates briefly and which do not include a considerable series of cases of threatened eclampsia. The first patient had had four attacks of convulsions seen by the family physician. The fetus was apparently dead in utero on admission to the clinic. For two days the patient received only a single dose of thyroxin and one of morphine the attacks in the meantime ceasing. Labor was then induced with birth of a macerated fetus. The second case was similar, but the child was evidently alive and labor was induced with the birth of a living child. Although seizures had ceased one occurred during delivery. The third case was also analogous to the preceding but labor set in spontaneously, and the fourth was of the same type. The four mothers recovered under no other treatment than a single injection of 2 mg, of thyroxin. The criticism of Hammerschlag had reference to a possible unfavorable action on the fetus, but the author is able to show in the above series that the only fetal death had preceded admission to the clinic. This criticism is founded in part on some animal experiments in which thyroxin appears to have caused abortion. The action of the drug in pre-eclampsia is salutary and the author has reached the conclusion that thyroxin deserves the status of a principal remedy and not a mere auxiliary in eclampsia. In the first case in which the fetus was dead, the death must be given some credit for the recovery, as there can be no doubt that this accident is for the advantage of the mother.-Klinische Wochenschrift. March 22, 1930.

Therapeutic Application of the Parathyroid Hormone.—Karl Hajós of Koranyi's Internist Clinic, Budapest, refers briefly to a series of results reported to date by others and then submits some of his own. First he has treated a

group of renal cases, subacute and chronic, and classed under both nephritis and nephrosis Collip and others claim that the hormone mobilizes lime from the tissues to the blood and have added lime salts to offset the overaction of the same As the lime saits have no deleterious action on the kidneys the author has followed this precedent in the renal series. He gives a brief sketch of 6 cases mostly of severe Of these two with uremia succumbed with no benefit from the treatment. One with pre uremia showed steady improvement as did A fifth with another with marked oliguria oliguria did not improve, while the sixth, which was apparently not far advanced, showed bene-The records show that the hormone is without influence on diuresis and blood pressure nor does it reduce the residual nitrogen In two cases, not included, the latter was even increased and it was thought best to decapsulate the kidneys The patients who most improved under the hormone had a low residual nitrogen with marked subjective symptoms and it is in this group that it appears to be chiefly indicated No rationale of its action in these cases is stated. The next group of cases in which it was tried out was of allergic diseases, comprising bronchial asthma, hay fever, and urticaria including Quincke's disease In some of the cases the results were strikingly good-much more impressive than those in the renal series Although lime salts were added to prevent hyperparathy roidism they cannot be credited with any of the improvement obtained for they were given alone before beginning the hormone treatment Other affections in which the hormone should be useful, are tetany, spasmophilia hemorrhagic drithesis, etc -Deutsche medizimsche Wochenschrift, March 21, 1930

Thallium Acetate as a Depilatory in Ringworm of the Scalp -H McCormick Mitchell, after pointing out the disadvantages of x-ray treatment of ringworm of the scalp, most serious of which is the permanent baldness which sometimes follows, relates his experience with thallium acetate In a series of 75 children with ringworm of the scalp 65 were cured after one dose of the drug In 10 cases the hairs were reinfected after growth, and a second dose was necessary It is also notable that most of the failures were where a dose of only 8 mg of thallium acetate per kilo of body weight was administered. The routine plan of treatment is as follows. The urine is examined for albumin and casts, and 85 or 9 mg of thallium acetate per kilo of body weight is given in a little sweetened water or mixed with food Starting the next day, the scalp should be washed daily with spiritus saponis kalinus, or with 10 per cide ointment v

begins to fall, to ointment are us toxic symptoms were not observed in this series of cases This the author attributes to the fact that he insists upon all patients remaining in bed for forty eight hours after the thallium acetate has been administered Careful examination with the ultraviolet beam should be made after epilation is apparently complete, so as to detect any infected stumps, and these should be removed to prevent infection of the new growth of hair Children with dark hair are more difficult to depilate than those with fair hair, the former class should, therefore, receive 9 mg of thallium acetate per kilo hairs on the crown fall out less readily than those on other parts of the scalp, for ringworm in this situation it is better to give the full 9 mg dose The use of thallium acctate should, as far as possible, be limited to children under the age of 5, owing to its toxic effect upon those above that age -British Medical Journal, March 29, 1930, 1, 3612

The Heart and the General Practitioner -George D Hale formulates a set of office rules for the simple office examination of the heart which, when followed, will afford the minimum number of disasters Sinus arrhythmia and extrasystole do not indicate organic heart dis-Physiological bradycardia and paroxysmal tachycardia are of no importance, but auricular flutter indicates organic heart disease Lacking evidence of cardiac enlargement or other signs of organic heart disease, a sys tolic murmur may be disregarded A diastolic murmur always means heart disease, probably my ocardial degeneration Enlargement of the heart always means disease of the cardiovascular system It is important to remember that it is the abnormal facility with which symptoms are produced rather than the symptoms themselves that is important. In testing for response to effort one should not tie oneself to so many "foot minutes-pounds," but the patient should be put through such exercise as is suited to the severity of the case. If given a group of patients with suspected cardiac disease, the best procedure to follow is to place in the list of suspected or proved cases of orgame cardiac disease those with (1) A history of acute rheumatic fever, or of any severe infection definitely antedating the appearance of the cardine symptoms, (2) a diastolic murmur, (3) enlargement of the heart, (4) evidence of hyperthyroidism, (5) pain of anginal distribution, (6) a pulse of irregular irregularity with the rhythm not improved by exercise (7) an abnormally rapid or slow pulse, (8) evidence of venous congestion, (9) a positive Wassermann test, high blood pressure, or urine of low and fixed specific gravity. The based



# LEGAL



## ATTORNEYS, COURTS INHERENT POWER OF DISCIPLINE

By LORENZ J. BROSNAN, ESQ. Counsel, Medical Society of the State of New York

One of the most salutary movements ever initiated by members of the Bar took place in the City of New York in January of 1928, when the three leading Bar Associations of the City of New York united in petitioning the Appellate Division to take disciplinary measures in connection with the gross abuse incident to "ambulance chasing." For a long time prior to 1928 both Bench and Bar were aware of the scandalous conditions existing in personal injury cases. The evils are tersely but graphically described by Chief Judge Cardozo in one of his opinions, where he said:

"'Ambulance chasing' was spreading to a demoralizing extent. As a consequence, the poor were oppressed and the ignorant overreached. Retainers, often on extravagant terms, were solicited and paid for. Calendars became congested through litigations maintained without probable cause as weapons of extortion. Wrongdoing by lawyers for claimants was accompanied by other wrongdoing, almost as pernicious, by lawyers for defendants. The helpless and the ignorant were made to throw their rights away as the result of inadequate settlements or fraudulent releases."

In pursuance of the petition above referred to, the Appellate Division appointed Mr. Justice Wasservogel to conduct an exhaustive investigation of the entire situation. Mr. Justice Wasservogel immediately entered upon his duties, and was assisted in the investigation by some of the leading members of the Bar who served without compensation. It is pleasing to be able to state that when the investigation was finished and Mr. Justice Wasservogel filed his report, he took occasion to point out that the Bar as a whole was honest, but that the honest members of the Bar had suffered in the past by reason of the unscrupulous tactics of the few who had been unfaithful to their obligations as members of the Bar:

The investigation had not proceeded far when its legality was challenged by a member of the Bar who had been subpænæd to give evidence before the judge conducting the inquiry. This man had been a lawyer for twenty-five years and his practice had involved the trial of many actions for personal injuries on the plaintiff's side. He was called to testify as to his conduct in the procurement of retainers in these cases and in others. He appeared in court but refused to be sworn, claiming that the entire proceeding was

unauthorized and unconstitutional. The court adjudged him in contempt and committed him to jail until he should submit to be sworn and examined. He then sued out a writ of habeas corpus, but the writ was dismissed by the court. From both orders, i.e., the one adjudging him in contempt and the one dismissing the writ, an appeal was taken to the Appellate Division where they were affirmed. A further appeal was then taken to the Court of Appeals. The precise question presented to the Court of Appeals for decision was whether there is power in the Appellate Division to direct a general inquiry into the conduct of its own officers, the members of the Bar. and in the course of that inquiry to compel one of those officers to testify as to his acts in his professional relations. The importance of the question thus presented to the Court of Appeals cannot be underestimated. Indeed the continuance of the entire ambulance chasing investigation hung upon the Court of Appeals' decision on this question. In an epoch-making decision of far-reaching importance the Court of Appeals unanimously sustained the right of the Appellate Division to compel the members of the Bar to testify in the ambulance chasing investigation. The court spoke through its Chief Judge Benjamin N. Cardozo, who said in rendering the opinion of the court:

"'Membership in the bar is a privilege burdened with conditions.' \* \* The appellant was received into that ancient fellowship for something more than private gain. He became an officer of the court, and, like the court itself, an instrument or agency to advance the ends of justice. His cooperation with the court was due whenever justice would be imperiled if cooperation were withheld. He might be assigned as counsel for the needy, in causes criminal or civil, serving without pay. \* \*

He might be directed by summary order to make restitution to a client of moneys or other property wrongfully withheld. \* \* He might be censured, suspended or disbarred for 'any conduct prejudicial to the administration of justice.' \* \* All this is undisputed. We are now asked to hold that when evil practices are rife to the dishonor of the profession, he may not be compelled by rule or order of the court, whose officer he is, to say what he knows of them, subject to his claim of privilege if the answer will expose him to punishment for crime. \* \*

Cooperation between court and officer in furtherance of justice is a phrase without reality if the officer may then be silent in the face of a command to speak. There are precedents of recent date, decisions in Wisconsin and Ohio, upholding the power of the Court by a general inquisition to compel disclosure of the truth. \*\* Precedents far more ancient, their roots deeply set in the very nature of a lawyer's function, point the same way.

'The supreme court shall have power and control over attorneys and counselors-at-law.' \* \* The first Constitution of the State declared a like rule in terms not widely different. Provision was there made that 'all attorneys, solicitors and counselors-at-law hereafter to be appointed, be appointed by the court and licensed by the first judge of the court in which they shall respectively plead or practice; and be regulated by the rules and orders of the said courts.' \* \* What was meant by this provision that lawyers should be 'regulated by the rules and orders of the said Would the men who framed the Constitution of 1777 have been in doubt for a moment that a rule or order might be made whereby lawyers would be under a duty, when so directed by the court, to give aid by their testimony in uncovering abuses? We find the answer to these questions when we view the history of the profession in its home across the seas.

Judge Cardozo then proceeded to show that from the earliest times the English Courts had powers of discipline over the barristers that prac-

tice before them.

It is only plain common sense, as the court pointed out, that the power to inquire carries with it by fair implication the power to compel a witness to testify as to facts that he has knowledge of. As the court said, it would be "a curious anomaly if the courts with all their writs and processes could do less in regulating and controlling the conduct of their officers than a legislative body can do in relation to a stranger." It was argued before the Court of Appeals by the counsel for the lawyer who had been held in contempt, that the reputation of the members of the Bar would be in danger if this proceeding were held to be legal. The court answered this argument in the following language:

"The argument is pressed that in conceding to the court a power of inquisition we put into its hands a weapon whereby the fair fame of a lawyer, however innocent of wrong, is at the mercy of the tongue of ignorance or malice. Reputation in such a calling is a plant of tender growth, and its bloom, once lost, is not easily restored. The merc summons to appear at such a hearing and make report as to one's conduct, may become a slur and a reproach. Dangers are indeed here, but not without a remedy. The remedy is to make the inquisition a secret one in its preliminary stages. This has

instances, by the order of the justice presiding at the hearing. It has been done in the second judicial department, where a like investigation is in progress, \* \* by order of the Appellate Division directing the inquiry. A preliminary inquisition, without adversary parties, neither ending in any decree nor establishing any right, is not a sitting of a court within the fair intendment of section 4 of the Judiciary Law whereby sittings of a court are required to be public. It is a quasi-administrative remedy whereby the court is given information that may move it to other acts thereafter. \* \* The closest analogue is an inquisition by the grand jury for the discovery of crime. There secrecy of counsel is enjoined upon the jurors by an oath of ancient lineage. Full protection against publicity was accorded to the relator if he had chosen to avail of it. Publicity came to him through his refusal to be sworn.

The court then held that the refusal of the lawyer to answer was a contempt, and Judge Cardozo concluded his opinion with a statement with which every honest lawyer is heartily in accord:

"We conclude that the refusal was a contempt, \* \* and that the investigation must proceed. In so holding we place power and responsibility where in reason they should be. No doubt the power can be abused, but that is true of power generally. In discharging a function so responsible and delicate, the courts will refrain, we may be sure, from a surveillance of the profession that would be merely odious or arbitrary. They will act considerately and cautiously, mindful at all times of the dignity of the Bar and of the resentment certain to be engendered by any tyrannous intervention. No lack of caution or consideration can be imputed to them here. They did not move of their own prompting, but at the instance of the very Bar whose privacy and privilege they are said to have infringed. In the long run the power now conceded will make for the health and honor of the profession and for the protection of the public. If the house is to be cleaned, it is for those who occupy and govern it, rather than for strangers, to do the noisome work."

By this momentous decision the ambulance chasing inquiry was permitted to continue to a successful conclusion. The salutary effect of the investigation has been seen by every practicing lawyer in the City of New York. It has proved to be an effective deterrent to members of the Bar who might be inclined to violate their oath of office. It has resulted in the disbarment, suspension and censure of a number of attorneys whose activities in the field of ambulance chasing were exposed during the investigation. It has succeeded in ridding the profession of men who demonstrated by their professional life that they did not possess those ethical and moral qualifications which should be possessed by those who aspire to membership in a learned and honorable

profession.

£ ,₹



# LONDON LETTER



Knights of the Round Table: The American Ambassador to the Court of St. James suffer many must functions and endure many banquets during his tenure of office. and it may well have been with a feeling of relief that he accepted the invitation to dine with the Knights of the Round Table. I can imagine him saying, "Whoever these people are, and I am sure I have no idea who they are, at least they will not expect me to talk international politics." And so it proved, for when he replied to the toast of his health and that of the Naval delegates he spoke not of the smaller matters of everyday concern but of high ideals, of chivalry, and of that great faith for which King Arthur fought and died so many years ago. How comes it that this Club, founded 210 years ago, and having apparently no functions save that of extolling the ideals of chivalry as exemplified at King Arthur's Court, should have survived the constant changes of social usage and be to-day stronger and more active than at any time in its history? Originally founded by sixteen Arthurian devotees it quickly enrolled the one hundred and one "knights" which composed the Round Table, and though it has increased its membership to 150, admission to the circle is closely guarded, and over 300 are on the waiting list. Members of all the liberal professions are included in their numbers and many a famous name has figured on the roll of membership. In June a pilgrimage takes place to Winchester, the old capital town of the West Saxons, when the Club is received by the Mayor of the City and a luncheon is held where the memory of King Arthur and his Knights is proclaimed by King Arthur's Champion. I cannot doubt that such an assembly as I was privileged to attend would have delighted the great hero and relieved the doubt so beautifully expressed by Tennyson in the Morte D'Arthur:

"The sequel of to-day unsolders all
The goodliest fellowship of famous knights
Whereof this world holds record. Such a sleep
They sleep—the men I loved. I think that we
Shall never more, at any future time
Delight our souls with talk of knightly deeds,
Walking about the gardens and the halls
Of Camelot, as in the days that were."

The Registrar-General's Report: trar-General's returns for 1929 once more point out that the steady fall in the birthrate, which has been in evidence of recent years, is still operative, and that in 1929 the birth-rate was 0.4 per 1,000 below 1928 which was the lowest on record. This lower birthrate coupled with a death-rate increase of 1.7 per 1,000 over 1928 owing to the influenza epidemic and the severe weather last spring, has reduced the increase of population from an average of 221,000 to 111,693. Of course, these figures represent an unusually bad year, but a steady fall in the birth-rate must always be a matter of concern. So many causes combine to affect the birth-rate that it is difficult to estimate their relative importance and in turn the housing problem, birh control, the cost of living leading to late marriages, and many other factors have been blamed. For us, living in a small island which is already overpopulated, the problem may seem to present compensations, but inevitably with an expectation of life at its present high level a time must come when the population will remain stationary and then begin to decline. The decline of the birth-rate is not confined to England, but is occurring in all the white races, and its cause and cure should be a leading preoccupation for sociologists of all nations.

Fashion: That Fashion is a tyrant to whom we all must bow is perhaps a truism. One must admit there are a few fine characters like myself whose refusal to vary the cut of their clothing every few months is the despair of our tailors (stout fellows we call ourselves, but are known as old fogies by the undiscerning), but in what we superciliously call the weaker sex the tendency to yield to some mysterious authority and to adopt a costume which makes them all look exactly alike is very noticeable. A few days ago in the children's ward of my Hospital a little girl of 6 years was admitted with an injury to the eye necessitating the use of a bandage. In the cots near her were three or four mastoid cases, and one morning the ward sister discovered that our young disciple of Fashion had removed the bandage from her eye and adjusted it over her ear. We are reminded of Goldsmith's "Deserted Village":

"And e'en while fashion's brightest arts decoy The heart distrusting asks if this be joy."

H. W. Carson, F.R.C.S.



# NEWS NOTES



#### THE HOUSE OF DELEGATES

The House of Delegates of the Medical Society of the State of New York will convene in the Hotel Seneca on Monday afternoon, June 2, 1930, at 2 o'clock, for the purpose of receiving and considering the annual reports of the officers and committees which were published in the Journal of May first; to transact the major items of business of the Society; and to elect officers for the coming year, beginning at

the close of the Annual Meeting on June third. Following the excellent custom of the last few years, the members of the House of Delegates will continue in session during a supper for which tickets may be purchased at \$2.50, from the office of the Secretary. The session will continue during the evening and the following morning, closing with the election of officers.

## REFERENCE COMMITTEES

The annual reports of the officers and committees of the Medical Society of the State of New York printed in the Journal of May first, are made to the House of Delegates and are considered by Reference Committees appointed by the Speaker in accordance with the Bylaws, Chapter X, Sections 10, 11 and 12, which read as follows:

Sec. 10. Immediately after the organization of the House of Delegates the Speaker shall announce such committees as he shall deem expedient for the purposes of the meeting, and the names of the members thereof. Only members of the House of Delegates are eligible for appointment on the reference committees. Such committees shall consist of five members, three members constituting a quorum, and shall serve during the meeting at which they are appointed.

Sec. 11. All recommendations, resolutions, measures and propositions presented to the House of Delegates and which have been duly seconded shall be referred immediately to the appropriate reference committee.

#### THE REPORT OF THE PRESIDENT

Charles H. Goodrich, Chairma	an. Brooklyn, Kings County
J. Lewis Amster	Bronx, Bronx
Henry J. Noerling	Valatie, Columbia
John J. Beard	Cobleskill, Schoharie
Luzerne Colville	Ithaca, Tompkins

THE REPORTS OF THE SECRETARY, THE COUNCIL, THE COUNCILLORS, AND THE BOARD OF CENSORS
Henry S. Patterson, Chairman,

Luther C. Payne. Liberty, Sullivan Edward C. Podv. Edward Morace M.

THE REPORTS OF THE TREASURER AND TRUSTEES
George M. Cady, Chairman.....Nichols, Tioga County
Morris Maslon........Glens F.
Charles C. Trembley......Saranga I.

Charles C. Trembley.....Saranae T. W. Grant Cooper.....Ogdensburg, Cornelius J. Egan......

Sec. 12. Each Reference Committee shall, as soon as possible, take up and consider such business as may have been referred to it and shall report when called upon to do so.

The consideration of the recommendations contained in the apports of the recommendations.

The consideration of the recommendations contained in the reports often requires investigations and consultations for which there are too little time or opportunity when the Reference Committees begin their labor after the opening of the House of Delegates. The Speaker has therefore announced the personnel of the Reference Committees, and the scope of their work in advance of the meeting, in order that the members may have abundant time for the consideration of the subjects referred to them, and also that every member of the State Society may have an opportunity to present his views to the proper committee.

The Committees appointed by the Speaker, Dr. John A. Card, of Poughkeepsie, contain seventy-eight members, as follows:

## THE REPORT OF THE COMMITTEE ON LEGISLATION Walter T. Dannreuther, Chairman,

Prancis M. O'Gorman Buffalo, Erie Joseph B. Hulett Middletown. Orange John J. Rainey Troy, Rensselaer Jacob A. Keller, New York City, Bronx

## THE COMMITTEE ON SCIENTIFIC WORK, AND THE COMMITTEE ON ARRANGEMENTS

Frederick J. Schnell, Chairman

No. Tonawanda, Niagara County
William B. Hanbridge......Ogdensburg, St. Lawrence
Lyman C. Lawrence
Milton G. P
Norman L.

#### THE REPORT OF THE COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

Reeve B. Howland, Chairmon, Elmira, Chemuns County Clarence \Control Claude C. Henry C. George S.

THE	REPORT	OF	THE	COMMITTEE	ON	MEDICAL
			FCC	NOMICS		

Dewitt Stetten, Chair	rman,
•	New York City, New York County
Andrew Sloan	Utica, Oneida
Aaron Sobel	Poughkeepsie, Dutchess-Putnam
Thomas M. Brennar	Brooklyn, Kings
Harrison Betts	Yonkers, Westchester

# THE REPORT OF THE COMMITTEE ON PUBLIC RELATIONS

George M. Fisher, Chairman.	Utica, Oneida County
Louis A. Friedman	New York City, Bronx
William P. Howard	
Walter D. Ludlum	Brooklyn, Kings
Charles R. Barber	Rochester, Monroe

## THE REPORT OF THE LEGAL COUNSEL

C. Knight Deyo, Chairman,	·
Poughkeensie	e, Duchess-Putnam County
Edward M. Colie	New York City, New York
Floyd S. Winslow	Rochester, Monroe
Edgar Bieber	
John Breen	Schroon Lake, Essex

## THE REPORT OF THE COMMITTEE ON MEDICAL RESEARCH

Inomas r. Farmer, Chan	
	Syracuse, Onondaga County
D	
Brayton E. Kinne	Albany, Albany
James Walch	
Sylvester C. Clemans	Gloversville, Fulton
	New York City, New York
Ten Lyck Eimendori	New fork City, New fork
- 01. 15) 01. 25111011011101111111	2011. 01.7, 2101. 2011.

# THE REPORTS OF THE COMMITTEE ON NURSING, AND THE COMMITTEE TO STUDY THE CURRICULUM FOR NURSING EDUCATION

Edward R. Cunniffe, Chairn	
New	York City, Bronx County
Frederick H. Flaherty	Syracuse, Onondaga
Herbert B. Smith	
John F. Black	.White Plains, Westchester
Robert E Darbor	Brooklyn Kinge

# THE REPORT OF THE COMMITTEE ON IMMUNIZATION OF CHILDREN AGAINST DIPHTHERIA

Harry Aranow, Chairman,	
Nev	v York City, Bronx County
Elias H. Bartley	Brooklyn, Kings
Ernest E. Smith	Kew Gardens, Queens
Nathan Ratnoff	. New York City, New York
Charles E. Padelford	

## COMMITTEE ON CREDENTIALS

D. S. Dougherty, Chairman,	
New York Cit	y, New York County
George W. CottisJan	nestown, Chautauqua
Peter IrvingNo	ew York, New York

## REFERENCE COMMITTEE, ON NEW BUSINESS (A)

John Douglas, Chairm	an,
	New York City, New York County
Albert G. Swift	Syracuse, Onondaga
George A. Leitner	Piermont, Rockland
Lucius H. Smith	Palmyra, Wayne
William A. Krieger	Poughkeepsie, Dutchess-Putnam

# REFERENCE COMMITTEE ON NEW BUSINESS (B) George W. Kosmak Chairman.

Ocorge W. Rosman, Chuill	
New Y	York City, New York County
O. Paul Humpstone	Brooklyn, Kings
Harvey W. Humphrey	Lowville, Lewis
Louis A. Van Kleeck	Manhasset, Nassau

## REFERENCE COMMITTEE ON NEW BUSINESS (C)

Terry M. Townsend, Chairman.

Ne	ew York, New York County
John E. Jennings	Brooklyn, Kings
Ralph T. Todd	Tarrytown, Westchester
Arthur S. Chittenden	Binghamton, Broome
	Long Island City, Queens

## THE ANNUAL BANQUET

The Annual Banquet of the Medical Society of the State of New York will be held on the evening of Tuesday, June third, at 7 o'clock in the Hotel Seneca. The wives of the members are invited. Tickets may be obtained at the Registration Booth.

Invitations to the banquet have been extended to Governor Franklin D. Roosevelt, Lt. Governor Herbert H. Lehman, Hon. James W. Wadsworth, and the Legislators of Monroe County and others interested in public health.

## THE ANNIVERSARY MEETING

The Charter of the Medical Society of the State of New York requires the Society to hold an annual or Anniversary meeting, but does not specify when, where or how to hold it. The officers of the Society have therefore arranged that the one hundred and twenty-fourth Annual Meeting will be held in the dinner hall immediately after the Annual Banquet. An address of welcome will be given by

Dr. Walter A. Calihan, Chairman of the Committee on Arrangements.

Dr. James N. Vander Veer of Albany will deliver his exaugural address as the retiring President of the Medical Society of the State of New York.

Dr. William H. Ross, of Brentwood, will deliver an inaugural address as the incoming President of the State Society.

#### THE ENTERTAINMENT

The Committee on Arrangements of the Medical Society of the State of New York has prepared an excellent entertainment after the satisfactory precedent set by the Committee on Arrangements last year when the Players' Club of Utica, staged an opera written with a medical flavor. This year's entertainment will consist of a minstrel show in which the performers will be members of the Medical Society of the County of Monroe. The numbers on the program have been specially composed and arranged for a medical audience, and the characteristics and individualities of many well-known officers and members of the State Society will be recorded and immortalized in verse and song and dance.

#### EXHIBITORS' DINNER-SMOKER

The financial prosperity of the Medical Society of the State of New York depends largely on the advertisers in the Journal and Directory, and the exhibitors in the Technical Exhibit. Appreciating the good will of the advertisers and exhibitors, the Society will give a dinner-smoker to the exhibitors on the evening of Monday, June second, under the direction of Mr. Joseph B. Tufts, advertising manager. Brief addresses will be made by officers of the State Society, but the principal object of the dinner-smoker is to promote a spirit of sociability and good fellowship on which business depends quite as much as on financial considerations. Good will is powerful in advertising as it is in medicine.

## EXTRA-CURRICULAR ARRANGEMENTS

The annual meeting of the Medical Society of the State of New York will have many attractive features in addition to those set forth in the formal announcements outlined in this issue and in those of April fifteenth and May first. There is a sociability to be found in the hotels and the meeting rooms. Physicians will have no difficulty in finding suitable hotels, a list and rates of which appear on page 607. They will also find congenial friends in abundance, and will form new ones aplenty. The members may bring their wives, confi-

dent that they will find recreation and entertainment. A Ladies' Entertainment Committee, under the leadership of Mrs. Austin G. Morris of Rochester, will provide a luncheon and automobile drive on Tuesday, June third, and will have representatives on hand at the Registration Booth to advise and assist the ladies in regard to shops, theatres, and side trips.

Rochester, the third largest city in New York State, is noted for its points of interest. There is the Genesee River whose falls and water power determined the site of the city in

the early thirties of the last century. There is the gorge and park below the falls and extending to Charlotte, the port of Rochester on Lake Ontario, now a part of the City. There is also the broad valley of the River extending back through rolling farm lands, and through the beautiful Letchworth Park and gorge at Mount Morris. There are also beautiful parks and drives within the city including that around the Municipal Water Works. All these features are within easy riding distance by automobile or taxi.

Everybody knows the Eastman Kodak Company and the benefactions which have made Eastman, Rochester's leading citizen. Those with leisure will enjoy the concerts held in the beautiful music hall constructed by Mr. Eastman.

The local Committee on Arrangements, under the chairmanship of Dr. Walter A. Calihan, and the Medical Society of the County of Monroe, of which Dr. Calihan is also President, have perfected the arrangements which will insure comfort and satisfaction to every physician and lady who comes to the meeting.

#### WOMEN'S MEDICAL SOCIETY

The women physicians of New York State are loyal members of the Medical Society of the State of New York; and in addition they maintain their own organization which meets during the week of the State Society, but at hours which conflict as little as possible with the State Society sessions or its other activities which are announced on the program.

The annual meeting of the Women's Medi-cal Society of the State of New York will therefore be held at 9:30 A.M. on June 2, 1930, in the Hotel Seneca, Rochester, N. Y. The scientific program will begin at 2:15 P.M. A banquet will be held at 6:30 P.M. and

will be followed by a historical pageant.

Marion S. Moore, Secretary.

## PUBLIC MEETING ON PERIODIC HEALTH EXAMINATIONS

A public dinner and meeting has been arranged by the Committee on Periodic Health Examinations of the Medical Society of the State of New York with the cooperation of the Medical Society of the County of Monroe and the Rochester Chamber of Commerce to be held on June 4, 1930, at 6:30 P.M. in the Chamber of Commerce rooms at 55 St. Paul Street, Rochester, N. Y. Tickets are two dollars each and dress will be informal. The Committee extends an invitation to the physicians and their friends who are attending the Annual Meeting of the Medical Society of the State of New York. Information may be obtained at the registration booth of the New York State Society.

The program is on the topic, "A Health Examination for Every Citizen of the State." The speakers are as follows:

- 1. Introduction-William A. Sawyer, M. D., Medical Director. Eastman Kodak Company.
- 2. Address of Welcome-Isaac Adler, Acting Mayor, City of Rochester.
- 3. Response—James N. Vander Veer, M. D., Retiring President.
- 4. The Present Situation—C. Ward Crampton, M. D., Chairman Committee on Periodic Health Examinations, Medical Society of the State of New York.
- 5. Old Programs and New-Thomas Parran, Jr., M. D., Commissioner of Health, State of New York.
- 6. The Woman's Dynamic Program—Harriet W. Mayer, New York State Federation of Women's Clubs, State Chairman, Committee on Public Health.
- 7. The Medicine of the Future—George W. Crile, M. D., The Cleveland Clinic and The Gorgas Memorial Institute. Introduced by Charles Gordon Heyd, M. D.
- 8. Looking Forward for the Committee on Public Relations-James E. Sadlier, M. D., Chairman.
- 9. For the Committee on Public Health and Medical Education—Thomas P. Farmer, M. D., Chairman.

For the Medical Society of the State-William H. Ross, M. D., President.

## NEW YORK STATE ASSOCIATION OF PUBLIC HEALTH LABORATORIES

The New York State Association of Public Health Laboratories, of which Dr. Leo F. Schiff, director of the Clinton County Laboratory, Plattsburg, is president, will hold its fourteenth annual meeting in Rochester at the School of Medicine and Dentistry, University of Rochester, on June 2 at 2:00 p.m. (standard time). The other officers of the Association are: Dr. George M. Mackenzie, Otsego County Laboratories, Cooperstown, vice-president; Mary B. Kirkbride, State Laboratory, Albany, secretary-treasurer. Dr. Stanhope Bayne-Iones, Health Bureau Laboratories, Rochester, and, Dr. James A. Dickson, Montgomery County Laboratory, Amsterdam, are members of the Council.

The scientific program of the Association will be as follows:

Comparison of the Dominick-Lauter presumptive test for B. coli in water with that of "Standard Methods." Harold W. Leahy, Health Bureau Laboratories, Rochester.

Streptococci of the udder in their relation to a septic sore throat epidemic. Robert S. Breed and (by invitation) G. J. Hucker, Geneva City Laboratory, Geneva.

A case of systemic blastomycosis. Istvan Gaspar, Rochester General Hospital Laboratory, Rochester.

A strain of B. Morgani I isolated from a

parrot. Marion B. Coleman, State Laboratory, Albany.

Serological tests for syphilis in feebleminded. Alexander N. Bronfenbrenner, Letchworth Village Laboratory Thiells.

A study of the Wassermann reaction in pregnancy. Frederick A. Hemsath, Lying-In Hospital Laboratory, New York City.

Undulant fever. Final report on joint investigation by members of the Association. Stanhope Bayne-Jones, Health Bureau Laboratories, Rochester.

Address. Thomas Parran, Jr., Commissioner, New York State Department of Health.

As part of the scientific program there will be various exhibits and demonstrations, including a demonstration, of protozoology and helminthology, apparatus for making motion pictures of bacteria, materials and set-up for blood grouping tests, microscopic examination of milk (lantern slides), and museum specimens from the Department of Pathology of the School of Medicine.

The conference of managers and directors of approved laboratories of New York State, with Dr. Cornelius F. McCarthy, Auburn, chairman, will be held at the Hotel Seneca on Monday morning, June 2, to discuss general and administrative laboratory problems.

#### CLINIC DAY

The Medical Society of the County of Monroe is arranging a clinic day, Thursday, June 5th, following the official closing of the State Convention, to which all the members of the Medical Society of the State of New York and guests are invited. The detailed program will be ready for distribution with the general program of the Convention. The general plan of the clinics will be such as to interest all who plan to remain for them. The various hospitals of Rochester will present clinics on interesting subjects from 8:30 A.M. to 10:30 A.M. The

University of Rochester, School of Medicine and Dentistry, has prepared an interesting schedule of papers to be presented by the Staff of the Medical School, beginning at 11:00 A.M. The Medical School has invited all the members and guests of the State Society for luncheon on that day.

The following hospitals will also present clinics: Highland Hospital, Rochester General Hospital, Park Avenue Hospital, St. Mary's Hospital, Genesce Hospital, Iola Sanatorium, and Rochester State Hospital.

PATES OF HOTELS OF POCHESTED

RATES OF HOTELS OF ROCHESTER							
	ROOM FOR ONE PERSON		ROOM FOR TWO PERSONS				
	With Bath	Without Bath	With Shower	With Bath	Without Bath	With Shower	With Twin Beds and Tub
CADILLAC	\$2.75 and 3.00	\$1.50	\$2.00 and 2.50	\$3.50 and 4.50	\$2.50	\$3.00 and 3.50	\$4.50 and 5.00
EASTMAN	2.50			4.00			••••
FORD	2.00	1.25 and 1.50		3.00	2.50		
Powers	3.00 and 4.00	2.25	2.50 and 4.00	4.50 and 6.00	3.50	4.50 and 6.00	5.00 and 7.00
ROCHESTER	3.00 and 4.00	2.00 and 2.25	2.50 and 8.00	5.00 and 7.00	3.00 and 3.50	4.50 and 5.00	6.00 and 7.00
SAGAMORE	4.50						6.00 and 8.00
SENECA	3.50 and 5.00	2.50	3.00 and 4.00	5.50 and 8.00	4.00	4.50 and 6.00	5.00 and 8.00

#### COMMITTEE ON PUBLIC RELATIONS

The regular monthly meeting of the Committee on Public Relations was held on Thursday, April 17, in the Hotel Pennsylvania, with the Chairman, Dr. James E. Sadlier of Poughkeepsie, presiding, and all the members present.

Dr. W. H. Ross, the Secretary, reported that some physicians had questioned the economic policy of giving free service to clinics organized for the prevention of any disease, such as diphtheria. On the other hand, physicians who had adopted preventive work in their private practice had profited financially, as also any doctor could who took advantage of the publicity given by clinics and popular health articles in newspapers and magazines.

Dr. Sadlier reported that the Medical Society of Steuben County had done an excellent piece of original work in arranging for a joint meeting on April 29, with representatives of all the

local organizations engaged in public health work.

Dr. Sadlier also reported on the progress of the county medical surveys, and the increasing interest taken in them by the officers of the counties.

The principal item of business was a report by Dr. O. H. W. Mitchell on Student Medical Service in the twenty-eight colleges and universities of New York State. Dr. Mitchell summarized the replies to an extensive questionnaire which he had sent to all the institutions and showed that the service varied widely from almost nothing to that equalling the medical service of the United States Army.

Dr. Mitchell will prepare his report in a form suitable for publication in the Journal.

W. H. Ross, Secretary.

## COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

The meeting of the Committee on Public Health and Medical Education was held on Thursday, April seventeenth, at 10:30 a.m., at the Hotel Pennsylvania, New York City. All members of the committee were present except Doctor Polak who was excused on account of illness.

Dr. George W. Kosmak discussed the relation of the medical profession to lay organizations engaged in the promotion of cancer elimination. He said that the American Society for the Control of Cancer was a lay organization dealing with what is largely a medical matter. It is now in process of reorganization, and physicians should have definite knowledge of the Society's plans before taking action in regard to its policy. Dr. Kosmak also spoke of the danger of phobias arising from sensational lectures of a popular nature.

Dr. Stanton described the efforts made by the State Committee for the Control of Cancer to raise an endowment in Schenectady County, which he had opposed.

The following resolutions was moved by Dr. Chandler and seconded by Dr. Bayne-Jones and carried:—

Resolved, that since the cause of cancer is not definitely known and its treatment not definitely settled, the Committee on Public Health and Medical Education feels that information to the public about cancer should be in the hands of medical men whose minds are receptive to any suggestion, treatment, thought or plan of action concerning this disease which will stand scientific investigation, and that this committee support all efforts toward such scientific investigation.

There then followed a general discussion regarding educational work with physicians on the subject of cancer. The following resolution was moved by Dr. Groat, seconded by Dr. Chandler, and carried:

Resolved, that the Committee on Public Health and Medical Education incorporate among its postgraduate courses lectures on cancer.

The following resolution was moved by Dr. Chandler, seconded by Dr. Stanton, and carried:

Resolved, that it is the opinion of this committee that the work of Dr. Swan, as director of the New York State Committee of the American Society for the Control of Cancer has been a benefit to the people of the State. The Committee recommends that the future direction of this work be in the hands of a regular licensed physician who is a member of the Medical Society of the State of New York.

Dr. W. I. Dean of Rochester appeared as a representative of the Up-State Committee of the American Society for the Control of Cancer and told of the aims and accomplishments of that committee.

The Committee then took up for discussion the subject of the plan for publication in the Journal of the State Society of short articles on "How Physicians Can Practice Preventive Medicine in Their Regular Routine Work." Dr. Stanton said that he thought that three-fourths of the physicians' work is in preventive medicine, and that the physician already was doing a great deal of this work.

Dr. Groat felt that while at the present time a large part of the physician's work was in preventive medicine, it would be very well to crystallize ideas regarding preventive medicine in short articles such as were contemplated by the plan under discussion.

Dr. Chandler felt there was great need to publish articles which would acquaint the physician with the activities of this committee and especially the accomplishments up to the present time. Dr. Longstreet also emphasized this point.

Dr. Greene approved publishing in pamphlet form all the articles together after they had appeared in the State Journal.

It was mutually agreed that the plan should consist of one short article dealing with one subject in the practice of medicine to be published in each issue of the Journal. The article would be prepared from the standpoint of a physician dealing with a patient having some complaint rather than one from the viewpoint of a person coming to the physician for a periodic health examination, and would stress the important things from a preventive standpoint which the physician should look for; also apparently minor conditions which should receive treatment in order to obviate future illness; and finally instructions as to advice to give to the patient. While the article would not be a guide in the manner of making a periodic health examination, still it would prove helpful to the physician so engaged, and would interest the physician in such examination and undoubtedly educate the patient also to the benefit of such examinations. It was agreed that the subjects as originally outlined by the chairman should form a list to begin work upon and that all articles should be concise and short. It was also agreed that the Publication Committee should be requested, if the plan were put into effect, to publish the articles in sequence, that the articles as near as possible appear on the same page in each issue, and that the article be published without revision after it had left the committee's hands.

It was also agreed that one member of the committee be asked to review each article, not so much from the standpoint of the material which it contained, but whether or not it fulfilled the purpose of the plan. It was also agreed that it would be best to omit the author's name and publish the articles over the name of this committee. The chairman was authorized to appoint a sub-committee to consider the details of this plan. The committee decided that it would seem best to obtain all the articles before beginning the publishing of any of them.

Doctor Lawrence addressed the committee and called its attention to the large number of health officers who at the present time are not members

of the State Medical Society.

At luncheon the committee joined the Committee on Public Relations, and under the chairmanship of Dr. Vander Veer, took up the question of the subject of cancer. Dr. R. V. Brokaw,

Executive Secretary of the American Society for the Control of Cancer spoke of the work of his Society mentioning the establishment of cancer clinics, and of fellowships for the study of cancer, and said that it was the policy of his organization to use existing agencies as far as possible to carry out its work.

Dr. Dean reviewed the organization of the State Committee under Dr. Swan and the work which had been done by this Committee. He also discussed the financial matters of the committee and how it had raised funds. Dr. Dean emphasized the point that the State Committee under Dr. Swan had tried to carry out their work primarily through the medical profession.

THOMAS P. FARMER, M.D., Chairman.

### DEFENSE IN CONTRACT CASES

The Executive Committee of the Medical Society of the State of New York has recently been in receipt of a number of inquiries regarding the coverage afforded by our group plan in the so-called "contract" cases. It appears that these inquiries may represent a desire on the part of the members of the Society generally, to be informed on this subject. Therefore, the Executive Committee has requested the Committee on Group Insurance, through the medium of the State Journal, to write this article setting forth the provisions of the group policy pertinent to the subject-matter of this article.

In cases where the complaint alleges that the defendant-physician made a definite contract, either orally or in writing, with his patient to cure or to secure a certain definite result or has made a guarantee with respect to his operation or treatment, and it is further alleged in the complaint that the defendant has breached the said contract with resultant damage to the patient, the physician in such case is not entitled to indemnity under our group plan. No contract of this kind should be made by any physician, as it is impossible for any physician to guarantee the result of his work.

Our group policy provides defense and indemnity only "on account of any malpractice, error or nistake committed or alleged to have been committed" during the policy period. This insurance is not written and could not be written to cover breaches of contract, and to emphasize this, each physician, when he applies for insurance, must declare among other things: "I have

not in force and I will not enter into any special contract or agreement, oral or written, guaranteeing the result of any operation or treatment." It sometimes happens that where a doctor is sued for a breach of contract on an alleged contract to cure, he denies having made such contract. In such a case, if we are convinced of the truthfulness of the doctors denial, our general counsel defends him but the physician is advised that should a judgment be recovered upon the breach of contract, that is to say, should the court and jury find that the plaintiff's claim that the doctor did in fact make a contract to cure is true, then the physician will not be indemnified against such a judgment.

We deem it pertinent in this connection to point out that our group policy does afford full indennity where the complaint in an action against a physician charges that the defendant entered into a contract to exercise a reasonable degree of care and skill in treating his patient, and that he failed to use reasonable care and skill and, therefore, breached his contract with his patient. This type of allegation contains nothing but a reiteration of the implied contractual obligation which by law flows from the relation of patient and physician. One of our appellate courts has already denominated an action where the complaint contained substantially these allegations as one, not of contract, but of malpractice.

JOHN A. CARD, Chairman CHAS. G. HEYD, Group Insurance Committee.

> 100 00

#### PUBLIC RELATIONS SURVEY No. 13-SCHENECTADY COUNTY

1. In the county there are about 132 doctors of whom 125 dwell in the City of Schenectady, and 125 belong to the County Medical Society.

Hospitals:

Ellis Hospital—General

Glenridge Sanitarium — Tuberculosis Hos-

pital

Isolation Hospital—City Isolation Hospital

Free clinics at the Ellis Hospital to care for County and City cases:—

Eye, Ear, Nose & Throat

Medical and Surgical

Neurology

**Pediatrics** 

Obstetrics

Skin

Free Clinics at the City Health Centre to care for city cases.

Eye, Ear, Nose & Throat Clinic

Medical and Surgical

**Tuberculosis** 

Child Welfare

Pre-Natal

Congenital

Venereal

Cardiac

Dental.

Mental Hygiene

- 2. The County Medical Society has no plans for the future, except work being done in the city proper.
- 3. The Tuberculosis Committee uses stamp money to maintain a Children's Health Camp for Summer. The Camp provides for forty undernourished children at a six weeks' camp. It gave funds for publicity for Tuberculosis campaign, and toxin antitoxin campaign. It cooperates with the Health Department and the Medical Society in every way. It has no nursing service.

4. The Parent-Teacher's organization is well organized. At present it is interested in prenatal work, and has home nursing courses conducted by the Red Cross.

The Red Cross through Public Health Nursing Association conducts clinics in various towns in the county on various child health phases. It supplies bedside nursing at a small cost per hour.

5. The Rotary Club is interested in a camp for boys.

The Kiwanis is interested in crippled children. The Lions Club furnished glasses for poor people, and is interested in handicapped children.

The Junior League does Family welfare work. The Business and Professional Women's Club sponsors crippled girls.

6. There are twenty-nine public schools in the city, with 7 school physicians and 17 school nurses who act as health teachers, 1 orthopedic worker, 1 school dentist, 2 dental hygienists, and 1 oculist.

There are 45 schools in the county, exclusive of the city schools. Among the larger ones, 15 have formed a unit which hires a school physician and a school nurse. Any physical defects are noted and recommended to a family physician and also checked up and followed by the school nurse during the school year. The children in this unit get the same medical attention as do the children in the city. The 30 county schools outside this unit receive no medical attention.

- 7. Each town has a Health Officer. All cooperate, and are inclined to be progressive and willing to undertake any health program which will be backed up by the public.
- 8. The peculiar health needs of the county are more funds to have a larger personnel to carry out worthwhile health measures in a more progressive manner.

J. H. Collins, M.D.

Commissioner of Health.

Schenectady, N. Y.

April 29, 1930.

#### OBSTETRICAL SYLLABUS

A Syllabus of Lectures on Obstetrics for Nurses has been prepared by a Committee appointed by the American Gynecological Society, and is now ready for distribution to those interested in the subject of nurse training. Copies

may be obtained from the Chairman of the Committee, at the nominal price of fifty cents, by addressing a request to 23 East 93rd Street, New York City.

George W. Kosmak, M.D.

#### CONFERENCE ON PUBLIC HEALTH EDUCATION

A conference on Public Health Education was held in Albany on April twenty-fourth, in the Executive Chambers, at the call of Governor Franklin D. Roosevelt.

Plans for a health conference arose out of the desire of Federated Women's Educational organizations of New York State to concentrate upon a subject of common interest in the educational program of their local groups. Health was chosen as the topic of the year. The secretary of the Federation was authorized to confer with official and non-official professional organizations to secure their cooperation as a source of program and instruction. Professional, official and non-official organizations which joined in the conference were represented as follows:

New York State Department of Health.

New York State Department of Education.

New York State Department of Agriculture and Markets.

New York State Colleges at Cornell University. New York State Medical Society.

State Charities Aid.

American Child Health Association.

New York State Federation of Women's Clubs.

Woman's Christian Temperance Union of the State of New York.

tate of New York. New York State Federation of Home Bureaus.

New York League of Women Voters.

New York State Congress of Mothers and Parent-Teacher Associations.

Home Economics Committee, New York State Grange.

Home Economics Association of New York State.

The Consumers League of New York State.

The general need for an educational health program was recognized, and the principal point that was considered was the scope of the plan and the machinery for carrying it out. The conference discussed the radio, printed periodicals and lectures. It was decided that since the State Department of Health has been engaged in these forms of health publicity and education for fifteen years, its office should continue to be the center for preparation and distribution of the educational material.

Two members of the State Extension Service in the State College of Home Economics, are spending full time until July 1st in the effort to make available to the organization groups a knowledge of the working plans of official health organizations.

To this end, it is suggested that each official head of an official organization name a person on his staff with whom these persons may confer from time to time.

The Medical Society of the State of New York has frequently discussed the advisability of conducting an educational health program, but has hitherto left the execution of the plans to the Department of Health of the State and its larger cities. The Federation of Women's Educational organizations may provide the means and the inspiration for carrying on the educational program which the physicians of New York State will approve.

#### HISTORICAL EXHIBIT

To the Members of the Medical Society of the State of New York:

Your President has been approached by the director of the State Museum in the State Education Building at Albany, New York, who has outlined a plan he has in mind for the collection and permanent exhibition of old books, old instruments and paraphernalia of all sorts relative to the practice of medicine in this State.

This he is also doing with the other professions of the State; and in view of the new and proposed State Museum Building, it would seem that our participation in an exhibition of this sort would be very appropriate.

I am therefore making the suggestion to the individual members of the Medical Society in

this State that they comb their garrets and other places where these ancient and historical things might be located and send them, either to me, or to the State Museum, State Education Department, Dr. Charles Adams, Director.

It would be the more interesting and instructive if each article was labelled with a short statement as to what the instrument was used for, the owner's name with his address, the approximate date of its use, and the approximate age of the same. In that way I believe we could save many of the old historical things that are rapidly being thrown into the discard and which will be of great value from an exhibition standpoint in years to come.

JAMES N. VANDER VEER, M.D.

#### COMMISSION TO REVISE HEALTH LAWS

The newspapers of May first carried an announcement by Governor Franklin D. Roosevelt that he had appointed a Special Health Commission for the purpose of investigating the laws of New York State relating to health, and to suggest new legislation in order that New York State may take advantage of the progress in general medicine and public health that has occurred during the seventeen years that have elapsed since a similar commission proposed the present public health law. The Governor's letter to each member of the Commission is as follows:

"Among the State Departments with which I have had to familiarize myself as Governor, none is of more vital importance to the people of the State than that of public health. New York is in an enviable position among the forty-eight states in the standing of its health work. The frame work of the State and local health departments, and their relation one to the other, are based in their essential features on a comprehensive revision of the public health law and program of activities formulated in 1913. The law of 1913 was enacted upon the recommendation of a Special Public Health Commission of citizens appointed by the Governor, of which the late Doctor Hermann M. Biggs was chairman. The recommendations of that Commission resulted in extensive reorganization and in marked development of public health activities, and under the leadership of Doctor Biggs himself, as Commissioner, from 1913 to 1923, and of his deputy and successor, Doctor Matthias Nicoll, Jr., from 1923 to 1930.

"It has occurred to me that developments in the science and administration of public health in the past seventeen years make desirable at this time a reconsideration by a similar commission of present and future public health needs of the State.

"I am therefore appointing a Special Public Health Commission, and am asking it to take into consideration the public health activities of State and local authorities, and their relations one to

the other, as well as recent progress in public health in other states and abroad. I am asking the Commission to submit to me any conclusions and recommendations which it may deem wise relating either to the legislative or administrative aspects of public health.

"I take pleasure in inviting you to serve as a member of this Commission, and enclose a list of those who are being asked to serve. I hope you will find it possible to render this important serv-

ice to the people of the State."

The committee appointed by the Governor is as follows:

Dr. Livingston Farrand, Chairman, President of Cornell University, Ithaca.

Dr. George W. Cottis, Jamestown.

Dr. Simon Flexner, Director Rockefeller Institute for Medical Research, New York City.

Mr. Homer Folks, Secretary, State Charities Aid Association, Yonkers.

Dr. Edward L. Keyes, President American Social Hygiene Association, New York City.

Mr. John A. Kingsbury, Secretary, Milbank Memorial Fund, New York City.

Mrs. Henry Goddard Leach, President of the League of Women Voters, New York City. Hon. Henry Morgenthau, New York City.

Dr. Matthias Nicoll, Jr., County Health Commissioner of Westchester County, Former State Commissioner of Health.

Mr. John M. O'Hanlon, Secretary, New York State Federation of Labor, Troy.

Dr. Thomas Parran, Jr., State Commissioner of Health, Albany.

Dr. William H. Ross, President-elect, Medical Society of the State of New York, Brentwood.

Hon. Gerard Swope, President, General Elec-

tric Company, Schenectady.

Miss Katherine Tucker, Director National Organization for Public Health Nursing, New York City.

Dr. Linsly R. Williams, Director, New York Academy of Medicine, New York City.

#### LEGISLATION, FINAL BULLETIN

The Governor has disposed of the last of the bills that were left with him by the legislature and we can, therefore, send out our final bulletin, although we might have probably done so earlier, because there were very few bills left with the Governor in which we had a particular interest.

A word might be said as to the fate of the few bills in which we were very particulary interested. The two Esmond chiropractic bills never came out of Rules Committee. The Porter-Brown chiropractic bill was reported in the Assembly and failed of passage by a vote of 47 to 77. A few days later the bill was brought from the table and voted upon again; the vote this time stood 67 to 70. The shift in vote was not entirely due to an increased desire on the part of the legislatures to enact a chiropractic measure, but a portion of it was complimentary to the introducer.

It would be well to urge every County Society committee to unite with the local Committee on Public Relations for the purpose of developing interest among the lay folk against chiropractic.

The legislators are endeavoring to do the right thing, but they have had many more requests from lay people for recognition of the chiropractors than they have had petitions opposing the measure from lay folk. We cannot lose patience with the legislator when he says that opposition on the part of the lay people is more to be considered than opposition from the medical profession, because our opposition cannot help but be considered, to a certain degree at least, as selfishness. We cannot agree with the legislator in this diagnosis, but we must admit that he has some justification for taking such a position. However, if the two committees of your County Society interest ten or more influential lay folk to the point where they will write their legislators during the summer that they do object to any lowering of the educational standards set by the Board of Regents for those who would practice the healing art, regardless of the name under which they wish to be licensed, we are convinced you will be doing a good piece of work and will help us greatly in our efforts with the Legislature next year.

The optometry bills were both lost in the Assembly. The one that would authorize boards of trustees to employ optometrists for the examination of school children's eyes, remained on the table without an effort being made to lift it. The "Doctor Optometry" bill was lost by a vote

of 61 to 55.

The osteopathic bill was lost in the Assembly without a slow roll call. Although the osteopaths were exceedingy active and thousands of letters from patients came to the legislature asking reconsideration of the bill, no attempt was made to bring it out a second time.

The hospital licensure bill failed because we amended it too late in session. The amendment was on our own suggestion and we believe was very worth while. This bill will be worked over during the summer and will be in satisfactory shape by the time the 1931 Legislature convenes.

The bill authorizing the creation of a medical advisory council in the Department of Labor passed the Assembly, and reached the point of being reported for final vote in the Senate, when it was opposed by Commissioner Perkins. She has expressed herself as not opposing the general plan of having an advisory medical council, but she thought that this bill was much too far reaching, and she has offered to assist in rewriting it for next year.

The bill authorizing free choice of physician by an injured workman, was never reported out by the Committee on Labor and Industries. If this bill is to succeed, it seems essential that Federated Labor make a more definite effort to support it than was made this year.

There follows a list of the bills which the Governor signed from among those reported in our bulletins during the session. The other bills were either killed in committee or on the floor or vetoed by the Governor. There were many of them, and if any one is particularly interested in knowing more about some of them, we shall be glad to give him what information we can.

Senate Int. No. 17—Fearon, permits a child welfare board to grant allowance to a mother, permanently incapacitated and confined in an in-

stitution or is insane.

Senate Int. No. 20—A. J. Kennedy (Assembly Int. No. 188—Messer), extends to veterans of any war provision now limited to World War veterans for \$500.00 annuity for those permanently and totally disabled by reason of loss of sight.

Senate Int. No. 325—Fearon, provides for return with mother of a child born outside correctional institution, if mother is physically fit to care for child, which shall not remain in institution after it is one year old; and relative to women held as material witnesses.

Senate Int. No. 532—Fearon (Assembly Int. No. 772—Shonk), permits a town board to appoint an assistant town public welfare officer

and other necessary employees.

Senate Int. No. 643—Kirkland (Assembly Int. No. 846—F. M. Smith), provides section for licensing of dogs shall not apply to dogs confined for purpose of research, to premises of educational or research institutions.

Senate Int. No. 849—Mastick (Assembly Int. No. 1088—Bernhardt), provides security against

old age want.

Senate Int. No. 1615—Fearon, increases number of trustees of New York Academy of Medicine.

Senate Int. No. 1725—Pitcher (Assembly Int. No. 2110—Lattin), provides for milk control and inspection by state health commissioner, and appropriates \$90,000.00.

Assembly Int. No. 212—Bernhardt (Senate Int. No. 930—Hickey), provides for adequate medical and nursing care of a woman confined in a public home and about to give birth to a child.

Assembly Int. No. 400—Rice (Senate Int. No. 256—Webb), provides applicant for admission to examination for medical license must have completed not less than 4 satisfactory courses of at least 8 months each in a medical school, instead of studying not less than 4 school years, etc.

Assembly Int. No. 424—Cornaire (Senate Int. No. 341—Gates), adds to occupational diseases for which compensation may be had, radium poisoning or disability, disability from blisters or abrasions, from bursitis or synovitis and for dermatitis or venenata.

Assembly Int. No. 465—Lattin (Senate Int. No. 398—Pitcher), authorizes local health boards to impose penalties for violation or failure to comply with regulations of state sanitary code.

#### COMMISSION TO REVISE HEALTH LAWS

The newspapers of May first carried an announcement by Governor Franklin D. Roosevelt that he had appointed a Special Health Commission for the purpose of investigating the laws of New York State relating to health, and to suggest new legislation in order that New York State may take advantage of the progress in general medicine and public health that has occurred during the seventeen years that have elapsed since a similar commission proposed the present public health law. The Governor's letter to each member of the Commission is as follows:

"Among the State Departments with which I have had to familiarize myself as Governor, none is of more vital importance to the people of the State than that of public health. New York is in an enviable position among the forty-eight states in the standing of its health work. The frame work of the State and local health departments, and their relation one to the other, are based in their essential features on a comprehensive revision of the public health law and program of activities formulated in 1913. The law of 1913 was enacted upon the recommendation of a Special Public Health Commission of citizens appointed by the Governor, of which the late Doctor Hermann M. Biggs was chairman. The recommendations of that Commission resulted in extensive reorganization and in marked development of public health activities, and under the leadership of Doctor Biggs himself, as Commissioner, from 1913 to 1923, and of his deputy and successor, Doctor Matthias Nicoll, Jr., from 1923 to 1930.

"It has occurred to me that developments in the science and administration of public health in the past seventeen years make desirable at this time a reconsideration by a similar commission of present and future public health needs of the State.

"I am therefore appointing a Special Public Health Commission, and am asking it to take into consideration the public health activities of State and local authorities, and their relations one to

the other, as well as recent progress in public health in other states and abroad. I am asking the Commission to submit to me any conclusions and recommendations which it may deem wise relating either to the legislative or administrative aspects of public health.

"I take pleasure in inviting you to serve as a member of this Commission, and enclose a list of those who are being asked to serve. I hope you will find it possible to render this important serv-

ice to the people of the State."

The committee appointed by the Governor is as follows:

Dr. Livingston Farrand, Chairman, President of Cornell University, Ithaca.

Dr. George W. Cottis, Jamestown.

Dr. Simon Flexner, Director Rockefeller Institute for Medical Research, New York City.

Mr. Homer Folks, Secretary, State Charities Aid Association, Yonkers.

Dr. Edward L. Keyes, President American Social Hygiene Association, New York City.

Mr. John A. Kingsbury, Secretary, Milbank Memorial Fund, New York City.

Mrs. Henry Goddard Leach, President of the League of Women Voters, New York City.

Hon. Henry Morgenthau, New York City. Dr. Matthias Nicoll, Jr., County Health Commissioner of Westchester County, Former State Commissioner of Health.

Mr. John M. O'Hanlon, Secretary, New York

State Federation of Labor, Troy.

Dr. Thomas Parran, Jr., State Commissioner of Health, Albany.

Dr. William H. Ross, President-elect, Medical Society of the State of New York, Brentwood.

Hon. Gerard Swope, President, General Electric Company, Schenectady.

Miss Katherine Tucker, Director National Organization for Public Health Nursing, New York City.

Dr. Linsly R. Williams, Director, New York Academy of Medicine, New York City.

#### LEGISLATION, FINAL BULLETIN

The Governor has disposed of the last of the bills that were left with him by the legislature and we can, therefore, send out our final bulletin, although we might have probably done so earlier, because there were very few bills left with the Governor in which we had a particular interest.

A word might be said as to the fate of the few bills in which we were very particulary in-The two Esmond chiropractic bills never came out of Rules Committee. The Porter-Brown chiropractic bill was reported in the

Assembly and failed of passage by a vote of 47 to 77. A few days later the bill was brought from the table and voted upon again; the vote this time stood 67 to 70. The shift in vote was not entirely due to an increased desire on the part of the legislatures to enact a chiropractic measure, but a portion of it was complimentary to the introducer.

It would be well to urge every County Society committee to unite with the local Committee on Public Relations for the purpose of developing interest among the lay folk against chiropractic.

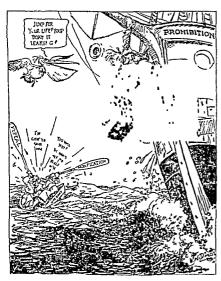
# Ŷ

### THE DAILY PRESS



#### PROHIBITION PSYCHOLOGY

A pictorial statement by J N Ding in the New York Herald Tribune of May 1 and May 2, 1930



Prohibition is not a favorite topic of conversation among doctors, probably because they do not know any more about the subject than other people do. They may learn a lot from J. N. Ding,





who discusses the subject clearly with a minimum of words and a maximum of action.

#### ANT JAW SUTURES

The clips used for holding together the edges of wounds has its analogue in the jaws of giant ants. The New York Herald Tribune of April 16 has the following report of the use of ants for stitching wounds:

"The use of 'surgical ants' with powerful jaws to stitch the wounds of human beings and other primitive medical practices developed by the Indians living far in the interior of Peru are described ir a report received today from the Field Museum of Natural History from the Marshall Field botanical expedition to the Amazon.

"'The natives of the equatorial forest show

great originality and dexterity in the treatment of wounds and illness, 'writes Llewelyn Williams, leader of the expedition's Peruvian section. 'In the case of wound, a certain ant which has very powerful jaws is sought, and the ant is made to bite the severed edges of the skin and thus bring them into juxtaposition. In the operation the ant surgeon loses its own life, for after it has drawn the closed skin with its jaws, its body is snipped off, and the lifeless head remains with its death off, and the lifeless head remains with its death grip on the skin until the wound is healed. Sometimes these Indians are found with half a dozen of these ants' heads holding a large wound closed.'

#### LIABILITY FOR A GUEST

Rural coctors are especially liable to imposition by self-invited riders. If the guest is injured, the doctor may be held liable for damages. But California has changed that law, as shown by the following editorial in the New York Times of

April 10:

"Even though a California court has decided that the State law exempting "guest" passengers in automobiles from the right to claim damages from drivers in the event of injury may not be applied retroactively, the fact that the law protects such drivers in the future will come as a relief to itinerant motorists. What California has done other States may duplicate.

"The problem of the 'hitch-hiker' is one which

motorists everywhere have to face. There are at least two dangers in giving a lift to strangers: the danger of being attacked, and—except now in California—of being sued in case of accident. The number of would-be hitch-hikers is legion. Nowhere are there so many as in California. Incidentally, only a venturesome motorist would give a lift to some of the ferocious looking creatures to be seen on the California highways.

"The safest rule is, of course, not to take on 'guest' passengers. If the danger of being sued is removed, the next question is whether the would-be guest seems to be one who believes in reversing the biblical injunction to requite evil

with good."

#### THE SURVIVAL OF THE FITTEST

James J. Montague, writing verse for the department of "More Truth Than Poetry" in the

No wonder that the cave man
Is vanished now and dead;
He must have been a brave man
To lead the life he led.
I never could have carried on
And kept myself from need
If I had had a mastodon
To feed.

The cave man's nearest neighbors
Consisted of a brood
Of tigers toothed with sabers
And fond of human food.
He naturally kept all day
Within his cavern lodge,
With such a greedy beast of prey
To dodge.

New York Herald Tribune of April 17, expresses a Darwinian truth in the following poem:

His ways were shy and furtive,
His gait was sly and slow,
He was not self-assertive
Or braggadocio;
And when his nightly task was o'er
And home his way he'd wend,
He had a hungry dinosaur
to tend.

The trials he labored under
Wore out his nerve and grit;
It isn't any wonder
That he was thick of wit.
With predatory beasts about
His chance of life was small;
I marvel that he stuck it out
At all.

#### MILLENNIAL PHANTASIES

Doctors are just about like other professional men, as is revealed in the following lines by W. J.

#### THE DOCTOR

The doctors never, never try To mystify nor magnify A symptom, and they only will With diffidence present a bill.

#### THE LAWYER

It is uncivil to indict
A lawyer as a parasite:
A lawyer loves simplicity
And hesitates to take a fee.

Funk from The Lantern column of the New York Herald Tribune of April 24.

#### THE BROKER

A broker never fails to tell A customer when he should sell, And when he says to buy, why then The prices pop right up again.

#### THE ARCHITECT

An architect will estimate A budget that is accurate, Meticulously, floor by floor— It never costs a penny more.



# BOOK REVIEWS



PRINCIPLES AND PRACTICE OF DERMATOLOGY. By NOXON TOOMEY, M.D. Volume Three. The Treatment of Skin Diseases in Detail. Octavo of 512 pages. St. Louis, The Lister Medical Press, 1930. Cloth, \$7.50.

The author in this volume of some 500 pages has arranged the subject, as far as possible, according to etiological classification. In most instances there is a brief statement as to causation, following which treatment is given in detail.

The first impression one gains on opening with the first disease taken up, which happens to be eczema, is the stilted style of the author. The words chosen are not those in common use in dermatological literature. Fortunately this becomes less marked in the body of the work. It is impossible in a review of a work dealing with so many different diseases as we find in dermatology, to do more than touch on the chief or more important conditions. In the section on Rosacea, his prognosis seems to the reviewer to be too unfavorable. He also does not mention the value of Hydrochloric Acid in this condition nor does he mention the frequent hypoacidity which patients suffering with it show,

Under Raynaud's Disease he mentions Lead as a possible cause but in his discussion of Scleroderma he makes no mention of the possible association of this condition

to a heavy metal retention.

In the treatment of Adenoma Sebaceum no mention is made of the beneficial effect of ultraviolet light applied under pressure, but this is recommended in some types of Lupus Erythematosus, a condition in which any form of light application is attended with a possibility of dis-semination of the eruption. However in Lupus Erythe-matosus his advice is with this exception excellent and the reviewer agrees most heartily with his statements as to the necessity of search for and removal of focal infections.

The section devoted to treatment of malignant neoplasms is full of sound medical advice and the reviewer with one exception can give it his most hearty approval. This exception is that the reviewer is in favor of the so-called massive x-ray dose in basal cell epithelioma rather than repeated small doses. The advice given about x-rays in psoriasis is excellent. As far as the benefits from gold or manganese in this condition the reviewer has never had any success with either the intravenous injection of gold compounds or the intramuscular injection of a colloidal manganese preparation.

The subject of syphilis is thoroughly covered and the

author's methods can be endorsed.

In spite of the above criticisms the book is well worthy of careful study and will prove especially valuable to the general practitioner and also the experienced dermatologist can find many things which will be of use to him.

BINFORD THRONE.

The Nutrition of Healthy and Sick Infants and Children for Physicians and Students. By E. Nobel, C. Pirquet and R. Wagner. Second Revised Edition. Authorized translation by Benjamin M. Gasul, B.S., M.D. Octavo of 243 pages, illustrated. Philadelphia, F. A. Davis Company, 1929. Cloth, \$3.50.

Of course this book presents the "Pirquet system of nutrition." Having devised a new word to designate his food unit, the "Nem," Dr. Pirquet evidently felt the urge to manufacture a great new vocabulary and so has constructed quite a number of compound words in ingenious fashion.

The whole system is ingenious and harmonious, though somewhat artificial, like a one man cult, and, if one

knew nothing of baby feeding, and where others are employing the same words, doubtless useful.

However, this reviewer's largest interest in the book is in seeing how differently the same ideas may be made to look. In essential particulars the Austrian authors are feeding their babies as we do, but it doesn't look We see no reason for forsaking our mnemonics or forms of expression for these.

The book is a brief presentation, almost a student's manual, of feeding by the Pirquet system W. D. L.

THE TREATMENT OF DIABETES MELLITUS WITH HIGHER CARBOHYBRATE DIETS. A TEXTUDO for Physicians and Patients. By William D. Sansum, M.S., M.D., Percival A. Gray, Ph.D., M.D., and Rutin Bowden, B.S. 16mo of 309 pages. New York and London, Harper & Brothers, 1929. Cloth, \$2.50. (Harper's Medical Management) Monographs.)

The pendulum of practice has swung away from the use of high fat dicts in diabetes and in their own work these authors report good results. Upon a standard diet adjusted to insulin they replace 100 gms, of fat with 130 gms, of carbohydrate and this requires no change in insulin dosage, while the urine remains free from sugar. The additional carbohydrate stimulation actually increases tolerance. This small book should be welcomed by the profession, since it is so clear in its treatment of fundamentals that all types of readers will find it acceptable for their purposes.

THE MOST NEARLY PERFECT FOOD. The Story of Milk. By SAMUEL J. CRUMBINE, M.D., and JAMES A. TOBEY, Dr. P.H. 12mo of 292 pages, illustrated. Baltimore, The Williams & Wilkins Company, 1929. Cloth, \$2.50.

It is a very pleasing sign of the times when milk is thought important enough to have books written about

its properties and its virtues.

The book takes up, in an interesting way, the history of the use of milk in ancient and modern times, and its properties including its vitamine content. There is also a chapter on milk products, butter, cheese, ice cream, buttermilk, fermented milks, and concentrated milks.

Helen Rich Baldwin has a section in which she gives some very practical milk recipes that are of service in the attractive preparation of milk so as to provide variety and thus avoid tiring of the patient's taste for plain milk, itself. As is well known by physicians, a very important property of milk is its containing in a very easily assimi-lated form liberal amounts of calcium and phosphorus.

The authors quote a statement which appeared in the Journal of the American Medical Association commenting on Professor Sherman's notable experiments on cal-cium, namely: "The dietary rule of a quart of milk each day for every child is much more than a precept based on individual opinions or drawn by analogy from the results of feeding experiments with lower animals: it now rests on scientific evidence obtained by extensive and intensive experiments directly upon the children themselves."

It is rather interesting to note in view of recent experiments as to the influence of milk on longevity, that Sweden which has an expectancy of life some six years longer than that of the United States has a milk consumption per capita of seventy gallons a year compared with an average of hity-five gallons in this country.

Milk is easily the most important single food available for the human race, and any publication which will give more information and throw more light on such an important subject should be welcomed, especially by those who are concerned with the care and nutrition of the growing child. WM. HENRY DONNELLY.

# "Upon the Advice of My Physician"

HE majority of men and women who come to McGovern's Gymnasium to correct some physical condition are sent there directly by their physicians.

For more and more physicians are realizing the futility of leaving patients to their own resources when exercises are prescribed, and have learned that through individual attention at McGovern's, their instructions will be faithfully carried out.

A work-out will convince you of the superiority of the McGovern Method. Let us send you a guest card. No obligations, of course.

**Jovern's** ymnasium

INCORPORATED

(for men and women)

41 East 42nd St., at Madison Avc. New York City

KANSAS CITY, MISSOURI



samples to:

#### (Continued from page 618)

vision both as to need and as to opportunity. I shall briefly give some comments made by the physicians to the nurses on the Pre-School Summer round-up. "Doctors prefer to turn the work over to the health officers." "Doctors willing to cooperate, but only a few will set a day. One said he would go over them when he found them in the homes. Are 'doubting Thomases' as to results." "County Superintendent sent out letters urging medical examination of children, complete survey made by teachers, doctors willing, but no definite plan offered." "No cooperation by teachers or physicians." "Local doctors thoroughly cooperative, no fee charged." "Work should be done by the health officers." "Too busy to examine. Prefer health officer." And comments, so on, throughout the counties.

"Physicians have not grasped the full benefit to themselves and to the children to be derived from this plan as outlined by the Medical Society of Virginia and the State Department of Health. The doctors must first 'be sold' to this plan and then 'sell' it to the parents; when this is accomplished it will not be long before the parents will fully realize the importance of having children of pre-school age examined every six months

by their family physicians.

"Mecklenburg County has met this by its county society heartily entering into the plans of the State Department of Health and the State Department of Education. The county society accepted the call of the State Department of Health and inoculated 1,800 children of the county at schools with toxin-antitoxin, the county society agreeing to do this work for the same amount that the State Department of Health would receive. This fund was paid to the Mecklenburg County Society and was distributed, each member of the society receiving the same amount, whether he inoculated one hundred, or several hundred children. The county society has entered into the plan of pre-school child examination and agreed upon a uniform fee of \$1.00 for each examination, believing that the family physician and the community will receive equal benefit from this work. At the last meeting of the Mecklenburg County Society, each member present, who graduated more than ten years ago, agreed to take the post-graduate course in Child Welfare Work as outlined by the Medical Society of Virginia, and thus equip himself for this great work of Child Conservation."

#### HEALTH EDUCATION IN GEORGIA

The President of the Medical Association of Georgia, Dr. W. R. Dancy, has written an editorial on Health Education Week, which appears in the April issue of the Journal of the Medical

(Continued on page 621-adv. xv)

(Continued from page 620-adv. xiv)

Association of Georgia. After outlining the purpose of the movement the President says:

"For this purpose an organization was perfected composed of a committee with representatives from the Medical Association of Georgia, State Board of Health of Georgia, Emory University School of Medicine, University of Georgia Medical Department, and the Division of University Extension. With these, other bodies have agreed to co-operate—namely, the Woman's Auxiliary to the Medical Association of Georgia, the Parent-Teacher Association, and the State Tuberculosis Association. Locally, chairmen have been appointed and these will develop their plans of the meeting.

"The Health Education Week is one of the greatest projects which has ever been undertaken by this association. It has the possibilities of being the most far-reaching event that has been proposed for years. It will, I hope, have the happy result of welding into closer union for a common good the several great and influential bodies working on this program. It should awaken more interest in a large number of members of our Association, because men are aroused by an active organization which gives them certain duties to perform in its behalf, and I might say there will be more active workers of the profession in this campaign than have ever before worked for their Association at one time. will also be educational to those who address audiences, as they must necessarily prepare their addresses. But above all it will teach the great lesson of unselfish labor in behalf of the people by the profession and other associated bodies in the Health Education Week campaign, and finally it will transmit valuable information about prevention of disease, which will elicit the co-operation and support of the people as a whole, in the work against disease by organized medicine and health bodies.

"It is proposed to hold health meetings in one hundred cities in Georgia during Health Education Week, May 5th to 10th, and we desire all physicians who wish, to take an active part. Notify your local chairman or the secretary of the State Association."

The editorial is followed by another on the cooperation of Fulton County, in which Atlanta is located. The editorial says:

"This appeal is to the individual member to the end that collectively we may reach a goodly proportion of our population with the Good Health Message' during the first week in May. The 'Annual Round-Up' of our local Parent-Teacher organization has joined with us this year, which guarantees the enthusiastic help of this splendid group. The Woman's Club, the

(Continued on page 622-adv. xvi)

## Make this thirty-day therapeutic test of



Take any two similar cases in which malnutrition or malassimilation of mineral elements is a factor—prescribe for one Olajen only. (We'will supply the test quantity required gratis.)

For the other control case use a different form of therapy.

After 30 days compare clinical results and blood calcium. We are willing to abide by your own results in the claims advanced for Olajen.

#### Why?

Simply because Olajen has demonstrated its clinical value in such conditions so conclusively and sometimes so surprisingly that we prefer to have you judge clinically than from any theoretical advertising.

And the taste—creamy peppermint chocolate—will remove any objections to regularity on the part of the patient.



#### 

Olajen, Inc. 451 W. 30th St. New York City

OLAJEN, INC.
451 W. 30th St., New York City.
Send me free a full-sized 8 or jar o Olajen for the 30 day rest. Will probabl use it in

# Dispensing

Many physicians prefer to dispense part or all of their own remedies. Sometimes location makes dispensing necessary.

For those who dispense, the cost of the remedies and sundries used amounts to a considerable part of their yearly income.

Why not let us show you how a saving on this expense can be effected?

MUTUAL
PHARMACAL CO., Inc.
107 North Franklin Street

SYRACUSE, NEW YORK

# BARROW MANOR

New York's Most Attractive Suburban Convalescent Home

A Private Home for Convalescents, Semiinvalids and Elderly People.

Mental Patients Not Accepted

Quiet, Restful, Exclusive, Accessible

Medical Service
Exclusive Services of
Nurse
Semi-Private and
Private Accommoda-

Diets
Laboratory Analysis
Alpine Sun Lamp
Physio-Therapy
Massage
Colonic Irrigations

Physicians are invited to supervise in care of their patients

Henry J. Barrow, M.D.

Medical Director

Violet C. Smith

No. 1 Broadway
Dobbs Ferry
N. Y.

Telephone Dobbs Ferry 2274

Inspection invited
Information upon Request

(Continued from page 621-adv. xv)

Fifth District Dental Association, the City and County Health Departments, the City School System, the Auxiliary of the Fulton County Medical Society, the City Government, have all assured us of their hearty cooperation and have offered the facilities of their standing committees on Health Extension Education. Lastly, but of outstanding import, our own society has voted financial aid in a substantial amount to defray certain necessary expenses connected with this campaign. Such a magnanimous spirit cannot fail to impress the people who have thought of us too much in the past in terms of exploiters of their physical frailties. But we need, even more than money, the willingness on the part of each member to respond to calls for personal service which the magnitude of the job will require."

The Journal prints a proclamation by the Governor of Georgia announcing the Health Week:

#### GRADUATE COURSES IN OKLAHOMA

The Journal of the Oklahoma State Medical Association for March contains the following description of graduate courses in the State:

"Very few people realize the tremendous importance of the University of Oklahoma. Extension work is available not only for physicians and the medical profession, but for practically every type of citizen. Under the urge of ethics and the demands of the cause of right and justice, the legal profession has recently been and is now undergoing a very close scrutiny, especially as to irregularities and type of misconduct formerly ignored.

"The medical department of the university has already presented many unusual and more worthwhile courses to physicians in various parts of the State. These have been held principally in Oklahoma City as it is the most logical point by reason of being the head-quarters of the medical school. But courses have been held in Tulsa and Muskogee. A few months ago an editorial in this Journal strongly urged physicians of the State to consider, wherever a sufficient number could be gotten together, such courses as might be desired.

"Speaking from the personal standpoint, the writer received a great deal of help at a minimum cost from a course in anatomy and cadaveric surgery, held in Muskogee, the course covering a term of nine weeks, the cost to each of the fourteen participants, \$60. Certainly no one can acquire this service by going away for many times the amount involved. Instructors for this work are rather limited so physicians should begin a long time in advance to lay their plans in order to accomplish their desires."

#### PREVENTIVE MEDICINE IN MINNESOTA

It is remarkable with what unanumity the officers of the State Medical Societies stress the importance of the practice of preventive medicine by family doctors. Dr. S. H. Boyer, President of the Minnesota State Medical Association, writing on the President's Page of the March issue of Minnesota Medicine says:

"The physician must become health-minded. He must learn to look upon himself as a health physician, i.e., one who is ever on the alert for the recognition of the earliest and hidden signs of disease; one who is ever on the alert to avail himself and his people of the accepted methods for prevention of illness.

"The campaign for wiping out diphtheria will be in full swing before long and it will become the duty of each and every one of us to aid earnestly in putting into effect plans for the general use of toxin anti-toxin.

. "The method by which this preventive treatment may be given to large numbers of children will vary in different localities Whether it shall be done by local doctors, by the health department or by other agency is for the local profession to decide. It would seem that the logical way would be for the local profession to treat those who are not indigent; the rest should be taken care of at public expense.

"It is our duty to live up to our ancient traditions. The public looks to us these days to prevent disease. They are calling to us. We cannot fail them. The physician in every locality in the state should take the initiative in this work. They can commandeer all the organized health agencies to their service. They can, if they so desire, have the help of the exension service of their Committee of Hospitals and Medical Education, their Committee on Public Health Education, and of any individuals or groups they might consider helpful. They have but to ask to receive.

"Physicians! Start this campaign of education and carry it to its logical and beneficent conclusion!"

# Reducing the risk in pregnancy

RIGHT red lips, dry body surface, marked exhaustion and low blood pressure, spell acidosis during labor.

It is easier to prevent it during pregnancy than to treat it during labor. A teaspoonful of Alka-Zane in a glass of water, or half milk and half water, is a safe, certain and reliable preventive of acidosis as a complication of pregnancy. It is easy to take, too.

Final decision on the true worth of Alka-Zane rests with the physician. We will gladly send a twin package, with literature, for trial.

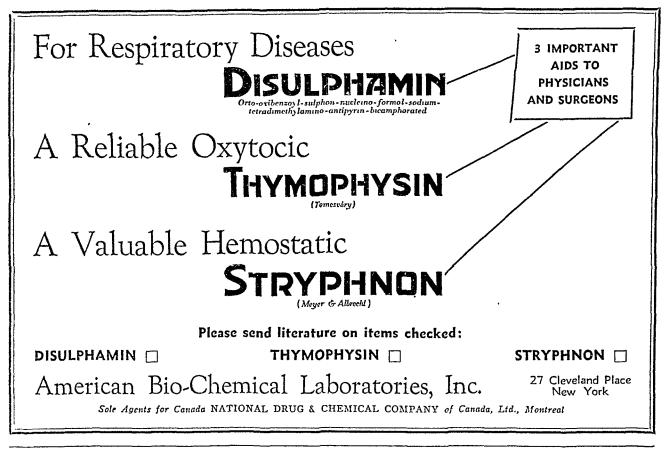


Alka-Zane is a granular, effervescent salt of calcium, magnesium, sodium, and potassium carbonates, citrates and phosphates. Dose, one teaspoonful in a glass of cold water.

Alka-Zane

for Acidosis

WILLIAM R. WARNER & CO., Inc., 113 West 18th Street, New York City



#### ANNUAL MEETING IN TEXAS

The annual meeting of the State Medical Association of Texas will be held on May 6-8, in Mineral Wells. The program is printed in the April issue of the State Journal and among the features are public health lectures described as follows:

"The Committee on Public Health Lectures, headed by Dr. J. H. McCracken of Mineral Wells, has arranged for a series of public health lectures by distinguished members and guests of the Association during the session, to be delivered from the pulpits of the churches in Mineral Wells and adjoining communities, and before such civic clubs as will offer an opportunity during the several days of the meeting. These lectures comprise an important but unofficial part of the annual session."

The Society conducts exhibits of both a scientific and a commercial character. The Scientific Exhibits are described as follows:

"The Scientific Exhibits will be displayed on the ground floor of the Baker Hotel, directly beneath the main lobby and near the Coffee Room, barber shop and other popular sections of the hotel, where they may be viewed at leisure and under most satisfactory conditions.

These exhibits will include many interesting pathological specimens, photographs, x-ray films and statistical tables, all conveniently and interestingly arranged for the busy visitor. There will be actual demonstrations and moving picture demonstrations, full announcement of all of which will be made at the proper time and place."

Among the eighteen exhibits are the fol-

lowing:

X-ray studies of the cecum, by Dr. R. P. O'Bannon, Fort Worth.

Photographs of cancer cases, Dr. J. M. Mar-

tin, Dallas.

Mounted specimens of aneurysms of the arch of the aorta, University of Texas.

Golf is featured in the following description: "The Golf Committee (local) has arranged with the Mineral Wells Country Club for the use of their 18-hole golf course, by all members, visitors and guests, during the entire session.

"The usual tournament will be held, under the rules adopted at El Paso in 1927, by the Texas State Medical Golfers' Association. There will be two trophies for the main competition—the Hotel Paso del Norte cup for

(Continued on page 625-adv. xix)

(Continued from page 624-adv. xvni)

low gross score, and the Orndorff Hotel cup for low net score. There will be several other prizes presented for second and third low gross scores, second and third low net scores, fewest number of putts. lowest score on the five par three holes, etc. Mr W F. Wright of Mineral Wells, is Chairman of the Golf Committee. He will be glad to receive entries and furnish further information concerning rules, conditions, etc."

A curious provision of the By-laws of the State Society is that regarding the scientific

papers, as follows:

"Papers presented by members of the Association must have first been read in full before a component county society, or, where a component county society is not available for this purpose, the district society of which the author is a member. The secretary of such society shall certify to the section secretary that such paper has been so read. It shall be the duty of the officers of sections to ascertan from members who are on their respective programs whether this requirement has been met, and they shall refuse to pemit the reading of such papers before their respective sections unless this By-law has been complied with."

#### ADVERTISING IN COLORADO MEDICINE

Progress in the advertising section of Colorado Medicine, the organ of the State Medical Societies of Colorado and Wyoming, is described in the following statement in the May issue of the journal by Mr. II. T. Sethman, Executive Secre-

tary of the Colorado State Society:

"In February we called attention to a sizeable increase in local advertising and pointed out that the budget promise of a \$750 increase in net advertising receipts for 1930 would be exceeded. Even then it appeared that the estimate of three years for taking Colorado Medicine "out of the red" was too conservative. More remunerative advertising was obtained, and the usual eighteenor twenty-page advertising section was getting crowded.

"With this issue the advertising section increases to twenty-eight pages. More than a score of new advertisers make their bow to the profession. Colorado Medicine is closely approaching the fully self-supporting basis.

"This means progress has been made. It means more, It means Colorado Medicine is rightly recognized as the advertising medium for reaching the medical profession of two states

"Both old and new advertisers are supporting the publication owned by the medical profession. They deserve and will expect reciprocal support. They expect patronage from the profession, or they will seek other advertising mediume"



Preferred by leading cardiologists
What better recommendation?

DAVIES, ROSE & Co., Ltd. Boston, Mass.

## "STORM"



# The New "Type N" STORM Supporter

One of three distinct types and there are many variations of each. "STORM". belts are being worn in every civilized land. For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sagroiliae Articula-

tions. High and Low operations, etc.

Each Belt Made to Order

Ask for Literature

Mail orders filled in Philadelphia only

Katherine L. Storm, M.D.

Originator, Patentie, Owner and Maker 1701 Diamond Street, Philadelphia, Pa.

Agent for Greater New York
THE ABDOMINAL SUPPORTER CO.
47 West 47th Street New York City

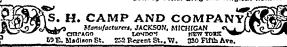




provides adequate support to the diaphragm and upper body. Designed particularly for use following gall bladder and stomach operations and in all cases where scientific body support is desired. As in all Camp Supports, the Camp Patented Adjustment is the distinctive feature-giving sacro-iliac and lumbar support to the back. Note two sets of straps, a new departure which makes manipulation easy and a strong pull possible, fitting the support closely to the body and assuring comfort to the wearer.

Write for physican's manual.

with full upper body—for the short full figalers stocking these items will find a ready Sold by better drug and surgical houses.



# HAY FEVER

has been prevented in thousands of cases with

# Pollen Antigen *Lederle*

Each year has added evidence to the value of this product in the prevention or relief from symptoms of Hay Fever, and each year an increasing number of physicians have familiarized themselves with the Hay Fever problem and are relieving patients of their seasonal attacks.

Full information upon request

LEDERLE ANTITOXIN LABORATORIES
NewYork

# NEW JERSEY COMMENT ON THE NEW YORK LAW ENFORCEMENT

The April issue of the Journal of the Medical Society of New Jersey compliments New York State on the enforcement of its Medical Practice Act. After quoting the figures given out by the New York State Board of Medical Examiners the editor comments as follows:

"These figures show excellent results, but they do not tell the whole story by any means. They indicate that once an offender against the Medical Practice Act is held by a magistrate in New York City the chances of his conviction by the Courts of Special Sessions are exceedingly high. consistent vigor with which the Courts of Special Sessions have meted out proper punishment to these offenders has served notice to the public at large and to illegal practitioners in particular that both the State and the courts mean business in this matter, and that going against the law is a dangerous and losing game. It is hoped that as time goes on the magistrates, before whom the preliminary hearings are held, will develop an equally vigorous reaction to medical quackery.

"Apart from results of the criminal prosecution, the best results are indicated in the almost complete disappearance of the illegal display of Licensed chiropodists and the title of 'Dr.' optometrists not entitled to use the title 'Dr.' have been very cooperative in changing their professional signs, and even those quacks and cultists who still persist in taking chances with the law rarely use the title 'Dr.' Since the title 'Dr.' indicates to the uninformed public the holding-out of a qualified practitioner of medicine, its discontinuance by those not so qualified is the greatest single contribution to the effectiveness of the Medical Practice Act in protecting the public from exploitation.

"A few cases have come to light in which illegal practitioners have been operating in partnership or under the protection of unsuccessful licensed practitioners. In such cases the unlicensed men have been prosecuted criminally and the licensed physicians have been referred to the Grievance Committee for disciplinary action. Space does not permit comment on the excellent work of the Grievance Committee in the discipline of licensed physicians and the adjudication of unwarranted claims against ethical practitioners. During the past year this Committee has heard 59 cases in greater New York City alone and its work in protecting both the interests of public health and of the licensed practitioner of medicine cannot be too highly evaluated."

#### THE ITINERANT PRACTITIONER IN WISCONSIN

The State of Wisconsin has a curious law recognizing itinerant practitioners of medicine which is discussed in the following editorial in the April issue of The Wisconsin Medical Journal:

"'Dr. Quack, famous Specialist will be in your city at the Hotel Graft for one day only The Doctor is licensed in Wisconsin. Consultation and examination free'

"Paid notices, similar to the above, appear from time to time, in the columns of some of our state newspapers.

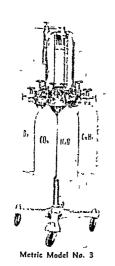
"Is it possible that the members of the medical profession in the towns visited by these miracle men' find themselves inadequately equipped properly to diagnose and treat the cases in their communities?

"Our Wisconsin State Board of Medical Examiners last year issued annual licenses to four titnerants. Regarding one of these outfits the Bureau of Investigation of the American Medical Association has this to say. 'This is the headquarters for a nest of quacks, who go about the midwest states, visiting towns a day or two at a time. The responsibility for the

continued existence of quackery of this sort rests pretty squarely on the local newspapers If some local newspapers refuse to carry their advertisements it is doubtful whether these quacks will attempt to make those particular towns. They are usually careful to see that the renegade physician that they send to a given place is licensed in that state'

"What is an itinerant? Quoting from the Wisconsin Statutes 147 18. 'Itinerant practitioners of medicine, surgery, or osteopathy, or of any form or system of treating the afflicted shall obtain an annual license in addition to the regular license of certificate of registration and shall pay therefor two hundred and fifty dollars per annum. Persons practicing medicine, surgery, or osteopathy, or professing or attempting to treat or heal allments or injuries of the human body, who go from place to place at regular or irregular intervals less frequently than one week, are itinerant practitioners'

"Is the \$250,000 annual fee which they pay a sufficient reason for their continued existence—if not, Why The Itinerant? R.W.B."



To all, who for the past fifteen years have been satisfied with the practical and reliable features of the

#### **GWATHMEY APPARATUS**

it would be worth while to take note that the time has come to investigate the latest development in inhalation anesthesia, the

### Metric Gas Machine

made by FOREGGER, New York.

We will exhibit at the Annual Meeting of the Medical Society of the State of New York, Rochester, New York.

THE FOREGGER COMPANY, Inc.
47 West 42nd Street New York, N. Y.

#### FINANCES OF THE INDIANA STATE MEDICAL ASSOCIATION

The January issue of the Journal of the Indiana State Medical Association contains a report of a meeting of the Council in which the following report of finances of the Association was given:

#### INCOME

2,733 Members Dues, @ \$7.00\$1	9,131.00	
Income from Exhibits	2,345.00	•
Interest on Certificates of Deposits		
and Bank Balances	1,102.12	
Interest on Liberty Bonds	212.50	
Interest on Realty Bonds	155.00	
Total Income for Period		\$22,945.62
Expenditures		

Executive Secretary's Office\$	10,069.20
Medical Defense	
Publicity Committee	438.68
Public Policy	383.71
Journal	5,466.00
Other Committees	154.77
Council	177.63
Officers	436.50
Annual Session	2,698.80
Attorney	300.00 .

Total Expenditures	\$21,090.54
	•
Vet Tucome for 1020	\$ 1.855.08

## GRADUATE EDUCATION IN TEXAS

The April issue of the Texas State Journal of Medicine contains the following editorial description of graduate courses in Texas:

"Our Summer Clinics will be conducted this year as heretofore, by our two very excellent medical colleges, the University of Texas and Baylor University. It will be remembered that some years ago, at the earnest request of the State Medical Association, the faculties of · these two schools agreed to conduct refresher clinics for practicing physicians. These courses have proven to be very instructive and very They cost the attending physician popular. The purpose of the movement on nothing. our part was to contribute something towards the reeducation of the medical profession. The object of the teachers and of the institutions in which the courses were put on, was to aid and abet such a worthy enterprise.

"Heretofore the courses have followed each other very closely, sometimes overlapping or even running concurrently. This year they will be separated. The course at Galveston will be given in the Spring, and that at Dallas in the Fall. It is thought that perhaps in this way the purposes of the clinics may be met

more certainly."

The editorial closes with the program of a two weeks' course given by the University of .

Texas at Galveston.

## Rheumatic Diseases

Arthritis, Sciatica, Lumbago, Neuritis, and Gout Treated Exclusively

Painstaking diagnosis and therapy as indicated; complete clinical laboratory and department of physiotherapy.

CHANNON LODGE is centrally located and fully ocquipped. Only rheumatic patients accepted. All treatments under the careful and constant supervision of the Resident Medical Director. Reports available to referring physicians, who may at all times retain contact with patients. A completely equipped pathological laboratory supplements diagnoses and treatments. Especially trained staff. Limited accommodations are carefully restricted. Reservations necessary in advance. Inspection cordially invited.

120 acres of woodland privacy; 800 feet elevation with 20-mile view. 42 miles from New York. Tastefully furnished and beautifully landscaped. Accommodations to meet the requirements of patients, single rooms or suites.



hannon Bernardsville, N.Y.

Complete information, rates, trealments, etc., gladly sent upon request to the Medical Director

### JOURNAL OF THE TEXAS STATE SOCIETY

Thirty-two Medical Journals are the organs of the Medical Societies of the several states, and among them the Texas State Journal of Medicine rates high according to a measure which is unintentionally afforded by the New York State Journal of Medicine by its department of "Our Neighbors." This department consists of abstracts and quotations on the special subject of the activities of the other State Societies. The Texas Journal was quoted fourteen times during 1929, a record exceeded only by the Visconsin Journal quoted fifteen times, and equalled only by the Illinois with its fourteen quotations

The April issue of the Texas Journal completes volume 25, and contains an editorial on its make-up during the past year, which will be interesting in comparison with a similar report of the New York State Journal contained on page 508 of the May first issue. A statistical report of volumes 24 and 25 of the Texas Journal is shown in the following

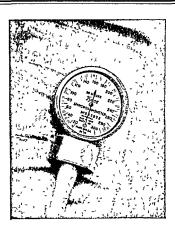
table.

Pages	Volume 24	Volume 25
Scientific Articles	467	413
Editorials	112	97
General News	13	16
Society News	93	84
Women's Auxiliary	20	42
Deaths	24	31
Book Notes	18	25
Transactions	65	56
Miscellaneous	92	108
Advertising	690	726
	<del></del>	
	1594	1598

The editorial comments on the Journal are

as follows:

"An effort was made to reduce the number of editorial pages this year, taking care that sufficient discussion was given to problems which deserved editorial consideration. decrease in the number of original articles was caused by the fact that the papers of the Texas Railway Surgeons' Association were not received until too late for publication in this volume. An effort will be made to publish some of these papers in the May number. which is the first number of Volume XXVI. It also happened that county society secretaries were a little less active in furnishing transactions of county societies. A noted increase is in the Auxiliary department, occasioned by the publication of the Transactions of the Auxiliary for the first time, in the June, 1929, number. However, taken as a whole, the various departments are well balanced, and the present volume is an exceedingly attractive one.'



### Tycos Pocket Type Sphygmomanometer

TWENTY-TWO years ago the first Tycor Sphygmomanometer was placed on the market Although modifications have been made whenever desirable, fundamentally the instrument remains the same today.

Every Tycos Sphygmomanometer has adhered to an indisputable principle-that only a diaphragmtype instrument is competent for the determination of blood pressure. To faithfully record the correct systolic pressure, an indicator's accuracy must not be affected by the speed at which the armlet pressure is released, only a diaphragm instrument can guarantee this. To honestly give the true diastolic pressure, a sphygmomanometer must respond precisely to the actual movements of the arterial wall, again, only a diaphragm instrument can do this. Portable, the entire appartus in its handsome leather case is carried in coat pocket. Durable its reliability in constant use has been proved by many thousands of instruments during the past twenty-two years. Accurate, its precision is assured by relation of the hand to the oval zero. Further information relative to the Tycos Pocket Type' Sphygmomanometer will be furnished upon request.

Write for new 1930 edition of Tycos Bulletin No 6 "Blood Pressure-Selected Abstracts," A great aid to the doctor who wishes to keep abreast of blood pressure diagnosis and technique.

### Taylor Instrument Companies ROCHESTER, N. Y. U. S A.

Canadian Plant Tycos Building Toronto Manufacturing Distributors In Great Britain & Mason, Ltd., London-E 17 A well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially if

# **Poland** Water

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



# POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York City

# UNEMPLOYMENT FROM A MEDICAL VIEWPOINT

The May issue of the Journal of the Michigan State Medical Society discusses unemployment as follows:

"It is estimated that there are over four million unemployed workers in the United States at the present time. The actual number may be a great deal larger. The more highly developed society becomes, the more complicated and difficult of adjustment is its economics. It is painfully evident, however, that we in the United States have been living on the fat of the land with little regard for the future. This is seen in the wasteful exploitation of our natural resources. Our standard of living has included not only the so-called necessities of life, but we have come to look upon erstwhile luxuries as necessities. We have placed ourselves under financial obligations that mortgage our future earning power. When the time comes that the demand for certain articles such as automobiles, radios, iceless refrigerators and what not is satisfied and the saturation point has reached, workers are laid off and the unemployment situation is felt not only by the immediate unfortunates, but by the merchants and others.

"It goes without saying the medical profession feel the financial stress early.

"Such subjects as unemployment, industrial statesmanship, directly concern us as members of the medical profession. We have a large share of the burden of the care of the indigent sick. The matter of preventive medicine which affects the whole nation is our concern, and beside it all, we are citizens."

"Industrial statesmanship would have anticipated the possibility of unemployment when times were good and would have undertaken to study the possible situation and its remedy."

# INSTITUTE of APPLIED COOKERY

Equipped with Scientific Facilities

For
Dry Cooking

of
Vegetables,
etc.

In Practical Vacuums so as to conserve the maximum amount of mineral salt and vitamin content.

Expert instruction given to patients for carrying out of the physician's own dietary program.

INSPECTION INVITED

### 409 AMSTERDAM AVENUE

(Bet. W. 79th and 80th St.)

Tel. Susquehanna 7709

**NEW YORK** 



# "INTERPINES"

GOSHEN, N. Y.



#### PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-QUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt.

DR. C. A. POTTER

DR. E. A. SCOTT

#### RIVERLAWN

DR. DANIEL T. MILLSPAUGH'S SANATORIUM

PATERSON, N. J.

A private institution for the care and treatment of those afflicted with mental and nervous disorders. Selected cases of alcoholism and drug addiction humanely and successfully treated Special rates for the aged and semi-invalid who remain three months or longer.

Paterson is 16 miles from New York City on the Eric Railroad with frequent train service. Buses render half hourly transportation from the Hotel Imperial and Martinique.

Apply for booklet and terms

ARTHUR P. POWELSON, M.D., Medical Director

45 TOTOWA AVENUE

ESTABLISHED 1892

PHONE SHERWOOD 8254

PATERSON, NEW JERSEY



#### BARNUM-VAN ORDEN

Supporting Corsets and Belts

Specific support, well balanced to give correct uplift to abdominal walls. No elastic to stretch and destroy balance of support. Made in both laced front and solid front designs but adjusted from the back with the upward backward traction necessary for correct uplifting support.

Each patient sent to the Van Orden Shop constitutes an obligation to justify the physician's confidence in sending her and every effort is made to give her the support required with comfort. All supports made to measure to meet individual needs Demonstration on request.

#### BARNUM-VAN ORDEN

379 FIFTH AVENUE

NEW YORK

Bet. 35th and 36th Sts.

Telephone, Caledonia 9316

HANDY **EFFICIENT** 

#### THE WACOLITE

USEFUL ECONOMICAL



The Wacolite is a new fountain pen type flashlight with tongue blade attachment. A metal collar prevents its 

GEORGE TIEMANN & CO., 107 EAST 28th STREET, NEW YORK, N. Y.

Please mention the IOURNAL when writing to advertisers

#### **CLASSIFIED ADVERTISEMENTS**

Classified ads. are payable in advance. To avoid delay in publishing, remit with order. Price for 40 words or less, 1 insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening. No charge to employers. Established 1896. AZNOE SERVICE is National, Superior. AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

#### SANITARIUM-FOR SALE

We have a number fully equipped, some partially so, and properties that can be made suitable; New York, New Jersey, Connecticut. Send for list and give number of rooms wanted for patients (approximately), also location desired. Address Swift Realty Co., 196 Market Street, Newark, N. J.

MEDICAL RESEARCH SERVICE Busy physicians assisted in preparation of special articles and addresses on medical or other topics. Prompt service rendered at reasonable rates. Also revision and elaboration of manuscripts for publication. Please mention requirements. Authors Research Bureau, 516 Fifth Avenue, New York City.

FOR SALE—The Spa Sanatorium for general cases. Founded and operated by Dr A. I. Thayer, now for sale to close the estate. Situated in the mineral belt of the lower Adionodacks, five miles from Saratoga Springs Reservation. For particulars address, Mrs. A I. Thayer, Ballston Spa, New York.

WANTED—Position X-ray Technician in or around New York City. Eight years' experience Member American Registry Radiological Technicians. Will start modest salary to demonstrate ability. Rollin Corson, Savannah, Georgia, care Dr. E. R. Corson.

FOR SALE—New York—\$8,000.00 cash practice. Collections 95%—10 room home oil burner equipped. Equipment optional. Money maker from the start. Terms. Box 135, N. Y. State Journal of Medicine.

Location wanted in New York, Connecticut or Ohio well established and good paying practice. No real estate. Answer giving full details of fees, income, competition, population, terms, rental, etc. Address box 136 care New York State Journal of Medicine.

DENTIST—Desires office space with physician, preferably in business building located in Times Square section. In addition small space for laboratory is desired. Address J. L. Leboy, D D.S., 57 W. 57th Street, New York City.

FOR SALE—The office and residence of the late M. E. Van Aernem, M.D., located in Saratoga Springs, N. Y., in one of the best sections of the city. For particulars address Mrs. M. E. Van Aernem, 107 Lake Avenue, Saratoga Springs, N. Y.

Registered Optometrists or Physicians—Wanted to take charge of optical departments in chain department stores Position open in Binghamton, Schenectady and Utica. Exceptional opportunity offered to men with New York registrations, preferably men of middle age. Address "Optometrist," Box 1204, Providence, F I

# Orthopedic and Surgical **Appliances**

Catalogue and Literature on

Application

Established 1863

# ROBERT LINDER

Incorporated

148 East 53rd Street New York City

Telephone: Plaza 7206

#### THE BACTERIOLOGY OF IN-FANT DIET MATERIALS

It is not generally realized, the extent to which Mead Johnson & Company carry their research.

Efficient and systematic as are the research activities carried on for years in their own laboratories, this progressive house is constantly adding fellowships at leading universi-

One of these has recently corroborated\* a fact of great importance to all who feed infants: No Mead Product contains hemolytic streptococci or other pathogenic bacteria.

The significance to pediatricians of this brief statement lies in the fact that the presence of hemolytic streptococcus has been suspected in infant diet products, its relationship to scarlet fever, septic sore throat, enteritis, etc. naturally being a source of alarm.

It is reassuring to all physicians to know that not only have Mead Products never been under suspicion but that from authoritative unbiased sources comes additional proof that as a result of careful technic and long experience, Mead Products are bacteriologically clean and safe to pre-scribe: Dextri-Maltose, Recolac, Casec, Lactic Acid Milk, Powdered Protein Milk.

\* New York State Agricultural Experiment Station Bulletins Nos. 153 and 154. See page xiii.—Adv.

#### SUPPORTING CORSETS AND BELTS

Barnum - Van Orden Supporting Corsets and Belts for thirty years have given relief to thousands of women with relaxed conditions.

Barnum-Van Orden Supports designed to care for each individual case to meet the particular type of support required.

General Ptosis—Movable Kidney— Hernia—General Back Support—Sac-ro-iliac Strain—Maternity Supports and Breast Supports, each type carefully fitted and satisfaction guaranteed to justify the physicians confidence in sending his patient.

Barnum-Van Orden new Combine is a combination of Brassier and Belt without lacings in the back which gives the Princess Silhouette and Abdominal and Back Support and is pleasing to the stylish women, see page xxv.-Adv.

#### A NEW KIND OF SERVICE FOR **PHYSICIANS**

The saving of the mineral salt and vitamin content of food is recognized by competent authorities today as a definite aid in preventive treatment. But, frequently it is difficult for the physician to get his patient to carry out the prescribed dietary program because of the unpalatability of certain most desirable foods through improper preparation.

To aid in overcoming this, a new kind of service for physicians has been established by the Institute of Applied Cookery at 409 Amsterdam Avenue (between West 79th and 80th Streets), New York City. A competent staff of experts is prepared to show the patient or householder how to preserve the natural flavor of the food and to minimize the loss of important food con-This Institute is concerned with no dietary program of its own but is equipped with facilities which are scientific and yet practical for home use. See page xxiv.—Adv.

#### A CALCIUM PREPARATION THAT CHILDREN LOVE

There are two drawbacks to most calcium preparations for oral use—the taste is horrible and assimilation is uncertain. In Olajen, a preparation containing salts of calcium, sodium, potassium, iron and lecithin, the first of these objections has really been overcome. Olajen actually tastes like a creamy fudge. It is claimed for this preparation on the basis of clinical records that absorption is exceptionally good because of its colloidal nature. For samples and literature write Olajen, Inc., 451 West 30th Street, New York City. See page xv.—Adv.

#### Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases Also Cases of General Invalidism Cases of Alcoholism Accepted

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City Frequent train service

For terms and booklet address F H BARNES, M.D., Med Supt Telephone Connection

#### **HALCYON REST**

JOSEPHINE M. LLOYD 105 Boston Post Road, Rye, N Y.

Henry W Lloyd, M D Hulda Thompson, R N Attending Physician Subervisor

TREEPHONE BYE 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted Special attention to Diets

Hydro-therapy, Ultra Violet and Alpine Sun rays Diathermy, Massage, Colonic irrigation. Inspection invited Send for illustrated booklet

HERNY W ROGERS M D , Physician in Charge

HELEN J ROGERS M D

#### River Crest Sanitarium

Astoria, Queens Borough N. Y. City Under State License

IOHN JOSEPH KINDRED MD, Consultant WM ELLIOTT DOLD M.D Physician in Charge WM ELLIOTT DOLD M.D Physician in Charge FOR NERVOUS AND MENTAL DISEASES Including committed and soluntary patients also-holic and nancotic habitus A Homel kee private relating pick. Through classification Easily ac-ceptible via Interboro B.M.T and Second Are I. Complete bydrotherapy (Barvch), Electricity Missage Amusentents Arts and Crafts Shop etc

Attractive Villa for Special Cases Moderate Rates

New York City Office 666 Madison Ave, corner of 61st Street hours 3 to 4 P M Telephone "Regent 7140 Sanitarium Tel 'Astoria 0820 By Interborough BMT, and Second Avenue L

#### WEST HILL

HENRY W LLOYD, M D

West 252nd St and Fieldston Road Riverdale, New York City B Ross Nainn, Res Physician in Charge

Located within the city limits it has all the advan tages of a country smilerium for those who are nervous or mentally ill In addition to the main nervous or mentally ill in addition to the main building there are several attractive cottages located on a ten acre plot Separate buildings for drug and alcoholic cases. Doctors may visit their patients and direct the treatment Under State License

Telephone: KINGSBRIDGE 3040

#### DR. ROGERS' HOSPITAL

Under State License

345 Edgcombe Ave at 150th St. N Y C

Mental and Neurological cases received on voluntary application and commitment. Treat ment also given for Alcoholism and Drug addiction Conveniently located Phylicans may visit and cooperate in the care of their patients

Telephone, EDGecombe 4801

#### BRIGHAM HALL HOSPITAL Canandaigua, N. Y.

A Private Hospital for Mental

and Nervous Diseases Licensed by the Department of Mental Hyguene Founded in 1855

Beautifully located in the historic lake region of Central New York, Classifi cation, special attention and individual care

> Physician in Charge Henry C. Burgess, M. D.

The charge for this space on a 24 time order is \$6.67 per Insertion.

#### WHITE OAK FARM

PAWLING, DUTCHESS COUNTY. **NEW YORK** 

Located in the footbills of the Berkshires sixty miles from New York City Accom modations for those who are nervous or men tally ill Single rooms or cottages as desired

Amos T Baker Physician in Charge

Telephone Pawling 20

#### CREST VIEW SANATORIUM

GREENWICH, CONN

(25 Miles from N Y City)

I ST CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to Charmingly located beautifully appointed

Fresh tegetables year round

Senility Infirmities Nervous Indigestion \$25 85 weekly No addicts

Established 35 years

Tel 773 Greenwich

#### CAL - SAL

Compound Calcium Tablets and Wafers With Vitamin D and traces of iron and nodine Palatable at d as similable For all cases when calcium deficiency is present or probable Our D gest of Calcium Ther app a full box of CAL-SAL and vaid of 100 acidity test papers free to registered physicians who write us GRANGER CALCIUM PRODUCTS INC 41 York St., Brooklyn

#### University of Buffalo School of Medicine

Requirements for admission Two years of college work including thelic semester hours of chemistry, eight semester hours each of physics and biology six semester hours of English and a modern foreign language. Laboratories fully equipped Ample facilities for the personal

Address SECRETARY, 24 HIGH STREET, BUFFALO, N Y

# X-Ray Courses for Physicians-

s-technicians-X - Ray physics-technique-interreta Classes now forming Applicants may enter first of any month

For information write DR. A S UNGER, Director of Radiology

Sydenham Hospital, \$65 Manhattan Avenue, New York City

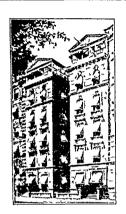
66 Advertisers have taken space in this issue of your Give them your business when possible

#### 1930

# PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	H. L. Nelms, Albany	F. E. Vosburgh, Albany
ATTEGANY	.H. K. Hardy, Rushford	L. C. Lewis, Belmont	G. W. Roos, Wellsville
BRONX	H. Aranow, N. Y. City J. J. Kane, Binghamton	H. D. Watson Binghamton	C I. Pone. Binghamton
CATTARALIGIS	C. A. Lawler, Salamanca	.R. B. Morris. Olean	R. B. Morris, Olean
CAVIIGA	C. F. McCarthy, Auburn	W. B. Wilson, Auburn	L. B. Sisson, Audurn
CHAUTAUOUA	F. I. McCulla. Jamestown	E. Bieber, Dunkirk	F. J. Phsterer, Dunkirk
CHEMUNG	J. S. Lewis, Elmira E. A. Hammond, New Berli	C. S. Dale, Elmira	I H Stewart Norwich
CI INTON	A. S. Schneider, Plattsburg.	.L. F. Schiff. Plattshurg	.F. K. Ryan, Plattsburg
COLUMBIA	D. R. Robert, New Lebanon Ci	L. Van Hoesen, Hudson	L. Van Hoesen, Hudson
CORTLAND	D. B. Glezen, Cincinnatus	. P. W. Haake, Homer	B. R. Parsons, Cortland
DELAWARE	La M. Day, Sidney	H. P. Carpenter Politicensis	H. P. Carpenter, P'ghkeepie
ERIE	W. T. Getman, Buffalo	L. W. Beamis, Buffalo	A. H. Noehren, Buffalo
ESSEX	C. N. Sarlin. Port Henry	L. H. Gaus, Ticonderoga	L. H. Gaus, Ticonderoga
FRANKLIN	E. S. Welles, Saranac Lake.	.G. F. Zimmerman, Malone	G. F. Zimmerman, Malone
FULTON	B. E. Chapman, Broadalbin. C. D. Pierce, Batavia	P. I. Di Natale, Batavia	J. D. Vedder, Johnstown
GREENE	D. Sinclair, East Durham.	W. M. Rapp, Catskill	C. E. Willard, Catskill
HERKIMER	V. M. Parkinson, Salisbury (	t.W. B. Brooks, Mohawk	A. L. Fagan, Herkimer
JEFFERSON	F. G. Metzger, Carthage L. F. Warren, Brooklyn	W. S. Atkinson, Watertown.	W. F. Smith, Watertown
LEWIS	G. O. Volovic, Lowville	F. E. Jones, Beaver Falls	F. E. Jones, Beaver Falls
LIVINGSTON	R. A. Page, Geneseo	E. N. Smith, Retsof	E. N. Smith, Retsof
MADISON	L. B. Chase, Morrisville W. A. Calihan, Rochester	D. H. Conterman, Oneida.	L. S. Preston, Oneida
MONTGOMERY	La V. A. Bouton, Amsterda	m.W. R. Pierce. Amsterdam.	S. L. Homrighouse, Amsterdam
NASSAU	L. A. Newman, Pt Washingt	onA. D. Jaques, Lynbrook	A. D. Jaques, Lynbrook
NEW YORK	G. W. Kosmak, N. Y. City.	D. S. Dougherty, N. Y. City	J. Pedersen, N. Y. City
ONEIDA	H. F. Hubbard, Rome	W. Hale. Ir Utica	W. R. Scott, Niagara FallsD. D. Reals. Utica
ONONDAGA	H. B. Pritchard, Syracuse	L. W. Ehegartner, Syracus	eF. W. Rosenberger, Syracuse
ONTARIO	C. W. Webb, Clifton Spring	s. D. A. Eiseline, Shortsville.	D. A. Eiseline, Shortsville
ORINGE	S. L. Truex, MiddletownD. F. MacDonell, Medina	R. P. Munson, Medina	R. P. Munson. Medina
OSWEGO	A. G. Dunbar, Pulaski	J. J. Brennan, Oswego	J. B. Ringland, Oswego
OTSEGO	G. M. Mackenzie, Cooperstov	vn.A. H. Brownell, Oneonta	F. E. Bolt, Worcester
	E. A. Flemming, Rich. Hill C. H. Sproat, Valley Falls.		
RICHMOND	C. R. Kingsley, Ir. W. N. B'	g't.J. F. Worthen, Tompk'sv'le	E. D. Wisely, Randall Manor
ROCKLAND	J. W. Sansom, Sparkill	R. O. Clock, Pearl River	D. Miltimore, Nyack
SI. LAWRENCE		S. W. Close, Gouverneur	C. T. Henderson, Gouverneur
SCHENECTADY	N. A. Pashayan, Schenectad	y. H. E. Reynolds, Schenectady	yJ. M. W. Scott, Schenectady
SCHOHARIE	E. S. Simpkins, Middleburg	H. L. Odell. Sharon Spring	sLeR. Becker. Cobleskill
SENECA	John W. Burton, Mecklenbu	rg.F. B. Bond, Burdett	sR. F. D. Gibbs, Seneca Falls
STEUBEN	G. L. Whiting, Canisteo	R. J. Shafer. Corning	R. J. Shafer, Corning
SUFFOLK	A. E. Payne, Riverhead	E. P. Kolb, Holtsville	G. A. Silliman, Sayville
TIOGA	C. Rayevsky, Liberty F. Terwilliger, Spencer	L. C. Payne, Liberty	L. C. Payne, Liberty
	D. Robb, Ithaca		
ULSTER	E. F. Sibley, Kingston	F. H. Voss, Kingston	C. B. Van Gaasbeek, Kingston
WARREN	F. Palmer, Glens Falls	W. W. Bowen, Glens Falls	W. W. Bowen, Glens Falls
WASHINGTON	R. E. La Grange, Fort AnR. G. Stuck, Wolcott	D. F. Johnson, Newark	R. C. Faris, Hudson Faris
WESTCHESTER	W. W. Mott, White Plains	H. Betts, Yonkers	R. B. Hammond, White Plains
	W. J. French, Pike		
IAIES	G. H. Lfader, Penn Yan	w. G. Malistead, Penn Yan	W. G. Hallstead, Penn Yan

## For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

#### CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770

# **ADON**

Consider Gold Radon Implants in the Treatment of Carcinoma of the

Face

Tonsil

Oesophagus

Bladder

Lip Tongue Antrum

Breast

Prostate

Larynx

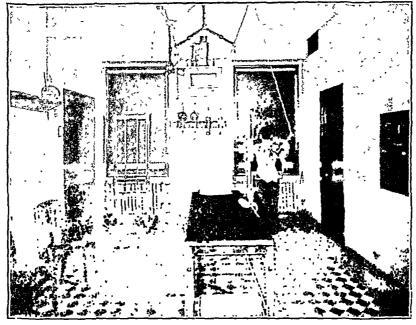
Uterus (Cervix)

Rectum

(Detailed Information on Request)

RADON COMPANY, Inc., 1 East 42nd St., New York

Telephones: Vanderbilt 2811-2812



Money installation in Radiographic Room, Mary Immaculate Hospital, Jamaica, N. Y.

# In New and Modern Hospitals

IN the newest, most modern hospitals throughout the country, the Wappler Monex has come to be regarded as standard X-Ray equipment. In practically every instance it has been selected after careful and searching investigation.

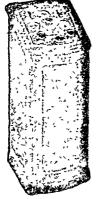
These institutions demand the most efficient and dependable in X-Ray apparatus. Their final choice of the Monex affords conclusive evidence of its superiority.

The advantages that most strongly impress those who carefully investigate the Monex are its ample power, its speed and its silent operation. Radiographs of all body parts are taken with surprising speed, even with heavy patients.
The absence of noise, sparks and fumes, is an important advantage to both patient and operator.

The Monex is immune to atmospheric conditions and can be depended upon to duplicate results accurately. For fluoroscopic examination, exposures of any desired duration are feasible. The Monex is also extensively used for superficial skin therapy.

Bulletin 107-G will bring you complete information regarding the Monex. Mail the coupon for it now.

State \_\_\_\_\_



# WAPPLER ELECTRIC COMPANY, Inc.

General Office and Factory, Long Island City, N. Y. Show Room, 173 East 87th Street, New York City

Wart	LER E	ELECTRIC	: Co	OMPANY,	Inc
		d City,			

Please send me Bulletin 107-G, with complete information regarding the Wappler Monex.

Address \_\_\_\_\_

Please mention the JOURNAL when writing to advertisers

#### ANNUAL REPORTS

ANNUAL MEETING, JUNE 2-4, HOTEL SENECA, ROCHESTER

Vol. 30, No. 9

MAY 1, 1930

Pages 495-568

\$3,50 YEARLY

# New York State Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 103rd St., New York City.



Entered as second-class matter July 5, 1907 at the Post Office, at New York, N. Y., under the act of March 3, 1879 Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized on July 8, 1918 Copyright, 1930, by the Medical Society of the State of New York.

#### TABLE OF CONTENTS PAGE IV

Old Age often requires a TONIC-

Most physicians have aged patients who, without manifesting any physiological disorder, require a tonic.... Dewey's Dew-Tone and Port fills such a need.... It is a

combination of properly matured Port made from grapes' known to produce wine of a high iron content, glycerophosphates and peptone.... It will aid in restoring them to normal health and a feeling of well being.... Dew-Tone and Port will also be found valuable in post-operative cases and for those who suffer from the wasting diseases .... Dewey's Dew-Tone and Port has no sales distribution and cannot be purchased in any store.... It is only sold direct to physicians and their patients.... We shall be glad to send you a complimentary sample upon request.

H. T. Dewey & Sons Company

138 Fulton St., New York

Established 1857

Cellars Egg Harbor, N J.

Dewel & DEW-TONE and PORT



I highly recommend dress increasing and the anti-philodelphia with the anti-philodelphia with the anti-philodelphia with the action, has everything in adversed cases, the nearthing of the necessite them and core without pain and danger to the patient."

—From "Pic Relikoerperbehundling des Plabetes." by Professor Dr. Gustan Singer, head physician at the Rudolfstilling. Hospital, Vienna.



# Furuncular and Phlegmonous Complications of Diabetes

IN seemingly hopeless cases, if the general condition, metabolism and local processes do not endanger life, simple and conservative treatment should be partiently applied with the help of careful and persistent esort to minor surgery.

Surgeons, more and more, are inclined towards the Conservative Treatment of Furuncles and Carbuncles, especially those of Diabetics, and some of them even go so far, in many cases, as to refrain from incisions and to rely on outward applications.

# Antiphlogistine

by hastening the disintegration of the exudates and toxins and by stimulating cellular activity, is an appropriate topical application, producing definite physiological reactions, which are the basis of all healing.

The Denver Chemical Mig. Co. 163 Yarick St., New York City.

Address\_\_\_\_\_

You may send me literature and sample of Antiphlogistine for clinical trial.

Depletant!

M. 11,

Resolventl

#### HARRY F. WANVIG

Authorized Indemnity Representative

The Medical Society of the State of New York 80 MAIDEN LANE NEW YORK CITY

TELEPHONE: JOHN 0800 0801

# Sphygmomanometric Warnings

High blood pressure is a danger signal. Its cause must be determined without delay. And in the meantime, the hypertension must be reduced. For this symptomatic treatment there is no safer and more reliable remedy than Pulvoids Natrico, from the formula of Sir Lauder Brunton.

Because of their enteric coating, Pulvoids Natrico do not disturb digestion or renal functioning, When chronic constipation or intestinal toxemia is a causative factor, Pulvoids Taurophen will be found effective in conjunction with Pulvolds Natrico

••	THE DRUG PRODUCTS CO.
	PHARMACEUTICAL MANUFACTURERS 28-025KILLMANAYE ALONG ISLAND CITY NEW YORK
ב	Send samples of Pulvoids Natrico and clinical notes.

- ☐ Send complete price list. 1 do dispense

tion the JOURNAL when writing to advertisers



State ....

#### TABLE OF CONTENTS-MAY 1, 1930

ANNUAL REPORTS	LEGAL
The President—James N. Vander Veer, M.D	Defendant's Right to X-Ray Examination of Plaintiff in Personal Injury Actions
The Committee on Public Relations—James E. Sadlier, M.D. 516 The Committee on Legislation—Harry Aranow, M.D. 519 The Committee on Physical Therapy—Richard Kovacs, M.D. 521 The Board of Censors—Daniel S. Dougherty, M.D. 523 The Committee on Medical Research—Frederic E. Sondern, M.D. 523 The Committee on Public Health and Medical Education— Thomas P. Farmer, M.D. 523 The Committee on Medical Economics—Benjamin J. Slater,	Grievance Committee's Rules on Rebates.       547         Bronx County       548         Steuben County       548         Jefferson County       548         Prize Essays       549         Clinton County Graduate Courses       549         The Annual Meeting       549
The Committee on Medical Economics—Benjamin J. Slater, M.D	THE DAILY PRESS         Tests for Prejudice
Annual Reports	BOOKS Book Reviews
MEDICAL PROGRESS	OUR NEIGHBORS
MEDICAL PROGRESS           Treatment of "Tennis Elbow"         541           Treatment of Ozena         541           Weather Sensations         541           Chronic Arthritis         542           Protection Against Mosquitos         542           Reduced Iron in Certain Anemias         542           Causation of Gastric Ulcer         543           The Liver and Insulin         543           Insulin Injections in Gastric Ulcer         543           Practical Value of Arteriography         544           Trophic Lesions Following Encephalitis         544	The Tri-State Medical Conference

## A Dependable Agent For Supplying Calcium In Diffusible Form

KALAK WATER presents a saturated solution of calcium as the bicarbonate.

"Of the inorganic salts of calcium, the bicarbonate was the most effective in raising the blood calcium." (W. H. Jansen—Deut. Arch. f. klin Med. Oct. 1924.)

It is not possible to present calcium bicarbonate as a dry powder or as an effervescent mixture to be added to water. This salt can be maintained as the bicarbonate only in an aqueous solution that is charged with carbon dioxide.

KALAK WATER CO. 6 Church St. " New York City

#### DIET QUESTIONS have GELATINE ANSWERS

# CAN THE BOTTLE BABY HAVE LESS STOMACH DISTURBANCE AND MORE BODY NOURISHMENT?

The answer to these two questions will be found in the same package.

It has been proved by medical research that the addition of 1% of Knox Sparkling Gelatine to the bottle baby's milk modifies the tendency of cow's milk to curdle in the natural acids and enzyme rennin of the infant stomach.

Not only does the gelatine lessen stomach disturbance but, in many cases, increases the absorption of the milk —enhancing the nourishment the infant obtains from its food.

Care should be taken, however, to use only real gelatine—the clear, unsweetened, unflavored, unbleached kind. For more than 40 years Knox Sparkling Gelatine has been regarded by the medical profession as meeting each of these requirements.

Be sure you specify Knox Gelatine—the real gelatine—when you prescribe gelatine for baby's milk.

The following is the formula prescribed by authorities in infant feeding: Soak, for about 10 minutes, one level tablespoonful of Knox Sparkling Gelatine in one-half cup of milk taken from the baby's formula; cover while soaking; then place the cup in boiling water, stirring until gelatine is fully dissolved; add this dissolved gelatine to the quart of cold milk or regular formula.

We have listed here some hooklets which we believe will help you in your practice. Kindly mail the coupon today.

KNOX	KNOX GELATINE LABORATORIES 432 Knox Avenue, Johnstown, N Y. Please send me, without obligation or expense, the booklets which I have marked Also register my name for future reports on clinical gelatine texts as they are issued.  Varying the Monotony of Liquid and Soft Diets. Recipes for Anemia
	Diet in the Treatment of Diabetes

bolon the JOURNAL when writing to advertisers

Name	CONTROL OF THE PARTY OF THE PAR
Address	والمراجع والم
C117	

KNUX
is the real
GELATINE

#### TABLE OF CONTENTS-MAY 1, 1930

ANNUAL REPORTS	LEGAL
The President—James N. Vander Veer, M.D	Defendant's Right to X-Ray Examination of Plaintiff in Personal Injury Actions
The Counsel—Lloyd Paul Stryker, Esq	NEWS NOTES         Grievance Committee's Rules on Rebates.       547         Bronx County       547         Steuben County       548         Jefferson County       548         Prize Essays       549         Clinton County Graduate Courses       549
The Committee on Public Health and Medical Education— Thomas P. Farmer, M.D	THE DAILY PRESS  THE DAILY PRESS  Tests for Prejudice
Annual Reports	BOOKS Book Reviews
MEDICAL PROGRESS           Treatment of "Tennis Elbow"         541           Treatment of Ozena         541           Weather Sensations         541           Chronic Arthritis         542           Protection Against Mosquitos         542           Reduced Iron in Certain Anemias         542           Causation of Gastric Ulcer         543           The Liver and Insulin         543           Insulin Injections in Gastric Ulcer         543           Practical Value of Arteriography         544           Trophic Lesions Following Encephalitis         544	OUR NEIGHBORS  The Tri-State Medical Conference
Trophic Lesions Following Encephalitis. 544	Deares Harring Harrison Harring Harrison Landson Harring Harri

### A Dependable Agent For Supplying Calcium In Diffusible Form

KALAK WATER presents a saturated solution of calcium as the bicarbonate.

"Of the inorganic salts of calcium, the bicarbonate was the most effective in raising the blood calcium."
(W. H. Jansen—Deut, Arch. f. klin Med. Oct. 1924.)

It is not possible to present calcium bicarbonate as a dry powder or as an effervescent mixture to be added to water. This salt can be maintained as the bicarbonate only in an aqueous solution that is charged with carbon dioxide.

KALAK WATER CO.
6 Church St. " New York City

Patient Types . . .

The Hospital Case

JONFINED to the bed, weak and nervous, the hospital patient under your care is hardly a fit subject for the old-fashioned dras-

tic purge.

Petrolagar has many advantages in maintaining bowel function. It is palatable. It mixes easily with bowel content, supplying unabsorbable moisture with less tendency to leakage. It does not interfere with digestion and is prescribed in preference to plain mineral oil.

Petrolagar restores normal peristalsis without causing irritation, producing a soft-formed consistency that provides real comfort to

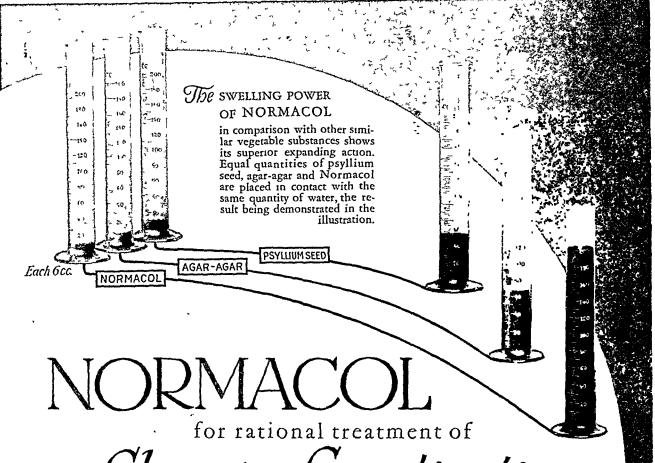
howel movement.

Petrolagar is composed of 65% (by volume) mineral oil with the indigestible emulsifying agent agar-agar.

## Petrolagar

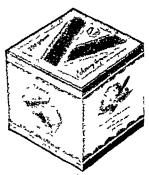


etrolagar Laboratories, Inc.



# Chronic Constipation

is a harmless therapeutic agent which possesses extraordinary swelling properties.



NORMACOL

consists of the coated granules of a species of bassonin sap with about 1% cascara sagrada.

(One-fifth U. S.P. dose to one teaspoonful)

It increases the volume of the residual matter in the bowels, thus establishing a soft and non-irritating bulky evacuation, without pain, griping or digestive disturbances.

DOSE: One to two teaspoonfuls, after meals, taken dry on the tongue and followed by a draught of water, without chewing

Supplied in 100 and 200 gram packages.

Sample and literature upon requests

# SCHERING CORPORATION

110 William Street NEW YORK, N. Y.

#### When Your Diagnosis of Malignancy Has Been Confirmed We Can Help You

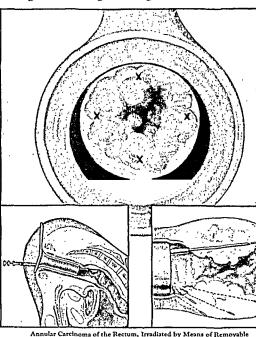
UIETLY, but effectively, The Radium Emanation Corporation has been administering the radium needs of America's most prominent physicians since 1922.

We offer you the same technical counsel, the same extraordinary radium laboratory facilities that have made it possible for surgeons, gynecologists and urologists throughout the United

States and Canada to reinforce their own efforts in behalf of the patient afflicted with cancer.

Very definite changes have taken place in the art of radium therapy. The "hazard and hope" methods of earlier days have been abandoned in favor of a new, more scientific technique, which has completely changed the attitude of the entire medical fraternity towards the surgical use of radium, and radium therapy is rapidly becoming an indispensable element in the armamentarium of every surgeon, gynecologist and urologist.

The Radium Emanation Corporation has contributed in large measure to this modern trend in radium therapy. It gave the medical profession the Removable Platinum-Radon Seed which has made possible so many of the unparalleled results reported recently in the medical press. Through its radium therapy consultants, The Radium Emanation Corporation sponsors the most advanced methods in radium therapy and makes radium available to the individual physician according to the requirements of his particular case.



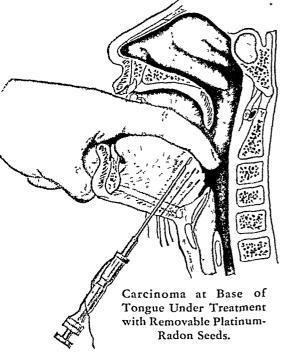
of the Rectum, Irradiated by Means of Removable Platinum-Radon Seeds, Without Radical Surgery.

We have only one ideal-to help you obtain better. results in the treatment of your malignant cases.

If you have malignant cases, for which you are considering treatment, investigate this unique service. Let our radium therapy consultants collaborate with you in the solution of your problems. They will gladly give you the benefit of their own broad experience and you may have their opinion and recommendations without incurring the slightest obligation.

> Send us a history of the case and you will receive immediately a carefully considered plan covering the application of radium.

The type of service we are giving the medical profession will amaze you, unless you are one of the hundreds of physicians whose radium needs we are already administering.



# Now Every Hospital Can Have Radium

Without Capital Investment or Administrative Expense

made adequate provision for supplying the regular or emergency radium needs of hospitals, both large and small, wherever located, at moderate cost. All departmental requirements are quickly and efficiently met and the radium is prepared according to the requirements of each individual case. Instruments and other surgical equipment necessary to properly apply the radium are always provided. If it is desired our radium therapy consultants will collaborate with department chiefs until such time as radium therapy becomes well established as a part of your equipment.

Such a service insures the immediate availability of adequate quantities of radium for every need, without the investment of capital or expense of administration.

We invite correspondence with hospital executives concerning this unique service.

#### We Prepare Radon for Use at Distant Points Without Loss to the Customer

Physicians familiar with the physical characteristics of radon sometimes ask us how we effect deliveries to distant points without loss to the customer. Every applicator which leaves our laboratory has been prepared so that it will contain the precise amount of radon required at the time of use, even though delivery must be effected at a point three thousand miles from New York City. Physicians and hospitals along the Pacific Coast use our service regularly and enjoy the same economies as those located at intermediate points.

#### Special Service Features

With a large active staff in addition to the medical personnel, we offer the medical profession the facilities of the following divisions of our organization:

Post Graduate Courses in Radium Therapy.

Radium Emanation Equipment—Design, Erection and Maintenance.

Library Research. Abstracting. Editing of material for text-books or special papers on medical subjects.

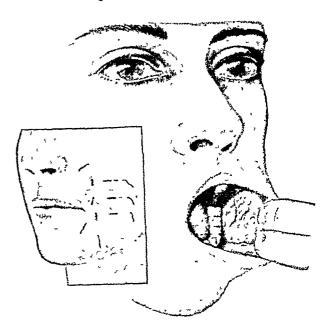
Research. We are prepared to undertake any problem requiring the services of consulting physicists or chemists.

Translations. All languages.

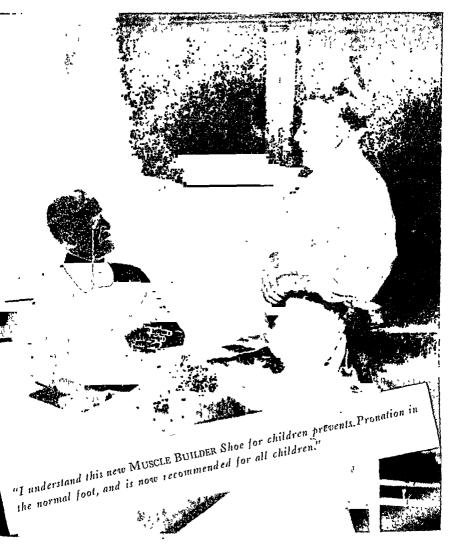
Medical Illustrators. Our medical artists are available for the preparation of anatomical drawings, in full color or in black and white.

Ask for a copy of THERADON, the Monthly Bulletin of our Medical Department, a publication devoted exclusively to methods and technique in the art of radium therapy.

The Radium Emanation Corporation
Graybar Building at Grand Central Terminal
NEW YORK CITY



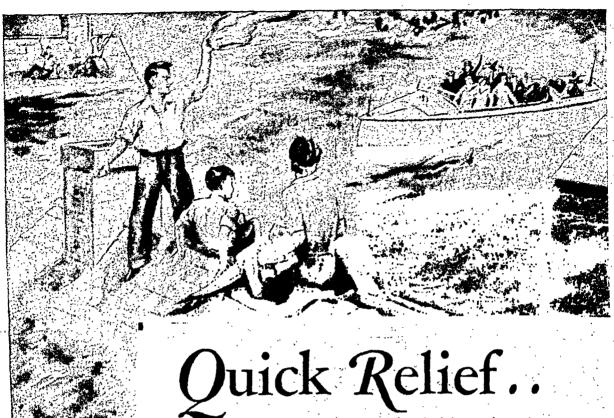
Carcinoma of the Oral Surface of the Cheek Under Treatment by Intense Gamma Radiation from Six Removable Platinum-Radon Seeds, Implanted from the Outside.



#### A definite aid to the Preventive in treatment.

The wedge which serves to keep the axis of the os calcis in proper alignment . . . thus preventing Pronation of the heel and subsequent deformities dependent on this condition. The plugs which maintain the height

of the wedge angle. These plugs have the tensile strength of steel and prolong the life of the shoe and wedge threefold. Made by the Makers of Dr. Posner's Scientifie Shoes, 140 West Broadway, New York.



The patient expects quick relief from the painful and otherwise objectionable symptoms of

BiSoDoL not only acts quickly in such cases but it introduces a most desirable control factor in combating gastric hyperacidity.

"sour stomach," acid eructations, heartburn, etc.

It presents a balanced alkaline formula and, as such, maintains the balance of normal reaction in the stomach and corrects abnormal deviations without introducing the danger of alkalosis.

> BiSoDoL has also been found effective in controlling cyclic vomiting, the morning sickness of pregnancy and alkalizing against colds and respiratory affections. BiSoDoL presents the sodium and magnesium bases together with bismuth subnitrate, antiflatulents and flavorings.

> > Advertised solely to the medical and allied professions.

Let us send you literature and sample for a clinical test.

BISODOL COMPANY

130 Bristol Street

NEW HAVEN, CONN.

Dept. NY5



# A PURE, NATURAL PRODUCT

Without careful specification, have you any guarantee that your patient will receive an unadulterated natural salicylate? It is a common practice to adulterate birch oil with syn-

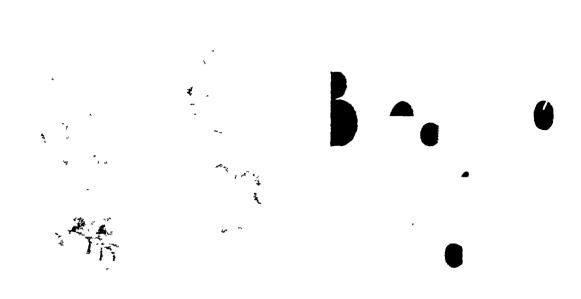
errelis Valural Salicylates

Merrell's Natural Salicylates are the only salicylates produced in America that are made from the natural oil of birch and so labeled.

Avoid the supposedly natural and insure 100% purity by writing

Merrell's Natural Sodium Salicylate

The Wm. S. Merrell Company



# •

2 46 ( ) 400 (

the state of the first of the control of the contro





When is Diathermy of Value in Your Practice?

YOUR decision to use diathermy in the treatment of any condition will, of course, be based on recognized medical authority. Many physicians have become interested as a result of observing the many references to diathermy in current medical literature, and no doubt intend to investigate for themselves when opportunity presents But a busy practice affords little of the time required in search ing the files of the medical library, and it is put off indefinitely

A preliminary survey of the articles on diathermy, published during the past year or so, is available to you in the form of a 64 page booklet entitled "Indications for Diathermy." In this booklet you will find over 250 abstracts and ex tracts from articles by American and foreign authorities, including references to more than a hundred conditions, in the treatment of which the use of diathermy is discussed.

If you number yourself among the physicians who have not adopted diathermy in practice, and desire to investigate this form of therapy in view of reaching your own conclusion as to its value in your practice, you will find this booklet a convement reference

A copy will be sent on request

General Electric X Ray Corporation 2012 Jackson Blvd , Chicago

Not being a user of dirthermy in my prac-tice, please send your 64 page booklet "Indi cations for Diathermy

Dr

Address

GENERAL @ ELECTRIC X-RAY CORPORATION Chicago, Ill , U.S A.

2012 Jackson Boulevard

FORMERLY VICTOR (FOR X RAY CORPORATION

Join us in the General Electric Hour broadcast every Saturday night

on a nationwide N B C. network

# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

# =The list of advertisers in the 1929 edition follows:=

# Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

# Ambulance Service

Holmes Ambulances
MacDougall Ambulance Service

# Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

# Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopsedic Appliance Co.,

# Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

## Corsets

Linder, Robert, Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

# Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

## Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,

# Flour (Prepared Casein)

Lister Brothers, Inc.

# Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

# Leg Pads

Camp, Sherman P.

# Mineral Water

Kalak Company

# Orthopaedic and Surgical Supplies

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

### Pharmaceutical

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

## Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

# Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

### Radium

Radium Emanation Company

### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Service Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

# Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Holl
Sunny Rest
West Hill
Westport Sanitarium

## Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

# Trusses

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

# Wassermann Test

Bendiner & Schlesinger

A great advance in Calcium Therapy

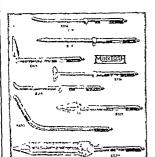
# CALCIUM Gluco SANDOZ

Per Os - Palatable Intramuscular - No Irritation Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

61-63 Van Dam St. NEW YORK, N.Y. SANDOZ CHEMICAL WORKS, Inc.

# Ultra-Violet Plus Diathermy From One Apparatus



If you have a high frequency apparatus with a Tesla current, you can obtain the heating effect of the high frequency current plus the reconstructive and bac-tericidal effect of Ultra-Violet simultaneously by using

# The Mercury Vapor Quartz High Frequency Electrodes

These electrodes are made of pure quartz, exactly the same as the burners in the large type of Quartz Lamps and offer all users of the high frequency currents an additional therapeutic modality at minimum expense

# Greatly Reduced Prices During May

During the month of May you can obtain any of the following types, the average cost of which is \$40.00, for \$25.00 NET each

No. 8500 Body Large Convex 8501 Body Small Convex 8502 Body Concave 8503 Eye 8504 Ear

No. 8508 Urethral 8509 Urethral 8512 bis. Intra uterins 8518 Rectal 8520 Rectal 8521 Hemerrhold

No. 8523 Veginal 8524 Prostatle 8525 Rectal 8328 Rake for Scalp 8550 Intra laryngeal

In order to benefit by this greatly reduced price, it is necessary that we receive your order, together with your check for \$25 00 postmarked on or before May 31st.



Buy Now And Save the Difference

por Quartz Electrodes attach my check for ....

McIntosh

Elec, Corp. Gentlemen: Please send me .... Mercury

NEW YORK 303 Fourth Avenue Phone: Gramercy 7038

١,

Main Office and Factory 223-233 N. California Ave CHICAGO, ILL.

· Please mention the JOURNAL when writing to advertisers .

# Typhoid Fever Is Preventable

Immunization of millions of soldiers against typhoid during the World War proved that the use of typhoid vaccine is a safe, simple, and effective measure. Its use should be extended to protect those who may be exposed to infected water, milk, or food.

# Typhoid Mixed Vaccine LILLY

SPECIFY THROUGH YOUR DRUGGIST

V 760 Three 1 cc. vials for complete immunization of one patient.

Larger packages are available for group immunization.



# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 9

NEW YORK, N. Y.

May 1, 1930

# MEDICAL SOCIETY OF THE STATE OF NEW YORK ANNUAL REPORTS, 1929-1930

#### REPORT OF THE PRESIDENT

To the House of Delegates— Gentlemen:

Your President begs leave to submit his report for the past year, and after study and the experiences of his term in office to make certain recommendations for discussion and decision, which may improve the Society's efforts to aid the individual practitioner in his local problems, and to strengthen the Society as a whole in advancing the cause of bringing better health and a longer lease of life to the populace of this State.

Unfortunately he was afflicted with illness in the forepart of 1930 which forbade his visiting the County Societies in as great a number as he had hoped and planned to do, and necessarily some work was curtailed or even not touched upon, but the willingness so to do must be accepted with the sorrow that the program as planned could not be entirely carried out.

It is probably so each year in our lives, and therefore his successor must carry on in behalf of what is believed to be for the good of the citizenry.

The various Standing and Special Committees have nobly striven to fulfill their duties as they have understood them, and the Officers and Executives of the Society have carried on in the same high measure that has made the Society so proud of them in the past.

Attention should be called to the fact that more and more is being demanded of your officers and committeemen through the complexities of the life and period in which we are living, and the evolution of the practice of medicine is pointing in several very definite directions.

During this past year it has been a pleasure to note that our Committee on Public Relations has established very definite connections with the governmental and lay agencies, wherein it has been the more firmly established that the ultimate foundation of successful public health

measures must rest upon the shoulders of the individual doctor in carrying out detailed programs, and that no group or organization can so successfully reach the individual as can the family practitioner when he fulfills the whole measure of his duty.

To him must we look as the ultimate agent of all groups, and conversely should he look to his organized medical body for guidance and principles.

### Review of Committee and Officers

The various phases of mass preventive and curative medicine have been well cared for by your Society in such matters as Diphtheria Immunization, Periodic Health Examinations, the Economics of Medicine, Physio-therapy now just coming to the fore, and the other matters which touch upon the relationship of the doctor as an individual and as to his membership in the Society and with the Public. It is a slow and tedious process of education.

Your Committee on Public Health and Medical Education, which has had to do largely with the physician himself and his attitude toward his own education, that he may strive individually to be in the forefront with knowledge and advice, has made marvellous strides during the year.

Your Legislative Committee, through careful and considerate contact with the legislative and executive branches of the State Government, and tactful work of your Executive Officer working under it, has maintained thoughtful and progressive action on the part of legislators who are slowly coming to the belief that the doctor as an individual and in our groupings is solely interested in maintaining a high standard in medical education, and in the practice of medicine for the protection of the health of the public

Your Committee on Grievances, though not a Medical Society body, has assisted the State

Education Department in this latter regard to a degree that was not contemplated when first it was created.

That our cry was heard throughout the State as to the necessity of a physician in the Board of Regents to advise in medical and health matters is evidenced by the very heartening election of Dr. Grant C. Madill to a vacancy on that Board.

Much else might be mentioned specifically. Of the recommendations made by the past president, there are none which have not been carefully considered and decisions made thereon as well as all of the matters which were referred by your House of Delegates to the Council and to the Executive Committee.

We have been unfortunate in the loss by resignation of our Counsel, Mr. Lloyd P. Stryker, who has so ably and valiantly carried on the legal department of the Society, but who desires to enter on a larger field of work. Happy are we, however, to note that his love for the work is of such a character that he has desired to be carried on our rolls as Consulting Counsel without compensation and will still give us of his rich experience.

Our new Counsel, Mr. Brosman, is entirely familiar with what is required, through his association of many years with Mr. Stryker and having been the Society's Attorney in the past.

Our funds have been safeguarded through our economical and militant Board of Trustees, our expenses have not been lavish, but well within bounds.

I believe we may say that great progress in all lines of endeavor marks the years' work, but there is no lack of opportunity for greater development in this march of progress, even within our own medical circle.

There are certain general topics I wish to speak of from my observations as President this past year.

# Woman's Auxiliary

I believe we are losing much valuable assistance, especially politically and legislatively, in decrying a Woman's Auxiliary. We have none and it is our own fault. Our neighbors, Pennsylvania and New Jersey, have profited much therefrom.

We could well use a graduate female physician or nurse to work from a central headquarters and be the contact between female groups and our State Society. Apparently we have never utilized cooperation with the Women's Medical Society of this State, further then that your incoming President, by invitation, addresses them each year when they meet in the same city and at the same time as we do. A good tactful woman as a field secretary, or whatever you wish to call her, can do much good as is seen in the New Jersey Medical Society and in others.

# Cancer Prevention

We have not, as a Society, put our shoulders to the wheel in the Cancer Prevention Work. What if it is supervised by another group semimedical, but yet surely ethical and sincere. Another instance which points to our being behind in effort. We surely should become interested in it and have some special group amidst our own State organization as well as the scattered ones in County Societies which are now being organized by their well-meaning and well-informed medical assisters of the Cancer Prevention organization.

# Advance Program of Executive Committee Meetings

I think the meetings of our Council and Executive Committee members should be informed at least one week in advance of every question which is to come before them for deliberation and not enter a meeting where decisions are sometimes made without much discussion. This is not a criticism of any individuals but is a desire to see the Society take a forward step in debating at greater length, some of the questions of moment which have come up and has been suggested to me as President a number of times to bring before you.

# Historical Records and Rules

There is again brought to the fore the proposition of a new State Museum building in Albany, wherein might be housed a wonderful collection of various articles portraying the history of medicine in this State and perhaps in this country.

The Director of the Museum is anxious to assemble such a collection and I would offer the suggestion that a special committee might be appointed whose duty it would be to obtain old instruments, books and implements, etc., during the coming summer and arrange with the Director for such to be put on display as a "Collection loaned by the Medical Society of the State of New York," and by individual members.

Many of our County Societies have old records, which are now subject to fire hazards. These should be housed perhaps in a central fireproof vault. Or at least copies of them should be made and sent to our Secretary's office for future preservation.

# Vice-President and Executive Committee

In view of the increasing complexities in the practice of medicine, and from my experiences of the past year I would recommend to the Society, through its House of Delegates, the serious consideration and action of the following:—

1. When the President is ill, or unable to perform a duty, as when several engagements fall upon the same date, your By-Laws in Chapter

8, Section 2, state that the ranking Vice-President shall perform the duties of the President.

As it is not provided in any place that he shall attend the Executive Committee meetings, he is therefore, out of touch with the immediate activities of the Society and with the new principles and orders of procedures being constastly formulated from month to month.

I would therefore, recommend that a change be made in the By-Laws and that the ranking Vice-President (as is now the case with the President-elect) shall be required to attend the Executive Committee meetings without voice or vote.

#### Censors

2. From time to time the Board of Censors of the State Society is called together on the request of a member of the Society to hear an appeal from that member from a decision of his local County Society Board of Censors.

The cost of gathering together the Councillors (Presidents of the District Branches) and the officers to constitute the Board of Censors under Article 7 of the Constitution may amount to a considerable sum, and as they must gather from all parts of the State it would seem but reasonable that the common ruling of law be applied that a bond be posted by him who was appealing from the decision of his County Society, as an evidence of good faith.

Recently your Censors met to act on an appeal and the notices were issued to the Censors and to the appellant and to the defendant several weeks in advance. On the morning of the appeal and only three hours before the Censors were to meet, the appellant informed the Secretary of the Board of Censors that neither he nor his counsel would appear. This unwarranted cost of money to the Society, and time wasted (which means money) by active physicians from various parts of the State should not be.

I therefore, recommend that in counsel, with our Counsel, a clause be inserted in Chapter IX of the By-Laws, in Article 2 or 3 whereby a bond must be posted by the appellant, and in case of his non-appearance, the expense of the meeting shall be borne by him from said bond.

It is not intended to penalize him who honestly wishes to be heard by appeal and so, if the appeal is heard, no matter what the decision the wording should indicate that where the meeting was held and the appellant appeared personally or by counsel and was heard, his bond should be returned to him and no costs should be levied on either party.

# Reports of House of Delegates

3. As it is many weeks before the members of the Society learn what has been done in the meetings of their House of Delegates, and as I have had verbal criticism throughout the State by members as to their inability to learn what has taken place at the very meeting which they are attending, until a long time after, I would suggest that consideration be given to the following question:

As the House of Delegates has practically finished its work at the hour of the Annual Meeting of the Society, I ask if it would not be a forward step if the Speaker of the House, or his representative the Vice-Speaker, give a short written résumé of what has occurred at the meetings of the House of Delegates, to the members attending the Annual Meeting. Thereby these members could carry back with them to their component County Societies at least an idea of what had been accomplished in the House of Delegates and so hearten many of the County Societies, who need leavening, and give them an idea of policies to be followed in the coming year, as well as questions which have been referred to the Council or Executive Committee for decision during the year to come, and so tending to keep the County Societies more active and alive between the yearly meetings of the whole Society.

#### Expenses of Officers and Committeemen

4. It does not seem fair now, to ask the officers of the Society, or members of Committees, to be absent from their homes in attendance upon duties of the Society and to be provided only with their carfare while having to pay their hotel bills, etc., from their own pocket. To be interested in Society matters and to be working for the members of the Society earnestly and honestly, at present imposes not alone a time tax, but also a monetary tax on many of your officers, principally committee members.

It seems to me that our Society could well afford to reimburse those earnest and hard working members who plan and direct the various efforts of the Society, which same are constantly becoming more burdensome, in whole or in part for their actual and needed expenses, paid out while on actual Society work.

A per diem allowance is now made to certain officers when on actual Society business, but I believe it is only fair that some allowance should now be set up and instituted for all.

I would therefore, recommend that this matter be referred to the Board of Trustees for consideration, adjustment and action with a view toward reimbursing those who are on Society business, for their hotel and other actual necessary expenses, and that the Council insert this in the next budget.

And that the House of Delegates, or by its reference, the Council make the necessary changes in Chapter 7 of the By-Laws as required to make this possible.

# The Formal Annual Meeting

5. This Society does not hold a real Annual Meeting at which a large percentage of its members present in the city at the time attend the same.

Usually the Annual Meeting is an evening perfunctory gathering with a few addresses, followed by a social gathering wherein an admission fee is charged. This makes for a division in our membership and an ever-increasing problem to the local committee of the city wherein is held the meeting.

Our Annual Meeting could be held in a very few minutes, constituted as we are by law and our Constitution and By-Laws.

I would suggest that the Council be directed to so bring it about that,

(a) By amendment or resolution the Annual Meeting shall be held at noon, or some other designated daylight hour and that the next meeting for 1931 shall partake more of the spirit of Chapter XI of our By-Laws. Thus can we attempt to bring into our general meeting of the Society a better understanding and a hoped for participation on the part of the members of the Society who are not serving on Special Committees, or in the House of Delegates during the meeting and who therefore, may express themselves in an open and general Society meeting.

# Annual Banquet

(b) I believe it would create a wonderful spirit among those present in the city at the time of the Annual session, and would increase the attendance at the section and general meetings, if the Society in general held a banquet on one of the evenings during the session which would be tendered by the Society to all who had registered, and without expense to the individuals attending.

Year after year, we who have served on Committees of Arrangements know the unpleasant situation when the discussion comes up concerning the type of entertainment to be given and the worries that ensue therefrom as to the expense thereby incurred.

I believe the Society owes its members at least once yearly a general social gathering to be provided by the Society to those who have sufficient interest in the Society and in medicine in general to travel long distances and to forfeit their practice for the days of the meetings.

I would therefore suggest that the House of Delegates recommend to the Board of Trustees that a sufficient sum be appropriated in the next budget, perhaps \$2,000.00, or so much therefore, as is necessary, to provide a social evening including a banquet of simple nature perhaps, as a trial for our next Annual session. And that such an evening shall be planned by the Ex-

ecutive Committee who shall govern the expenditure therefor, in connection with the Committee on Arrangements. That each member who registers for the sessions of the Society shall be entitled to receive one ticket gratis and may purchase additional tickets for guests at a sum to be determined by the Executive Committee.

# Secretaries and Legislative Chairmen's Meetings

6. Our meeting of Legistlative chairmen, during the winter, and our Secretaries' meeting have brought forth much of value to the Society in the questions which have been debated and the principles enunciated and to be followed in the everchanging local and State conditions relating to medical practice.

I suggest that the House of Delegates again recommend to the Board of Trustees that the appropriations in sufficient amounts again be made for holding these meetings or conferences. There should be included therein an amount sufficient to allow those in attendance at least a small per diem for that which each one must spend for hotel bills.

# Tri-State Conference

7. Though there has been discussion as to the value of the Tri-State Conference, which directly may be of little value to the individual member of any component State Society, yet the general good which has seemed to emanate from these gatherings, warrants, I believe, their continuance and I therefore, suggest that the House of Delegates recommend to the Board of Trustees that the sum of \$150.00 be appropriated for our part of the meetings during the coming year, and that it be considered a part of the regular Society affairs.

I realize that the Conference is rather a loosely bound affair and would therefore, in addition, recommend that the Council or the Executive Committee shall determine by vote what officers shall be designated to attend the Conference. As a suggestion, perhaps those who might be designated should be the President, the Presidentelect, the Secretary, the Editor of the Journal or his designate, and the Executive Officers. Others invited or designing to participate should be taxed a small amount.

# District Branches, Special Committee

8. The District Branches do not function to the full extent, I believe, as was intended when they were first planned. Much work could be done by the District Branch through its officers which would relieve the main officers of the Society, especially the permanent Committee Chairmen of their constant importuning of the County Society Chairmen directly, of which only about 50 per cent function completely.

Through changes in the District Branch formation and added duties, perhaps greater results in benefit to our County Societies and our State body as a whole might accrue

I would therefore, suggest that the House of Delegates recommend to the Council the appointment of a Special Committee to study the District Branch set up as we now have it, looking toward an improvement and changes which could bring greater strength to our individual County Societies, and to the State Society as a whole This Special Committee can study the thought carefully during the coming year, and having perhaps attended the meetings of the District Branches, should render its report to the House of Delegates in 1931 for thorough discussion

The carrying out of many policies enunciated by the House of Delegates, by the Council, or by the Executive Committee could more easily be carried out through the District Branches, than when importuned by the main Secretarial office of the Society, as the "nearer the responsibility is to the individual member, the greater is the likelihood of an action being carried forward"

## Councillors and Executive Committee Meetings

9 In connection with the above there is also to be considered the meetings of the Council, and of the Executive Committee

Your Council has met but twice this last year For about one hour in June 1929, immediately after the Annual Meeting, when many important matters were not discussed, but were perfunctorily passed on to the Executive Committee for discussion and decision, and again in December 1929, in an afternoon session

If it is agreed that two heads are better than one in a decision then I believe ten or more brains in discussing a subject will bring forth more ideas to the better decision

While I have adopted the plan of my predeces sors in office and have not called more frequent meetings, or been asked to do so, it might perhaps be a thought to work upon that

Adopting the idea of utilizing the branch organizations to fulfil their duties the more, there might be held on the morning each month, of the Executive Committee day, or bi mouthly a meeting of the Councillors, who shall report in minute detail the conditions existing in each District Branch of the State and from thence in the afternoon your Executive Committee would have the last word in knowledge and information throughout the State for their meeting in the afternoon, and the Councillors would have had opportunity to exchange ideas and be enthused by their own meeting

Perhaps more meetings of the Council should be held and therein are included the Councillors (Presidents of the District Branches) who might

and who should, report to the Council as to affairs in their individual Districts

#### President-elect

10 At the first session of the Council your President presented an outline of certain aspects in Society work which he thought might better the workings of the Society

This was in the nature of an inaugural address It was the first time such an innovation had been

attempted

Our Constitution and By-Laws make no provision for the President-elect to address the House of Delegates or the general society until after his work is done

Then as President he may only present a report of work accomplished during his year past as President and mike recommendations for bet terment to the Society, which will be referred to a Reference Committee at the Annual Meeting Before this Committee he must appear to amplify and explain his recommendations, which Committee members may be and usually are quite un familiar with the minute details of the Society and therefore, may not be able to give the consideration to the recommendations as might seem wairanted

To be sure the report and recommendations are published in advance but the reasons and arguments cannot be elaborated to the degree which warrant them

The President is busy at an Annual Meeting with a multiplicity of duties and therefore, can not appear before his Reference Committee ordinarily, as he should, to explain his points of view at greater length

The President-elect has presumably attended all the Council and Executive Committee meetings during the year, and has formed some very definite ideas as to how business might better be expedited and certain changes made. But he has voice only by courtesy, and no vote in the Executive Committee. He also has attended many meetings throughout the State as the President-elect and so has been able to feel out the desires of the various groupings in the State and there fore, should have some very concrete ideas of value to give us, and hence a more uniform plan of action can be formulated.

I therefore, propose for discussion the question as to whether it would not be to the gain of the Society to interpolate in Chapter II of the By-Laws, Section 7 page 10, after order No 5, a new order No 6 address of President-elect, and renumber the rest of the section

# Standing Committee on Publicity

11 Our Journal reaches the members of our own Society and some members of other State Medical Societies, but publicity as to what our State Society is doing for the care and prevention

of disease, in public health matters, and in the newer discoveries as to medical science, is not reaching the public through the lay press, bearing the authenticity of our State or County organizations, or through magazines, or authentic talks given by our own membership, lay or medical of our organized medical groups, in the measure in which it should.

This is becoming of vital importance because the lay organizations, especially certain ones, and perhaps governmental groups, have obtained a very great advantage over organized medicine, and through their press bureaus will continue to hold, and even grow stronger in their hold, in propaganda and support of lay people, unless our State Society reaches out to the every-day public, through the press in a dignified manner.

As has been learned in the National Medical group that it was necessary to reach the general public through the publication "Hygeia," I would recommend that our Publication Committee be abolished and in its stead a new Standing Committee take its place, by amending Chapter X, Section 1 of the By-Laws and adding thereto a new Standing Committee to be known as the Committee on Publicity, said Committee to consist of five members, of which the Editor of the Journal shall be one member.

The duties of said Committee to be defined as

ioliows:--

(1) To establish a bureau of publicity in connection with the Journal of the Medical Society of the State of New York, and as a publicity liaison bureau of all of our Society Committees.

(2) To supervise the editing and publishing of our Journal of this Society, in conjunction

with the Editor of the Journal.

(3) To establish a liaison with the newspapers, and magazines, and other publications throughout this State, and where deemed necessary, outside of this State, and furnish them with edited articles, daily or weekly, of what our State Medical Society, or its component parts, is doing in advancing the interests of medicine and public health.

(4) To aid and assist, through the columns so opened to them, in the various committees, statewide or county members in correlating the news activities of organized medicine and see that they

are offered to the lay press.

- (5) To advertise more widely, in general and where given locally, such postgraduate courses as are given by the Society to its members, or where proper, any postgraduate courses of other groups, that the public may acquaint themselves the more as to the activities of organized medicine.
- (6) To issue information when deemed advisable in pamphlets, by letters or by other legitimate means, to physicians, lay people or lay organizations covering such important medical topics as are pertinent.

(7) To undertake the foundation and conduction of a press bureau as above for the syndicating of medical articles, such as are appearing at present in newspapers through the country for commercial gain, and to be prepared to answer such letters and inquiries on medical questions as may be directed to the newspapers, or to medical societies so as to forward proper medical advice and induce such questioners to "consult your own doctor, nearest clinic, or your own County Medical Society."

(8) To establish a bureau of lay and medical speakers, who, gratuitously or for small honorarium will be prepared to furnish such persons with literature and data on general, and if feasible, special medical topics. This portion of their work shall be subservient to the call of the various committees, Public Relations, Public Health and Medical Education, Periodic Health Exam-

inations, etc.

(9) To consider and perhaps start the filing of duplicate reports, for reference, of the different Committees, as rendered monthly to the Executive Committee and Council, for the purpose of utilizing much of this material in our own Journal and in drafting popular articles for the lay press. And in this connection perhaps, to entertain the thought of starting a library of books, films, lantern slides, etc., for illustrating particular subjects in medicine, which could be loaned to the County Societies on special occasions.

This Committee would take the place of our present Special Publication Committee, but with the added duties as its name implies it should try to reach the individual lay person, the unorganized major mass of the people, with proper literature written in simple language and from

the viewpoint of the doctor.

Lay people are the more "medicine conscious" in these years since the war. We are doing only a small part in guiding their education or reading, and are leaving this to organizations who have ideals, at times I fear higher than ours, as exhibited by their efforts, while we supinely stand aside and let them pull or push us about.

We do not in general invite lay people to any of our meetings where medical questions (not politics) are scheduled for discussion but seem to live in the past in keeping this knowledge in

our own little circles.

The work of the organized medical group in this State is interesting and as your President, I have enjoyed giving it my best endeavors.

For the honor bestowed upon me by one and all in elevating me to this office, and for the loyal and conscientious work put forth by my associates, my thanks are but meagre expressions of gratefulness; and I leave the office with the hope that at least we have advanced a few steps along the roads toward the goals which we are seeking.

JAMES N. VANDER VEER,
April 1, 1930. President.

#### REPORT OF THE SECRETARY

To the House of Delegates: Gentlemen:

Again your Secretary has the honor of submitting an annual report,

As in former years, this, in accordance with his assigned duties, must partake necessarily more of the nature of an executive than a secretarial report.

#### THE SOCIETY

When faults and defects exist in the mechanism, it is easy by constructive criticism and suggestion to build up a report on the existing conditions and advance ideas for the correction thereof; but when everything is running smoothly and when the various parts are working in effective harmony, one must remember that it is best to leave well enough alone. Perfection is a relative term and is never attained.

In this respect, the statement made last year applies equally well to conditions of today, "There exists an almost harmonious correlation of all the elements and component units that comprise the corporate body, a considerable lessening of the overlapping and encroachments of duties of officers and committees and a sincere cooperation of all toward the upholding of the ideals and purposes of the Society."

#### THE SOCIETY'S OFFICES

For five years, the improvements advocated by the Secretary upon first assuming the office, have been adopted gradually and without disturbing husiness routine until there now remains little to be done. In making these changes the Secretary has received the support of the Executive Committee and the Board of Trustees and the earnest cooperation of the entire office force under the wise and experienced management of Miss Baldwin whose loyalty to the Society and devotion to duty have been of incalculable value. To her and to his efficient and willing staff, the Secretary takes this opportunity to express his thanks and appreciation.

The problem of space in the office for the meetings of the Council and Executive Committee has been solved by giving the clerks and stenographers an afternoon off when these meetings occur; the Trustees not having been able to provide the extra room. In contra-distinction to this, the Legislative Burcau in Albany, where there is but one employee as compared to from seven to ten in the Society's offices, has been able to obtain a fifty percent increase of floor space. This increase was necessary and obtainable: in the Society's offices this increase is necessary but apparently unobtainable, through lack of room in the Academy building.

#### FINANCIAL DEPARTMENT

The Society is to be congratulated upon having a Treasurer and a Board of Trustees who possess

that element so frequently lacking in the physician —business acumen.

The absolute lack of criticism of the finances of the Society during the past year indicates that the membership at large now realizes the importance of these offices and the worth of the men holding them.

#### LEGAL DEPARTMENT

Through the resignation of Mr. Lloyd P. Stryker as our Counsel the Society has experienced a great loss and to the Secretary the loss has been both official and personal.

During the years Mr. Stryker has been with us the Society has grown to appreciate not only his work but also his personality. He was the friend of every member of the Society, looking upon the physician as a man necessarily of high ideals and character and always judging him as such. He proved himself a man and "to know him was to love him." His regard for the Society is shown by his willingness to serve without fee as Consulting Counsel.

His successor, Mr. Lorenz J. Brosnan, is well known for his work in the many cases in which he has served as trial counsel, and the Secretary has received from time to time messages of thanks and compliment from those whose cases he has handled.

Despite the stress that has been laid upon the limitations of the Counsel's duties in annual reports and in published articles, there still persists a misunderstanding on the part of many. In view of this, it has been thought well to obtain a formal ruling from the Executive Committee regarding these duties.

Copies of the following have been sent to the President and Secretaries of all County Societies: "This misunderstanding has reached such an extent that County Societies, Committees, and individual members are continually requesting legal opinion upon questions of ethics, interpretations of both State and County By-Laws, rulings on internal dissensions and many others of like character together with opinions upon individual affairs which should be referred to private counsel.

"In addition to the duties appertaining to malpractice defense, the Counsel is retained by the Council of the Society as General Counsel and arts in an advisory capacity to the Legislative and Administrative Bodies, i. e., the House of Delegates, the Council and the Executive Committee; rendering service also in such other matters as may be referred to him providing such are consistent with the customary duties of his office.

"All questions or requests for information by Committees, County Societies, or individuals must be referred therefor, through the Secretary's office to the Executive Committee with which Counsel sits."

#### COMMITTEES

Your Secretary has had this year greater opportunity to observe and judge the work of the Committees by reason of having received regular monthly reports and opportunities to sit at their meetings. He extends to them his sincere congratulations.

The excellent service rendered the Society, the Profession and the Public by certain Committees has never been excelled and the enthusiasm, indefatigable energy, keen intelligence, knowledge of their especial sphere of work and their self-sacrificing devotion to their duties should receive the commendation of every member.

The character of the work differs so greatly in the various committees that it casts no reflection upon the others to call especial attention to that of the Committees on Public Relations and on Health and Education. The Committees on Physical Therapy and on Periodic Health Examinations are new Committees but have already made themselves felt in their respective fields. The Committee on Scientific Program continues to live up to the high ideals set by its efficient and energetic chairman. The Secretary still believes that the work of the Committee on Economics should be broadened and made of major importance; several County Societies are far ahead of the State Society in the study of this phase of medical practice.

# CONSTITUTION AND BY-LAWS

The revised Constitution and By-Laws adopted by the 1928 House of Delegates have been effective in eliminating much of the confusion and errors of past years and while perhaps not perfect are to all intents and purposes sufficient for the legal governing of the organization and the forwarding of its work.

Long experience has taught your Secretary that a flexible Constitution and a multiplicity of laws tend to greatly weaken the effectiveness of an organization. Much of the strength of the Society lies in the system of governing by resolutions of the House of Delegates and Council, which resolutions may be temporary or permanent in effect according to the purpose for which they were adopted and the effectiveness of their operation. The Legal Department, the Publication Department and the Insurance Question all show the wisdom of this procedure.

What a chaotic state would ensue if every move had to be in accord with a section of the By-Laws and if every experimental law found to be a failure had to remain in effect for a year or more.

# MEETINGS AND CONFERENCES

The Conference of County Secretaries held in Albany last fall evidenced by the attendance, the interest shown by those present and their earnest entrance into discussion of the many ideas ad-

vanced for the betterment of the County Society, that the re-establishment of these conferences was well worth while. It is the hope of your Secretary that they be made a permanent annual feature.

The Secretary attended the afternoon session of the Tri-State Conference and was astonished to find New York represented by but one officer, the President Elect; the others being a former President who happened to be stopping at the hotel, the Executive Officer and the Executive Editor. While the worth of these conferences is questionable, there is no reason why the Society should be represented, if at all, in a loose haphazard way. No official action regarding representation ever has been taken and those who attend, do so at considerable loss of time and at their own expense. No recommendation is offered, the solution being obvious.

The occasional inter-committee conferences have proved exceedingly interesting and of great value, one commendable feature being the presence, by invitation, of State officers who are thus kept in touch with the Society's activities. Succeeding chairmen should continue this custom.

Occasional comments are heard regarding the infrequent meetings of the House of Delegates and of the Council, the House being required to hold annually but one meeting and the Council two.

In this connection, it should be remembered that the House is the Legislative Body of the Society and the Council the Executive and Administrative Body, delegating its powers to a smaller and more workable body, the Executive Committee. Anyone at all familiar with the conduct of business concerns or governments will realize that this is the only logical and efficient scheme. small committee, selected for their interest in and knowledge of the affairs of the Society can accomplish more and better work than a larger general committee is an indisputable fact. Council consists of 31 members, six of whom have duties in specific spheres of activities and seven members constitute a quorum. Executive Committee is composed of nine members of the Council, two more than a quorum. and is therefor in every way representative and sufficient.

# DISTRICT BRANCHES AND COUNCILLORS

The Secretary was able to visit but six of the District Meetings and extends his thanks to their officers and members for the hospitality and courtesy afforded him. He expresses his regrets at not being able to attend the meetings of the Fifth and Fighth Districts.

The worth of the plan adopted several verre ago of placing the programs and arrangements of each District in the hands of an Executive Committee with the collaboration of the Execu-

tive Officer is shown by the annual increase in attendance and interest. Having observed the workings of three different forms of District Government, the Secretary heartily commends the

present system

He has however, one comment to make occasionally happens that someone is elected President of a District who does not realize the seriousness and importance of the duties which he is assuming The President is a Councillor of the Society and as such is one of its principal officers He is a member of the Council and a Censor and one-third of the Executive Committee is composed of Councillors According to the provisions of the By Laws he must visit the Counties of his District at least once a year, make a careful inquiry of the condition of the Profes sion and report thereon to the House of Dele These are no light tasks and the Secretary is of the opinion that the expenses incurred in carrying them out should be borne by the Society

#### IN GENERAL

The Secretary calls the attention of the House to the recommendation of the Council that more care be exercised in instituting special committees whose duties may lie within the province of one of the committees already instituted

Also to the recommendation in the Secretary's report of 1928 that some plan should be devised whereby the work of the Reference Committees could be so handled as to expedite the business of the House and avoid the jamming through at the last moment of amendments and important business without discussion

He again sitesses the importance of finishing all business and abandoning the habit of referring to the Council, and thence to the Executive Committee matters that could be more properly discussed and settled by the larger body

The Secretary announces that he has been able to revive an old custom and each member can now find printed in the back of his Annual Directory a copy of the Constitution and By-Laws together with the Principles of Professional Conduct

The Secretary recommends to the House that Pr John A Card be delegated to continue his addresses on insurance problems to the District Pranch Meetings and to various County Societies

his work during the past two years having been well worth while

In closing his report the Secretary extends his thanks to the various officers and members whose friendship and support have lightened the burdens of his official life He especially thanks the Presi dent for his many courtesies and expresses his admiration for the manner in which, despite the ravages of sickness he has conducted his office

He expresses his appreciation of the work of the Executive Officer and thanks him for valu able assistance

#### MEMBERSHIP STATISTICS

Membership, December 31 1928 New Members 1929	11 247 801	
Reinstated Members 1929	185	
		12 233
Deaths	141	
Resignations	60	
	<del></del>	201
		12 032
Dropped for non payment of dues		
December 31 1929	_	550
		11,482
Elected after October 1 1929 and	l	
credited to 1930		528
Membership January 1 1930	-	12.010
nomeon jamai j		,

The list of honor counties whose membership shows all dues paid for the year is as follows Albany, Cayuga Chemung Chenango, Cortland Genesee Jefferson Lewis Livingston, Montgom ery, Niagara, Orleans Rockland, Schoharie, Schuyler and Yates

In regard to these statistics it must be remem bered that the membership dues are paid as from January 1st to December 31st, and that the fiscal year runs from July 1st to June 31st, consequently, many of the members dropped auto matically on December 31st pay and are rein stated during the early months of the year. In fact about sixty percent of those listed as dropped have resumed their membership

Respectfully submitted.

D S DOUGHERTY, April 1, 1930 Secretary CHARLES GORDON HEYD, TREASURER, IN ACCOUNT WITH THE MEDICAL SOCIETY OF THE STATE OF NEW YORK Cr.

Dr.		<u>Cr.</u>
CASH RECEIPTS, YEAR ENDING MARCH 31, 1930	CASH PAYMENTS, YEAR ENDING M.	ARCH 31. 1930
Balance April 1, 1929 \$16,864.69	Salaries, General and Directory \$18,10	8.68
RECEIPTS:	Rent, including Journal Office 4,55	7.96
Annual Dues, Arrears \$628.00	Diam's and Line	3.68
Annual Dues, 1928	2 0000000	6.23 1.57
Annual Dues, 1929 and 1930 123,577.00		1.57 0.00
Journal Advertising	and an arrangement of the second of the seco	1.95
Journal Sales	Investments Purchased	
Directory Sales 4,103.00	Accrued Interest on Investments., 51	5.46
Annual Meeting, 1929 Exhibits	Journal Publication 35,04	
and Dinner 3,038.50	Journal Salaries 4,91	
Annual Meeting, 1929, Delegates'		6.06 2.20
Dinners		2.51
Interest on Investments 3,132.50 Interest on Bank Balances 973.01		1.50
Annual Meeting, 1930, Exhibits. 2,485.00		4.06
Clerical Work	Journal Traveling Expenses 13	4.39
Bad Debt Recovered 24.00		7.66
	Executive Editor's Salary and	D 770
TOTAL RECEIPTS \$182,744.40		6.76 0.00
		0.00
<b>v</b>	Committee on Legislation 4,45	4.15
	Committee on Public Health and	
	Medical Education 7,05	5.99
•		9.96
		0.20
	Committee on Medical Economics. 1,54 Committee on Periodic Health Ex-	7.83
		0.00
	Committee on Physio-Therapy 48	9.71
•	Committee on Medical Research. 5	1.20
•		7.23
		0.84
		5.60
	Special Appropriation, District Branches	5.00
		0.00
	Executive Officer's Expenses 1,22	5.27
	Honorarium & Expenses, Secretary 2,97	4.99
	Legal Expenses	
		19.49
•		96.49 20.00
		34.55
		6.40
	Directory Printing 13,11	10.41
		73.00
	Directory Delivery 1,42	26.99
•		57.30 · · · · · · · · · · · · · · · · · · ·
	Annual Meeting, 1930, Expenses. 1,45	57.39
	Office and Sundry Expenses 79	97.17
	TOTAL DISBURSEMENTS	\$188,775.73
	Balance March 31, 1930: Guaranty Trust Company \$7,49	20.07
	Guaranty Trust Company \$7,40 Chase National Bank 3,30	)2.99
·		11.40
		10,833.36
Total\$199,609.09		
. , , , , , , , , , , , , , , , , , , ,	THE DINES SELECT	\$199,609.09
Income Income	YEAR ENDED MARCH 31, 1930	
Advertising \$41,841.19	Expenses Publication—Printing and Cuts \$33,70	07 07
Subscriptions and Sales		96.69
Income from Dues 12,525.50	Rent 16	57.92
Cost of Journal	Office Salaries	13.44
Cost of Journal	Commissions	11.74
		08.69
		00.00 00.00
	Executive Editor's Traveling Ex-	00.00
	pense1	96.76
		00.00
•		92.20 81.50
,		72.51
	. Traveling Tunana Adamie	

Dr	I	REPORT C	THE TR	EASURER—Continued			Ст
		D	IRECTORY	ACCOUNT			
Advertising Sales Income from Dues	Income	\$4,940 00 4,194 00 12,525 50		Publication—Printing Salaries Commissions Discounts Delivery Stationery	Expenses	\$13,110 41 4,527 17 873 00 43 03 1,426 99 323 50	•
				Postage Sundry Expenses		657 30 184 09	
				Net Income	•		\$21,145 49 514 01
	-		\$21,659 50			-	\$21,659 50
				T MARCH 31, 1930	Liabilities		
CURRENT ASSETS Petty Cash Cash in Banks	\$41 40 10,466 09	\$10,507 49		CURRENT LIABILITIES Committee on Medica TRUST FUNDS Lucien Howe Price Fo	nl Research	\$3,217 02	\$360 84
ACCOUNTS RECEIVABLE Journal Advertising Directory Advertising Directory Sales	\$2,447 81 1,274 00 98 00	3,819 81		Merritt H Cash Prize Wear, Tear, Loss and tion Fund Journal Fund Directory Fund	e Fund	1,549 66 5,243 75 16 350 84 16,357 13	
Investments Accrued Interest on Investmentory of Directories	stments	60,194 01 947 87 175 00		Strplus Balance April 1, 1929 Drouct		\$72,484 96	42,718 40
TOTAL CURRENT TRUST FUND INVESTMEN Union Dime Savings B Lucien Howe Prize Fund Merritt H Cash	ank \$1,453 36		\$75,644 18	Reduction of value of Furniture and Fix- tures to \$1 00 Increase of Journal Fund Increase of Directory	\$266 40 11,000 00		
Prize Fund	791 55	\$2 244 91		Fund	11,000 00	22 266 40	
Guaranteed First Mort tificate Investments Cash in Bank		2,000 00 37,500 00 325 87 647 62		App Excess of Income ove for twelve months en	r Expenses	\$50,218 56	
Accrued Interest on In	vestments	041 02	42,718 40	31, 1930	ueu marcii	25,065 78	
Furniture and Fixtures	3		1 00	Balance March 31, 1930		-	75,284 34
		_		TOTAL S	E HENDER	son. Accour	118,363 58 ntant.
TOTAL			118 363 58			son, Accour	of N Y
STATEMEN	T OF IN- Income	COME AN	D EXPENS	SES, APRIL 1, 1929, T	O MARCI Expenses		
Annual Dues, Arrears		\$628 00 1,070 00		C " ", '		\$1,151 15	
Annual Dues, 1928 Annual Dues, 1929 and 1 Interest on Investments Interest on Bank Balance Clerical Work Annual Meeting, 1930		2,616 59 973 01 280 82		, , , ,	• •	7,055 99 1,249 96 140 20 1,547 83	,
Annual Meeting, 1930 Bad Debt Recovered Directory Income		1,027 61 24 00 514 01		amination Committee on Physio-Th District Branches County Secretaries' Conf Tri State Conference	erence	500 00 489 71 2,147 23 500 84 25 60	,
				Special Appropriation Branches  Rent Stationery and Printing Pestage Telephone Auditing Annual Meeting Bad Debts Ching of Office and Sundry Lx of Cast of Jurnal	•	125 00 8,000 00 1,225 27 2,975 00 13,581 51 14,345 48 3,329 49 2,900 04 412 58 412 58 411 57 140 46 475 45 475 45 475 50 9,400 18	;
				TOTAL TAPENSES I xeems of Income over 1		*	90 574 26 25 065 78

# REPORT OF THE COUNCIL

To the House of Delegates: Gentlemen:

The Council has the honor of presenting the following Annual Report; which includes those of its Executive Committee and Committee on Publication:

Two regular meetings have been held; June 4th, 1929, in Utica, and December 12, 1929, in New York City.

In accordance with the provisions of the By-Laws governing the Constitution of the Executive Committee the following members of the Council, nominated by the President, were elected to serve with the officers therein specified as the Executive Committee, John A. Card, Charles H. Goodrich, Paige E. Thornhill, Austin G. Morris and Thomas P. Farmer.

Other appointments were made as follows: Committee on Public Health and Medical Edu-

Ceorge W. Kosmak, John O. Polak, George F. Chandler, E. MacD. Stanton, William A. Groat, Chalmer J. Longstreet, Stanhope Bayne-Jones, Clayton W. Greene.

Committee on Public Relations-

cation—

William H. Ross, William D. Johnson, O. W. H. Mitchell, Augustus J. Hambrook.

Special Committee on Insurance—

John A. Card and Charles Gordon Heyd.

Committee on Arrangements—

Walter A. Calihan, Austin G. Morris, Floyd S. Winslow, Benjamin J. Slater, Benjamin R. White, Leo F. Simpson, Charles G. Lenhart, Sol J. Applebaum, John Aikman.

Committee on Legislation—

Walter A. Calihan, John J. Rainey.

The following recommendations of the House of Delegates were acted upon favorably:

That the Annual Conference of Secretaries of County Societies be continued, and

That the President appoint a Committee of Five to study the question of Birth Control and Sterilization, and a Committee of Seven on Physical Therapy, Drs. Polak and Kovacs being respectively appointed chairmen of these committees.

At the close of the meeting on June 4th, 1929, the President delivered an address which was referred to a Special Committee for study and report back to the Executive Committee; Drs. William H. Ross, John A. Card and Harry R. Trick were appointed as such a committee.

The meeting on December 12, 1929, was devoted mainly to the reception and consideration of the reports of the various standing and special committee.

On motion, it was resolved that the Council recommend to the House of Delegates that more care be exercised in instituting special committees whose duties may lie within the province of one of the committees already instituted.

Regarding the Annual Meeting it was resolved that it is the sense of the Council that scientific sessions start at 10:30 Tuesday morning, June 3rd, 1930; that one session be devoted to Physical Therapy and that the banquet and general meeting be combined and held on Tuesday evening.

# **EXECUTIVE COMMITTEE**

The Executive Committee has held nine meetings and will hold another on May 8th. The first of these meetings was held in Utica immediately upon the close of the Council meeting and was devoted to the organization of the Committee and acting upon such appointments that, under the provisions of the By-Laws, came within its province.

The organization was carried out by electing James N. Vander Veer, Chairman, and John A Card, Vice Chairman.

The following appointments were made:

Committee on Publication-

William H. Ross, Chairman; Charles Gordon Heyd, Daniel S. Dougherty.

Budget Committee—

John A. Card, Chairman; together with the Secretary and the Treasurer of the Society.

Editor-in-Chief: Orrin Sage Wightman.

Executive Editor: Frank Overton.

Legal Counsel: Mr. Lloyd Paul Stryker, and attorney, Mr. Lorenz J. Brosnan.

The Executive Committee being the business committee of the Society much of its work is routine in character: providing for the proper and efficient carrying on of the affairs of the Society; receiving and acting on reports of committees; appointing special committees to care for emergent work; preparing the budget and referring it with all subsequent applications for expenditures, together with the recommendations or comments of the Committee, to the Trustees.

To write, therefor, into an Annual Report, the entire transactions of the various meetings would be unnecessary waste of space and provide tiresome reading. For this reason, mention will be made only of those of general interest.

The contract with the Executive Officer having been drawn originally for one year and never formally renewed nor endorsed by the Trustees, a special committee was appointed with power to draw up a contract between the Society and the Executive Officer after conference with Dr. Lawrence and Mr. Stryker. Said contract to be

presented to the Trustees for approval This committee, consisting of Drs Card, Heyd and Dougherty, accordingly met with the Executive Officer and the Counsel and agreed upon a contract which was approved by the Trustees

The following appointments were made

Pollution of the State Water Ways C H Goodrich, C K Deyo, C D Post E H Marsh, H W Jones

Periodic Health Examinations C W Cramp ton G B Stanwix, L Coville, C C Tremb ley, W W Britt, J B Garen

High Cost of Medical Care H R Trick, W H Conley, E MacD Stanton, G A Leitner, W R Thompson J A Hartwell

Birth Control and Sterilization J O Polak, S B Blakely, P E Thornhill, C A Gordon, Jumes E King, R L Dickinson, Arthur H Paine

Committee on Nursing Education N B Van Etten A Sloan J R Kevin, G W Kosmak G R Critchlow, G E Bielby, Arthur S Chittenden, W H Conley

Toxin Anti Toxin N B Van Etten, M Nicoll, Jr., L R Williams, G F Rainey, C A Gordon, W W Britt, F E Sondern, H G Weiskotten, W H Ross S W Wynne

Representatives to meet with the Commission of Labor W W Britt and J E Jennings, alternate Γ H Flaherty

Committee on Research A B Wadsworth, B T Simpson, S Flexner, J E Sweet, A J Foord, S Bayne-Jones F T van Beuren, Jr

Committee on Economics S Erdman H Hicks, H J Knickerbocker, G R Critchlow Committee on Physical Therapy F G Reid, E L Forster, W J Craig, H J Knickerbocker E H Turrell, C L Coon

Committee on Prize Essays 1 H Curtin, G R Critchlow, S J Kopetzky

After careful consideration of the invitations r ceived from various cities it was decided to hold the Annual Meeting in Rochester on June 2 3 and 4, 1930

In addition to the foregoing appointments the Committee endorsed the appointment of Dr Gordon Gibson on the Committee on Scientific Program

Iwo vacancies hiving occurred on the State Grice necessary of the term of Dr O S Wightman and the resignation of Dr Grant C Madill, the Executive Committee in accordance with the provision of the Medical Practice Act presented to the Board of Regents three nominations for each vacancy Drs John Douglas Harry S Patterson and Orrin

S Wightman being named for the first, Arthur D Jaques, J Richard Kevin and Walter D Lud lum for the second

Proposed amendments to the By-Laws of the Herkimer County Society, Nassau County Society, New York County Society and Schenectady County Society which consists of the Committee on By Laws, which consists of the Speaker, the Secretary and the Legal Counsel

At the March meeting, the Committee received and accepted with deep regret the resignation as Counsel of Mr Lloyd P Stryker

Upon the recommendation of Mr Stryker Mr Lorenz J Brosnan, who has been associated with him in the work, was appointed Counsel Mr Maxwell G Klutt being appointed attorney

At the curnest request of the Committee, Mr Stryker consented to act as consulting Counsel for the Society but without fee

#### COMMITTEE ON INSURANCE

The Insurance Committee during the past year has attempted to accomplish three things (1) to lessen mal practice suits, (2) with the aid of legal counsel to clarify the differences arising out of group insurance, and (3) to codify all legal opinions on the application of group insurance as it concerns the members of the Society

In keeping with these objectives the Committee his held numerous meetings with the legal counsel and at various times a representative of the insurance company, or a member of the Insurance Committee has visited every district branch during the current year, has answered all queries, and attempted to have the members of the So ciety fully acquainted with the application of their policies, and the full protection that it affords

The current year, so far as the workings of the group insurance are concerned, has been highly successful and the figures bearing upon mulpractice suits and costs are highly encouraging

There are always good and bad cycles in mal pricti e insurance but with the assistance of every member in cliningting unjust and improper claims, the level of insurance costs should gradually fall and the Committee feels that in the future it may be possible to achieve a reduction in the cost

#### THE COMMITTEE ON PUBLICATION

The Executive Committee is charged by the By Laws of the State Society, Chipter 5, Sec 3 with the duty to "Superintend all publications of the Society and their distribution". The two regular publications of the State Society are the Journal and the Directory.

Journal Departments The Executive Committee has continued its policy of making the Journal

in fact as well as name the organ of the Medical Society of the State of New York, and of its constituent District Branches and County Societies. Three years ago the Journal was divided into the eleven departments into which its material is now divided. The following table shows the number of pages given to each department during the last three years:

Number of pages in each department of the New York State Journal of Medicine during the last three years:

	1927	1928	1929
Scientific	586	585	639
Editorial	84	77	73
Medical Progress	96	96	96
Legal	84	83	68
London Letter		8	12
News	229	238	207
Medical Wares	7	1	12
Daily Press	48	48	48
Book Reviews	50	50	48
Our Neighbors	99	139	127
Advertising	645	636	653
	1928	1968	1984

In a general way, the contents of the Journal fall into four groups:

- 1. Scientific articles.
- 2. Records of Society Activities.
- 3. Allied topics.
- 4. Advertisements.

Scientific Articles: The greatest source of scientific articles are papers read before the annual meeting, but an increasing number of excellent papers are submitted by prominent authors. Embarrassment is caused by the abundance rather than paucity of the articles.

A standard of choice of articles is that they shall appeal to the general practitioner of medicine, and it is gratifying that authors are always willing to make their papers conform to this standard, even to rewriting and condensing them.

The scientific pages of the Journal of 1929 constitute a cross section of the practice of modern medicine.

Records of Society Activities: The time was, not so very long ago, when the scientific department was about all that the members considered, but they are now turning to the News Department with increasing interest. It is this department which makes the Journal the "Organ" of the Society, for in it are recorded the activities of the Society and its officers and committees.

The Journal has laid special emphasis on the practice of medicine by medical societies in distinction from individual doctors and public health organizations. This is the age in which organ-

izations of all kinds engage in civic work along every conceivable line. Our Journal is the leading medical publication in the United States in the amount of space, the number of articles, and the completeness of the indexing of the reports of the civic activities of medical societies. The department of "Our Neighbors" consists of abstracts from other State Journals, and is the most complete record in existence of what the medical societies of other States are doing along civic lines. Yet the record could be considerably expanded if the activities were reported more extensively.

Allied Topics: Special effort is put forth to make our Journal a balanced publication. The legal department is devoted largely to a description of actual suits brought against doctors. The London Letter, the excerpts from the Daily Press, the Medical Wares, and the Book Reviews are of interest and value to every physician.

Advertising: Advertisers are seeking access to our Journal in greater numbers than ever before, because they say that it is being read by physicians to a constantly increasing extent. A Journal must first demonstrate its popularity over several years before advertisers seek it. It is a fact that advertisers no longer have to be importuned to patronize our Journal. They seek admission to its pages.

### FINANCIAL STATEMENT OF PUBLICATIONS

April 1st, 1929, to April 1st, 1930

	•		•
	1930	1929	Decrease Increase
JOURNAL-Receipts			
Advertising\$	41,841.19	\$38,074.78	\$3,766.41
Subscriptions		425.18	40.71
Income from			
Dues	12,525.50	11,594.00	931.50
Journal-Expense	s		
Printing and			
Mailing	37.303.76	36,895.75	408.01
Journal cost to		,	
Society	9.400.18	11,387.91	
DIRECTORY—Receip	•	,	
•		<b>-</b>	
Advertising	4,940.00	5,630.00	
Sales	4,194.00	2,871.25	1,322.75
Income from	10 505 50	11 701 00	
Dues	12,525.50	11,594.00	931.50
DIRECTORY-Expen	ses		
Printing and			
Mailing	14,537,40	13,600.36	937.04
Directory, incom		,	20,101
to Society		125.10	
•	_		
res	spectrully	submitte	ea,

April 1, 1930.

D. S. Dougherty, Secretary.

#### REPORT OF THE TRUSTEES

To the House of Delegates—Gentlemen:

During the past year, the Trustees have adhered to the policy of approving of appropriations of sufficient sums to enable the officers and Committees to carry on their functions with due regard to economy. The budget presented for the year was studied carefully, and each item scrutinized from the point of view of accomplishment and economy. We have not hesitated to disapprove requests for funds in excess of sums agreed upon in the budget, when, in our opinion, the enthusiasm of the Committee making the request, was leading to expense, without profit to the Organization.

Conversely, we have approved of additional sums, when the work of a Committee could not be successfully carried on by the amount fixed in the budget. The close scrutiny of expenditure has not been done in the spirit of the bureaucrat, but in accordance with what we believe to be modern business methods.

The Trustees feel that the permanent success of the Medical Society, as any other organization, depends primarily on the financial status. The accumulation of the surplus, gives the Organization foundation for future accomplishment and success. We are able to report the investment in first class interest-bearing securities of \$100,000. This fund should continue to increase, until it reaches a sum that will enable the Society to feel a sense of security and comfort in its finances; and give opportunity for greater accomplishment in the field of organized medicine.

The report of the Treasurer gives in detail the financial record for the year. The meetings of the Trustees have been held whenever there was business to be transacted, and have been regularly attended by the members.

Respectfully submitted,

Grant C. Madill, Chairman. April 1, 1930.

#### REPORT OF THE COUNSEL

To the House of Delegates— Gentlemen:

Your counsel herewith submits his report for the activities of the legal department of the Medical Society of the State of New York for the period from March 1st, 1929, to and including February 28th, 1930. This is the fifth and last annual report of your present counsel.

The writer's opportunity to become acquainted with the medical profession, to study their problems and, in so far as he was able, to assist in their solution, is one that he has thoroughly enjoyed and will always look back upon with great pleasure. We are living in a changing world, and these changes affect the medical profession as well as every other calling. It is necessary not only for the individual physician to keep abreast of the times, but for the profession itself to be attuned to what is going on in the world, and to the point of view of the laity towards all professional men, especially what the layman asks and expects from the practitioners of the healing art.

The writer has always felt that there is room for a better understanding between the lay and the professional world, and that the general public will be quicker to understand the personal, professional and economic problems of the professional man if these at times were more fully explained. To the best of his ability, your present counsel has endeavored to do this through the medium of the editorial columns of the State Journal, in his appearances

before legislative committees, in his papers before the various component county societies and district branches, and especially in his actual defense of those of your members who have found themselves defendants in malpractice actions. A jury represents a cross-section of the general public. The writer has always found that it is possible before twelve laymen to take the most complicated scientific question of diagnosis, treatment, prescription or operation and to resolve this into its simple elemental terms in such a way as to make it clear to the intelligence of the average juror. What can be done with juries can be done with the public as a whole.

Your present counsel leaves you with feelings of strong regard and admiration for your profession and for its individual members. He has been fortunate in securing the personal friendship of a large number of physicians throughout this State, who have been quick to assist him in the performance of his work. He hopes and feels that he has the friendship of the entire profession, and he regards this as a sacred possession which he will never voluntarily relinquish.

Your present counsel has served under five different Presidents and five different groups of officers and committees, and he feels that your Society has been particularly fortunate and wise in the choice of those who, from time to time, have been called upon to take the leadership and the management of your af-

fairs. It has been a pleasure and a privilege to work and to cooperate with all of these gentlemen. It is a matter of regret that your present counsel will not serve under the incoming President, Dr. William H. Ross, whom he esteems as a physician of outstanding talent and character, and a man who will ably carry on the long and honorable traditions of his high office. This applies equally to your Secretary, Dr. Daniel S. Dougherty, and to those whom you will select as your new officers and committeemen. Your present Secretary (and we have no doubt, your Secretary for many years to come) is a tower of strength to the profession, and he has given to his office unusual funds of experience as well as his marked gifts of leadership.

Your counsel leaves you with the knowledge that your affairs are in perfect order, and with confidence that your Society will go on from year to year with increasing usefulness to your profession and to the lay world.

As you have already been informed, the writer's resignation as general counsel was submitted to the Executive Committee on March 13th to take effect on March 31st, and his associate Mr. Lorenz J. Brosnan, who since Mr. Oliver's retirement has been the attorney for your Society, has been chosen as general counsel to succeed the present incumbent. The reasons for the writer's resignation were set forth in a letter to the Executive Committee, and will be reproduced in his editorial appearing on April 1st, 1930. In his letter to the Executive Committee, the writer said:

"The reasons which prompt my resignation are based upon my desire to enlarge my professional life and to avail myself of the increasing opportunities which have come to me to act as trial counsel in other kinds of litigation. My duties as your general counsel have so preempted my time as to make it impossible for me to devote myself as fully as I should like to do to other fields."

Despite the dictates of his interests, we believe it unnecessary for the writer to assure you that he would not have resigned had he not known that there was available and able to carry on the work which he has done, a man who from every point of view is fully qualified for this honorable and difficult post. are now pending approximately five hundred cases in this office, either fully prepared or in the course of preparation, with all of which Mr. Brosnan is personally familiar. "He is," the writer in his letter of resignation stated, "therefore, able to step at once into the place which I am about to leave and is equipped in every way to fill it admirably. Not only do I express the unqualified opinion that your interests will be secure in his hands, but I will go even further and state that were I asked to

name any lawyer as competent and as trust-worthy for this position whom it would be possible for you to secure, I should say without reservation that there is no one whom I would prefer to this gentleman. He will be able to continue at the above address (as I am moving to 40 Wall Street) and will retain practically the entire staff, whose long familiarity with the details of this work is in itself quite indispensable to the successful handling of your legal affairs.

"May I say also that from my long personal, close and friendly contact with Mr. Brosnan, I have come most warmly to appreciate his fine personal traits, his sensitive honor and his possession of those qualities which make for con-

fidence and friendship."

It may not be without interest to reproduce here a portion of a paragraph contained in the writer's report of last year. He there stated:

"Mr. Brosnan entered the office of Whiteside & Stryker in the fall of 1920, has been continuously engaged in that office and in the writer's ever since. He has developed unusual gifts as a trial lawyer and has proven his mettle against some of the ablest lawyers who locked horns with this office. His record of successful trials is a matter upon which your counsel desires here to congratulate him. He has been entrusted with some of the most difficult cases in the office and has guided them through the courts to a successful conclusion. With perfect confidence I can and do assign to him any case in the office with the knowledge that the doctor's cause will be championed with marked skill and ability. He has a thorough knowledge of the law and unusual tact and discernment in court, as well as strong gifts of advocacy which he has developed under the continuous experience which has come to him.'

When Mr. Brosnan became attorney for the Society in 1928 upon Mr. Oliver's resignation, Mr. Maxwell C. Klatt, who has been with this office for nearly ten years and who is a lawyer of proven ability, took up and carried on the work which had largely fallen into the hands of Mr. Oliver. He has done this work well, and the Executive Committee therefore, in the writer's judgment most wisely, upon its elevation of Mr. Brosnan to the position of general counsel appointed Mr. Klatt as the attorney for the Society.

We take the liberty of here reproducing a portion of another paragraph contained in our

last annual report:

"Mr. Maxwell C. Klatt, whose work your counsel has had occasion previously to commend, is a member of the bar whose early promise has been increasingly fulfilled. Mr. Klatt has likewise been in this office or in the predecessor office of Whiteside & Stryker for upwards of eight years. Mr. Klatt's knowl-

edge of your problems and his experience with them has been developing rapidly. He too is now engaged in court work and has justified the high confidence which your counsel feels in him."

The categories heretofore employed in making the annual report will be here used again. These consisted in dividing the work of this office into three divisions (a) the actual handling of malpractice actions before the courts and juries and in the appellate tribunals, (b) counsel work with officers, committees and individual members of the Society, and (c) legis lative advice and activities

#### Litigation

The hazards and the dangers of litigation are ever with us So much has come from this pen on this subject, that we feel that it would be reiteration to say again what in our editorials and annual reports we have so often stated Many unfounded and unmeritorious actions are instituted, but as we have so often said, there are some cases which may be deem ed meritorious, that is to say, where the doctor sued unfortunately has not in some particular instance complied with the proper and ap-

proved practice with which the law compels him to be familiar and demands that he should follow. Cases of this kind have been settled Cases in which the writer has felt that the doctor had a valid defense have been fought out to the bitter end

From the following Table I, you will be pleased to note that in the past year only 28 cases have been settled, as compared with 66 in the preceding year. On the other hand, 192 actions were instituted in the period here reported on, as compared with 168 in the previ ous period Of the 144 cases disposed of, 28 were settled. In 114 either judgments for the defendant have been secured, or they have been disposed of through dismissal, discontinu ance or abatement Throughout the recording period 2 cases only resulted in judgments for the plaintiff On February 28th of this year there were actually pending in court 451 cases, as opposed to 403 of the preceding year, but these figures do not include approximately 150 to 200 claims in which actions have not yet been begun but many of which ultimately will result in actions in court The figures in the accompanying Table I tell their own story, and we feel require no further comment

 $T \ A \ B \ L \ E \ I$  Comparison of the Number of Suits Instituted and Disposed of in 1923 1929 and 1929 1930

V				_
,	Insti	TUTED	Dispo	SED OF
	1928 1929	1929 1930	1928 1929	1929 19.0
1 Fractures etc 2 Obstetrics, etc 3 Amputations	22	7 20 1	12 20	13 14
4 Burns, X-ray, etc 5 Operations Abdominal Eye Tonsil Ear, etc 6 Needles Brenking 7 Infections	22 42 8 10	15 52 3 23	20 39 6 13	21 42 5 10
8 Eye Infections 9 D	10 2 13	3 23 5 12 3 9 42	13 2 9 6 9 35	10 2 6
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	33	42	35 ——	7 24
Totals	168	192	171	144
FURTHER COMPARISONS Actions for Death Infants' Actions	16 17	7 15	12 17	4 8
Totals	33	22	29	12
How Disposed of	1 1	ľ		
Settled Dismissed, Discontinued, Abated or Tried (Verdict for Defendant) Judgment for Plaintiff			66 100 5	28 114 2
Totals	168	192	171	144
FURTHER COMPARISONS Appeals Judgment for Defendant				2
Pending on February 28 1929 Pending on February 28 1930	403	451		

TABLE II

Comparison of the number of members insured in 1927, 1928, 1929 and 1930, and the number of members in the county societies and the percentage of insured members

		1027			1923			1929		 1	1930	<del></del>
		1927			1743			1,2,	<del></del>		1330	<del></del>
COUNTIES	No. of Mem iers	No. of	Per-	No. of Members	No. of	Per-	No. of Members	No. of	Per-	No. of Members	No. of	Per-
	in County	Members ns red	centage Insured	in County	Members Insured	centage Insured	f in County	Members Insured	centage Insured	in County	Members Insured	centage Insured
	Society			Society			Society			Society		
Albany	220	120	54	220	126	57	228	129	57	235	136	58
Allegany Bronx	31 683	9 347	29 50	28 755	22 364	79 48	30 785	8 435	26 55	32 859	11 476	34 55
Broome	113	55	48	117	49	42	123	60	48	123	61	49
Cattaraugus	56 58	$\frac{26}{32}$	46 55	56 61	29 33	52 54	51 57	29 31	56 56	48 58	32 28	66 48
Cayuga Chautauqua	93	33	35	93	38	41	90	38	42	89	40	45
Chemung	53 35	37 17	69 48	57 34	38 18	67 53	60 34	40 18	67 53	62 36	45 18	72 50
Chenango Clinton	31	16	51	26	15	58	26	13	50	27	14	51
Columbia	37	19	51	37	19 8	51	35	19	54	36	21	58
Cortland Delaware	23 22	8 3	34 13	20 23	4	40 16	$19 \mid 22 \mid$	6 4	31 18	$\begin{array}{c} 24 \\ 22 \end{array}$	7 6	29 27
Dutchess-Putnam	115	63	54	118	61	52	121	63	52	120	62	52
Erie Essex	672	425 12	63 50	671	439 13	65 54	690   26	368 14	53 53	718 25	$\begin{array}{c} 428 \\ 13 \end{array}$	60 52
Franklin	49	16	32	56	16	29	56	12	21	53	11	21
Fulton	40 28	24 8	60 28	41 25	28 10	68 40	38 28	25 9	65 33	38 31	24 12	63 38
Greene	23	10	43	24	12	50	27	15	52	23	13	56
Herkimer	51 82	31 35	60 42	49 80	35 34	71 43	48 82	38 38	79 46	50 82	37 40	74 49
Kings	1613	933	57	1639	1017	62	1878	1189	63	2021	1257	62
Lewis	11 28	5 7	45 25	17 28	7 9	41 31	16 30	$\frac{6}{12}$	37 40	14 28	6 14	43 50
Madison	32	13	40	31	16	52	30	15	50	30	15	50
Monroe	435	240	55 26	436	251 13	58 26	436 51	244   13	56 26	451 49	256 14	57 28
Nassau	134	82	61	151	91	60	155	94	61	173	101	58
New York	3500	2069	59 63	3623	2171	60 57	3782 99	2240 56	59 57	3881	2348 63	60 62
Oneida	. 187	76	40	184	91	49	192	99	52	102 194	101	52
Onondaga	. 324	176	54	333	198	59 53	330 76	228 36	69 47	346	241 35	70 47
Orange	. 101	66	65	107	64	60	111	68	61	75 116	71	61
Orleans	. 18	6 24	33 44	19 48	23	47 48	18 49	9 21	50 43	18	9 24	50
Otsego	. 43	28	65	44	22	50	42	20	48	50 44	22	48 50
Queens	329	194	58	376 108	253 59	67 55	416 122	286 50	69 41	465	304	65
( Richmond	. 177	40	51	80	45	56	84	43	51	120 89	48 50	40 56
Rockland	. 42	23 22	54 33	46 68	25 23	54 34	47 65	$\begin{array}{c} 23 \\ 24 \end{array}$	49 37	48	27	56
Saratoga	. 43	25	58	46	24	52	50	26	52	65 48	26 25	40 52
Schenectady	123	93	75 37	114	94	82 33	116	83 5	71 28	115	85	74
Schuyler	.1 10	] 4	40	11	4	36	18 11	4	36	20 11	6 3	30 27
Seneca. Steuben	.1 21	5 43	23 59	23	43	30 59	21 72	8 41	38 57	20	9	45
Suffolk	110	( 43	39	118	59	50	114	46	40	68 114	38 49	56 43
Sullivan		19	65 36	28 24	16	57 38	32 22	18 9	56 41	36	20	<b>5</b> 5
Tompkins	.1 59	28	47	57	26	46	53	23	43	21 56	8 25	38 45 -
Ulster Warren	67	29 28	43   70	66	28	42 70	59 39	29 23	49 58	65	34	52
Washington	.] 38	17	44	38	] 16	42	40	14	35	39	25 17	64 41
Wayne Westchester	37	20 165	54 50	38	192	58 56	38	25 197	66 54	40	29	72
Wyoming	.] 26	9	34	29	9	31	365	12	40	399	204 12	51 37
Yates	21	14	66	20	13	60	21	13	62	20	14	70
	10829	6073	56	11259	6488	58	11806	6764	57	12314	7170	58
	1	1	ł	ł	l	l	1	(	1	1	ļ i	

Also the demonstrated success of the Group Plan, with which you now are so thoroughly familiar and of which such large numbers have availed themselves, requires no further state ment except to say that its value has increasingly been demonstrated. In those instances where doctors have found themselves sued for malpractice but have not had the benefits of insurance, we have invariably found that they have immediately caused themselves to be insured against any future contingencies of that It has not infrequently been brought to our attention that a given physician will insure himself for a time and then permit his insurance to lapse, only to find that thereafter suit has been begun against him upon facts arising after the lapse of his insurance, and has thereby found himself in the unfortunate position of being unprotected from a financial point of view In such instances likewise the physician has immediately availed himself again of the bene fits of our Group Plan to protect lumself against future contingencies

In this connection, it has been likewise ob served that sometimes a physician, who has permitted his membership in your Society to lapse and who has carried no insurance, will find himself sued with respect to matters arising during the time when he was not a member of the Society, and has thereby found himself in the position of hiving neither defense nor indemnity. We suggest that these unfortunate situations could be prevented if every active practitioner was careful to see that his membership in your Society, as well as in the Group Plan, continued at all times intact.

We append hereto Table II which gives a comparison of the number of members insured in 1927, 1928, 1929 and 1930 and the number of members in the county societies, and the percentage of insured members in the county societies and in the entire State Society. These figures are sufficiently clear to obviate the necessity of extended comment. It will be noted that there are now 12,314 members of the State Society, as compared with 11,806 members in the previous reporting period, and that there are now 7,170 insured members, as compared with 6,764 in the previous period. There has been an increase of 1 per cent in the insured

TABLE III

The following schedule of rates approved by the Society and effective May 1st, 1928 is published for the information of all members of the Society

		C	OLUMNS	A Being	Limits of L	ability for	Any One (	Claim or Si	nt
		\$5000	\$10000	\$15000	\$20000	\$25000	\$30000	\$40000	\$50000
	\$15000	32 00	39 68	46 08					
	20000	33 60	41 28	47 68	51 84				
	25000	34 88	42 67	48 96	53 12	56 96			
a shity	30000		43 84	50 24	54 40	58 24	61 12		
dan.	35000		45 12	51 52	55 68	59 52	62 40		
Ϋ́E Ω Υear	40000		46 08	52 48	56 64	60 48	63 36	66 88	
r Sur	45000			53 44	57 60	61 44	64 32	67 84	
LINES B Beng Limits of Liability For All Claims or Suits During Any One Policy Year	50000			54 08	58 24	62 08	64 96	68 48	69 44
Olar G	60000			55 36	59 52	63 86	66 24	69 76	70 72
a, ≧ e	70000				60 80	64 64	67 52	71 04	72 00
NES For	75000				61 28	65 12	68 00	71 52	72 48
3	80000				61 76	65 60	68 48	72 00	72 96
	90000					66 56	69 44	72 96	73 92
	100000					67 52	70 40	73 92	74 89

EVAMPLE—Select the limits you require from COLUMNS A and LINES B Follow them to the point of intersection where you will find the rate for the combination of those lines. For example To find the rate for \$15,000 \text{45,000} limits, select the \$15,000 column as shown across the top and the \$45,000 line as shown down the side Follow these to their intersection where the rate of \$53.44 will be found

members in the present as compared with the previous reporting period.

# Counsel Work

During the period of this report, your counsel has prepared for publication in the Society's Journal articles in the nature of editorial comment. These editorials have included the following:

Individual Liability of Physicians for Acts Committed in Hospitals.

Collecting from Clinic Patients Able to Pay. Criminal Law, Compelling Attendance of Witnesses

Outside the State. Criminal Law in Relation to Contraceptive and Priv-

ileged Communications. The Country Doctor.

George Bernard Shaw Consults a Doctor.

The Law Progresses.

Legal Liability for Medical Service.

Motor Vehicles, Financial Responsibility Law. Motor Vehicles, Liability of Owner. Doctor and the Public.

The Doctor's Dilemma.

Gratitude.

Insanity, Effect on the Marital Contract.

An Experience with an Insurance Carrier Not Authorized to do Business in this State.

Public Opinion and Jury Duty.
The Administration of Justice in England.
Grant C. Madill, Our Candidate for Regent.

Malpractice Limitations Statute Held Not Applicable to Nurses.

Motor Vehicles, Connecticut Statute Upheld. This Year's Chiropractic Bills.

As in previous years, your counsel has digested and there have been published in the Journal reports upon malpractice actions which it has been felt were of special interest to the

profession. The case reports published during the previous year are as follows:

Cellulitis, claimed negligence resulting in amputation. Claimed improper diagnosis and negligence in treatment of child.

Claimed operation without consent.

Claimed failure to discover fracture.

Claimed failure to remove foreign particles.

Claimed negligence in supra-vaginal hysterectomy.

Claimed negligence in delivery.

Claimed negligence in the treatment of a fracture.

Claimed negligence in breaking of needle

Claimed negligence in intravenous injection.

Claimed negligence in operation for middle turbinate. Claimed negligence in treatment of a fracture of the femur.

Diathermy, contributory negligence causing burn.

Removal of foreign body from ear.

Gonorrheal pyosalpinx.

Gun shot wound, claimed negligence resulting in death.

Hernia, infection, removal of testicle.

Husband's claim for loss of services of wife.

Inflammation of the ear, claimed burn due to treatment.

Needle in body after operation.

Obstetrics, claimed negligence causing fracture of clavicle of baby.

Obstetrics, acute nephritis resulting in death.

Obstetrics, claimed breast abscess,

Obstetrics, claimed wrong diagnosis. Obstetrics, claimed delayed delivery.

Otitis media, claimed negligence in mastoid operation. Pott's fracture, claimed negligence in reduction.

Syphilitic depression of the nasal bridge claimed negligence in operation and treatment.

Tonsillectomy, death of child claimed to be due to

defendant's neglect.

Tonsillectomy, claimed broken tooth during operation. Claimed negligence in performance of tonsillectomy. Traumatic cataract, claimed negligence in treatment. Keloid, claimed negligence in injection prior to ton-

sillectomy.

Claimed negligence in treatment of breast.

Claimed negligence in treating compound comminuted

Claimed negligence in treatment of rectal abscess. Claimed contraction of pneumonia after delivery.

These editorials and case reports have been prepared as a result of much labor, and it is a source of gratification to your counsel that on so many occasions he has received approbation for his efforts in this direction.

In addition to his other duties, your counsel receives frequent requests for opinions upon various subjects. These come not only from the county societies, officers and committees of such societies, but from the individual members as well. Some of these inquiries related to matters of sufficient general interest to find reflection in editorial comment; others have resulted in private advice. Some of the matters upon which advice has been thus rendered are as follows:

Inquiry regarding the legal effect of standing orders to nurses in hospitals.

Inquiry regarding the authority of a physician to sterilize a patient, and the possibility of a change in the present laws controlling sterilization.

Inquiry regarding the use of inflammable gas anesthetic as regarding the responsibility of the hospital, the

surgeon and the anesthetist.

Inquiry regarding the liability of an eleemosynary laboratory for the acts of physicians, technicians and employees.

Inquiry regarding the use of the title "doctor" by an

individual not a duly licensed physician.

Inquiry regarding the statute of limitations applicable

to malpractice actions. Communication regarding the definition of the word

"hospital," and its applicability.

Inquiry regarding:

(a) The liability of physicians working in a charitable institution.

(b) The status of a person applying to a charitable institution for medical treatment

(c) The application of the law on dispensaries to teaching clinics.

(d) Who may prosecute for a violation of the dis-

pensary law. Inquiry regarding who may testify as an expert in a

malpractice action. Inquiry regarding the ownership of X-ray plates.

Inquiry regarding the legal effect of the use of order books or order sheets in hospitals.

Communication regarding controversies with the Fed-

eral Prohibition Commission.

Communication regarding medical advertising in daily periodicals.

Inquiry regarding actions for malpractice in connection with actions to recover for professional services.

Inquiry regarding the effect of acceptance of dues with application for Society membership.

Inquiry regarding authority to give advice in connec-

tion with birth control.

Inquiry regarding duties of insurance companies in majoractice actions.

Inquiry regarding authority of injured employee to select his own physician under the Workmen's Compensation Law.

Inquiry regarding malpractice defense where the physician is insured with companies other than the Aetna Life Insurance Company, particularly with reference to insurance companies not authorized to do business in New York State.

Inquiry regarding the use of hypodernuc syringes by

individuals not physicians.

Examination of provisions of County Society by-laws in connection with possible conflict with by-laws of the Medical Society of the State of New York Inquiry regarding the legal relationship arising be-

tween physician and patient.

Inquiry regarding collection of fees for professional services from patient's estate. Communication regarding collection of physician's

Inquiry regarding treatment of patient under the

Workmen's Compensation Law. Legislative Advice and Activities

Throughout this reporting period, as heretofore, various bills have been introduced in the Legislature having more or less bearing upon the medical profession. Our opinion has been

asked with respect to many of these and has been promptly given.

The usual chiropractic bill was introduced. and we commented on that very freely in our editorial of February 15th, 1930.

#### Conclusion

The writer of this report sends to the House of Delegates and to the officers, committeemen and individual members of your Society his greetings and the assurances of his good-will.

On the occasion of his resignation, the writer, at the request of the Executive Committee, accepted the position without compensation of consulting counsel. He was glad to do this, although no formal position is necessary, in order to assure you of his friendship and good-will.

You have a noble calling. Your profession is all too little appreciated by the general public. It numbers some of the finest men in the country. It has been a privilege and an honor to represent you as your general counsel, and the duties of that office are now laid down with sincere regret and with the recollection of strong friendships and many kindnesses.

Respectfully submitted.

March 31, 1930. LLOYD PAUL STRYKER, Counsel.

#### REPORT OF COMMITTEE ON SCIENTIFIC WORK

To the House of Delegates: Gentlemen:

Your Committee on Scientific Work has prepared an excellent program which has been printed. We wish to call particular attention to the hour of opening the scientific sections Tuesday, June 3rd at 10:30 A.M. This innovation, we trust will meet with the approval of those who

The general meetings will be devoted to a Symposium on Birth Injuries, Tuesday afternoon, June 3rd and one on Metabolic Disturbances, Wednesday afternoon, June 4th. The individual sections have arranged most instructive programs and we trust that the meetings will be unusually well attended.

The Committee has been fortunate in securing several out of the State speakers. For the first time in many years a President of the American Medical Association will address the Society. for Dr. M. L. Harris of Chicago, will speak on "Medicine Under Siege."

Your Committee has labored under many handicaps, chief of which was the unfortunate selection of the date of meeting, which conflicted with the time set for several of the special societies. This, of course, made it unusually difficult to secure essayists.

When your Chairman rendered his report to

the Council at the December meeting, several members of that body expressed disappointment when it was stated that no clinics would be held. The Chairman of the Committee on Scientific Work then invited the University of Rochester School of Medicine and Dentistry to prepare clinics for Thursday, June 5th. A clinic day of wide scope and great attractiveness was prepared by that university. The Executive Committee at its meeting on April 10th ruled that no clinics be held under the auspices of the State Society. When this fact was communicated to the University of Rochester, the Dean of the Medical School fortunately for us, decided to hold the clinic day as a University feature. Therefore, the medical men of the State will have the opportunity to visit the newest medical school in the State of New York, meet the men in charge and sce the type of work that they are doing.

The Chairman has been assisted in every way by the members of his Committee and he here expresses his appreciation to each one for his loyal support and cooperation. He urges that everyone who can possibly go to Rochester do so at the time of the general meetings so as to receive the inspiration and uplift which always comes from contact with progressive medical men.

Respectfully submitted,

ARTHUR J. Brdell, Chairman. April 1, 1930.

# REPORT OF THE COMMITTEE ON PUBLIC RELATIONS

To the House of Delegates: Gentlemen:

Your Public Relations Committee-is deeply conscious of its ever broadening field of activity as well as the complexity of many of the questions that are presented to it for adjustment. The new economic and social era affecting medical practice, which includes the broad principles of Preventive Medicine and Public Health, demands a readjustment of the relationship of the profession to health organizations generally, whether they are governmental or purely voluntary.

The object of this committee is to aid in all ways in the readjustment of the medical profession to the new conditions confronting it and to assist in harmonizing the various groups working in the field of Public Health and Preventive Medicine; thus hoping to eventually produce an interlocking, coordinate body whose purpose shall be a united effort directed towards the prevention of disease as well as increased efficiency in the care of established disease. To this end your Committee has given its best effort and has come together monthly, usually in Albany, to discuss and plan methods of bringing together the medical profession and other health agencies on a cooperative basis, assuming that the medical profession in and of itself cannot handle this ever increasing health problem except by a proper utilization of the many agencies now working in this field. Sel dom has any member been absent from such meetings. Many of the officers of your society have likewise been in attendance, and given us of their time and wise counsel. Especially do we wish to comment upon the pleasant and cooperative relationship existing between this Committee and the Committee on Public Health and Medical Education. Naturally, our fields interlock and each Committee should understand the work of the other in order to avoid duplication along certain lines. We wish to take this opportunity of expressing our thanks and appreciation to Dr. Farmer, Chairman of the Committee on Public Health and Medical Education for his attendance, interest and counsel at the meetings of this Committee.

The personnel of the Public Relations Committee remains the same as of the previous year, viz.:

William H. Ross, Secretary, President-Elect of the State Medical Society; W. D. Johnson, Chairman of the Surgical Section of the State Medical Society; A. J. Hambrook, Past-President of the Rensselaer County Medical Society; O. W. H. Mitchell, Professor of Public Health and Bacteriology. Syracuse University, Former Commissioner of Health of Syracuse;

James E. Sadlier, Chairman, Ex-President of the State Medical Society.

Through the courtesy of your Executive Committee, Dr. Joseph S. Lawrence, Executive Officer, was detailed to act as Field Secretary for this Committee at such times as his other duties would permit. This arrangement has proven most beneficial, relieving your Chairman and Secretary of many onerous tasks and much detail work. The careful thought and wisdom exercised by Dr. Lawrence in the work performed is gratefully acknowledged by the Committee.

Our Secretary, Dr. William H. Ross, has, as usual, been an indefatigable worker on this Committee, going here and there over the State and addressing medical and lay groups in the interest of our various activities. Especially commendable is the interest he has shown in the development of County Departments of Health. All members of the Committee have given freely of their time to meet with County Medical Societies and impress upon them the importance of establishing a proper relationship with other health organizations and developing their respective societies along the line of taking an active and leading role in all the health activities in their county.

Your Chairman and one or more of the members of the Committee met in conference with the Chairman of the County Society Public Relations Committees at the time of the District Branch meetings. These conferences were of value in outlining to the county chairmen what we desired accomplished in their respective counties and in instructing them with reference to method and plan of making a basic survey of the existing measures which are practiced in curative, preventive medicine and public health in each of their counties.

We are pleased to report that nearly all of the sixty county medical societies have established a Public Relations Committee, thereby giving your State Committee a definite point of contact for future work with the counties.

One of the chief present activities of the Public Relations Committee of each county is to take the fundamental step of making a survey of existing health organizations, and their functional activity in preventive medicine, the hospital and welfare facilities in the country, and following this, a study of the present relationship of medicine to all these organizations.

Arranging for these conferences with the County Chairmen and carrying them to a successful issue was an important feature of our work during September and October.

Methods of cooperation with lay health or-

ganizations, fraternal, welfare, education if and commercial groups in their health programs have been advanced, and measures adopted to effect cooperation with the various lay health organizations throughout the state

Dr William H Ross, President Vander Veer and Dr J E Sadlier, were appointed a sub committee to confer with the Departments of Health and Education upon all matters of importance to the medical profession having to do with curative medicine, public health or the prevention of disease

Acting upon the suggestion given by the House of Delegates that many hospitals prevented physicians and surgeons from collecting for services rendered industrial cases admitted to the wards, the Committee on Public Relations, on October 5, 1929, addressed to 247 hospitals, which were thought to be all of those in the state that might take industrial cases the following questionnaire

1 Do you admit compensation cases to your wards?

2 Do the rules and regulations of your hospital prevent the surgeon from receiving compensation for services rendered industrial cases admitted to wards?

Two hundred and thirty-nine replies were Of these three came from hospitals that take no industrial cases whatsoever, nine were from private hospitals, and 227 were from general hospitals Of the 227, 193 replied that they admitted industrial cases to their wards Thirty four hospitals said they either had no wards or made special provision for industrial work Seven said they provided special wards for industrial cases. In 19 the industrial cases are treated in semi private wards, and in 4 as private patients in private rooms. Several that admit cases to the general wards commented that in their opinion industrial cases should not be treated the same as public cases, but special provision should be made for their One hospital stated that industrial cases were admitted to all of its services—the wards. semi private wards and as private patients, de pending upon the request of the physician id mitting the case

Aside from the municipal hospitals of New York City, only 7 stried that physicians or surgeons were not permitted to make charges for their services on industrial cases. In onc of these the physicians, by common consent donate the fees to the hospital for a special fund. Two hospitals stated that physicians are not permitted to make charges for the care of patients on the public ward, except for industrial cases.

Since the Committee made this investigation the corporation counsel of New York City has been considering the revision of the municipal charter which prevents attending physicians from making charges for services rendered industrial patients. It is hoped that such revision can be made.

From this study we derive the information that physicians and surgeons of this state are allowed to receive compensation for industrial cases cared for in the wards of the hospitals of the state except in the Municipal hospitals of New York City and seven others, many of the latter being in or about New York City Your Committee would suggest such action by this House of Delegates as might lead the Depart ment of Hospitals of New York City to revise the Municipal charter and allow the medical and surgical staff of these hospitals the privilege of charging for services rendered industrial cases

Your Committee is able to report that there has been established with the Departments of Health and Education of the State Govern ment, a very desirable, cooperative relationship which will result to the advantage of future health conditions and to the benefit of the med ical profession. At present the Department of Health seeks the advice and counsel of this Committee on controversial matters relating to the medical profession and the advancement of Public Health and Preventive Medicine most important subject of discussion with the Department of Health has been the pending question of State and County owned General Hospitals to be developed in rural sections of this State

We became acquainted with the fact that State and to general hospitals now existing, or to be developed in rural sections of the state, was fast becoming an important subject for consideration, and that the State Department of Health was considering this subject, as indicated by the following statement from the official bulletin of that department

'A request for grant of State aid for a county general hospital will receive consideration when such a request comes from a rural county with a population of not over 50 000 and in which county it has been determined that hospital care and treatment are unavailable or in accessible provided that the status of the county is such as to make the establishment of such a hospital an economic hardship without State and In the establishment of such a hospital the provisions of the General Municipal Law (Section 126-135b) must be followed "Health News of December 2, 1929

This viewpoint was accentified when I exis County, by referendum vote, instructed its supervisors to appropriate a sum of money, to be met by an equal sum from the State for the construction of a general hospital for that county. Your Committee at once began a study

# REPORT OF THE COMMITTEE ON PUBLIC RELATIONS

To the House of Delegates: Gentlemen:

Your Public Relations Committee, is deeply conscious of its ever broadening field of activity as well as the complexity of many of the questions that are presented to it for adjustment. The new economic and social era affecting medical practice, which includes the broad principles of Preventive Medicine and Public Health, demands a readjustment of the relationship of the profession to health organizations generally, whether they are governmental or purely voluntary.

The object of this committee is to aid in all ways in the readjustment of the medical profession to the new conditions confronting it and to assist in harmonizing the various groups working in the field of Public Health and Preventive Medicine; thus hoping to eventually produce an interlocking, coordinate body whose purpose shall be a united effort directed towards the prevention of disease as well as increased efficiency in the care of established disease. To this end your Committee has given. its best effort and has come together monthly, usually in Albany, to discuss and plan methods of bringing together the medical profession and other health agencies on a cooperative basis, assuming that the medical profession in and of itself cannot handle this ever increasing health problem except by a proper utilization of the many agencies now working in this field. Sel dom has any member been absent from such meetings. Many of the officers of your society have likewise been in attendance, and given us of their time and wise counsel. Especially do we wish to comment upon the pleasant and cooperative relationship existing between this Committee and the Committee on Public Health and Medical Education. Naturally, our fields interlock and each Committee should understand the work of the other in order to avoid duplication along certain lines. We wish to take this opportunity of expressing our thanks and appreciation to Dr. Farmer, Chairman of the Committee on Public Health and Medical Education for his attendance, interest and counsel at the meetings of this Committee.

The personnel of the Public Relations Committee remains the same as of the previous year. viz.:

William H. Ross, Secretary, President-Elect of the State Medical Society; W. D. Johnson, Chairman of the Surgical Section of the State Medical Society; A. J. Hambrook, Past-President of the Rensselaer County Medical Society; O. W. H. Mitchell, Professor of Public Health and Bacteriology, Syracuse University, Former Commissioner of Health of Syracuse;

James E. Sadlier, Chairman, Ex-President of the State Medical Society.

Through the courtesy of your Executive Committee, Dr. Joseph S. Lawrence, Executive Officer, was detailed to act as Field Secretary for this Committee at such times as his other duties would permit. This arrangement has proven most beneficial, relieving your Chairman and Secretary of many onerous tasks and much detail work. The careful thought and wisdom exercised by Dr. Lawrence in the work performed is gratefully acknowledged by the Committee.

Our Secretary, Dr. William H. Ross, has, as usual, been an indefatigable worker on this Committee, going here and there over the State and addressing medical and lay groups in the interest of our various activities. Especially commendable is the interest he has shown in the development of County Departments of Health. All members of the Committee have given freely of their time to meet with County Medical Societies and impress upon them the importance of establishing a proper relationship with other health organizations and developing their respective societies along the line of taking an active and leading role in all the health activities in their county.

Your Chairman and one or more of the members of the Committee met in conference with the Chairman of the County Society Public Relations Committees at the time of the District Branch meetings. These conferences were of value in outlining to the county chairmen what we desired accomplished in their respective counties and in instructing them with reference to method and plan of making a basic survey of the existing measures which are practiced in curative, preventive medicine and public health in each of their counties.

We are pleased to report that nearly all of the sixty county medical societies have established a Public Relations Committee, thereby giving your State Committee a definite point of contact for future work with the counties.

One of the chief present activities of the Public Relations Committee of each county is to take the fundamental step of making a survey of existing health organizations, and their functional activity in preventive medicine, the hospital and welfare facilities in the country, and following this, a study of the present relationship of medicine to all these organizations.

Arranging for these conferences with the County Chairmen and carrying them to a successful issue was an important feature of our work during September and October.

Methods of cooperation with lay health or-

relationship and establish a new adjustment to correspond to present day social trends, because these social trends are leading to different public demands. If we do not do these things, there is danger of a declining influence in the years to come. There was once a time when every man was in control of his own relationship to others but in these days groups of people work together and individual relationships no longer can be depended upon as a professional guide.

The medical profession should adopt as a principle a cooperative relationship with every health or welfare effort in the state and it should not wait for an invitation. The profession should go to the State government or any of its departments with an offer to help in any public health project. It should go with a plan for betterment and in the spirit of conference and with the objective of the advancement of

public health, public welfare and the common

The profession ought to follow the same plan with the unofficial health agencies, child welfare organizations and parent teacher associations. In no ther way will we ever secure the leadership that we ought to have and avoid the danger of a declining influence.

There is a common ground for agreement and the Public Relations Committee is endeavoring to set up a program, based on the cardinal principle of cooperation, that will benefit the public and will benefit the profession also and that will grow, as the years come and go, until the profession of medicine is again the mighty force through the family physician that it once was in human affairs.

Respectfully submitted,

JAMES E. SADLIER, Chairman.

# REPORT OF THE COMMITTEE ON LEGISLATION

To the House of Delegates. Gentlemen:

The Committee on Legislation began its work by following the custom of preceding years in addressing a communication to the legislators, both new and old, offering the assistance of the committee, through the Executive Officer, in studying matters which would come before them during the 1930 session. We also laid plans immediately for the promotion of the candidacy of Dr. Madill for membership in the Board of Regents. Through individual communication with each member of the legislature, we urged Dr. Madill's election and are gratified to report our success in his appointment.

The legislative session was longer this year than usual, surpassing the 1929 session by two weeks and, accordingly, many more bills were introduced and necessarily studied by your committee. On the 4,124 bills introduced, at least 209 of them had some bearing upon the practice of medicine and were of sufficient importance to require reading and conferences with the reference committee holding them.

Beside the frequent conferences the Legislative Committee had in Albany with the Executive Officer, the chairman kept himself in close touch by correspondence and, in the last two weeks, by frequent conversations over the telephone.

With few exceptions, the usual bills were introduced. The birth control and anti-vaccination bills were conspicuous by their absence. The antiviviscction bill received its usual reception in the Codes Committee, where it was effectively opposed by representatives of the Committee on Medical Research. The osteopaths introduced their amendment of two years ago, asking that they be permitted to use certain drugs and perform surgery. Opposition to their wishes was very evident, in spite of the influence of an exceedingly strong lobby in their favor.

Three chiropractic measures were introduced in the Assembly, one of which was introduced in the Senate as well. The bill which was before both houses was much more drastically drawn than any of its predecessors and there was apparent among the legislators a very serious feeling that the bill should be passed. The requirements were intentionally made so rigorous that only those chiropractors who really had some educational training could have expected to pass examination in the subjects outlined. Your committee was asked by leaders in the legislature to present a careful criticism of the bill, which was done, and later the bill was amended so as to conform with the criticisms, with the exception of the waiver clauses, but, as stated above, these were so rigorous that they could hardly be made more so without taking them out entirely. The bill was definitely defeated in the Assembly and laid on the table. A day or so later it was taken from the table and voted upon again and defeated, but in the meantime it had gained a great many supporters.

The optometrists were interested in two bills which were defeated. One would have authorized boards of school trustees to employ optometrists in the examination of school children's eyes and the other would have permitted optometrists to use the tille "Doctor."

The health insurance bill was more comprehen-

sive than in preceding years, but received no greater consideration.

Several important bills had our staunch support and we were quite hopeful of having them passed. One of these was the bill we favored in two preceding years, which would have created an advisory medical council in the Department of Labor. This bill successfully passed the Assembly and was to be reported out for final passage in the Senate when opposition was placed to it by Commissioner Perkins. We were greatly surprised at this action on the part of the Commissioner, because the Executive Officer had previously discussed the bill with her and she had endorsed it, agreeing to speak with the Chairman of the Finance Committee, with whom the bill The explanation she offered was then resting. of her final action was that she really had not studied the bill until she saw there was a possibility of its becoming a law, although the bill was identical with the ones introduced in preceding years. She thought it gave a medical council entirely too much power and feared that it might become burdensome to her. She stated, however, that she was in sympathy with the idea of having a council of physicians to advise with her and offered to confer with us after the close of the legislature, for the purpose of rewriting the bill.

Another bill in which we were greatly interested was the one that was drawn at the suggestion of the Committees on Public Relations, Public Health and Medical Education, and Legislation, providing for the licensure of all up-state hospitals, the power to be placed with the Department of Social Welfare, which now has authority to inspect and visit dispensaries. This bill was amended a number of times before it passed the Assembly, but even then we asked that it be · amended before it passed the Senate. Probably its failure was due to the delay occasioned by this last amendment. The bill as it passed the Assembly called for the licensure of all hospitals, but it was thought that it would be wiser at first to direct the licensing to unincorporated hospitals and to limit the State Department's duties to licensure alone. It is hoped that this idea will receive careful consideration during the summer by all interested parties and a satisfactory bill introduced in the next legislature.

A bill granting the injured workman free choice of physician was introduced in both houses and the joint Committees on Labor and Industry gave it a hearing. The Legislative Committee was represented by the Executive Officer. Representatives of United Industries, insurance companies and the Industrial Surgeons' Association appeared against the bill. It was really drawn in favor of the injured workman and it was very surprising—and somewhat embarrassing—to find that representatives of Federated Labor took no interest in

it whatever. Many of them attended the hearing, but made no plea for the bill's enactment.

A number of compensable occupational diseases were increased by four, bringing the total to twenty-seven compensable industrial conditions. Two amendments were made to the law that relate to the care of the aged. One provides for pensioning. This carries no medical specifications, but its administration will, without doubt, carry into the practice of medicine. The other calls for the erection of sectional infirmaries for the care of incurables among the aged. The object of this latter amendment is to relieve small counties of the necessity of providing infirmary accommodations for the few incurable chronics that they might have, and permitting three or more counties combining and erecting one infirmary for their common use.

The Saratoga Springs development which was authorized will also have great interest for the medical fraternity, although the law is very vague, as to details.

Many other bills were introduced that would have proven more or less helpful and some more or less vicious. An outstanding one of this latter group was introduced by the Department of Labor, following the report made by a committee appointed by the Commissioner of Labor and Industry to investigate places in New York City where injured workmen are being treated. The amendment reads as follows: "The places where such medical, surgical or other attendance or treatment is provided shall be maintained and operated in a sanitary manner, in accordance with regulations of the industrial board." It will be noticed that this amendment would authorize the inspection and regulation of the physicians' private offices, providing they treated injured workmen, and Commissioner Perkins said that it was the intention of the amendment to have private offices inspected. It will also be noticed that this inspection was to be done by the industrial board. These places, other than doctors' offices, are in reality dispensaries, and if any investigation is to be made, it should be made by the Department of Social Welfare, where inspection of other dispensaries is reposed. This bill, as well as the other objectionable ones, was killed by our oppositions.

Our relations with the legislature were most cordial, and particularly with the Committees on Public Health, Education, and Labor and Industry. The cooperation we received from the chairmen of the County Legislative Committees was of such outstanding character that we want to take this opportunity of extending them our sincere thanks. Several of the Societies sent us at regular intervals a complete statement on the bills with informative comments as to the decisions they reached regarding them. We also wish to express our appreciation of the cooperation re-

ceived from the Sanitary Officers' Association, whose Legislative Committee held one of its meetings in our office.

A statement of the final action on bills will be sent out as a last bulletin.

#### Suggestions to the House of Delegates

That the Legislative Committee always stands ready to consult and cooperate with any other committee of the State Society with reference to the introduction of legislation affecting the medical profession and that in the future, all committees of either the State or County Societies consult our committee before initiating or introducing any state legislation.

That some state committee be assigned the task of coordinating the activities of the various committees so as to make their work more productive—and to avoid friction.

That the Colleges, Universities and scientific societies be asked to help us in our fight against these new cults and quack organizations. For years the medical profession has had to lead the fight against them. The promise of easy money without any hard work or study has made it possible for their leaders to raise large sums of money for the purpose of backing legislation which

would make these, "parasites of the sick," legitimate practitioners. They have tried to influence legislation by offering retainers as attorneys to some of the most influential men in the state. So far the Medical Society has fortunately defeated their legislation, but they may not always be so lucky. We must appeal to the Colleges, Universities, scientific societies and powerful welfare organizations to help us resist this constant pressure. Our reason for demanding their help may be stated in the following words:

"If there is a grain of truth in the so-called theory of chiropractic, it is the duty of these organizations to teach it. If on the other hand the whole thing is a fraud, then it is the duty of these organizations to the public to come out and say so and to help the medical profession resist their infamous attempts to rob the sick and the hope-

lessly ill.

In addition to our state legislative activities, we were in frequent correspondence with committees of Congress regarding bills in its consideration. These were particularly bills regulating the use of narcotics and alcohol.

Respectfully submitted,

HARRY ARANOW, Chairman

April 14, 1930

#### REPORT OF THE COMMITTEE ON PHYSICAL THERAPY

To the House of Delegates: Gentlemen:

Your Committee on Physical Therapy has earnestly endeavored, during its first year of existence, to approach the solution of the problems relating to the practice of physical therapy.

As a result of the extended use of physical measures during the war, they became better appreciated by the medical profession, manufacturers were eager to sell apparatus, a large number of trained technicians were anxious to continue work and the public was desirous to receive this new type of treatment. The majority of physicians and medical institutions were, however, not quite ready to respond to the existing demand, whereas non-medical persons were ready to do so, and as a result the latter obtained not only direct support from the public and from some physicians, but also received, in some instances, legal recognition as a separate healing craft. It has become evident, however, that physical measures will benefit patients most when administered under the immediate and continuous control of a physician who knows why, when and how to apply them, and who also knows what other medicinal, dietetic, orthopedic measures are to be used in conjunction with them. Your Committee realizes that the chief problem is, therefore, to furnish to the medical profession reliable information about the status, the scope and the limitation of physical therapy and to point out the desirability of its proper study and practice. Such information was published in the New York State Journal of Medicine and sent also to County Societies, hospitals and interested physicians.

The Committee joined with the Committee on Economics in cautioning physicians from buying apparatus on a salesman's advice only and beyond actual needs, and also repeated the advice of the Committee on Public Health and Medical Education, that physicians should not partake in lecture courses offered under commercial auspices. The following information was obtained about the physical therapy curricula offered in undergraduate and graduate schools in New York State.

# PHYSICAL THERAPY TEACHING IN MEDICAL COLLEGES OF THE STATE OF NEW YORK

- 1. The New York University and Bellevue Hospital Medical College gives no course in physical therapy to physicians, but their School of Education at Washington Square gives such a course for technicians, in conjunction with the Hospital for the Ruptured and Crippled. This course leads to the examination for the physio-therapy license.
- 2. Columbia University gives an elective course during the third and fourth years of undergraduate work, one hour per week during each quarter. It also offers extension courses for graduates of medicine, at intervals, at Mount Sinai Hospital and Montesiore Hospital.
- 3. Cornell University gives no postgraduate course but devotes one morning a week for four weeks to groups of the undergraduates at the Hospital for the Ruptured and Crippled.
- 4. The New York Homeopathic Medical College and Flower Hospital gives a course of eleven hours of practical clinical work and eleven hours didactic to the third year students and also to the senior class. These is no postgraduate course.
- 5. The Polyclinic Medical School and Hospital of New York offers a four weeks' course, daily, on the theory and practice of physical therapy in all departments of medicine, with four weeks' optional additional clinical work; this course is given regularly every two months.
- 6. The New York Postgraduate Medical School and Hospital has no organized course in physical therapy. A few hours are devoted to this subject in the Orthopedic Seminar.
- 7. The Albany Medical College gives no separate course, but includes instruction in conjunction with the course in Therapeutics and also in conjunction with the course in Orthopedics.
- 8. Syracuse University, during the second semester of the fourth year, gives one hour per week of didactic work in physical therapy, and two-hour clinics weekly through a four-week period.
- 9. The University of Rochester School of Medicine and Strong Memorial Hospital gives no definite course in physical therapy.
- 10. The University of Buffalo gives a course to third-year students, in which sixteen hours of instruction are equally divided between recitations and demonstrations.

Your Committee endeavored to maintain interest in physical therapy in all County Societies by recommending the appointment of a Special Committee on physical therapy in each of them. The following Counties have responded: Albany, Bronx, Delaware, Erie, Genesee, Kings, Lewis, Montgomery, Nassau, New York, Orange, Queens, Rockland, St. Lawrence, Suffolk, Tompkins, and Westchester. In addition inquiries were received from several other Counties. In order to stimulate and coordinate the work of the County Committees, they were regionally invited to attend the stated monthly meetings

of your Committee which were held alternately in New York and Albany; one meeting was held in Syracuse in order to make better contacts with the Counties further up-State. There was a gratifying attendance at all meetings and a useful exchange of information. Your Chairman was invited to address the County Societies of Albany, Otsego, and Dutchess-Putman, an also responded to the request of the Chairman of the Committee on Scientific Work to arrange a program for a morning's session, to be devoted entirely to physical therapy, at the time of the annual meeting in Rochester.

A peculiar situation was created by the physio-therapy clause in the Medical Practice Act licensing non-medical people to practice physio-therapy under the supervision of a duly licensed physician; for this act made no provision either for the carrying out of this supervision, or for the revocation of the license for due cause; in addition, the number of licenses is far in excess of the number originally estimated. Your Committee endeavored with the cooperation of the Secretary of the State Board of Education, with the Legal Division of the New York Department of Health and with the organization of registered physio-therapists to work towards the control of the situation as far as possible. Progress has been made, but the problem is not yet satisfactorily solved.

The question of physical therapy in industrial work was taken up by conference with the insurance carriers and the Committee on Medical Economics. Although there was agreement to the fact that the present practice of physical therapy in compensation work is unsatisfactory, it was found that its improvement requires the solving of other similarly unsatisfactory phases of the problem, and efforts to this effect are still being carried on.

The Chairman of your Committee was invited to attend meetings of the Committee on Public Health and Medical Education, and Medical Economics, and expresses his grateful appreciation for the cooperation extended him, and also wishes to thank the staff at the State Society Office, and Dr. Joseph S. Lawrence, Executive Officer, and his staff for their very kind assistance in the execution of the details of the work of the Committee.

Respectfully submitted,

RICHARD KOVACS, Chairman.

April 1, 1930.

52

#### REPORT OF THE BOARD OF CENSORS

To the House of Delegates.

Gentlemen:

The Board of Censors has held but one meeting

during the year.

Pursuant to the call of the President, the Board convened on April 9, 1930, in the offices of the Medical Society of the State of New York, to hear the appeal of Dr. Samuel I. Muller, a member of the Medical Society of the County of Kings, from the action of the Medical Society of the County of Queens in disregarding charges against Dr. William J. Lavelle, a member of said Medical Society of the County of Queens.

The courtesy of being represented either by Counsel or in person having been accorded both parties, Dr. Lavelle and Dr E. E. Smith appeared for the respondent; the appellant exercising th right of resting his case on the data submitted.

After hearing the testimony of Drs. Laveli and Smith and giving due consideration to the written statements submitted, the Board rule that the matters embraced in the appeal be re mitted to the Medical Society of the County o Queens with a further ruling that the Board of Censors of said Society accord to the appellan a hearing; provided, however, that said appellan shall file proper written charges with the Presi dent of the Society.

Respectfully submitted.

D. S. Doughfrty, Secretary.

April 1, 1930

# REPORT OF THE COMMITTEE ON MEDICAL RESEARCH

To the House of Delegates-Gentlemen:

Your Committee on Medical Research desires to report that during the current session of the Legislature the Vaughan Assembly Bill Int. No. 157 was introduced to amend the penal law to prevent experiments upon living dogs. Medical and other educators as well as public spirited citizens were induced to protest its passage to their representatives in the Legis-

The Committee on Codes of the Assembly to which the bill was referred held a public hearing on February 18, and our position in the matter was ably presented by Dr. Peyton Rous of the Rockefeller Institute, Dr. J. E. Sweet of

Cornell Medical College, Dr. C. C. Lieb of the College of Physicians and Surgeons, New York, and Dr. Augustus B. Wadsworth, Director of Laboratories of New York State Department of Health. The bill has not been reported out of Committee.

Your Committee has rendered like service in the matter of the bill now before Congress, namely H.R. 1884 "To prohibit experiments on living dogs in the District of Columbia or the territorial or insular possessions of the United States."

Respectfully submitted, Frederic E. Sondern, Chairman. April 1, 1930.

# REPORT OF THE COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

To the House of Delegates-Gentlemen:

Your Committee on Public Health and Medical Education begs leave to submit the following report for the current year:

During the past year this Committee has been engaged with the consideration of many varied activities in the field of Public Health in addition to the usual amount of routine business associated with its well established functions. However, when reviewing the activities of the past year together with the reports of this Committee for the past four years, it is apparent that the Committee has continued to progress along well established lines having concentrated its efforts and resources where the need was manifest, and actual results were

to be accomplished without duplication by some other agency. The work of this Committee is based on the premise that a most essential requisite for successful Public Health achievement is the whole-hearted cooperation and participation of the physician, who because of his education, training, and experience is particularly fitted for an important part in such a program. On this premise the Committee has developed its policy to be the investigation of Public Health activities and the education of the physician in these matters. While the activities of other committees, both standing and special, are more or less concerned with questions of Public Health, it should be remembered that these are largely of interest from their political, social, economic, and con-troversial standpoints. While the necessity

of such interests is admitted, nevertheless, the principal duty of a large medical body such as this State Society in public health work should be concerned with the scientific and educational side of the problem and it is hoped that the society will continue and maintain its prestige along these lines.

#### GRADUATE EDUCATION

The Committee, feeling that adequate and efficient medical service is a most necessary activity in a public health program, and that organized medicine is largely responsible for such efficient service, has continued as its major activity, graduate work in medical education, through the means of extension courses given before county medical societies, in order to aid the individual physician in his efforts to keep up with the advance of medical science and to emphasize what can be done by him in preventive medicine. The following is a report of the courses sponsored by the State Society under the direction of this Committee during the current year. The figures after each course indicate the number of lectures in that course.

#### **FALL OF 1929**

Wayne	Surgery6
	Surgery
	Internal Medicine6
Sullivan	Internal Medicine6
Washington	Internal Medicine6
	Heart Disease5
Genesee (with Orleans and	
Wyoming)	Heart Disease5
	Traumatic Surgery5
	.Tuberculosis4

### SPRING OF 1930

Chemung	.Internal Medicine6
	. Neurology6
	Traumatic Surgery6
Onondaga	.Internal Medicine6
	.Internal Medicine6
Jefferson	.Internal Medicine6
Delaware	.Surgery6

As stated in the last annual report of this Committee detailed records of these courses have been kept in the office of the Chairman. A summary of the courses which were held during the current year before January first is herewith given:

Total number of courses	9
Total number of lectures	49
Number of county medical societies before	
which courses were given	12
Total attendance of all courses	1623
The largest attendance for one course (Mon-	
roe County)	841
The smallest attendance for one course	•
(Rockland County)	57
Total cost of all courses\$1,	745.38
	193.93
Average cost per county	145.45
Average cost per attendance	1.08

In view of the fact that some courses are not completed until after the meeting of the House of Delegates it is impossible to give a summary for the entire year's work at this time. However, the work for the year 1928-29 can now be reported. A summary for this period follows:

Total number of courses	21
Number of county medical societies before	
which courses were given	31
Total attendance of all courses	4809
Largest attendance for one course (Monroe)	836
Smallest attendance for one course (Herk-	
imer)	66
Total cost of all courses\$4,	777.07
Average cost per course	217.96
Average cost per attendance	.98

The courses which the Committee, at the present time is prepared to arrange for county medical societies, are as follows:

Dermatology and Syphilology
Internal Medicine
Neurology3
Obstetrics and Gynecology2
Pediatrics2
Orthopedics3
Periodic Health Examinations
Physical Therapy2
Surgery8

It will be noted that the Committee is now offering in some subjects more courses than last year, while in others the number has been decreased. This is due to the fact that either new courses have been added or that some of the former courses have been combined into one course

As the subject of Graduate Education has been discussed in such detail in the last two annual reports, it would now seem unnecessary to consider any of the problems concerned with the work, but rather to present the results accomplished, and the efforts to further improve this service according to the plan now in opera-The demand for future courses leaves no question as to the popularity of this work with county societies. Six counties applied April first for courses given during the fall of 1930. Of these six counties five have definitely selected the subjects for the courses. The attendance at the courses demonstrates the interest of the work and justifies its expense. Graduate Education as carried on under the present plan increases the interest of many physicians in the work of the county medical society and is an incentive for non-members to apply for admission in county societies. The chairman's office frequently has reports indicating the value of the lectures to the public at large in the more wide spread adoption of new methods of diagnosis and treatment, the value of which has been stressed at lectures. For instance, the president of one county medical society reported, that after a course of lectures in that county

in which there was included a lecture on syphilis, that there had been a tremendous increase in the number of diagnostic specimens sent to the county laboratory, and furthermore that the specimens were being submitted at a much earlier period in the disease. That the result of such instruction was both better treatment and better control of the disease, is a most logical conclusion.

The past three years' experience seems to have amply demonstrated the feasibility of the State Medical Society's ability to carry on graduate education as now in force Increasing improvement in the organization of the work, especially the routine details in the Chairman's office, together with better cooperation on the part of county medical societies, has not only increased the efficiency of the lectures but has also reduced expense. At the time of writing of this report it would seem more than probable that the cost of this year's work will be very considerably below the actual allotment of funds made this year to this Committee, as well as being much less than the expense for last year The Committee, therefore, feels that the question of charging a registration fee for the graduate courses should be indefinitely postponed, certainly, at least, until some better reason for such action exists than is now an parent One of the main factors in reducing the expense of the work has been the grouping of two neighboring counties for the same course on the same day by which plan also the lecturer is able to give his service more conveniently Improvement in organization of records and forms in the Chairman's Office has also tended to reduce expense especially that due to telephone, telegraph and railroad travel The officers of the county societies can mate rially contribute to further reduction of expense by prompt attention to their corre spondence

For the first time during the past year the Committee has given with most gratifying results in two counties the course in Traumatic Surgery outlined by Dr John J Moorhead of New York City. The Committee has also added three new courses to its general list. These include the course in Gastroenterology outlined by Dr W A Bastedo of New York City, a course in General Medicine outlined by Dean Alan R Anderson of the Post-Graduate Hospital, New York City, and a course in Neurology outlined by Dr Toster Kennedy of Cornell University Medical School. The latter course is to be given in Clinton County beginning April first

The State Department of Health has continued its cordial cooperation with the Committee in graduite education in Tuberculosis. The course on this subject in Rockland County

was given under the direction and with the financial aid of both the Division of Tubercu losis of the State Department of Health and this Committee In addition to the work now carried on, the Committee is anxious to see an extension of graduate teaching along two defi First, the introduction of a whole day given over to four or six post graduate clinical lectures as a substitute for the group of four to six weekly lectures, and second, the in troduction of more intensive clinical teaching to small groups simultaneously with the week ly lectures Under the latter plan those physicians taking the clinical work would neces sarrly be expected to pay a fee to reimburse the teacher for the extra time given but it would seem that such expenditure on his part would be amply justified as it would save the student a much greater expense due to travel loss of income, etc. During the past three years there have been 57 courses given before 40 societies Of this number 8 counties had three courses and 14 have had two courses. These courses have included 324 lectures given by 112 lec Again the attention of the House of Delegates is called to the debt of gratitude which the State Society owes these gentlemen for the efficient service which has been so courteously given During the past year the Committee has been requested by the Commis sion on Medical Education for information re garding post graduate work sponsored by this State Society In view of the fact that it has re ceived similar requests in former years from the States of Michigan, New Jersey and Virginia it is quite evident that graduate education is rapidly becoming a well recognized function of State Medical Societies and with profit to all concerned might furnish the topic for a conference of a national or inter-state group

#### COMMITTEE MEETING

On January eighteenth the Committee held a meeting in New York City at which time in addition to reviewing its work in graduate education it heard of the work being done by the special committees on Physical Therapy, Periodic Health Examinations and Polluted Water Supplies from the chairmen of these committees, and also considered the questions of county health units, county hospitals receiving state funds, diphtheria immunization maternal mortality, further control of tuberculo sis and cancer Dr Plunkett of the Division of Tuberculosis of the State Department of Health discussed with the Committee the further control of Tuberculosis While many factors are involved in this problem the greatest help which the physician can give is by cor rect and early diagnosis. In this effort the graduate courses offered under the combined auspices of the State Department of Health

and the State Medical Society offer one of the most valuable aids: consequently every county medical society should seriously consider having a graduate course of lectures on Tuberculosis. Dr. Godfrey, Director, Division of Communicable Diseases of the State Department of Health, sent a summary of what had been accomplished diphtheria immunization in throughout the State. Dr. Thomson, of the Kings County Medical Society, told of the work accomplished in diphtheria immunization in the Borough of Brooklyn. After a thorough discussion of the question of diphtheria immunization the Committee adopted the following recommendation to be sent to the House of Delegates: That there is need for further work on the part of the medical profession in the extension of diphtheria immunization and that the results in the City of New York, especially in the Borough of Brooklyn. have indicated that the success of this work depends largely upon the physician's part in the immunization of children and that the committee inform the House of Delegates that it is willing to attempt throughout the counties of the State the introduction of methods such as used in Brooklyn provided it is so instructed by the House of Delegates. Following the discussion of maternal mortality the Committee adopted the following recommendation: That while deaths from toxemia and sepsis due to pregnancy have been reduced throughout the state largely as a result of a campaign of education, part of which had been carried on under the direction of this Committee, nevertheless, the benefit of this reduction has been wiped out by an increased mortality due to increased operability. That this Committee recommend that operative obstetrics be employed under proper supervision as well as in institutions under appropriate supervision. statement led to the recommendation afterwards made in the joint meeting with the Committee on Public Relations: That the Legislative Committee be asked to initiate legislation for the proper licensing of all private hospitals in the state. This subject was later considered in a conference between representatives of various State Departments and officers of the State Medical Society with the result that a bill to provide proper licensure of all hospitals in the state was introduced in the Legislature. Cancer as a public health problem was generally discussed. Further consideration of this problem was left for a future meeting, no action being taken except the approval of the educational work of the American Society for the Control of Cancer.

### OTHER PUBLIC HEALTH ACTIVITIES

During the year the Committee has been of service to county societies in obtaining speak-

ers for their regular meetings. The Committee is prepared to offer a much larger service in this direction than it has been called upon for in the past. At the request of the Westchester County Medical Society, Dr. Polak and Dr. Kosmak, two members of the Committee, furnished aid in advising as to a survey to be made by that society of maternal mortality in Westchester County. In July a letter was sent to the Secretary of each County Medical Society asking for information as to activities of each county society in the field of Public Health, and also their plans for graduate education. Replies were received from the secretaries of forty-five county societies, exactly seventy-five per cent of the entire State Society. A very creditable showing was made in view of the fact that many of the replies were returned immediately. Nevertheless, it is regrettable that one out of each four of the county societies should fail to furnish a committee of this Society brief information, which would materially expedite their work for the year. The replies received indicated that county societies were interested in a wide variety of public health activities including such subjects as county health departments, adequate hospital service, communicable diseases, diphtheria immunization, tuberculosis, social hygiene, maternity hygiene, child welfare, prenatal care, heart disease, crippled children, cancer, and dairy and milk inspection. four secretaries reported that their county society was not actively engaged in any specific public health work. It is believed that this statement does not represent a true statement of conditions, but is probably due to the fact that the secretary had not been informed of the activities of the work of some of the commit-The Committee early in the year sent letters to the Public Health Committees of the county societies requesting their cooperation. with the state committees on Periodic Health Examinations and Physical-Therapy. Committee has now under consideration a plan for the publication in the State Journal of short articles dwelling on the Importance of Preventive Medicine in the Regular Work of the Physician. These articles, which it is hoped will be prepared by leading authorities in the various branches of medicine, will be concise, emphasize what can be done in prevention by the physician while engaged in curative medicine, and demonstrate that the physician is already doing a large amount of work in preventive medicine for which he has not received credit. This plan, which probably will be discussed at a meeting of the Committee before the annual meeting, will require much consideration and if adopted will require adequate

preparation, so that no detailed report can be made at this time.

The Chairman has attended all the meetings of the Executive Committee this year, meetings of several of the District Branches, many meetings of some of the other committees as well as the conference of secretaries of the county societies. This latter conference amply shows its benefit to the State Society. It especially affords the chairman of this Committee an excellent opportunity to evaluate the work of graduate courses in the various county so-The chairman has also had various conferences with representatives of the State Department of Health as well as representatives of voluntary health organizations who have been surprised to learn of some of the definite activities which the Society is engaged in as a contribution to Public Health. That they are gratified with these activities is indicated by a letter received by the Chairman of this Committee from the Managing Director of one of the largest national health organizations, in which he calls our efforts quite marvellous and states that he will attempt to stimulate such desirable activities in other parts

of the country.

The Chairman again wishes to express his appreciation of the work of the other members of the Committee as well as the cordial assistance of the President, Secretary, Treasurer, and other officers of the State Society. Acknowledgment is also again made of the excellent cooperation extended by the other committees of the State Society both standing and special and particularly of the most cordial relations that have continued to exist between the chairmen of these committees and the Chairman of this Committee. The competent secretarial service which has been furnished the Chairman has relieved him of a large amount of the details of the office work of the Committee and has greatly enhanced the results

Respectfully submitted,

THOMAS P FARMER, M.D., Chairman April 1, 1930.

#### REPORT OF THE COMMITTEE ON MEDICAL ECONOMICS

To the House of Delegates ---Gentlemen:

The Committee on Medical Economics consists of five members, Dr. Benjamin I. Slater. Rochester, Chairman, Dr. Seward Erdman, New York; Dr. Horace M. Hicks, Amsterdam; Dr. Homer J. Knickerbocker, Geneva; Dr. George R. Critchlow, Buffalo.

We held three general meetings during the year; one on November 26th, 1929; January 16th, 1930, and March 19th, 1930, at the office of the Legislative Bureau in Albany. Owing to illness, Dr. Hicks has unfortunately been

unable to attend any of the meetings.

Dr. Critchlow undertook a study of the fees paid by insurance examiners to physicians making examinations for life insurance companies. There is a disproportion between the amount paid for accident insurance as compared with health insurance. The work is approximately the same. It was the aim of Dr. Critchlow and your Committee to increase the fee in both instances. Letters were written to twenty insurance companies. Reports received were to the effect that insurance companies were not altogether pleased with the examination that they were receiving; that the physicians who were conducting the examinations were entirely satisfied. By and large the insurance company saw no reason, in view of the promptness with which they paid their bills, of increasing their fees.

The Committee was of the opinion, however that the examination for for maidant

health work should be the same where the amounts of money involved are approximately the same. Slight difference in clerical work in one instance as compared with the other does not warrant a fee of three dollars in one case and a fee of five dollars in the other.

Dr. Seward Erdman, as a special committee. investigated the Knickerbocker Adjustment Service Company in New York City. It was a great surprise to members of our Committee to receive his report. Many physicians from various parts of the State have been constantly complaining of the service rendered by this Agency. .Dr. Erdman received very courteous treatment. He investigated every complaint that was made. He is firmly convinced as is the Committee that the fault lies as much with the physician as it does with the Agency. Physicians have been very slow to cooperate: have not abided by the rules of their contract and in almost every instance where a corrplaint was made, were entirely unfamiliar and the contents of the contract which they significant

In signing such a contract it is refer at in mind that the physician is given and attorney to the Adjusting Committee should read carefully every reason in contract. Failure to under 2 2 2 the contract has resulted in the

than any other single eare

Practically all of the constant terms of the Mivsician.

Societies.

At the last meeting of the Committee held in Albany on March 19, 1930, it was recommended that such County Societies as are interested would call the Manager of the Knickerbocker Adjustment Service Company in consultation. The Manager of this Company has advised the Committee that he will cooperate with any sufficiently large group of physicians assisting them in forming a collection agency of their own. The title would be any one which they would choose to adopt; the officers of the Agency would be members of the profession of their own choosing; the policy of the Company would be determined by these same officers; the treasurer would be one of their own members; the management of the Company, however, and work would be directed by the representative of the Adjustment Company.

The fees charged would be reasonable; the business appears to be profitable; the Committee has every reason to believe that a great many present day collection problems would be solved by this method. It certainly is worthy of a trial by some County Society. The Committee feels that its adoption by a County Society would justify all of the work which the Committee has put into this study and, perhaps, result in great good to the individual physicians who are members of such

The Chairman of the Committee addressed the Medical Society of the County of Queens on January 28, 1930. The subject was "The Workingmen's Compensation Law from the General Practitioner's Standpoint." There was a very large audience who appeared to be appreciative of the educational efforts which were made to bring to the physicians a thorough knowledge of the medical aspects of the Compensation Law.

The Committee also met with Dr. Kovacs of New York City and framed a statement which was to be made to the Industrial Commissioner and the members of the Medical Society of the State of New York if approved by the Executive Committee of this same Society.

The Committee has passed on many bills effecting the practice of medicine in New York State. Their opinions were forwarded to the Executive Officer.

Unfortunately Dr. Knickerbocker, one of the members of the Committee, confined his efforts solely to the presentation of three legislative bills and was unable to attend more than one of the three meetings. The Committee was frank to admit that its functions were not legislative and, undoubtedly, this work might better have been turned over to the Legislative Committee of the Medical Society of the State of New York for respectful consideration.

A great deal of correspondence was entered into between the Chairman and various members of the Society interested in the economic phases of medicine. Ways and means were pointed out whereby the Economic Committee might be of service to various County Societies.

The Committee was of the opinion that physicians as a group are doing too much charity work for which they receive no pay. They see the time not far distant when physicians as a group will demand pay for their services. In various clinics throughout the State everyone connected with the clinic or its administration is paid. The Committee is unable to see why the physicians should be called upon for an increasing amount of free service to institutions both private and public.

We recommend a study of this subject to a future Chairman of this Committee.

On every side the Committee is conscious of the growing encroachments of clinics, public and private institutions on the practice of medicine to the economic detriment of the general practitioner of medicine. If there is any solution of this problem, the Committee feels it must lie in the employment of more physicians at full-time to combat these evils. After all the full-time executive secretary of these various agencies is the individual who is most responsible for their activities. He must be met by a representative of the Medical Society who has a similar status. For various reasons it is almost impossible to get the services of any responsible group of physicians in a community to undertake a study of the economic phases of medicine in their own community. A full-time medical officer of the State Society, however, would be in a very advantageous position to make such a study. Working out of the office of the Executive Officer or the Secretary of the State Society, however, such an officer might properly visit a community and make a complete study of the economic phases of medicine, taking such time as is required for this subject. He might, for example, inquire into the economic conditions of free patients; examination of school children by the family doctor as well as by the physician employed by the city; take census of abuse reported by the practitioners themselves and, in every way, prove himself of benefit to members of the Society. The Committee is convinced that in no other way can this problem be met satisfactorily. It is the experience of every person who has undertaken a study of this problem that the manager of all institutions reported the policy of their respective administrations to be almost perfection. The facts, however, are frequently otherwise. A field worker is the logical man to bring out these facts.

The Chairman takes occasion to thank the members of this Committee who have worked earnestly to further its interests. He is convinced, however, that it is very difficult to get many physicians to give much time to the work of this Committee. His solution was in having more full time men in the services of the Society. Such men, under the direction of the Committee or the Society, might accomplish much good.

The Chairman is especially desirous to commend the work of Dr Seward Erdman of New York City who has been unusually faithful in investigating the Knickerbocker Adjustment Service Company in New York City

Respectfully submitted,

BENJAMIN J SLATER, Chairman

April 1, 1930

#### REPORT OF THE COMMITTEE ON PERIODIC HEALTH EXAMINATIONS

To the House of Delegates

Gentlemen

The Committee held its organization meeting on September 20th, 1929, at Saratoga Springs, with officers of the State Society present as counsellors and guests. The Chairman, having conferred with the members by mail, offered a formal statement of the preliminary policy and program, which, after discussion, was adopted

At this meeting the members of this Committee accepted assignments to definite phases of the work. Arrangements were made to give addresses at the meetings of the several District Branches. Arrangements were made for cooperative action with the Committees on Public Health and Medical Education, Publication and the Committee on Public Relations.

The work before the Committee was considered of great and continuous importance to the public and the medical profession. It was recognized that the benefits of the Periodic Health Examination were unquestionably great, that every resident in the State of New York should be examined, that the Medical Society had a duty to the public, to its members, to the medical profession and to medical To the public, it was responsible for the presentation of sound medical facts upon which they could rely and which would urge them toward the getting of periodic health examinations To the members, its duty was to clarify their ideas regarding the health examinition, and make available all helpful information concerning the same. The duty of the Society to the medical profession lies in the obtaining and presenting of scientific facts, preserving the dignity and usefulness of the private practitioner, and extending and adapting his service to the needs of the public in looking forward and preparing to meet the needs of the future

The Committee has envisioned a ten-year program. Up to the date of this report it has done seven months of active work. Its primary duty was to establish policies, programs and landmarks which would be fundamental and

safe The results of its work will be found in many quarters of the State, in many departments of human affairs, but particularly in the increasing regard in which the health examination is held by the public and the increasing number of physicians of the State who are interested in the subject and who are taking up the service

The Committee begs briefly to summarize the year's work and experience in the following set of resolutions. These are given to close the Committees work, and to give to the Society and to the new Committee on Periodic Health Examinations an opportunity to go ahead from the point where the present Committee laid down its labors.

I Whereas the periodic health examination will in general, save life, decrease suffering, postpone deterioration and decay, and increase health, happiness and efficiency, and whereas the periodic health examination is a medical procedure,

Be It Resolved 11:11 the Medical Society of the State of New York hereby recognize its duty and privileges in the premises as follows

The Society should take a leading part in the education of the public on the subject of the periodic health examination, cooperating with responsible organizations of a public, semipublic or private character, working toward the same end

Discussion

This presents the public health education element. Public education has been carried on by the American Medical Association, the Gorgas Memorial Foundation, the American Public Health Association, the Tuberculosis and Health Association, the United States Public Health Service, the Department of Agriculture, the Department of Labor, various philanthropic organizations and foundations and campaigns have been carried on by local county medical societies state medical associations, etc., etc., during the past decade. There exists an enormous an ternal in various forms

motion picture reels,

ters, and all kinds of literature. Many campaigns have been conducted, and they usually make the same mistakes over and over again. The Society should, in the coming year, do the following:

Ascertain what organizations are interested in health examinations, what they are doing, what they wish to do, and how they will cooperate with the Medical Society and how the Medical Society may use them as channels. There is an enormous force which can be put into operation. There are hundreds of organizations ranging from federal bureaus to local sewing circles which can be brought into play. A man in a small town can be reached directly or indirectly through ten to thirty channels. Many organizations have their own news service, channels of communication and information, and are ready to put them at the disposal of a worthy cause. Many organizations have initiated their own health examination cam-Your Committee has come in direct contact with organizations which reach the total population of the State many times over. An analysis of the whole situation is indicated in the attached list of twenty-three classes of organizations. Each class contains from three to three hundred member organizations.

## GROUPS OF ORGANIZATIONS FOR THE NEW YORK STATE HEALTH EXAMINATION FIELD

- 1. Federal Departments (Department of Agriculture, Interior, Labor, War; U. S. Public Health Service, Bureau of Education) Governmental Commissions.
- 2. State Departments (Department of Agriculture, Education, Labor, etc.).
- 3. Health Departments (State, County and City).
- 4. Medical Societies (National, State and County).
- 5. Health Organizations (National Health Council, Women's Health Foundation, etc.).
- 6. Health and Welfare Organizations (National and State).
- 7. Insurance Companies.
- 8. Industries—Railroads, Banks, Manufacturers, Wholesalers, Retailers, by groups, and organizations.
- 9. Commercial Organizations (National, State and Local Chambers of Commerce and National, State and Local trade organizations).
- 10. Labor Organizations (American Federation of Labor, etc.).
- 11. Scientific Societies (American Association for Advancement of Science, etc.).
- 12. Colleges—Private Schools.
- 13. Educational Societies (National Education Association, etc.).

- 14. Other National Social Associations (National Civic Federation, etc.).
- 15. Men's Clubs (Rotary, Kiwanis, Lions, Exchange, etc.).
- 16. Women's Clubs (General Federation, National Council of Women, etc.).
- 17. Y.M.C.A., Y.W.C.A., Knights of Columbus, Y.M.H.A., etc.
- 18. Adolescent Groups (Boy Scouts, etc.).
- 19. Patriotic and Defense Societies.
- 20. National Congress of Parents and Teachers.
- 21. Exercise and Recreation Societies (American Athletic Union, N.A.A.F., etc.).
- Fraternal Organizations (National and State).
- 23. Religious Organizations (National, State, Council of Churches, Catholic Church, Jewish, etc.).

The recommendation of this Committee is therefore that the Society should multiply its own strength many hundreds of times by a survey of these forces, continued liaison contact and consultation, and with our medical direction, their stimulation along right lines. This will not only be constructive but it will save these organizations from doing things which may be seriously damaging to the medical profession. This requires the employment and payment of competent services under the direction of the Committee, with clerical help This is the modern method of in addition. procedure. It is recommended. As an example of the manner in which a number of organizations have been tied up to a health program, eighty-three organizations are now cooperating with the American Child Health Association.

b. The Committee recommends that there shall be prepared by the Society a plan of procedure for health examination campaigns to be conducted by the local committee or city medical societies. This pamphlet should include every step in the procedure from the arrangements for the initial call for the formation of a Committee, through all preliminary stages of the campaign, its final meeting and its follow-up. This will be most effective. It will save expense, trouble, disappointment and waste of opportunity and honest labor. In this connection, attention is called to the excellent pamphlet of the Albany County Campaign which illustrates a few of the important essentials of a campaign document, notably the employment of cooperating agencies. The provision of a campaign guide for the local medical society will multiply greatly the Society's opportunities for public education throughout the State, at the same time multiplying the number of physicians who will take part in this educational work.

The Committee wishes to concentrate its recommendation upon the foregoing two matters. There are many other questions of public education and public policy which are in process of development and which are omitted for the present.

II. Whereas the periodic health examination is a comparatively new, and to some extent an unfamiliar procedure, in which good doctrine, right methods and sound tradition must be established for the aid and guidance of the physician in his dealings with the patient, with the public, and with industry and the like.

BE IT RESOLVED that the Society undertake to inform its members in so far as possible, as to the best methods of conducting health examinations for men, women and children under the various conditions of life, employment and other circumstances, so that they may receive the greatest possible benefit from the procedure.

#### Furthermore.

BE IT RESOLVED that the Society investigate the health examination procedures now carried on by various commercial organizations, industries, associations and the like, with reference to the character and efficiency of the examination, the benefit to the examinee, the compensation to the medical examiner, and the general effect of this growing practice upon the welfare of the public and the medical profession; and that the Society deduce from this investigation a set of principles of procedure with reference to the economic aspects of the health examination.

#### Discussion:

Your Committee has frequently heard the Statement: "The physicians are not interested in the health examination." And, "Any physician can conduct a health examination, other statements of a similar nature indicating a diversity of opinion. The health examination covers the whole gamut of medicine in its every phase and specialty; the whole realm of personal hygiene, and the whole field of human experience. The literature is scanty, and opinion im-perfect and misleading. There is urgently needed contributions of all specialists as well as the wise leadership of general practitioners in developing a point of view and a method of thought and procedure in putting forward this subject. An endeavor should be made in cooperating with the Committee on Public Health and Medical Education to supply the physicians of the State with theoretical and practical instruction on the subject. North Carolina has employed a physician to go from community to community to give demonstrations.

This work is partly educational, partly pedagogical, but it is largely a matter of research and constructive planning in an endeavor to bring medical science, hygiene and human conduct into effective harmony. This requires a professional service which should be provided for.

The Committee being concerned with the matter of economics, Dr. Britt, reports as follows:

"General survey of subject-conclusions as follows:

"1. There is an enormous amount of health examination unsuspected generally by members of the profession.

"2. This has a large and rapidly growing economic significance. The work falls into

these classes:

"a. Examination for employment.

"b. First aid and medical treatment.

"c. Follow-up periodic health examinations.

"3. The Committee makes the following urgent recommendations:

"a. This matter be investigated thoroughly, report made and funds be made available for survey.

"b. This Committee approves of industry conducting its entrance examinations.

"c. We believe that Industry should confine its treatment to emergencies and not engage in the practice of curative medicine.

"d. We urge Industries to refer its employees to their regular physicians for Periodic Health Examinations, in accordance with the plans submitted by this Committee to the Bell Telephone Company."

In connection with the economic situation, a Bill has been introduced into the Legislature calling for the examination of all State emplayees by the Department of Health under rules of procedure determined by the Department. While the Committee believes that all State employees should be examined, the matter raises many questions which have not been considered carefully from every standpoint. This should be done. In this age of increasing "efficiency" the practice of medicine, particularly the giving of health examinations is more and more being taken up by industrial, welfare and other organizations which employ physicians. As employees, these physicians examine or treat more and more individuals in less and less time, with less and less proportionate if not actual compensation. This is mechanized medicine. It seems to be less human and of less benefit to the patient. This is portentous. For the benefit of the physician and the public it must be considered.

Dr. Garen, in his recommendations to the Committee, makes the following suggestions:

He proposes that "the following procedures be used for the purposes of:

a. Interesting county societies in periodic health examinations.

b. Creating discussion in the County Society

of the entire plan.

c. Obtaining a preliminary allocation or designation of physicians willing to interest themselves in Periodic Health Examinations, and to hold themselves out as prepared and qualified to do such examinations.

Procedure No. 1. The purpose of the health examination shall be outlined to the county

societies.

Procedure No. 2. Endorsement of the value and worth of the health examination shall be obtained from the County Society.

Procedure No. 3. News items in all local

papers covering the above.

Procedure No. 4. Carefully prepared paid advertisements to appear in local papers, expounding value of health examination. Advertisements to appear under authorization of County Medical Society (and State Committee) and to be paid for and subscribed to by those local county society members who volunteer to do so."

Dr. Coville, who was assigned to Agriculture on the Committee on Periodic Health Examinations held a meeting attended by Dr. C. E. Ladd, Director Extension, N. Y. State College of Agriculture; Miss Martha Van Rensselaer, Dean, College of Home Economics; Dr. Dwight Sanderson, Rural School Organization; Dr. W. Wright, State Leader of Junior Extension; and developed plans for the cultivation of this field.

## MEMORANDUM TO PUBLIC AND PRIVATE AGENCIES OPERATING IN THE FIELD OF HEALTH

The Medical Society of the State of New York has begun a ten-year scientific and educational program in futherance of the health examination. The Committee recognizes that other organizations, (federal, state, national and local) are devoted in whole, in part, or incidentally, to health and the health examination. To avoid duplication and gain power, the Committee would avail itself of such experience, guidance and aid as may be offered. For example,—

Suggestions for the guidance of the Committee, the State Medical Society or medicine in general.

Information that the organization is now performing some important function in the premises that need not be duplicated.

3. An offer to take over some important function in education or research in aid of the purpose of the Medical Society of the State of New York, or to enter into conference for this purpose.

4. A request that the State Medical Society

return to the organization the results of its labors, or in some specific way give aid.

5. Finally and particularly, what help is available to the County Medical Society that wishes to conduct a campaign for health examinations? What aid will be given, in what way, and under what condtions?

Our first duty therefore is to find and assay the forces in health examination field and enlist them in our project, and aid their operation in our field.

The second part of the project seeks to inform individuals directly of the benefits of the health examination, or through associations, clubs, leagues, industries, labor unions, of which they are members, and urge their participation.

The third duty of the Committee relates to provision for good medical examination services

by the physicians in the State.

This request is being sent to a number of governmental and private organizations. The Committee shall be glad of your preliminary reply at an early date, and a more complete communication in time to be considered at a general conference of this subject, to be held in Rochester in June, 1930, in connection with the annual meeting of the Medical Society of the State of New York.

#### SUMMARY

The Chairman of the Committee wishes to draw the attention of the members to the monthly reports and articles written for the State Journal of Medicine which have been published or will be published, which record the substance of its labors and which may be referred to by those who desire more closely to inform themselves of the nature and the results of the Committee's work.

The Committee asks that the Council and the House of Delegates earnestly consider its two foregoing resolutions and the reasons therefor, and make adequate and reasonable provision for the next year's program of programs.

To the officers, committee members, assistants, and members of the Medical Society of the State of New York who have aided the work of the Committee with their kindness, counsel, direction and service a warm appreciation is extended.

#### PUBLIC MEETING

To close its year's work, the Committee on Periodic Health Examinations of the Medical Society of the State of New York will hold an open public meeting and dinner immediately after the last session of the State Convention at Rochester, Wednesday evening, June 4th.

All members of the State Medical Society and their wives and friends are invited to attend.

This meeting is the result of one of the lines of work followed out through the year by this

Committee The Committee has studied health examination campaigns conducted by health asso ciations and by county societies and others. It has noted that physicians are not the only persons interested in the Health Examination Great industrial organizations, national and State departments and bureaus, and powerful social welfare organizations, large membership organizations of men and women, as parents by professions, by fraternal interests, etc., are interested primarily or secondarily in health and the health examina-They exceed five hundred in number In membership they exceed the total population of the State many times, for it is the rare person who is directly touched by less than two score of these organizations These organizations exert a pervading, continuing influence which is very great and beyond present calculation

To awaken, stimulate and employ these tremendous forces of human organization for the purposes of public health is the most profitable way that organized medicine can use its energy. It is the executive effort that directs power that is most effective. The health examination campuign conducted by physicians only is unwise. That campaign that organizes local forces, many of which are duplicated in all parts of the state and country shows the beginning of wisdom Cooperation is the key, mutual acquaintance, respect and confidence are the prerequisites.

Therefore, this meeting is held to typify this principle, and insofar as possible, to give an example of an assembly of some of the great forces which may be used for the purposes of health, and specifically, to further this ideal,—"A health examination for every citizen of the State."

It is expected that there will be represented among the speakers, the United States Government the Government of the State of New York, women's organizations, industry, and a variety of organizations found in every city, town and countryside of the State, with the officers of the Medical Society of the State of New York

It is especially fitting that the Medical Society of the County of Monroe and the Rochester Chamber of Commerce are to be the hosts of the occasion, represented by Dr Walter A Calihan, Chairman of Committee on Arrangements and Dr William A Sawyer, Local Chairman on

Periodic Health Examination

Further announcement will be made as to the exact time and place of the dinner, the cost per cover, (which will be small) and the schedule of speakers Members of the Society who are officers of the County or City Medical Societies are especially invited to attend

Respectfully submitted,

C WARD CRAMPTON, Chairman April 1 1930

#### REPORT OF THE FIRST DISTRICT BRANCH

To the House of Delegates—Gentlemen

The annual meeting of the First District Branch was held at Briarcliff Lodge, October

25th 1929

Following the luncheon, which was served at 1 30 P M, addresses were given by Dr James N Vander Veer, President of the State Society, Dr Thomas B Futcher, Baltimore on the "Etiology of Diabetes Insipidus, and Dr Foster Kennedy, New York City, on

"Neurology and the General Practitioner". The attendance was a very good one, and in cluded a number of guests as well as the officers and members of the State Society.

One of the most important events which has occurred in the District during the year is the establishment of a County Health Unit under the direction of Dr Matthias Nicoll, Ir

Respectfully submitted,

George B Stanwix, President April 1, 1930

#### REPORT OF THE THIRD DISTRICT BRANCH

To the House of Delegates— Gentlemen

The twenty third annual meeting of the Third District Branch was held at the Golden Rule Inn Mirror Lake Ulster County, as the guests of the Ulster County Medical Society About seventy-five members of the Branch were present, including representatives from every County in the Branch

The scientific session consisted of addresses on, "The Medical Profession—Economically Speaking" by Dr Shirley W Wynne Commissioner of Health New York City, "America Practices Medicine," by Dr George F Chandler of Kingston, "Periodic Health Ex-

aminutions 'by DirC Ward Crampton, New York City. There were also addresses by the State Society officers following a dinner which was served at 2 30 P M

The mectings of the various county societies have been better than in former years and an increising interest is being shown in the various problems of the medical profession, economically as well as professionally. A few of the counties have had special courses of lectures as provided by the Committee on Public Health ind Medical Education. These courses have been well attended and indicate that the profession will attend these courses when they are offered something worth while

Committees on Public Health have been organized in all the counties and under the leadership of the efficient Chairman of the State Committee have been doing good work.

The membership of the Branch remains

about the same.

Several meetings of the Executive Committee have been held and various matters of interest to the Branch acted upon.

Albany County has invited the Branch to

hold its annual meeting at Albany in the fall and the invitation will probably be accepted. Those who remember the last time the Branch met in Albany will remember what a royal time was had and the meeting this year promises to be as entertaining.

Respectfully submitted,

EDGAR A. VANDER VEER, Chairman.

April 1, 1930.

## REPORT OF THE FOURTH DISTRICT BRANCH

To the House of Delegates—Gentlemen:

During the year some outstanding pieces of work have been done by some of the county societies of this district.

Perhaps the most conspicuous was the stand taken by the Warren County Medical Society in favor of chlorination of the water of the city of Glen Falls. Attention had been called to the necessity by the State Health Department and a request had been made by the State Commissioner of Health. The county society met, passed resolutions upholding the hands of the Commissioner and further had the courage to make outspoken criticism of the city officials for attempting to put their lay opinion up against competent medical advice on a sanitary problem. The society through a committee published a long article in the Glens Falls papers setting forth the scientific aspects and dangers of water pollution in plain, understandable, everyday English. The article was a masterpiece of clarity. The county society's strong position in the matter was a great credit to organized medicine.

Clinton County Medical Society has been conducting a survey on maternity. Each patient attended in the county by a physician is to be investigated. A questionnaire on each case is being filled out by the doctor. The facts which this survey will show are not yet available.

Saratoga County Medical Society through a committee have conducted a survey of defects of school children in that county. An interesting and instructive report was made by Dr. J. F. MacElroy on this work at the annual meeting of the Branch at Saratoga on September 20th. Some appropriate action is anticipated looking to the correction of defects found. Dr. MacElroy's paper is worth study.

Washington County Medical Society continued their ardent support of the state-aided project in public health. This last year conducting a special demonstration on maternity and prenatal work. The work was approved by the County Society and participated in by

them. The attempt to get prospective mothers into the hands of their physicians at an early date so that proper prenatal supervision could be given was stressed. A course of lectures on physiotherapy was given by the State Society during May at Hudson Falls. In October a course on Internal Medicine was held in Cam-

bridge and Hudson Falls.

Montgomery County Medical Society has been thinking of a county health unit and one meeting has been devoted to discussion of the scheme; Dr. James S. Walton presenting a paper on "The Cost of a Health Unit" and Dr. Charles Stover a paper on "The County as a Unit Organization." The Society voted that the committee make a report as to what the actual cost would be for such a unit in Montgomery County.

St. Lawrence County Medical Society conducted a course of lectures and reported that the Committee on Public Relations is becoming

active.

At the annual meeting at Saratoga on September 19th and 20th, 1929, the Governor's special committee on Saratoga Health Resort was present. Mr. Bernard Baruch gave a report to the Branch of that committee's activities. This was followed by discussion and suggestions of the doctors as to how the work should be carried on. Mr. Baruch said in no unmistakable terms that he would not consent to any project except it be under competent medical supervision and that no patients would be given baths or cared for without a doctor's prescription.

The scientific program on Thursday afternoon, September 19th, was in charge of the Saratoga Springs Commission, and consisted of short addresses by the Honorable Bernard M. Baruch, Chairman; Senator John Knight; Speaker Joseph A. McGinnies; moving pictures and stereopticon views of the present and proposed reservation by J. G. Jones, Superintendent; and a special trip through the reservation with demonstration of baths, hydrotherapy, etc.

The evening was devoted to a banquet at which Dr. Francis R. Packard of Philadelphia,

speaker of the evening, gave an address on Ambroise Paré.

Friday morning, September 20th, was devoted to the following addresses: "Child Welfare Survey of Saratoga County," by Dr. John R. MacElroy, Jonesville; "The Diabetic in General Practice," by Dr. Leo Schiff, Plattsburg; "Periodic Health Examination," by Dr. C. Ward Crampton, New York City; and "Gastric and Duodenal Ulcer," by Dr. Frank H. Lahey, Boston, Massachusetts,

> Respectfully submitted, WILLIAM L. MUNSON, President.

April 1, 1930.

#### REPORT OF THE FIFTH DISTRICT BRANCH

. To the House of Delegates-

Gentlemen:

Medical affairs in the Fifth District Branch are in a thriving condition. Most of our County Societies are having good attendance at every meeting, with scientific programs that are decidedly attractive and committee work that stirs general interest. Of the seven counties. and Jefferson hold meetings Onondaga monthly.

Onondaga County Society has approved the recommendation of their Public Health Committee in favor of a county health unit for Onondaga, and their recommendation has gone to

their Board of Supervisors.

Oneida County Society has had a year of intensive propaganda for periodic health examinations. This propaganda has been carried out by a super active lay organization in cooperation with the Public Relations Committee of the County Society. Their program bids well to produce excellent results in the near future.

During the year, courses in Industrial Medicine have been given at eight different industries, comprising six different subjects, by members of the County Medical Society and the Utica Dental Society, under the auspices of the Industrial Secretary of the Y.M.C.A. This activity was arranged and supervised by the Public Relations Committee and the reports reaching that Committee, from the Industries, have been very gratifying.

At the present time, the Oneida County Medical Society is working on details of a county health unit, with the expectation of recommending such a proposition to the Board

of Supervisors.

Lewis County Society has been active in securing the new hospital to be built at Lowville. Heretofore, there has been no hospital in this county.

Jefferson County Society assisted in the campaign for the \$150,000 childrens' pavilion which is to be added to the County Tuberculo-

sis Sanatarium.

Onondaga, Oneida, Oswego and Jefferson Counties have all had post-graduate courses in the past year, and more are planned for 1930. The best attendance is always obtained at these lectures.

Toxin-antitoxin committees have been actively working. In Jefferson County in the first half of 1929, 4,320 pre-school children were

given toxin-antitoxin.

The annual meeting was held in Watertown, October 17th; Dr. Armitage Whitman of New York, Dr. James P. O'Hare of Boston, and Dr. William P. Van Wagenen of Rochester, N. Y., were guest speakers. The President of the State Society, the Speaker of the House of Delegates, and other officers were present. Each made a brief address concerning the work of organized medicine.

At the election of officers, Dr. Augustus B. Santry of Little Falls, was elected President; Dr. Edward R. Evans, Utica, 1st Vice-President; Dr. William A. Groat, Syracuse, 2nd Vice-President Dr. William J. McNerney, Syracuse, Secretary; Dr. Hermann G. Germer. Canastota, Treasurer.

Respectfully submitted,

PAIGE E. THORNHILL, President.

April 1, 1930.

#### REPORT OF THE SIXTH DISTRICT BRANCH

To the House of Delegates-

Gentlemen:

The Executive Committee of the Sixth District Branch, the Presidents of the component County Societies of the Branch, and Dr. Joseph S. Lawrence, Executive Officer of the State Society at the invitation of the President attended a luncheon at the Elmira City Club, June 25th, 1929, for the purpose of discussing the condition of the District and formulating plans for the Annual Meeting.

An invitation received from the Cortland County Medical Society, to hold the Annual Meeting at Cortland as their guests, was ac-

cepted. At the Annual Meeting held September 27th the attendance was one of the largest in the history of our Branch, nearly 200 physicians registered.

The program was enthusiastically received, special interest centering in our guests' parts in the program, Dr. John B. Deaver and Dr. Lawrason Brown.

The election of officers was as follows:

President, Dr. George M. Cady, Nichols; First Vice-President, Dr. Stuart B. Blakely, Binghamton; Second Vice-President, Dr. John E. Wattenberg, Cortland; Secretary, Dr. Hubert B. Marvin, Binghamton; Treasurer, Dr. William A. Moulton, Candor.

The District was honored by having as guests Dr. James N. Vander Veer, President of the State Society; Dr. William H. Ross, President-Elect; Dr. Daniel S. Dougherty, Secretary; Dr. John A. Card, Speaker of the House of Delegates; Dr. Joseph S. Lawrence, Executive Officer. Each spoke briefly on State matters following the luncheon.

Respectfully submitted,

LA RUE COLEGROVE, President.

April 1, 1930.

### REPORT OF THE SEVENTH DISTRICT BRANCH

To the House of Delegates: Gentlemen:

The only activity of importance of the Seventh District Branch during the year was the annual meeting, which was held at Clifton Springs on September 26, 1929.

The scientific session was a most interesting one, including papers on "Coronary Occlusion," by Dr. Louis Hamman of Baltimore; "Spinal Anesthesia," by Dr. Frank A. Kelly of Detroit; "The Present Status of the Treatment of Arthritis at the Mayo Clinic," by Dr. Leonard G. Rowntree of Rochester, Minnesota; "Surgery of Tubercular Lung Abscess," by Edward W. Archibald of Montreal.

Owing to Dr. Frances Perkins', Commissioner of the State Department of Labor, inability to be present and present her paper on "The Medical Question in Compensation Administration," Mr. Zimmer of Albany, Director of the Bureau of Compensation, addressed the audience; his theme was that the medical profession should prepare the young physician, by special courses in medicine, to make satisfactory compensation examinations. An interesting discussion followed.

Following the luncheon which was served in the Clifton Springs Sanatarium, addresses were given on, "The Workman's Compensation Laws," by Dr. James N. Vander Veer, President of the State Society; and on "The Public Relations Committee," by Dr. William H. Ross, President-Elect.

Dr. Daniel S. Dougherty, Secretary of the State Society, and Dr. James E. Sadler, Chairman of the Committee on Public Relations were also present.

The following officers were elected for the ensuing two years:

President, Dr. E. Carlton Foster, Penn Yan. 1st Vice-President, Dr. C. Harvey Jewett, Clifton Springs.

2nd Vice-President, Dr. William D. Ward, Rochester.

Secretary, Dr. John A. Lichty, Clifton Springs.

Treasurer, Dr. Edward T. Wentworth, Rochester.

Respectfully submitted,

Austin G. Morris, President. April 1, 1930.

#### REPORT OF THE EIGHTH DISTRICT BRANCH

To the House of Delegates:

Gentlemen:

The regular annual meeting of the Eighth District Branch was held on October 3, 1929, at the Buffalo City Hospital.

The morning was devoted to clinics by members of the City Hospital Staff.

The afternoon session consisted of addresses by the State Society officers, an economic paper by Dr. W. Warren Britt of Tonawanda; and an address by Dr. George W. Crile of Cleveland.

The following resolution, presented by the

Niagara County Society, was unanimously carried

Whereas:—Section 77, Article IX, Chapter Forty-Two of the Public Welfare Law, passed April 12, 1929, to become effective January 1, 1930, reads—"It shall be the duty of Public Welfare Officials, in so far as funds are available for that purpose, to provide adequately for those unable to maintain themselves. They shall, whenever possible administer such care and treatment as may restore such persons to a condition of self-support, and shall further give such services to those liable to become desti-

tute as may prevent the necessity of their be-As far as possible, coming public charges families shall be kept together, and they shall not be separated for reasons of poverty alone Whenever practicable, relief and service shall be given a poor person in his own home, the Commissioner may however in his own discretion, provide relief and care in a boardinghome, the home of a relative a public or pri vate home or institution or in a hospital

Whereas —Section 43, Article VI of the Public Welfare Law provides that, It shall be the duty of the Board of Supervisors of a County, the town board of a town, and the appropriating body of a city to make adequate appropriations and to take such action as may be necessary to provide the public relief re-

quired by this Chapter,' and

Whereas -Section 84, Article X of the Public Welfare Law provides that, "When a legislative body shall make an appropriation for the purpose, one or more physicians shall be appointed to care for sick persons in their homes In a county public welfare district, such physician or physicians, shall be appointed by the county commissioner In a city, such physician or physicians shall be appointed in accordance with the provisions of the local or general law relating to such city In a town, such physician shall be appointed by the town board Where no physician is so appointed, the public welfare official shall employ a physician or physicians to visit sick persons in their homes whenever necessary," and

Whereas —The above sections of the Law, by including "those liable to become destitute" with "those unable to maintain themselves," will afford medical relief to a large additional

number of persons, and

Whereas -Present methods of providing medical relief for such persons by sending them to the doctor for the poor or of having such an official call on them in home or hospital, is an antiquated custom which lays a stigma on those receiving its supposed benefits and thus prevents the needy from applying for medical relief, and

Whereas -Such methods are "not consistent with a well founded and rapidly-developing sentiment among welfare-workers that the family physician and family surroundings are more conducive to the restoration of health than any other artificial arrangements, no matter how well they may be planned" and

Whereas -Section 84, Article \ of the Public Welfare Law clearly permits the Public Welfare Officials to interpret and administer October 3, 1929, favor the designation of the patient's family physician or physician of his choice as the responsible active attending physician in each case of those unable to maintain themselves or liable to become destitute requir-

ing medical or surgical care,

Therefore, Be It Resolved, That the Lighth District Branch of the Medical Society of the State of New York at this regular meeting on October 3, 1929, favor the designation of the family physician or physician of the patient's choice rather than especially appointed sala ried physicians, as the proper, responsible, ac tive attending physician in each and every in stance of "those unable to maintain themselves" or of "those liable to become a public charge requiring medical or surgical care," and

Be It Further Resolved, That this resolution be transmitted to the Medical Society of the State of New York for its endorsement and support, and that the Public Welfare Officers, Boards of Supervisors and those responsible for the assignment of these cases be memorialized to take cognizance of these resolutions

The following officers for the two ensuing

vears were elected

President, W Ross Thomson, Warsaw 1st Vice-President, Raymond B Morris, Olean

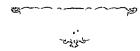
2nd Vice-President, Frederick J

North Tonawanda

Secretary, W Warren Britt, Tonawanda Treasurer, Fitch H Van Orsdale, Belmont

Respectfully submitted,

THOMAS I WALSH, President April 1, 1930



## NEW YORK STATE JOURNAL OF MEDICINE

Editor-in-Chief-Orkin Sage Wightman, M.D......New York Executive Editor-Frank Overton, M.D.......Patchogue Advertising Manager-Joseph B. Tufts.......New York

Business and Editorial Office—Z East 103rd Street, New York, N. Y. Telephone, Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writers.

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### **OFFICERS**

President-JAMES N. VANDER VERR, M.D	Albany
First Vice-President-FLOYD S. WINSLOW, M.D	.Rochester
Secretary-DANIEL S. DOUGHERTY, M.D	New York
Tressurer-Charles Gordon Heyd, M.D	New York
Speaker-John A. Card, M.DPo	oughkeepsic

President-Elect-William H. Ross, M.D	Bi intwood
Second Vice-President-LYMAN G. BARTON, M.D	Plattsburg
Assistant Secretary-Peter Inving, M.D	New York
Assistant Treasurer-JAMES PEDERSEN, M.D	New York
Vice-Speaker-George W. Corris, M.D.	Tomastown
President Ground III Cottin, McD	Jerriceroun

#### TRUSTEES

GRANT C. MADILL, M.D., Chairn	agnUgdensburg
JAMES F. ROOMEY, M.DAlbany	HARRY R. TRICK, M.D., Buffalo
ARTHUR W. BOOTH, M.DElmira	NATHAN B. VAN ETTEN M.D
TRINGE W. DOOLS, MISSING	2007 2007 2007 2007

#### CHAIRMEN, STANDING COMMITTEES

Arrangements-Walter A. Calinan, M.D	Kochester
Legislative-HARRY ARANOW, M.D	.New York
Pub. Health and Med. Education-T. P. FARMER, M.I	D., Syracuse
Scientific Work-ARTHUR J. BEDELL, M.D.,	
Medical Economics-Benjamin J. Slater, M.D	
Public Relations-James E. Saplier, M.D	Poughkeensie
Medical Research-FREDERIC E. SONDERN, M.D	
PIERICAL ICEASO, CIT - T VERNETO M. DOUDNESS VICTORIST	

### CHAIRMEN, SPECIAL COMMITTEES

Group Insurance-John A. CARD, M.D	Poughkeepsie
Periodic Health Exam's-C. WARD CRAMPTON, M.	DNew York
Nurse Problem-NATHAN B. VAN ETTEN, M.D.	Bronx
Physical Therapy—RICHARD KOVACS, M.D.	New York
Birth Control and Sterilization-Tonx O. POLAK.	M.D., Brooklyn
Anti-Diphtherio-NATHAN B. VAN ETTEN. M.D	Bronx
Pollution of Waterways-CHARLES H. GOODRICK, A	I.DBrooklyn

#### PRESIDENTS, DISTRICT BRANCHES

First District-Gronge B.	STANWIX.	M.D	Yonkers
Second District-CHARLES	H, Goodrie	n. M.D	Brooklyn
Third District-EDGAR A.	VANDER VI	ER, M.D	Albany
Fourth District-WILLIAM	L. MUNSON	. м.р	Granville

#### SECTION OFFICERS

Medicine—A. H. Aaron, M.D., Chairman, Buffalo; John Wyckoff, M.D., Secretary, New York.
Surgery—William D. Johnson, M.D., Chairman, Batavia; Charles W. Weeb, M.D., Secretary, Clifton Springs.
Obstetrics and Gynecology—Grorge M. Gelere, M.D., Chairman, Rochester; Onslow A. Gordon, Jr., M.D., Secretary, Brooklyn.
Pediatrics—John Aikman, M.D., Chair, Rochester; M.C. Prase, M.D., Vice-Chair., New York; B. C. Doust, M.D., Sec., Syracuse.
Eye, Ear, Noise and Throat—Edwin S. Ingersoll, M.D., Chairman, Rochester; Conrad Berens, M.D., Secretary, New York.
Sublic Health, Hygiene and Sanitation—Janes S. Walton, M.D., Chairman, Amsterdam; Arthur T. Davis, M.D., Secretary, Riverhead.
Neurology and Psychiatry—James H. Huddleson, M.D., Chairman, New York; Noble R. Chambers, M.D., Secretary, Syracuse.
Dermatology and Syphilology—Walter J. Highman, M.D., Chairman, New York; Albert R. McFarland, M.D., Secretary, Rochester.

#### LEGAL

Office at 15 Park Place, New York. Telephone, Barclay 5550

Counsel-Lorenz J. Brosnan, Esq.

Attorney-MAXWELL C. KLATT, Esq.

Consulting Counsel-LLOYD P. STRYKER, Esq.

Executive Officer—Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4-4214.

For list of officers of County Medical Societies, see this issue, advertising page xxxiv

Annual meeting June 2-4, 1930, Hotel Seneca, Rochester, N. Y.

#### ANNUAL REPORTS

The annual reports of the officers and committees of the Medical Society of the State of New York, which fill the entire scientific section of this Journal, are the expert opinions of the leaders in all lines of medical work in which the State Society is engaged. The unusual length of the reports is a demonstration that the Society is

practicing medicine more extensively and broadly than before. It is the experience of editors that doctors are over modest in their estimate of their own value to medical organizations. Certain it is that the State Society has had leaders who have given their time and energy in the unselfish promotion of progress in the practice of medicine.

#### PROGRESS OF THE YEAR

Marked progress in medical practice in New York State has been made during the past year along the line of co-ordinating the work of the various agencies. The object of the practice of medicine is the promotion of the health of every individual person; but in order to help the individual, action by the Society or the State may be necessary in addition to the doctor

The story of medical progress in group action is similar to that in charity and criminology. Philanthropic work in former years consisted only in the relief of individuals; but the modern view is that poverty and crime are relative terms. They have little meaning to the individual who lives alone; but their significance is apparent when the individual begins to live in close contact with his fellow men and is compelled to adapt his life to theirs. Modern philanthropy deals with societies and social practice quite as much as it does with the individual pauper or criminal.

Medicine was formerly concerned with individuals only. The modern era of group action in the practice of medicine began with the control and prevention of communicable diseases as a community measure. It extended to the municipal control of water, milk, and other foods, and to conditions of work in industrial establishments. It is now returning to the individual. It is reaching the mother and her baby and her children in the schools. The Public Relations Committee of the Medical Society of the State of New York is now making a study of the health service given to the students of colleges and universities of New York State. Employers of labor are making physical examinations of their workmen and providing medical service to the sick; and the State is exercising control over the compensation of workmen who are injured or sick. There is also the committee of the State Medical Society engaged in the promotion of a health examination for all adult persons. Then, too, the great field of mental diseases and mental hygiene is occupied almost entirely by the State, largely because physicians are unwilling to enter that field in their private practice.

A decade or two ago communism in the practice of medicine was a new thing, but it grew so rapidly and was so far reaching in its development that many physicians feared that it would displace the old system of private practice, as it had done in Germany and England with disastrous results. But fortunately the physicians of New York State recognized the need of the entrance of municipality and State into certain fields of medical practice; and at the same time the State recognized the need of an intimate contact of the individual doctor with the individual sick person, just as the philanthropist recognized the same principle in dealing with criminals and the poor.

The reconciliation of the antagonism between communism and individualism in medical practice has been an outstanding item of progress in the Medical Society of the State of New York during the past year. Physicians generally have come to recognize the desirability and necessity that municipalities engage in the practice of those forms of medicine in which group action is necessary, such as the control of tuberculosis and the examination of school children. On the other hand both physicians and social workers are also beginning to realize that every case of sickness or poverty or crime is that of an individual person, and its investigation frequently requires the sympathetic action of an individual expert, be he physician, socialist, or psychologist. Communism and individualism in medicine, starting in opposing directions, have curved their paths and have met a closed circle in a cooperative method in the practice of preventive medicine. The reconciliation of the two tendencies has been the prominent subject of discussion in nearly every standing committee of the Medical Society of the State of New York during the past year; and their fusion has been well nigh accomplished with a minimum amount of shock to the individual doctor and of destruction of his former methods and ideals.

The most troublesome question that remains to be settled is that of the economics of the newer form of practice. The people have not yet become accustomed to paying for preventive advice applying to the vague feature; neither have physicians generally acquired an altruism that is sufficient to inspire them to work without pay. Yet physicians have something to sell which the people need and which they would pay for if they really knew about it. Hence, the first step in the solution of the problem of the modern practice of medicine is that of advertising, or medical publicity. Fortunately, the doctor does not have to advertise his own wares directly, for a host of lay health organizations exists largely for publicity purposes and for educating the people in regard to the health services which physicians can give to them.

The Committee on Public Relations has developed methods of approach of the two groups which have been tested and standardized during the past year, so that they will be the basis for all future relations of the medical to the lay health groups. The most evident part which the doctor must take in the development and evolution is to prepare himself for an extension of his private practice into the fields of preventive medicine; and the most evident part which public officials and lay health organizations of a community must take is to adapt their methods to the system of medical practice approved by the organization of the physicians. If a department of health or a

lay health organization wishes to start a new field of preventive medicine, its natural course would be to consult the nearest organization of physicians. Whatever may have been the attitude of the two groups in the past, they rarely fail to enter into a working agreement when their representatives come together and talk over the details. It was so with the diphtheria prevention campaign, three years ago; and it is now true with regard to the summer round-up of pre-school children. It is also coming true with the relation of physicians to workmen's compensation.

Five years ago the Medical Society of the State

of New York took up the promotion of the practice of preventive medicine in a tentative way, and after a year or two of experimentation and trial, it began to develop suggestions for County Medical Societies to follow. The last two years has seen the warm response of the leaders of the county societies and the formal approval of their plans by an increasing number of medical organizations. The next step of progress will be that the county societies will reach their individual members and will influence them to enter the newer fields of practice which have already been opened to them.

# LOOKING BACKWARD THIS JOURNAL TWENTY-FIVE YEARS AGO

The Council on Pharmacy and Chemistry:— The reasons leading up to the establishment of the Council on Pharmacy and Chemistry by the American Medical Association on February 3, 1905, are given in the following editorial from the Journal of the A. M. A., quoted in the NEW YORK STATE JOURNAL OF MEDICINE of

May, 1905:

"Some thirty years ago there appeared one by one, preparations bearing coined names, protected from imitation by copyright or trademark, with formula more or less mysterious and fictitious—in other words, secret. By making extravagant claims and by persistent exploitation in various ways, the manufacturers induced physicians to use them, and as they were usually the simplest kind of mixtures, requiring little, if any, machinery or skill in their compounding, and being composed of inexpensive drugs, the profits were large. Thus the field for commercial enterprise became an enticing one. The manufacturer might be an individual with no pharmaceutical knowledge and with his identity hidden under the anonymous name of some chemical company; thus, the better to impose on the credulous doctor,

he combined the secrecy of his preparation with the mystery surrounding its manufacturer. With their fancy therapeutic or disease-suggesting names and with extravagant claims regarding their therapeutic value, these medicines appealed to a certain class of doctors; they were convenient, palatable, and, at least, satisfactory placebos. Further, they saved the doctor the trouble of writing a full prescrip-It was not long, however, after these preparations became popular with the physician before they became popular in the true sense. The fancy, catchy names which caught the physicians caught the layman as well, and the latter, finding not only full directions for . use, but the names of the diseases in which the remedies were indicated, naturally bought them in preference to the so-called 'patent medicines,' for were these medicines not endorsed by the 'faculty,' and had they not testimonials from 'the most prominent physicians?' Thus the physician became the unpaid peddler of secret nostrums; thus he encouraged his patient to prescribe for himself, and thus, as the secret nostrum manufacturer became richer, the physician became poorer."



## MEDICAL PROGRESS

数

Treatment of "Tennis Elbow"—Thomas Mar lin points out that the condition designated by the term "tennis elbow" may be induced by many other activities and occupations in which the gripping muscles are brought into play. In his experience no treatment is so successful as manip ulation of the elbow joint. The patient being on his back, the arm just off the table, with the hand midway between pronation and supmation, is held between the operator's legs The elbow rests in the operator's hands and is passively flexed and extended several times Then when the muscles are relaxed, the elbow is sharply forced a little further into extension, the operator being careful to stop immediately extension is reached anesthetic is necessary A snap is usually heard during the manipulation, this does not mean that a dislocation has been reduced, but that the radius had become fixed somewhere within the normal range of movement The manipulation having been effected, the muscles should be coaxed into a condition of relaxation and freedom of action The patient may be allowed to play or make any natural effort that tends to concentrate his mind on the game or activity and to forget his muscles Then they suddenly begin to act in a smooth nor mal manner and tend to lose their spism. Strap ping is a great aid at this stage of the treatment During the application of the strapping the patient keeps the elbow bent and the wrist pronated and the fingers flexed. The strapping has a piece cut out to allow hending of the elbow. The majority of cases will clear up with these meas Any remaining pain, however, may be treated by the different electrical methods-diathermy, ionization, light therapy, faradism, galvanic acupunture. In the application of acupuncture an indifferent electrode is fixed to any part of the patient's body, and a small active electrode stroked over the punful areas. A minimal faradic current is used and a search is made for the most punful point. A galvanic current is then substituted for the faradic and a needle attached to the negative pole is inserted directly into the tissues, the current being turned on gradually until two miliamperes are registered. Two or three painful places may be treated at one sitting -The Lancet. March 8, 1930

Treatment of Ozena—Professor Denker of Munich says that more than 170 articles on ozena have appeared during the past three years. The term is employed in the broad sense of a chronic nasal disease with a fetid secretion which dries rapidly into crusts. However, if the atrophy stops at the mucosa the term ozena is hardly justified. Chronic sinus disease may be attended with an odor but this is apt to

persist after removal of the dried secretion, while in true ozena the foul odor is limited to the crusts themselves Under the head of conserva tive treatment the author, having enumerated a great variety of remedies, recommends the Gottstein tamponade, irrigations by Sauter's method involving alternate closure of the nasal fossæ, and the so called antivitamin treatment of The latter comprises the use of Glasscheib vitamins A and D Irradiation is of no value The effect of atrophy of the nasal bones is to enlarge the nasal chambers and various proced ures have been recommended to reduce their Implantation of unorganized substances as well as of hone has been practised, but until recently there have been no standard results The Eckert-Mobius technique, however, has been carried out in many more than 100 patients at the Halle University Clinic within the space of six years Slivers of spongy beef bone spe cially prepared may be implanted under local anesthesia within 10 or 15 minutes in a pocket established between the mucosa and periosteum and heal in without contraction thus narrowing the nasal fosse for their entire extent oldest and worst cases, more major intervention is called for and half a dozen procedures are described although without any statistical back-The same principle perhaps underlies all of the methods, for the idea is to mobilize the entire lateral wall of the nasal fossa and shift it over toward the septum thus securing the desired partial closure of the fossa. One of the acces sory features of this intervention as carried out by some authors is to lead off the parotid secretion into the nose -Deutsche medizinische Wochenschrift, March 7, 1930

Weather Sensations -H J Schmid strives to connect weather changes with a definite physiological action A distinction must first be made between effects on the psyche and somatic symptoms, the two of course often being associated The author limits his subject to somatic symptoms and such psychic ones as are secondary Thus far we can hardly speak of a to them definite physiological action of the weather Frankenhauser has isolated groups of symptoms referable to special organs. Thus there is a congestive cerebral syndrome which comprises pros tration, relaxation, irritability, insomnin or som nolence, anxiety, headache, ringing in the ears vertigo, epistaxis, etc. This shows a sort of parellelism with migraine and suggests a liability of the vegetative nervous system. There is a definite pattern in these symptoms yet they are not at all peculiar to or characteristic of the weather A second group is referred to the gistroenteric

tract and comprises loss of appetite, foul breath and coated tongue, constipation or diarrhea, etc. It is evidently of the same origin as the cerebral syndrome with which it may often be associated. A third group which is quite distinct from the first two comprises myalgias, neuralgias, arthralgias, pain in scars, corns, etc. In seeking a rationale for these functional and subjective manifestations it is difficult to exclude the effects of suggestion. In addition to the preceding we see in sufferers from chronic affections certain weather exacerbations, such as the crises of angina pectoris, hemoptysis in the tuberculous, laryngeal The relationship of the weather to crises, etc. crime, suicide, prison outbreaks, etc., as recorded by Franklin Dexter is of interest, for as a rule weather influences have not been subjected to statistical treatment. Actual decisive factors such as humidity, barometric pressure, the electric conductivity of the air, solar radiation, etc., may each have their effect. Most of these causal factors seemingly act on the vegetative nervous system, but electric conductivity may be responsible for the muscle, nerve, and joint pains.-Schweizerische medizinische Wochenschrift, March 1, 1930.

Chronic Arthritis.—In view of the obscurity of the immediate cause of chronic arthritis, A. A. Fletcher urges that more attention be given to the predisposing causes. Clinically, some of these are heredity, constitution, fatigue, environoccupation, previous disease, anxiety age, sex, and, probably most important, malnutrition. A review of the literature shows that the belief is not new that chronic arthritis and malnutrition are related. A study of patients with arthritis carried out nine and ten years ago by the writer convinced him that much was to be accomplished by a readjustment of diet balance and also by a liberal administration of vitamins. A high incidence of colonic disturbances has been observed in a large group of patients in the medical wards of the Toronto General Hospital. The study was begun in the belief that colon disturbances were nutritional in origin and that patients showing these lesions would be those which experience most benefit by diet therapy. Atony is most frequently seen and haustral markings may be decreased or even absent. may be a marked increase in the length of the colon, resulting in looping or festooning. Improvement in the x-ray appearance of the colon has been brought about by certain specific changes in the diet. Vitamin B has been given in large The total calories have been reduced to a maintenance or, in suitable cases, even below a basal level. The effectiveness of vitamin B seems to vary indirectly as to the amount of the total diet. Carbohydrate, especially, seems to inhibit its effectiveness. As a rule, 50-70 grams of protein is given in the form of meat, fish, fowl, eggs, milk, and glandular food; carbohydrate is reduced to 50 grams, and the fat varies from 50 to 150 grams, according to the individual requirements. With this treatment, the disturbances of the colon are benefited, the arthritis may become quiescent, and in some patients clears up entirely. Good results were also seen in patients with rheumatoid arthritis, osteoarthutis, and so-called arthritis of the menopause. If the disease is infectious, it is probable that malnutrition at times creates the state favorable to the development of this infectious process. In other cases the colon is probably the source of the infectious or toxic agent causing the disease.—Canadian Medical Association Journal, March, 1930, xxii, 3.

Protection Against Mosquitos Through Animals.—Dr. J. Legendre writes with special reference to conditions in the French tropical possessions, in which various species of the Culex and Anopheles prefer the animals—the pig, cattle, buffalo, horse, etc.—to mankind for nourishment. These zoophile insects also attack wild birds and poultry. Those who care for the animals may be but little bitten because of the preference of the insects for the cattle, sheep and goats. Cases are particularized of various household pets which have been severely stung although in some cases at least they seem to pay no attention to the mosquitos, which do not even arouse them from sleep. On the other hand the author's personal experience in Senegal has shown him that certain insects which bite mankind ignore the domestic animals and fowls completely, although possibly this only holds good for certain hours of the day. It is largely a matter of affinity and while in one locality Culex mosquitos may be more zoophile than Anopheles, the reverse is equally in evidence in other localities. As some of the insects attack mankind alone there is reason to surmise that others may have a special predilection for certain species of animals. But this may readily be lost in captivity for the author saw captive specimens of Stegomyia fasciata—the mosquito which transmits yellow fever and dengue and does not attack animals when in the free state—feed on laboratory rodents and a cat. The aim of the author is apparently not to secure prophylaxis of the animals against the mosquito but to make use of animals as far as possible to sidetrack the insects. There is no mention that the mosquito can cause any disease among the animals while, as has been mentioned. the latter seem to possess considerable immunity to annoyance from the bites.—Bulletin de l'Académie de Médecine, February 25, 1930.

Reduced Iron in Certain Anemias.—Hans Schulten states that the brilliant results of the liver treatment of pernicious anemia have aroused new interest in the use of iron, once regarded as specific but more recently almost abandoned. Certain preparations of iron in special doses may still possess virtues in certain types of anemia. Thus after extensive blood losses there is usually a

spontaneous recovery within a certain interval, but when after a delay of 3 or 4 weeks regeneration of the blood is still in abeyance it is well to make use of some artificial aid. Iron has long been and still is utilized in such cases but often, it is admitted. without benefit. In such failures the dose has not usually been increased, as the total amount of iron necessary to the animal economy is very small, but the author has been increasing his dosage of reduced iron in such cases without causing any disturbance of the alimentary canal. He has given as high as 6 gms. in 24 hours in divided doses and often with brilliant results, improvement setting in promptly. Other forms to benefit have been genuine chlorosis and achylic chloranemia. The author applies the generic term hypochrome anemia to these forms by reason of the relatively low hemoglobin content of the blood. The rationale of large doses of iron in these cases is not apparent. Reduced iron is not chemically pure and in such large amounts there may be contained other mineral elements which act in synergism with the iron. In feeding anemic rats it has been learned that traces of nickel, copper, etc., when added to iron secure results not obtainable with pure iron. In delayed regeneration following hemorrhage and in chloranemia with achylia gastrica the large doses of iron are specifically indicated if smaller ones will not do the work, and even more than 6 gms. daily has been given-the author mentions 10 gm. in one case. In genuine chlorosis the large dose does not seem to be necessary .- Munchener medizinische Wochenschrift, February 28, 1930.

Causation of Gastric Ulcer.-L. Moszkowicz of Vienna makes an attempt to digest some of the recent publications on this subject with a view of arriving at some conclusion which will tend to clear up the present day obscurity. Büchner and Silberman, while admitting the prejudicial action of hyperacidity of the stomach contents, claim that such noxious action is exerted only in the pyloric region and along the lesser curvature. This conclusion is not a novel one but Silberman insists that the gastric juice which is chiefly responsible for the erosions is psychic juice socalled. Such a view automatically excludes all theories based on vascular anomalies, such as capillary embolism, necrosis, and preulcerous organic lesions of any kind. Treatment must therefore be directed against the psychic factor and perhaps an allergic component. The views of the two authors in question are based on prolonged experimentation. One of the competitive views of the day is that of Konjetzny which has some adherents and which involves the preexistence of gastritis of a type which can be visualized only from histological pictures. This, in turn, would supplant the older view that for an ulcer to form there must have been some devitalization of the mucosa from intravascular causes. When the author began his own studies in 1922 he espoused this last-named theory but relinquished it when convinced by Büchner and Silbermann. Particularly convincing are the experiments of the latter on dogs subjected to sham feeding à la Pavlov. The juice secreted in this experiment comes under the head of psychic juice and he found it 5 fold stronger in acidity and digestive power than non-psychic juice. After the dogs had been subjected daily for considerable intervals to sham feeding they developed both pyloric and duodenal ulcer although all other portions of the stomach and intestine remained immune. Thus far there is no similar evidence to explain human peptic ulcer.—Klinische Wochenschrift, March 1, 1930.

The Connection Between the Functional Activities of the Liver and the Susceptibility of the Organism to Insulin. - Experimental studies conducted by Erik Forsgren indicate that the liver has rhythmically acting functions, to a certain degree independent of the supply of nutrition, with alternate assimilatory and secretory, or dissimilatory, stages. During the dissimilatory stage, in which glycogen is deposited in the liver cells, the liver is a glucose consumer; during the secretory stage, in which glycogen disappears from the liver cells as these are required for the secretory and dissimilatory activities, the liver is a glucose producer. Because of its great capacity, the liver will, in a condition of moderate nutrition, dominate the metabolism. An individual's susceptibility to insulin is determined not only by his food intake, but also, and much more, by the state, to a certain degree independent of the food ingested, in which the metabolism happens to be in connection with the rhythmic activity of the liver. Susceptibility to insulin is greatest after the final phase of the secretory stage of activity, when the glycogen has disapepared from the liver, and least after the final phase of the assimilatory stage of activity, when the liver is rich in glycogen. The rhythmic functioning of the liver in the rabbit is still in evidence after twenty-four hours' fasting, which explains the varying susceptibility observed in standardizing insulin on the rabbit. In diabetics there are frequently seen nutritionally paradoxical rhythmic variations of the insu'in susceptibility and the sugar content in the blood and urine. These phenomena have possibly some connection with the rhythmic functioning of the liver. According to the author's experience, the insulin susceptibility is, as a rule, least in the morning and evening, and greatest at about 2 P. M. The conclusion to be drawn from this is that the administration of insulin in the treatment of diabetes should be made dependent on the internal metabolism, which can be studied through the variations of the sugar content in the blood and wrine at different hours of the day .- Acta Medica Scandinavica, February 28, 1930, 1xxiii, 1.

Treatment of Gastric Ulcer with Insulin Injections.—A. Cade and Ph. Barbal refer to the original use of insulin in this affection in

1926 by Feissly. One case only was reported but this had defied all the usual medical resources. In 1927 Goyena secured a second cure with complete cicatrization, while in 1929 Horowitz reported a third case with radiographic cure, i.e., disappearance of the niche which is characteristic of gastric ulcer. Simnitzky, who reported an entire series of cases, claims only improvement. The authors have a series of cases, 25 in number, gastric and duodenal ulcer being alike represented, inclusive of all cases presenting themselves without attempt at selection. diagnosis was assured by clinical symptoms, röntgenograms, and operative finds. All of the cases were chronic and many of long duration. In a group of 10 patients after diet and bed rest had failed the treatment comprised insulin alone with liberal diet and without bed rest. Each morning 15 units of insulin were injected, the treatment being continued, when possible, for a period as long as 25 days, although some patients were discharged prematurely. The improvement was striking, but the interval is too short to speak of cure. In a second group of 6 patients insulin alone was of no avail, but if glucose was also given by the mouth the improvement secured was superior to that obtained by the conventional treatment. A patient with pyloric stenosis showed only temporary improvement under insulin and In another group of four patients there was no benefit from insulin-glucose, although no explanation was forthcoming. Finally another small series, also of 4 patients, could not for one or another reason be placed. Thus one disappeared from treatment, while the others showed certain complications not associated with In summing up, the authors prefer not to speak of cures but of relief, especially of the dominant symptoms. Thus far we have no theories to account for this action of insulin-Bulletin de l'Académie de Médecine, February 18, 1930.

Practical Value of Arteriography. — J. Schüller, in a brief illustrated sketch of this subject, states that it was first carried out on the living by Berberich and Hirsch in 1923. Thus far it has been limited to arteriography of the extermities, abdominal aorta and branches, and arteries of the brain, using lipiodol and strontium bromide, but chiefly sodium bromide. But few men have reported their results during the past 7 years and the author limits himself to a case of arteriography of the femoral artery. patient was a man of 34 who sustained an injury from his motorcycle, for which he was given treatment for fracture (splints, sandbags, and adhesive plaster extension). When the author saw him the feet were livid in places, there was no pulse in the popliteal artery, and there was evidence of approaching gangrene. The fracture at the junction of the middle with the lower third of the femur was ununited, as shown by the röntgen examination. The fragments were ad-

joined under ethyl chloride. As the foot could not be saved an amputation was performed at the junction of the middle and distal thirds of the leg. An abscess formed in the stump and discharged necrotic tissue. It had not closed when the patient was discharged and the sinus could be probed as high as the tuberosity of the tibia. Another accident resulted in a refracture of the femur and it was necessary to cut down on the site to set it. On account of the poor nutrition of the stump the femoral artery was injected through a cannula with a 4 per cent sodium iodide solution and a röntgen plate was made. artery was found to be embedded in some callus All structures below the fracture formation. showed atrophy-bones, muscles, etc. There was nothing to do but amputate at the site of the fracture; this was done 5 days after the picture was taken and a smooth healing resulted. Examination of the specimen showed that the choice of intervention had been justified and that any more conservative procedure would have meant months of hospital sojourn at the least.—Münchener medizinische Wochenschrift, February 14, 1930.

Trophic Lesions Following Encephalitis.— E. Baumann speaks of the extreme infrequency of this sequela of epidemic encephalitis. case of ulceration has recently been reported by E. Schlittler, who was able to find but a few analogous data on record. The present author has duplicated this observation in a boy aged 15 years, the original diagnosis of tuberculous meningitis having proved to be an error. The appearance of an ulcer on the tip of the tongue as a remote sequel again suggested tuberculosis but a microscopical examination was negative. The change in character was of the type seen after encephalitis and it was thought for a time that the lesion was an artefact, maintained by the interference of the patient. It had probably originated in a bite and contact with the teeth had aggravated it. This lesion persisted a number of years and biopsy and other resources excluded tuberculosis, syphilis, and malignancy. But despite the mechanical factor there had been no apparent effort on the part of the lesion to heal. The mass was excised under local anesthesia and the operation wound promptly healed. Study of other recorded cases—there are about six quoted—appears to show that a trophic factor is involved although artificial irritation played a role in some of them. Diagnoses by hospital pathologists in some of the cases were syphilis and epithelioma. The objection that in encephalitis trophic nerve fibers are not involved is met by the author with the statement that there is no absolute proof that trophic and vegetative nerve fibers are alone responsible for trophic ulcers. - Schweizerische medizinische Wochenschrift, March 15, 1930.



## LEGAL



## DEFENDANT'S RIGHT TO X-RAY EXAMINATION OF PLAINTIFF IN PERSONAL INJURY ACTIONS

By Lorenz J. Brosnan, Esq. Counsel, Medical Society of the State of New York

In an action for personal injuries, it sometimes becomes very important for the defendant, in order to adequately prepare for the trial of the action, to be accorded an opportunity to have a physical examination made of the plaintiff with a view to ascertaining the accuracy of the plaintiff's claimed injuries.

The statute governing the defendant's right to have a physical examination made of the plaintiff in a personal injury action, is Section 306 of the Civil Practice Act which provides

so far as material:

"Physical examination. In an action to recover damages for personal injuries, if the defendant shall present to the court satisfactory evidence that he is ignorant of the nature and extent of the injuries complained of, the court, by order, shall direct that the plaintiff submit to a physical examination by one or more physicians or surgeons to be designated by the court or judge, and such examination shall be had and made under such restrictions and directions as to the court or judge shall seem proper."

Interesting questions have arisen under this statute as to exactly what type of examination the defendant may compel the plaintiff to undergo. In this editorial we shall take up the question of defendant's right in a proper case to compel the plaintiff to submit to an x-ray

examination.

This question first came before one of our appellate courts in the year 1914 under the following circumstances: The plaintiff had brought an action to recover damages for injuries alleged to have been sustained to the plaintiff's right foot through the negligence of the defendant, it being claimed that the latter ran over the plaintiff's right foot with a heavy wagon, crushing the bones, etc. The plaintiff consented to a physical examination by a physician nominated by the defendant, and such examination was had.

Subsequently the defendant procured from the court below an order compelling the plaintiff to have an x-ray picture taken of her right foot. From this order the plaintiff appealed. The Appellate Division by a divided court reversed the order below, holding that: "The examination of witnesses before trial is purely statutory, and authority for a physical examination."

nation of a party to an action does not include authority to take photographs or x-ray pictures of the party, and this is specially true where the defendant has already, by consent of the plaintiff, had the advantage of a physical examination."

As an indication that the law does progress, it is interesting to note that just ten years later the same Appellate Division reversed its prior holding to the effect that there was no right in the defendant to compel the plaintiff to submit to an x-ray examination in a personal injury action. In its opinion the court referred

to its prior ruling and said:

"So far, however, as the opinion of this court in that case indicated that the court was without power to require such an x-ray examination we are unwilling to continue to follow it. That decision was rendered just ten years ago and since that time there has been such a perfection of the science of taking such x-ray pictures that their use, particularly in determining the presence and extent of bone injuries, has become universal and is the accepted method in the best medical practice. Any danger of burning or other bodily injury, when proper apparatus is used and skillful practitioners are employed has apparently been eliminated. Our present view is that it is not beyond the power of the court to require it in a proper case, but that its use may be required under proper safeguards whenever, in the exercise of its discretion, the court deems that the issues between the parties and the advancement of the science of the use of such apparatus fairly indicate the justice of requiring it in any particular case."

The decision of the Appellate Division just referred to is clearly sound and represents not only common sense and good logic, but is in harmony with the spirit and purpose of the statute pertinent to the subject-matter of this

editorial.

Curiously enough, in 1923 just a year prior to the decision above quoted, the Appellate Division in another Department by a divided court refused to compel a plaintiff in a proper case to submit to an x-ray photograph, on the ground that an x-ray examination was not an thorized by Section 306 of the Civil Practice Act.

However, the salutary effect of the decision

in the appellate court which gave the defendant a right to an x-ray examination of the plaintiff, was seen in-a decision reached in 1927 in the Supreme Court of Westchester County, where in granting a defendant's motion the court said:

"I am not unaware of the decision ... wherein the Appellate Division in the Second Department, by a divided court, held that section 306 of the Civil Practice Act did not authorize the court to direct the plaintiff to submit to an x-ray photograph; but my attention is called to the case ... where the Appellate Division in the Third Department, in 1924, reached a contrary conclusion, and in that very well-reasoned opinion reference was made to the fact that, since an earlier decision of that department, rendered some ten years before, holding such an order to be unauthorized ....

there has been a perfection of the science of taking such x-ray pictures, and that their use, particularly in determining the presence and extent of bone injuries, has become a matter of universal use, the accepted methods in the best medical practice, and the danger of burning or other bodily injury, when proper apparatus is used, have been eliminated."

This latter decision was followed in 1929 by our Appellate Division in New York City, and hence it is at this time generally well established in this State that in a proper case and under proper supervision a defendant may compel a plaintiff to submit to an x-ray examination. It is clear that this should be the law, as there are many cases where, without the use of x-ray, a physical examination of a plaintiff in a personal injury case would be entirely inadequate to establish the truth or falsity of the injuries claimed.

# FACIAL PARALYSIS RESULTING FROM CLAIMED NEGLIGENCE IN A MASTOID OPERATION

In this case the plaintiff called at the clinic of a hospital in New York City where she was examined. It was ascertained that she suffered from acute right otitis media. Arrangements were made for the ear-drum to be pierced. Under a local anæsthesia the house surgeon, under the supervision of the defendant, incised the car-drum. The patient remained in the hospital for one day. Three days thereafter the patient returned complaining of continued pain in the right mastoid region. An X-ray examination of both mastoid regions was made, which revealed an involvement of the mastoid cells of the right mastoid bone.

Another complete examination of the patient was made which confirmed the right mastoid involvement plus a rigidity of the face on the right side, which indicated a facial nerve involvement. The patient also complained of intense pain on the right side of the face.

A mastoid operation was suggested to the patient and the requisite consent obtained. On the same day the operation was performed. A general anæsthesia was administered and a simple mastoid operation performed by chiselling off the surface of the mastoid bone, uncapping the cells which were found filled with pus and granulation. The field was washed out with a saline solution. The skin over the temple was fastened by the use of Michel clips, and a gauze drain inserted. The patient came out of the anæsthesia satisfactorily and remained in the hospital for about ten days.

On the morning after the operation, one of the house surgeons reported a condition of paralysis of the right facial nerves. Upon examination it was found that the patient was unable to use the right facial muscles and was unable to close her right eye. The packing was removed and it was suggested to the patient that she attend at a neurological institute for the treatment of her nerve condition, which was refused.

The defendant-physician who performed the mastoid operation continued in attendance until the incision had completely healed, at which time the patient suffered no ailment except the inability to move the muscles of the right side of the face and control the right eyelid. At the time of the operation the defendant-physician's assistant carefully watched the operation and noted that the operation was carefully and skillfully performed. Further, he noted that at no time was the facial nerve exposed; that the instruments did not slip and no accident occurred.

The patient's face was carefully watched for a twitching of the muscles indicating an injury to the facial nerve, but none was observed. The operation lasted about one and one-half hours. About four hours after the operation the patient was resting quietly and showed no signs of facial paralysis, but facial paralysis

was noticed on the following day.

Sometime after the patient's discharge, she instituted an action against the surgeon who performed the operation, alleging that the plaintiff sustained facial paralysis as a result of the carelessness, and unskillfulness of the operating surgeon, by reason whereof the plaintiff sustained a permanent facial disfigurement. The action, however, never came on for trial and was duly dismissed, thereby terminating the proceeding in the doctor's favor.



## NEWS NOTES



#### GRIEVANCE COMMITTEE'S RULES ON REBATES

The Medical Grievance Committee of the Department of Education of New York State, formed in accordance with the Medical Practice Act of 1926, has adopted the following rules concerning the acceptance of rebates by

physicians.

WHEREAS. It has been called to the attention of the Medical Grievance Committee that individuals, firms and corporations, engaged in the manufacture or sale of appliances, instruments, trusses, lamps and other apparatus or equipment, have made it a common practice to pay, give and grant physicians advising or prescribing for patients the purchase or use of such articles, a commission or rebate on the purchase price or cost of the use thereof, which commission or rehate is generally paid to and received by the phy sician without the knowledge of the patient, and

WILLRIAS The Grievance Committee has been further informed that such commissions or rebates are likewise paid to physicians by chemical, analytical, pathological, radiographic and other

laboratories, and

WHEREAS The Gricvance Committee has been informed that such commissions and rebates are also paid to physicians by oculists on the price paid for spectacles and lenses, and by druggists on the price paid for patent medicines, prescribed medicines, drugs and other articles dealt in by druggists, and

WHERE'S, By the acceptance of such rebates or commissions, without disclosure to the patient, the physician conceals from the patient material facts which should be disclosed to the patient by reason of the relation between physician and pa-

tient, and

WHERE'S The acceptance of such commis sions or rebates, solicited or unsolicited, and even though disclosed to the patient, tends to commercialize the medical profession and to cast reflection upon its high standing and purpose,

Therefore, Be It Resolved That it is the sense of the Medical Grievance Committee of the State of New York that the acceptance of such commissions and rebates by practicing physicians is not alone unprofessional and unethical but that it may constitute evidence of "fraud and deceit" on the part of the physician, in the practice of medicine, within the purview of the Education Law (Medical Practice Act), and,

Be It Further Resolved That the aforesaid preambles and resolutions be deemed a rule of the Medical Grievance Committee, duly adopted by it in accordance with the powers granted to the Committee by law, for the guidance of the Committee in matters coming before it for consideration and determination in which such commissions and rebates are involved, and,

Be It Further Resolved That a copy of the foregoing preambles and resolutions be forwarded to the Journal of the Medical Society of the State of New York and to the daily news papers of the State of New York, with the request that same may be published, to the end that knowledge thereof may come to the physicians of the State of New York and to the public in gen eral

> HAROLD RYPINS, M D Executive Secretary, Grievance Committee

#### BRONX COUNTY

\ regular meeting of the Bron\ County Medical Society, was held on March 19, 1930, with the President, Dr. Aranow, in the Chair

The following new members were elected Drs Cheri Appel, John Birkenhauer, Samuel Licberman, Sunon Oltsik, Sophia Rossum, Jacob Rubin, Leon Singerman, Jacob Faub, Jacob H Turner and Culbert I Van der Smissen

The Scientific Program then proceeded as follons

The Colon is a Health Regulator Origin.

Effects and Treatment of Some of Its Abnormalities (Illustrated), Sir Henry Gray, Royal Victoria Hospital, Montreal, Canada

The Paper was discussed by Drs. Jerome M. Lynch, L. Miller Kahn, Walter A. Bastedo and lolm I Kantor The discussion was closed by Su Gru

It was moved that a vote of thanks be extended to the reader of the Paper and to the gentlemen The motion was carried by a who discussed it rising vote

I J I ANDSMAN, M D , Secretary

#### STEUBEN COUNTY

The Spring Meeting of the Steuben County Medical Society was held in the Corning Club at the Baron Steuben Hotel, Corning, Tuesday, March 11, 1930.

Dr. Floyd S. Winslow, Vice-President of the New York State Medical Society, gave an instructive talk on (1) the constructive features of the activities of the State Medical Society, mentioning in particular the election of Dr. Madill to the State Board of Regents and the abolishing of examinations for physio-therapists; (2) Favorable legislation; (3) Vicious legislation.

Dr. O. W. H. Mitchell of the State Public Relation Committee explained the purpose and

functions of the local committees.

Dr. H. B. Smith, chairman of Steuben County Public Relations Committee, reported that a questionnaire had been sent to all organizations within the County which were connected with or doing health work, and that they had received a very favorable response.

Dr. Arthur Karl of Hornell, New York, gave an interesting paper on "The Early Diagnosis of Tuberculosis." This paper was supplementeded by the x-ray films which were demonstrated by Dr. Geo. Mitchell of Hornell, New York. Dr. D. P. Mathewson, Superintendent of the Pleasant Valley Sanatorium, opened the discussion.

R. J. SHAFER, M.D., Secretary.

### JEFFERSON COUNTY

The January meeting of the Medical Society of Jefferson County was in honor of Dr. G. S. Farmer of Watertown, whose eightieth birthday occurred on January sixth.

The meeting of February 13th, held at the Black River Valley Club, was in honor of Dr. D. C. Rodenhurst of Philadelphia, N. Y., who has been a member of the Jefferson County Society since October 7, 1879, and who still attends the meetings regularly. Dr. Byron Haskin eulogized Dr. Rodenhurst somewhat and related a few interesting instances of his practice during the past fifty years, and gave him a token from the Society. Dr. Rodenhurst then gave reminiscences of his experiences in the practice of medicine.

Dr. Lewis W. Heizer, Medical School Inspector, was elected to membership.

Dr. Paul Garvery, Professor of Neurology, University of Rochester, addressed the Society on "Convulsive Disorders."

The meeting was well attended, forty-four members being present.

At the regular meeting of the Medical Society of Jefferson County, held March 13th, the Postgraduate Course of lectures was arranged, the first address to be held April tenth.

Dr. E. W. LaFontaine was elected to membership.

The following memorial was adopted:

"Death has taken from our number Dr. Frederick Brooke Smith, a man of the highest type in the practice of his profession, devoted to the best interests of medicine, and keen to keep abreast to the needs of his patients. He gave himself zealously to the work, and had the confidence of his fellow practitioners, the affection of his patients, and the high regard of the community.

"A member of this Society for about fortythree years and a former president, he fulfilled his obligations faithfully and ably in every capacity.

"The son of a physician, and early imbued with medical ideals, he loved his chosen work; and, though he had no financial need, he continued to devote himself to practice long after impairment of health would have excused him from its exacting demands.

"We shall greatly miss his helpful association and his able counsel based on sound learning, ripe experience, and well balanced judgment."

Dr. W. W. Scott, Rochester, N. Y., addressed the Society on "Bladder Tumors and the Significance of Hematuria," demonstrating his address with lantern slides. An interesting discussion followed.

Thirty-seven members were present and five guests.

Walter S. Atkinson, Secretary.

#### PRIZE ESSAYS

Attention of the members is called to the Merritt II. Cash and Lucien Howe prizes of One Hundred (\$100) Dollars each which will be open for competition at the coming Annual Meeting of the Medical Society of the State of New York for the best original contribution to the knowledge of surgery, preferably ophthalmology, and for

the best original essay on a medical or surgical subject.

Competitors for these prizes offered through the State Medical Society must send in their essays at once to Dr. Thomas H. Curtin, Chairman of Committee on Prize Essays, 391 East 149th Street, New York City.

#### CLINTON COUNTY

The Clinton County Medical Society has issued an announcement of its fourth post graduate course in connection with the Committee on Public Health and Medical Education of the Medical Society of the State of New York. The general subject of the course is Neurology. The lectures will be given alternately in the two hospitals of Plattsburgh. The program is as follows:

April 1—Lantern Slides and Moving Pictures in Pathology and Clinical Neurology—Dr. Lewis Stevenson.

April 8—Description of the Nervous System, Structural and Functional—Dr. Walter M. Kraus. April 15—Diseases of the Spinal Cord—Dr. T. K. Davis.

April 22—Degenerative and Neoplastic Diseases of the Brain—Dr. George Hyslop.

April 29—Vascular Diseases of the Nervous System—Dr. E. D. Friedman.

May 6—Epilepsy: and Symptoms of Affection of the Nervous System in General Disease and Injury—Dr. Foster Kennedy.

#### THE ANNUAL MEETING

The Headquarters of the Medical Society of the State of New York during the Annual Meeting on June 2-4, in Rochester, will be the Hotel



Seneca. There all the meetings and exhibits will be held. However, several other first-class hotels

in the vicinity of the Seneca will be listed and described in the next issue of this Journal. There will be abundant accommodations for all the doctors and their wives, as well as social attractions and entertainments between the sessions of the Society.

The rates in the Seneca are shown in the following table:

#### ROOMS FOR ONE PERSON

Running Water
Shower Bath 300, 3.50, 400
Tub Bath 3 50, 4 00, 4.50, 5 00
Combination Tub and Shower 4.50, 5 00
Parlor, Bedroom and Bath 10 00, 12 00
Sample Rooms 400, 4.50, 5.00, 600, 1000

#### ROOMS FOR TWO PERSONS

One	Double	Red

Running Water	\$4 00
Shower Bath	
Tub Bath 5.50, 600,	6.50, 7.00, 8.00

#### Twin Beds

Running Water	JJ
Shower Bath 60	Ю.
Tub Bath 600, 650, 7.00, 80	Ю
Combination Tub and Shower	ĸO.
m + m + 200, 140	v
Parlor, Two Bedrooms and Bath 1500 to 200	0
Parlor, Two Bedrooms and Date	



## THE DAILY PRESS



### TESTS FOR PREJUDICE

The New York Herald Tribune of April 14 reports a practical series of tests for the detection of prejudice, as follows:

"Dr. Goodwin Watson, professor of psychology at Teachers College, Columbia, released yesterday a psychological test which he has devised to test 'fair-mindedness' by measuring individual reactions to controversial questions and common generalizations. Dr. Watson calls his test 'a test of public opinion,' and recommends it to politicians, clergymen and sociologists who are anxious to gauge the minds of large groups of persons.

"The tendency of an individual to show prejudice is demonstrated in the test, according to Dr. Watson, when he deletes controversial words as disagreeable or annoying, by accusing sincere and competent persons whose opinions differ of being insincere and incompetent; by drawing from given facts conclusions in accord with individual bias, but unjustified by the facts; by rating all arguments on one side of a question as strong and the opposing arguments as weak; and by attributing to all members of a group characteristics true of only a part of the group.

The test asks an individual to strike out words in the following list which carry a disagreeable connotation for him: Bolshevists, Sunday blue laws, cigarettes, Ku-Klux Klan, censorship, prohibition, the Pope, radical, military preparedness, the I. W. W.

"Next follow statements to be rated according to the individual's impression of their truth or falsity. Among these are:

"Our government is controlled by great financial interests.

"'Poor men cannot get justice in the courts oday.'

"In a generalization test the individual is asked to underline 'all,' 'most,' 'many,' 'few,' or 'no' preceding a statement as 'Ministers' children are as well behaved as the average children of the town,' and 'Religious beliefs are unscientific.'

"Dr. Watson has already given his test in parts of the country, and found, he says, that groups of newspaper men in Western cities were capitalistic in their opinions, and that students in the Union Theological Seminary, New York, were radical. A journalism faculty in a Western university were tolerant in their moral standards, while seniors in a Middle Western high school were strict in their ethics. Secretaries of the Young Men's Christian Association in the Eastern cities held orthodox religious views, but the undergraduates at the University of Chicago were classed as 'modernists.'"

### BATTLING WITH LOCUSTS

An editorial in the New York Times of April 17 calls attention to the battle of El Arish on the shore of the Sinai peninsula where the British defeated the Turks in 1917, and continues:

"It is another enemy that has threatened Egypt during the past week, and the defenders have gone out to meet the invading hordes in the same desert area in which the Turks were met and driven back. The dispatch says that 'the heaviest fighting occurred around El Arish.' But in this battle it was man fighting his ancient and inveterate enemy, the locust. The Inspector General of the Egyptian Army was in command, and was accompanied by soldiers and men of the camel corps, but his chief of staff was an entomologist and their weapons were 'flame guns.' The trenches in this campaign were not for their own protection but for trapping the locust enemies, who

were destryoyed by millions as they advanced in serried bands and fell into the ditches.

"The scene as described in Monday's Times was with none of the horrors of war but with all its dramatic incidents: the blazing miles-long trenches, the flanking gunners shooting flames, the phalanxes of men in gasoline-tin armor, the square miles of charred locusts left on the battle-field. And all in the midst of terrific sandstorms and in the oppressive heat of the desert. It is a warfare which suggests some of the battles that civilization will have to continue to wage even after wars cease between man and man. Egypt has again been saved by a victory over the invaders at El Arish, or so it is hoped; but this time by an army under the leadership of an official protector of plants."

#### WHAT IS TIME?

The basis of all our knowledge is the experience which we have gained through the senses. New discoveries and demonstrations are founded on the recognition of phenomena that affect the senses. The mind reasons and forms abstractions by a comparison of facts learned by seeing, hearing, feeling, smelling, or tasting Such abstractions are those of space and time.

Einstein has developed new mathematical conceptions of distance and direction, and has suggested that space is curved on itself—whatever that may mean. And now Professor Gilbert N. Lewis, of the University of California, has gravely suggested that time, too, curves back on itself so that the beginning of the past merges with the end of the future. Commenting on this new idea, the New York Herald Tribune of April

21, says editorially:

"The idea of time which turns conveniently backward in its flight to aid the intellectual adventures of physicists, or rather of time with neither a forward nor a backward to provide distinction for a turning, as expressed by Professor Gilbert N. Lewis, of the University of California, in his paper made public in New York last week, will seem to common-sense people little more than wordy nonsense. It is worth remembering, however, that many fundamentals of science are but wordy nonsense, or what is still worse the symbolic nonsense of mathematics,

when viewed from the strictly limited outlook of common sense, an outlook which cannot transcend e perience of the human senses. It is no verbal accident, but a deep and important philosophical truth that the more usual kinds of reasoning are called 'sense' and the means by which this reasoning is attained are called 'senses.'

"Even to strictly common-sense physiologists it becomes increasingly evident that the human tody has many senses beyond the tradional five; some of them especially important precisely because their operations are so largely unconscious. One of these is the still mysterious time sense Where it resides no one knows. What bodily mechanism keeps clock on it is equally a mystery. Yet there can be no doubt that in some way the human machine keeps track of something that we call the passage of time. Just so the same machine keeps track of up or down; that is, it perceives the cosmic fact of gravity. That it perceives this fact wrongly we already know. Whether we perceive what we call the passage of time with similar errors is still an unsolved problem. What Dr. Lewis does is to point out that in the science of physics it occasionally may be convenient to assume that we know as little of true time as we do, by our senses alone, of true gravity; that past and future may be regarded as human artifacts just as up and down are meaningless to the astronomer.'

#### BIRTH CONTROL AND THE CHURCHES

There is much discussion over the revision of the State Laws so that physicians may legally give contraceptive advice to women suffering from disease such as tuberculosis, but much opposition has come from church people. The New York Herald Tribune of April 9 commenting on the action taken by the Methodist Church says:

"The world does move, and one of the subjects upon which it moves is that of birth control. The action of the New York East Conference of the Methodist Episcopal Church, taken on Monday, April 7, declaring birth control 'in the interest of morality and sound scientific knowledge' and calling upon the Legislatures of New York State and of Connecticut to remove the existing legal restrictions upon knowledge of birth control is a straw in the wind.

"This action by the Methodists of New York follows, significantly enough, upon similar action taken last year by the Commission on Social Justice of the Central Conference of American Rabbis, the Conference of Congregational Churches of Connecticut and the Universalist General Convention. As little as five years ago such an action by any one of these bodies would have seemed impossible; today it is certainly the forerunner of like action by many other religious bodies. The Protestant churches of America are awakening to the fact that birth control is here, that the only question which the community as a whole can judge and its legislators determine is whether it shall continue clandestine and sporadic, practiced most by those who need it least, and denied to those on the poverty fringe, to whom each new baby is a calamity.'



# BOOK REVIEWS



CLINICAL LABORATORY METHODS. By RUSSELL LANDRAM HADEN, M.A., M.D. Third Edition. Octavo of 317 pages, illustrated. St. Louis, The C. V. Mosby Company, 1929. Cloth, \$5.00.

The third Edition of "Clinical Laboratory Methods"

by Russell L. Haden scarcely needs any introduction to the medical public. It is a manual which is intended to outline for the laboratory worker, those methods which are essentially applied in the actual practice of medicine. The volume maintains the general excellence in arrangment, clarity and brevity that has prevailed in the preceding editions. The directions for the prepara-tion of the reagents, the performance of the tests and the recognition of the results are described in a manner that leaves no room for question or doubt. The illustrations are sufficient and amplify the explanations in a very commendable manner. This edition contains a number of additions amongst which are emphasized, the description of the determination of indican in blood and the Kahn precipitation reaction for syphilis. The volume, it is true, is small, but it is one that can be recommended unreservedly to the laboratory technician as a ready reference book which will supply any needed information at a moment's notice.

DR. MAX LEDERER.

GENERAL PARALYSIS AND ITS TREATMENT BY INDUCED MALARIA. Report by Surgeon Rear-Admiral E. T. MEAGHER, R.N. London, His Majesty's Stationery Office, 1929. 88 pages. 8vo. Paper, 2's Net. (Board of Control, England and Wales.)

It is an unusually exhaustive and detailed report of the results of five years (July 1922—July 1927) treat-ment with malarial inoculation of patients suffering from general paralysis of the insane in England and Wales. One is impressed with the huge labor involved and the extreme care taken in collecting and sifting the data for this statistical report.

In the preface, Sir Hubert Bond presents an interesting and very instructive treatise of twenty-nine pages on "General Paralysis Historically Considered."

Admiral Meagher has reviewed the extent and value of malarial therapy on the continent by his gleanings

from actual visits to six countries.

If clouds of doubt exist in the minds of some as to the efficacy of malarial therapy in the treatment of general paralysis, they certainly should be dispelled by a perusal of this very honest survey. This pamphlet is highly recommended and is well worth the reading of every physician, each of whom may possibly agree with the author that "in applying malaria to general parlying Western Ferrage by parlaysis, Wagner-Jauregg has found a key which moves the lock."

HAROLD R. MERWARTH.

MATERIA MEDICA AND THERAPEUTICS INCLUDING PHAR-MACY AND PHARMACOLOGY. By REYNOLD WEBB WIL-cox, M.A., M.D. Twelfth Edition. Octavo of 690 pages. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, \$5.00.

In its twelfth edition, this book is up to its usual high

standards, ranking as one of the foremost of its kind on the subject. It is complete in detail description of the properties, action and uses of drugs and their preparations. The present revision includes a rewriting of the section devoted to Pharmacy and Materia Medica so as to conform with the requirements of the United States Pharmacopoeia X. It is valuable to both student and practitioner and should be in every library.

Some Principles of Minor Surgery. By ZACHARY COPE. Octavo of 159 pages, illustrated. London and New York, Oxford University Press, 1929. Cloth, (Oxford Medical Publications.)

In this little volume the use and abuse of antiseptics is extensively covered. Eighteen pages devoted to this subject is, we think, somewhat out of proportion. The use of vaccines and sera are recommended in infections. The efficacy of this treatment is doubted by many in this country, while in France surgeons have entirely abandoned its use. The chapter on common mistakes in diagnosis and treatment of acute abscess is valuable as is also that chapter on the diagnosis and treatment of common sprains. The subjects in this small book are well covered in the standard text books, which the author acknowledges in his preface.

W. GORDON FLICKINGER.

THE ROAD TO HEALTH. The Jayne Foundation Lectures for 1929. By C. E. A. Winslow, Dr. P.H. 12mo of 151 pages. New York, The Macmillian Company, 1929. Cloth, \$2.00.

Dr. Winslow has here depicted in story form how the various agencies, individuals and factors have contributed to eliminate that most elusive thing, disease, and also how the human body may be kept at a level to successfully combat disease.

The writing is clear and concise, yet each procedure that has been advanced even from the earliest times is subtly woven into a story of progress toward real health.

THE HISTORY OF NURSING. By JAMES J. WALSH, M.D., Ph.D. 12mo of 293 pages. New York, P. J. Kenedy & Sons, 1929. Cloth, \$2.00.

In these days of greater security in the nursing pro-fession, with a grading committee in New York State for measuring the worth of the various schools of nursing, and a National Organization for Public Health Nursing, which sets standards for the entire country, it is with great interest we read James J. Walsh's book, "The History of Nursing," in which is described the progress in the nursing field during a period of several centuries.

The introductory chapter deals with some of the historical facts concerning nursing which have come down to us from the ancient Egyptians, Grecian and other

earlier civilizations.

The chapters on "Nursing in America, the Spanish phase and the French phase" are especially interesting. Dr. Walsh writes with the greatest sympathy and appreciation of the work of Catherine of Siena and Flor-ence Nightingale to whom the nursing of today owes so

In his zealous presentation of the history of nursing through these eras he gives little space to the development of public health nursing up to the present time. His emphasis is preeminently upon the nursing of the religious orders rather than upon secular nursing in its most modern phases.

Apart from this Dr. Walsh has prepared a volume of history which is a delight to read. He seems to have the power of selecting only that material which brings

out the very finest qualities in the nursing profession.

This book should not only be read by nurses but would prove most instructive and entertaining for those who read for diversion.

F.S.

Some Methods for the Prevention of Tuberculosis. By W. Belton Tomson, M.D. Octavo of 148 pages New York, William Wood & Company, 1929. Cloth, \$2,50.

Doctor Tomson advances the proposition that the methods in present use dealing with the tuberculosis problem have not secured the results anticipated in the eradication of the disease. Further, that "in the vast majority of cases the disease is contracted in childhood from personal contact with an infecting agent" and that "it is possible by prompt action not only to save the child from infection but to succeed in de-tubercular-

The author has well summarized in this book the measures taken in many countries to remove the infant at the earliest moment from the parent or home when tuberculosis is present-even directly after birth-and to place it with a selected family in the country district. for place It with a Serected and I was a serviced for France, Belgium, Switzerland, Norway and America, with its preventoria, attempt this work with varying methods. All these methods, with their special difficuties, especially the financial ones, and the results are carefully considered. So, too, is the housing situation especially in England, with the conditions of home life and income of tuberculous people, considered, and the experiment of Papworth town consisting of sanitarium, hospital and colony.

The author is convinced that the good results of these experiments is limited almost solely by insufficient finan-cial support. The successful results of the child place-ment system has brought from Calmette, "Amongst all the institutions for combating tuberculosis-there is not one which corresponds more exactly to our actual con-

ception of scientific prophylaxis."

T. A. McG.

An Introduction to Pharmacology and Therapeutics. By J. A. Gunn, M.D., D.Sc. 16mo of 220 pages. London and New York, Oxford University Press, 1929.

Cloth, \$4.75.

Condensation is always a risky undertaking; and, probably more so, when considering pharmacology than any other subject. But Dr. Gunn has done a masterly job, as he has produced the most accurate, brief survey that has appeared in this country. To condense so large a subject into two hundred pages and preserve scientific accuracy to the degree that characterizes this book, can only be done by a teacher long experienced in the field.

Here is a small volume that encompasses this large subject to a remarkable degree and can be profitably possessed by those desiring to post themselves in this usually voluble subject. In addition, the author's style provides a most readable and entertaining presentation.

M. F. DEL.

A Textbook of Materia Medica for Nurses. By Edith P. Brodie, A.B., R.N. Third Edition. 12mo of 283 pages. St. Louis, The C. V. Mosby Company, 1929. Cloth, \$2.00.

To write a Materia Medica for nurses is a difficult problem. Few authors realize the nurse's limitations and seldom appreciate the extent of their training in the fundamentals of the medical sciences. This book was written by one who knows what should be taught so a student nurse can grasp the subject, F. S.

AIDS TO PHARMACEUTICAL LATIN, By G. E. TREASE, Ph.C. 16mo of 168 pages. New York, William Wood & Company, 1929. Cloth, \$1.50.

This is a concise and well written little book dealing with Pharmaceutical Latin, especially prepared for the use of medical and pharmaceutical students.

In addition to the grammar there are valuable suggestions relating to the correct construction of a prescription and a Latin-English vocabulary.

DISEASES OF THE CHEST AND THE PRINCIPLES OF PHYSICAL DIAGNOSIS. By GEORGE WILLIAM NORRIS, A.B., M.D., and HENRY R. M. LANDIS, A.B., M.D. Fourth Edition. Octavo of 954 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1929. Cloth, \$10.00. \$10.00.

In this edition new material has been added and the whole book revised. The volume is meant for the clinician and clinical methods are emphasized. The importance of a thorough physical examination made before the laboratory reports are considered is stressed. There are many photographs of frozen sections from the cadaver, previously hardened in formalin and numerous other illustrations.

A chapter by C. M. Montgomery deals with the transmission of sounds through the chest, L H. Clerf has written a section on diagnostic bronchoscopy and E. B. Krumbhaar a chapter on the electrocardiograph.

The authors are experienced teachers and the previous editions have established the work as a standard one,

WM. E. McCollon.

INTERNS HANDBOOK. A Guide to Rational Drug Therapy, Clinical Procedures and Diets. By Members of the Faculty of the College of Medicine, Syracuse University, Under the direction of M. S. Dooley, A.B., M.D. 16mo of 254 pages. Philadelphia and London, J. B. Lippincott Company, 1929. Cloth, \$3.00.

This small volume is intended as a ready reference book for interns and gives the information needed in using standard drugs. An outline of the emergency treatment of drug poisoning is also given in Part One. Part Two includes various clinical procedures used in medi-

cine, surgery and the specialties and types of diet. It furnishes practical information in a convenient form and will be of assistance to interns in adapting them-

selves to hospital routine. W. E. McCollom.

THE AFTER-TREATMENT OF OPERATIONS. A Manual for Practitioners and House Surgeons. By P. Lockhart-Mummer, F.R.C.S. Eng. Fifth Edition. 12mo of 281 pages. New York, William Wood & Company, 1200 pages. 281 pages. New Y 1929. Cloth, \$3.25.

This small volume cannot be praised too highly. At a time when operating seems to be within the province of every licensed physician, the need of just such a book

is very pressing,

The author gives a most lucid picture of post-operative treatment to which all surgeons of experience will subscribe. Every possible complication is considered and the rationale of each advised therapeutic or prophylactic measure is clearly stated.

The volume should be placed into the hands of every

hospital intern and beginning surgeon.

A Graphic Guide to Elementary Surgery. By Prof. Dr. Th. Naegell. Translated by J. Snowman, M.D. Octavo of 206 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$5.00.

This small volume graphically illustrates the more important details of elementary surgery, and presents to the beginning student of surgery many problems in a manner that is easily understood and should be easily

retained in the mind of the student.

The text of this book is meagre but is sufficient to describe the illustrations. The book is divided into thirteen chapters which describe in an elementary way anaesthesia, infections, wounds, hemorrhage, thermal injuries, tumours, surgical treatment by operation, grafting and methods of examination. There are 322 illustrations, most of which are in color. The book in its entirety contains about 200 pages and should be an excellent aid to those who leach after the methods HERBERT T. WIKLE. described.



### NEIGHBORS OUR



#### MEDICAL CONFERENCE THE TRI-STATE

The Tri-State Medical Conference is the subject of the following Editorial in the Pennsylvania Medical Journal:

"In this number of the Journal appears the report of the Tri-State Medical Conference held in New York City, February, 8. The program was devoted to the discussion of a very valuable subject to the medical profession, viz., 'How Can the Medical Profession, Through Its Units, Most Effectively Cooperate in Promoting the Modern Lay Public Health Program.' We would urge our members to read carefully this report which continues to remind the physician that preventive medicine is slowly but surely replacing curative medicine and that the physician must fit in the general scheme.

"As stressed by one of the speakers, Dr. Walter F. Donaldson, the agencies that are interested in the public health program should bear in mind that persons who are able to pay for vaccination, diphtheria immunization, and similar procedures should be referred to a physician, and not given free attention. There is too much of the latter being done, through carelessness and thoughtlessness on the part of overzealous health workers.

"On the other hand, the medical profession should be keenly alert to modern methods, and he prepared to render service when persons apply, who are able and willing to pay. In many instances physicians in a community have been non-cooperative, even when the applicants were able to pay, and under these circumstances health workers have recommended and even taken the persons where such service would be rendered

free of charge.

"We have urged on numerous occasions the necessity for the various county medical societies to realize the need for their initiation of a program of lay education and to control or guide all public health matters in their respective counties. We can do no more. Many of the medical societies of our State are content to allow their community to be instructed as well as possible by our State Department of Health. But, the secretary of our State Department of Health, Dr. Theodore B. Appel, states: 'The county medical society should regain the position it once occupied, to provide health data and advice in all local situations.' This sage admonition from our State secretary of health should arouse the county medical society from its lethargy."

The Journal prints this stenographic report of the conference covering thirteen pages of small

type.

### ENFORCEMENT OF MEDICAL LAWS IN PENNSYLVANIA

The April number of the Pennsylvania Medical Journal has the following editorial on the enforcement of the medical laws of the State:

"The Board of Medical Education and Licensure feels that the physicians in Pennsylvania might be interested in a report of the work done in recent years in enforcement of the Medical Practice Act in this State, by the Board and its

investigators.

"In June, 1929, an injunction was asked for in the Courts of Allegheny County, by the Chiropractor Association of the State to restrain the Board from making prosecutions against unlicensed chiropractors, the claim being made that they have a property right in their practice. The case was argued in October, and a decision has not yet been handed down (January 21, 1930). This action has impeded prosecution in as much as the legal authorities throughout the State are induced by defendants to await the decision of the Alleghany County Court before prosecutions are made. This has been especially so in the western and central counties.

"Since writing this report, the Court of Common Pleas of Allegheny County, has denied the injunction asked by the Chiropractor Association. This will very likely act as a boomerang to the chiropractors in future prosecutions, because in the decision of the Court, the position of the Pennsylvania Board of Medical Education and Licensure is legally upheld in its right to formulate regulations for licensure of limited practitioners, and definitely upheld the former decision of various courts that the practice of chiropractic is the practice of medicine.

"Lack of cooperation in the district attorney's office has interfered with successful prosecution in some counties; and lack of cooperation by some County Medical Societies, has also increased

the difficulties.

"At present a chiropractor is being held by court in Braddock County; in Westmoreland County, four continued cases are awaiting trial; in Beaver County, a neuropath is a defendent; in McKean County, a domineering chairman of

(Continued on page 556-adv. xviii)

Ti we're and a Wilks

#### as Cow's Milk

When physicians are confronted with undependable fresh milk supplies in feeding infants, it is well to consider the use of reliable powdered whole milks such as Mead's or the well-known Klim brand. Such milk is safe, of standard composition, and is easily reliquefied.

Under these conditions, Dextri-Maltose is the physician's carbohydrate of choice just as it is when fresh cow's milk is employed.

The best method to follow is first to restore the powdered milk in the proportion of one ounce of milk to seven ounces of water, and then to proceed building up the formula as usual.

In Rickets, Tetany and Osteomalacia



The clinical experience which safely settled the question of activated ergosterol dosage was obtained under fellowships established by Mead Johnson & Co., at five leading universities. This rich experience is behind every bottle of Mead's Viosterol in Oil, 100 D (originally Acterol)—the American Pioneer—Council-accepted.

Specify the American Pioneer Product— MEAD'S Viosterol in Oil, 100 D— Mead Johnson & Co., Evansville, Indiana

אוות האווים בכליים בייום בייום בייום בייום בייום בייום בייום המודים בייום בי

## The PHYSICIAN'S POLICY is MEAD'S POLICY

Besides producing dependable Infant Diet Materials such as Dextri-Maltose, and maintaining a model laboratory devoted exclusively to research, Mead Johnson & Company for years have been rendering physicians distinguished service by rigidly adhering to their well-known policy, namely:

"Mead's Infant Diet Materials are advertised only to physicians No feeding directions accompany trade packages. Information in regard to feeding is supplied to the mother by written instructions from her doctor who changes the feedings from time to time to meet the nutritional requirements of the growing infant. Literature is furnished only to physicians."

Every physician would do well to bear in mind that in this commercial age, here is one firm that instead of exploiting the medical profession, lends its powerful influence to promote the best interests of the medical profession it so ably serves.

at tournal when writing to advertisers

# Digitalis in its Completeness

Physiologically tested leaves made into physiologically tested pills.

Pil. Digitalis (Davies, Rose) insure dependability in digitalis administration. Convenient in size—0.1 gram (1½ grains), being the average daily maintenance dose.



Sample and literature upon request.

DAVIES, ROSE & CO., Ltd. Pharmaceutical Manufacturers, Boston, Mass.

# As a General Antiseptic

in place of

TINCTURE OF IODINE

Try

# Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein) 2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

It does not burn, irritate or injure tissue in any way.

# Hynson, Westcott & Dunning

Baltimore, Maryland

(Continued from page 556-adv. xviii)

"1. Consult school authorities to gain con-

sent and cooperation.

"2. Give advance publicity through the local newspapers, and present the plan at your regular meeting of the parent-teacher association.

"3. Register with state chairman, name and

address below.

"4. Make a canvass to locate the children to be examined, using (a) house to house canvass; (b) kindergarten rolls; (c) cradle rolls; (d) names turned in by the school children.

"5. Hold a 'Round-Up' of the mothers of children to be examined, having talks made by a physician, a nurse and the campaign director, giving the mothers an opportunity to ask questions.

"6. Determine method of examination, whether it is to be in the family physician's

office or in a clinic at the school.

"A. If examinations are to be in physicians'

offices the local committee should:

"(a) Make arrangements with physician for hours, and provide nursing and clerical assistance, if necessary.

"(b) Make whatever arrangements are necessary with the mother for having the child there

at time specified.

"B. If examinations are to be in a clinic at school or elsewhere, the committee should:

"(a) Secure assistance of physician, dentist, nurse, and parent-teacher members and mothers of the children.

"(b) Provide equipment after consulting

with the physician in charge.

"Tables, wash basins, paper napkins, medicated cotton, pen and ink, scales, water, tongue depressors, towels, antiseptic solution, tapeline, paper towels, applicators, chairs.

"1. Arrange for physical examination, in room provided, with a parent-teacher member in charge, where the children can be undressed to the waist and a towel put around the child.

"2. Physician and dentist examine child; nurse or parent-teacher member registers, weighs and measures the child, and fills in the National Record Blank supplied free of charge to Illinois Congress associations who have enrolled for Summer Round-Up.

"3. Follow up the examination by visiting the parents of registered children in a friendly way to make sure that remedial work is being done.

"The examination blanks which will be used for the Summer Round-Up are furnished by the American Medical Association."

The chairman of the Educational Committee of the State Society sent the following letter to the President and Secretary of every County Society:

(Continued on page 560-adv. xxii)

## HAY FEVER

## An Advertising Statement

HAY FEVER, as it occurs throughout the United States, is actually perennial rather than seasonal, in character.

Because in the Southwest—Bermuda grass, for instance, continues to flower until December when the mountain cedar, of many victims, starts to shed its pollen in Northern Texas and so continues into February. At that time, elsewhere in the South, the oak, birch, pecan, hickory and other trees begin to contribute their respective quotas of atmospheric pollen.

But, nevertheless, hay fever in the Northern States at least, is in fact seasonal in character and of three types, viz.:

TREE HAY FEVER—March, April and May GRASS HAY FEVER—May, June and July WEED HAY FEVER — August to Frost

And this last, the late summer type, is usually the most serious and difficult to treat as partly due to the greater diversity of late summer pollens as regionally dispersed.

With the above before us, as to the several types of regional and seasonal hay fever, it is important to emphasize that Arlco-Pollen Extracts for diagnosise and treatment cover adequately and accurately all sections and all seasons—North, East, South and West.

FOR DIAGNOSIS each pollen is supplied in individual extract only.

FOR TREATMENT each pollen is supplied in individual treatment set.

ALSO FOR TREATMENT we have a few logically conceived and scientifically justified mixtures of biologically related and simultaneously pollinating plants. Hence, in these mixtures the several pollens are mutually helpful in building the desired group tolerance.

IF UNAVAILABLE LOCALLY THESE EXTRACTS
WILL BE DELIVERED DIRECT POST PAID
SPECIAL DELIVERY

List and prices of food, epidermal, incidental and pollen proteins sent on request

THE ARLINGTON CHEMICAL COMPANY YONKERS, N. Y.

The

# New "Master" Elastic Stocking



Made with boot strap at top only (full length tape, of course, if desired).

Made in colors which have been scientifically worked out so as not to show through thin silk hose.

Made with no tape on back, but woven together with a practically invisible seam.

And — Each Handwoven to measure.

# Pomeroy Company

SURGICAL APPLIANCES

16 EAST 42ND STREET, NEW YORK

AND

ROGERS BLDG. ( Fordham Rd. at ) NEW YORK BROOKLYN SPRINGFIELD DETROIT NEWARK BOSTON WILKES-BARRE

(Continued from page 558-udv. xx)

"Dear Doctor:

"Our Educational Committee wishes to keep County Medical Societies informed of activities sponsored by lay groups with whom we are in direct contact. As you know, one of the major projects of the Illinois Congress of Parents and Teachers in the Summer Round-Up of Pre-School Children. The purpose of this movement is to attempt to correct remedial physical defects in children of pre-school age, so that they may enter upon the school period free from unnecessary physical handicaps.

"This Parent Teacher Association movement is of great concern to the medical profession of Illinois, and the Illinois Congress of Parents and Teachers now realize that their work cannot succeed without the support of physicians.

"Those responsible for the general plans of the Summer Round-Up have emphasized the importance of their local associations conducting these campaigns in cooperation with the local medical societies. They suggest that ex aminations be given by the family physician in his office or in clinics—the method rests entirely with the local County Medical Society. Compensation is between patient and physician.

"There is need for better cooperation and understanding between the local Parent Teacher Associations and the local medical groups. We therefore, hope that your Society will cooperate with representatives of your Parent Teacher Association in making plans for satisfactory methods and arrangements for the Summer Round-Up. We recommend that you be cordial but firm in holding your local Associations to the plan of the State Congress, which does recognize a family physician responsibility."

### SCHOOL CHILDREN'S HEALTH SUPERVISION

The April issue of the Journal of the Medical Society of New Jersey has an extensive list of reasons that the supervision of the health of school children should be under the State Department of Public Instruction rather than the Health Department. The argument was written by Allen G. Ireland, M.D., Director of Physical and Health Education of the New Jersey State Department of Public Instruction:

"(1) Because the school has jurisdiction over

the child while at school.

"(2) Because of the close relationship bc-

tween the school and the home.

"(3) Because outside of citics the Board of Health is usually composed of laymen, while there is always a trained person at the head of

(Continued on page 561-adv. xxiii)

(Continued from page 560-adv 1x11)

the school system. The efficiency of any system of health education is determined largely by the efficiency of its administration. There should be no confusion or dual responsibility in matters pertaining to it Divided responsibility of administration frequently leads to confusion, invites misunderstandings, and materially lessens efficiency.

"(4) Because it is a function of the school to teach health, and health work should be a unit instead of being divided into sections: (a) Fundamentally and logically an educational problem of training teachers and pupils in applied hygiene and in practical sanitation. (b) Board of Health is not in a position to make adjustments of educational processes necessary to meet the health needs of the child (c) The task of the school is to so direct the educational processes that the child's native heritage of vigor and health may be fully attained and his hereditary deficiencies corrected This is an educational problem; also an administration problem of the school. (d) It is a part of the process of education aiming toward the physical, mental, and moral development of normal,

struction in hygiene, guiding of correct health habits, detection and correction of physical defects, control of communicable disease, and school sanitation, are closely related and should be articulated in a comprehensive program of activity

boys and girls who will become physically effi-

(e) The in-

cient members of adult society

"(5) Because the machinery of education is established and in operation and furnishing the logical avenue of approach to the child: (a) It involves school policy, school organization, and school administration. It is but an integral part of any modern educational system in which many activities must of necessity unite in its proper organization and efficient administration. 'Every unit of administration must articulate with every other educational unit in the completed program. It must of necessity be administered as a part of and not as apart from the educational system in which it operates. (b) The work of doctors and nurses resembles the work of teachers rather than that of inspectors. Any health program which involves teacher, nurse and doctor must show unity of thought and action. (c) It is a program of keeping well and not one of getting well. It deals with mental or physical health or growth rather than with disease.

(6) Because there is more friendly cooperation if doctors and nurses are part of the school system: (a) Members involved will better cooperate by reason of one source of authority. (b) When administered by outside authorities

(Continued on page 562-adv xxiv)

## The Assimilable Calcium Preparation with a Chocolate Flavor



Not mere calcium with a would-be chocolate disguise, but a sound and ethical preparation utilizing a vehicle of novel form to combine four physiologic salts and lecithin in a colloidal base with a definite nutritional value. Extensive clini-cal experience shows that Olajen is a serviceable agent in conditions of calcium deficiency, and in disturbances of nutrition or anemia.

When the normal calcium is low, When the patient is undernourished, When bodily resistance must be raised, When bronchial affections "hang on" and san vitality

prescribe Olajen, One teaspoonful to be eaten after meals and at bedtime.

Clinical results will demonstrate to you, often more rapidly than expected, that there is a definite therapeutic reason for offering Olajen in its colloidal chocolate vehicle.

And it possesses the added advantage of taste, so good that even the most "finicky" of patients, the most nervous of children enjoy it. The patient will want to follow your prescription regularly! We invite you to verify this statement with the coupon below.



\*Olazen contains

Calcium lactate .....12 gr. Iron phosphate .....12 gr. Sodium phosphate ....12 gr. Potassium Bi Tartrate.
12 gr.

Lecithin .........435 gr in a colloidal pleasantly fa vored chocolate vehicle of marked tulue

Olajen, Inc. 451 W. 30th St. New York City

OLASEN INC. 451 West 30th City Send me free of tharge a full sleed par of Olalen for ellufed trial M.D

(ily and State

## THYMOPHYSIN

(Tomesvary)

A reliable oxytocic (Posterior-Pituitary and Thymus) which safely shortens labor

Send for Reprint from

The American Journal of Obstetrics and Gynecology of Dr. Julius Jarcho's paper:

"The Use of Thymophysin for Weak Pains in the First and Second Stages of Labor"

### American Bio-Chemical Laboratories, Inc.

27 Cleveland Place

New York

(Continued from page 561-adv. xxiii)

the interest of the teacher is not so easily en-

"(7) Because of the close relation of physical health to educational efficiency. Good health is a means to an end and not an end in itself. This has immediate application to the schools in that we need to build for increased capability in school work as well as for the future. We can influence but not control activities away from the school. The formative work must be done while the pupils are under public control."

#### A CANCER CURE

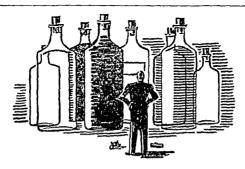
Physicians in New York State will find material for an effective cancer talk in the story of the exploitation of an alleged cancer cure as told in the Journal of the State Societies of Oregon, Washington and Idaho, which says:

"The latest discovery by Coffey and Humber of San Francisco has thus far followed true to form in the steps of its predecessors. Cautiously announced some months ago in the daily press, certain physicians hastened to the source of information in order to get in on the ground floor in the administration of the latest cancer remedy. When it was formally pre-

sented before the recent meeting of the Pacific Coast Surgical Association, reporters of the Hearst press were let in on the good news who duly proclaimed a scoop on their newspaper brethren. At once the lid was off. The newspapers of this group devoted whole pages to exploiting the great discovery with all its details, including photographs of its sponsors in action. The traditional reticence of medical scientific investigators was repudiated and, demonstrating their truly benevolent interest in suffering mankind, these papers declared that the army of cancer sufferers was entitled to information concerning this treatment, and post haste they were going to get it, willy nilly, so far as the medical profession was concerned. Confirmation of belief in the new discovery was not wanting.

"It is not intended to intimate that this latest 'cure' is necessarily a delusion or a bald assumption. From investigations suggested along this line of treatment, may result something that will help to discover the cause of cancer. Yet the noisy publicity which has accompanied the launching of this treatment is one of the most regrettable in the recent history of medicine. The many exploitations of victims of incurable cancer in the past have served to discredit scientific efforts for the solution of the

cancer problem."



# Parading the Pets

CONSTIPATION is such a universal condition that nearly every physician has a pet treatment for it—and swears by it because it works.

No one can find fault with that. After all, results count. To those physicians who have not yet adopted a favorite method, or whose pet formula has outlived its youthful activity Agarol the original mineral oil and agar-agar emulsion with phenolphthalein, makes its appeal. Those who adopt Agarol as a routine therapeutic measure, with diet, exercise and habit formation as companions, will never be disappointed.

Agarol softens the intestinal contents and makes their passage easy and painless. By gentle stimulation of peristalsis, Agarol makes the result certain and reeducation of the natural bowel function possible.

One tablespoonful at bedtime
- is the dose

Final decision on the true worth of Agarol rests with the physician. We will gladly send a twin package withliterature, for trial,

AGAROL for Constipation

#### THE STATE JOURNAL OF VIRGINIA

The opinion of President Charles R. Grandy regarding the aims of the Virginia Medical Monthly coincide with that of the Publication Committee of the New York State Journal of Medicine. The President's Page of the April

issue of the Virginia Journal says:

"The Virginia Medical Monthly belongs to the Medical Profession of Virginia. It is not only run in order to furnish help to the Medical Society of Virginia, but to aid the local societies and each individual member of the state society. We especially desire the secretaries of the local societies to feel that it is their journal and to send the Secretary of the Medical Society of Virginia all news items and all programs which would be of interest to the profession of the state, as a state medical journal should not only contain scientific papers but should also be a professional newspaper giving each of us news items about our friends in other parts of the state. We ought to have reports of what the local societies are doing, as well as suggestions in regard to improving the status of the Profession. To get this accomplished I feel that it is necessary to get the secretaries of all the medical societies in Virginia closer together, and we hope to have a Lunchcon Meeting of the secretaries at the time of the Norfolk meeting of the state society. At this meeting we should be able to formulate plans which should be of permanent service in improving the Medical Monthly, and making it the most valuable periodical that members of the Profession of Virginia receive."

New York physicians will also agree with Dr. Grandy in his statement of the friendliness of the city physicians to their rural confreres,

when he writes:

"There has been criticism made, from various sections of the state, that the Medical Society of Virginia is only run for the benefit of the city physicians, especially those living in Richmond and Norfolk. If this were ever the policy of our Medical Society, it has now been entirely reversed, and every effort is being made to extend the privileges of the city doctors to all those living in the country. It is sincerely hoped that the country doctors will take advantage of whatever privileges are offered them, for the city doctors are now extending the hand of good-fellowship to their country brethren, as well as to their brethren living in other cities. For the good of the Profession as a whole may we all cooperate in thus bringing about a feeling of true accord and harmony."

# for the failing heart

# Digitan

Accurate digitalis dosage by mouth

Literature on request

MERCK & CO. INC.

Rahway, N. J.

# Sugar belongs in the diet ASK YOUR DOCTOR!



SHOULD SUGAR HAVE A PLACE IN THE DIET? Here are some interesting facts -- information which your doctor would give you.

Sugar is a preferred fuel food. When eaten in any form, it combines with oxygen in the body. Seventy-five per cent of its energy goes into heat and the rest supplies power to the muscles.

Sugar makes essential foods, which are the vehicles or carriers of roughage, mineral salts and vitamins, more palatable. It modifies harshacids, heightens bland flavors

Consider how many fruits and vegetables

that you eat are sweet. How unpleasant they would be without this palatable flavor. Often, however, certain familiar vegetables lose the sweetness they possessed when fresh picked, because their sugar has been converted into starch. In such cases it is proper to add a dash of sugar in cooking them to restore their original flavor.

Think of these facts as you plan your meals. And in addition to using sugar as a flavor remember that simple wholesome desserts have their place in balanced meals. The normal diet calls for sugar. Ask your doctor! The Sugar Institute.

Good food promotes good health" - lateps at when writing to od ceivers

# PHILLIPS Milk of Magnesia

# THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz., 12 oz., and 3 pt. Bottles.

# THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London

# HAY FEVER

has been prevented in thousands of cases with

# Pollen Antigen

Lederle

#### Prophylactic Treatment

may be commenced as late as two weeks before the date of the expected attack. Fifteen graduated doses of an appropriate Antigen are required. Patients usually suffer little inconvenience from the injections, and many are completely protected from Hay Fever attacks.

Full information upon request

LEDERLE LABORATORIES

NEW YORK

## PUBLIC OFFICE AND SOCIETY MEMBERSHIP IN NEW JERSEY

The Medical Society of Mercer County in which the cities of Trenton and Princeton are located, must have had an unrecorded experience of unpleasantness with some of its office holding members to induce it to pass the following resolution which is reported in the April issue of the Journal of the Medical Society of New Jersey:

"The New Jersey State Medical Society was organized as a voluntary association for mutual improvement and for promoting the welfare of the medical profession, incorporated under an Act of the State of New Jersey, for the purpose of regulating the practice of medicine and surgery in this State.

"One of the outstanding purposes of the Society is to elevate professional standards, and in general to render this profession most capable of serving humanity, safeguarding the material interests of, and promoting friendly relations among members of the medical profession.

"With this aim in view, a liberal interpretation of membership requirements and a charitable attitude toward applicants should be advocated, however, bearing in mind that improper conduct carries with it the stigma of disrepute.

"In the Principles of Medical Ethics of the A. M. A. will be found the statement: 'The practice of Medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals.'

"The selection, appointment, or election of a member of the medical profession to an official position of supervision, under county, municipal, or State government, the salary, maintenance and other prerequisites being fixed by law, is attended by certain fundamental requirements.

"The encumbent of such an office should bear in mind his duty and obligation to the welfare of that position, as being paramount to every other issue, and; secondly, his obedience to ethical conduct in his professional practice toward his follow practitioners.

"Therefore, be it moved: That on and after December 1, 1930, any member of the Mercer County Component Medical Society who holds a full time State, Municipal, or County position, with full or partial maintenance, or any member who holds a part time State, Municipal, or County position, with full maintenance, and at the same time is engaged in the private practice of medicine and survey shall be no longer considered a member of the society."

A well known Urological Tournal says:

"If you must use a diuretic, try the best -water"

This recommendation is well worthy of adoption especially

# Coland ' lilater

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



#### POLAND SPRING COMPANY

Debt. C. 680 Fifth Avenue New York City

#### STATES HAVING ANNUAL REGISTRATION

An editorial in the February issue of the Texas State Iournal of Medicine gives the following list of states requiring an annual registration of physicians -

Alabama California Colorado Connecticut Delaware Florida Georgia Hawan Idaho Iow a Louisiana

Minnesota Mississippi Nebraska New York North Carolina Oregon Pennsylvania Utah Wyoming Virginia

#### ANNUAL MEETING IN ARKANSAS

The April issue of the Journal of the Arkansas Medical Society contains the program of the Annual Meeting to be held on May 6-8, in Fort Smith. Five moving nictures are listed as follows:

Late toxemias of pregnancy. This Great Peril (Cancer) Blood Transfusion The Canti-Film on Cancer Infections of the Hand

The Journal also has the following editorial comment on the social program:

"A change has been made in the entertainment program announced in last month's issue, a change which will be hailed with pleasure by every member. Instead of a dinner with amusement features for which tickets were to be sold. there will be a buffet supper on the evening of the second day, May 7, at the Goldman Hotel. Now for the big surprise! There will be no charge, no need for tickets and not only our members but the families of every member and visitor are invited to attend. enjoy the good refreshments and an entertainment with vaudeville stunts, music, dancing and bridge The program offers intertainment to suit all tastes and the wonderful supper and show is put on by the liberality and hospitality of the physicians of Sebastian County

The Intravenous Administration Iron Arsenic and Glycerophate has proved serviceable in Anemia. Neurasthenia of the Asthenic Type Convalescence. Etc.

Each FITCH 5 cc Ampul represents: Iron Dimethylarsenate 1 Grain Sodium Glycerephosphate 2 Grains.

### W. A. FITCH, Inc.

Manufacturing Chemists

100 West 21st Street New York, U.S.A.

Specialists in the Manufacture of C P. Standardized Sterile Solutions for Intravenous and Intramuscular Injections.

#### CLASSIFIED **ADVERTISEMENTS**

Classified ads, are payable in advance. To woid delay in publishing, remit with order. Price for 40 words or less, 1 insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physiciana. Let us put you in touch with investigated andidates for your opening. No charge to employers, Established 1896. AZNOE SERV. ICE is National, Superior. AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

WANTED—Position X-ray Technician in or around New York City. Eight years' experience. Member American Registry Radiological Technicians. Will start modest salary to demonstrate ability. Rollin Corson, Savannah, Georgia, care Dr. E. R. Corson.

FOR SALE—The Spa Sanatorium for general cases. Founded and operated by Dr A. I. Thayer, now for sale to close the estate. Situated in the mineral belt of the lower Adionodacks, five miles from Saratoga Springs Reservation. For particulars address, Mrs. A. I. Thayer, Ballston Spa, New York.

#### LITERARY ASSISTANCE

Busy physicians assisted in preparation of special articles and addresses on medical or other topics. Prompt service rendered at reasonable rates. Also revision and elaborareasonable lates. Also revision and emoora-tion of manuscripts for publication. Please mention requirements. Authors Research Bu reau, 516 Fifth Avenue, New York City.

FOR SALE—New York—\$8,000.00 cash practice. Collections 95%—10 room home oil burner equipped. Equipment optional. Money maker from the start. Terms. Box 135, N. Y. State Journal of Medicine.

Location wanted in New York, Connecticut or Ohio well established and good paying practice, No real estate. Answer giving full details of fees, income, competition, population, terms, rental, etc. Address box 136 care New York State Journal of Medicine.

#### GRAPE JUICE

The Dewey Company at its plant in Egg Harbor City, New Jersey, makes a cool process grape juice from grapes grown on the rich soil of southern Jersey.

The same Grape Juice is combined by the Dewey Company with Minerals Oil and Agar-Agar (known as Grape Minol). Although it is a recent combination it is stocked by all of the New York jobbers, and can be secured by the physician from his druggist. The Dewey Company will gladly send samples of either Grape Juice or

Grape Minol to the physician upon request. See page 7—Adv.

#### A CALCIUM PREPARATION THAT CHILDREN LOVE

There are two drawbacks to most calcium preparations for oral usethe taste is horrible and assimilation is uncertain. In Olajen, a preparation containing salts of calcium, sodium, potassium, iron and lecithin, the first of these objections has really been overcome. Olajen actually l

tastes like a creamy fudge. It is claimed for this preparation on the basis of clinical records that absorption is exceptionally good because of its colloidal nature. For samples and literature write Olajen, Inc., 451 West 30th Street, New York City. See page xxiii.—Adv.

#### HARMINE MERCK

Its influence on the rigor and the hypokinetic sequelae of encephalitis lethargica.

Pharmacologic investigation of the alkaloid Harmine has shown it to possess motor stimulation of the central nervous system, with a notable influence on the extrapyramidal nervous system. Researches undertaken with a view to the treatment of certain sequelae of encephalitis lethargica indicate favorable influence on the muscle rigor and the hypokinesis of the Parkinson syndrome. The rigor decreases while the gait becomes freer.

The most recent report on the subject is that by Beringer and Wilmanns (Deutsche, med. Wchnschr. 55:2081, Dec. 13, 1929). They state that the voluntary movements are most influenced, but that there also appears to be a gradual improvement in the involuntary movements. The authors noted that in some cases in which Harmine had been given over a more extended period the movements of expression (Mimik) became more fluent. This would indicate a progressive cumulative influence of the drug. The influence of a single dose of Harmine is apparently of but short duration but has been reported to persist in some cases for a period of a few hours to a half day.

The subcutaneous injection of Harmine is the most effective method of administration. Keratin coated capsules may be prescribed orally for home use but will exert a weaker effect. The most efficient subcutaneous dose lies between 0.02 and 0.04 grams which may be given twice daily. Harmine should not be given intravenously. The alkaloid is supplied by Merck in cartons of five 0.02 Gm. and 0.04 Gm. ampuls and in tubes of twenty 0.02 Gm. keratin coated capsules. See page xxvi-Adv.

#### BELLADENAL "SANDOZ"

Belladenal is an association of Bellafoline, a reliable antispasmodic, with phenobarbital, a dependable sedative. Belladenal is efficient in the treat-

ment of obstinate spastic conditions. It is especially valuable in refractory cases of epilepsy, in Parkinsonism, migraine and chorea. It exerts a marked analgesic effect in angina pectoris, cardiac and gastric neuroses, dysmenorrhea and climacteric disturbances.

With Belladenal unpleasant by-effects, dizziness, drowsiness and mental depression are minimized. It acts promptly and is well adapted for long

continued treatment because of its freedom from untoward action on the circulatory and respiratory systems.

Doses: Adults, 2 to 4 tablets, maximum 6 per day; children in proportion. The cruciform indentations on the tablets permit fractional doses. Marketed in tubes of 20 and bottles of 100 tablets by Sandoz Chemical Works, Inc., New York, N. Y. See page xv -Adv.

#### THE PROGRESS OF MEDICINE

In Rijks Museum in Amsterdam, Holland, a painting by Van Mieris de-picts the apothecary of old holding the suspended scales with the left hand while he adds a medicinal substance to the pans with his right. Gallipots, flasks, dried drugs, bulbs, and berries comprise his stock and equipment. In such shops as this were established the foundation for many of the achievements of modern medicine.

The apothecary of that time would have scorned the prediction that the twentieth century would bring to medicine the accomplishments that have been credited to research and science.

Chinese medicine employed MaHuang fifty centuries ago. The refinements in this useful drug are exemplified in Lilly Ephedrine Products, one to meet each of the varied requirements of physicians: Inhalants, Solution, Ampoules, Pulvules, Jelly, Syrup, etc.
Something of the virtues of gland

products must have been known to the ancients but nothing comparable to the rewards that have followed the researches of our time, notable among which are Liver Extract No. 343 and

Iletin (Insulin, Lilly).

The germ theory of disease is comparatively young but great progress followed the acceptance as is evidenced in the latest addition to the list of germ-

icides; namely, Merthiolate, Lilly.
The list could be extended at length with products such as Amytal, Amytal Compound, Typhoid Mixed Vaccine, Tetanus Antitoxin, Para-thor-mone and others, proving that the refinement and development of medicinals has kept pace with progress in other lines. See page xvi-Adv.

### DOCTOR, WHO ARE YOUR "COMMERCIAL" FRIENDS?

Now when the physician is beset on all sides to try products "just as good as Meads," it is well for the physician to consider that in a commercial age when the practitioner must compete with newspaper, magazine, radio, tradesman and patent food manufacturers who practice medicine without a license, here is one manufacturer who unceasingly works for the medical doctor's economic as well as professional interests. Hold fast to that which is good, -the Mead Policy which makes Mead Johnson & Company more than a commercial house,-a powerful ally that practices as well as preaches ethics. See page xvii-Adv.

### Two Charming Suites Available FOR PHYSICIANS

AT THE

#### HOTEL BOLIVAR

Facing Central Park at Eighty third Street

There is one unusually fine layout of three spacious rooms with private street entrance also two rooms with foyer will decorate to suit extremely fine location For fur ther particulars inquire

#### HOTEL BOLIVAR

230 Central Park West

Trafalgar \$708

JUST PUBLISHED

#### THE PSYCHIATRIC STUDY OF PROBLEM CHILDREN

By DR. SANGER BROWN, II
Assistant Commissioner, Department of Mental Hygiene
State of New York
and

DR. HOWARD W. POTTER
Clinical Professor of Psychiatry Columbia University
New York City

A handbook of clinical study and treatment 150 pages consisting of eight chapters and an appendix Bound in cloth Published 1930 Price \$150 Order from State Hospitals Press, Utica, N Y.

#### New York Post-Graduate Medical School and Hospital

offers courses in GYNECOLOGY including

Cystoscopy and Endoscopy, Diagnosis and Office Treatment (lectures and practical work), Lectures on Gyne cology, Demonstration of Operative Procedures in Gynecology, Gynecological Operations on the Cadaver, Pathology and Bio chemistry as Related to Gynecology, etc

Under the direction of DR WALTER T DINNREUTHER

These courses are of interest to the general practitioner as well as to the specialist who is doing surgery or genecology exclusively Efricillment is from one to three months and instruction is continuous throughout the year. They exclusively medical schools are admitted to these courses. To further information and descriptive booklet address.

For further information and descriptive booklet, address

THE DEAN, 302 East 20th Street, NEW YORK CITY

# THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND COLLEGE

(Organized 1881)

(The Pioneer Post-Graduate Medical Institution in America)

# EYE, EAR, NOSE and THROAT

For Information, Address

MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, NEW YORK CITY

# 1930 PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	.H. L. Nelms, Albany	.F. E. Vosburgh, Albany
ALLEGANY	.H. K. Hardy, Rushford	.L. C. Lewis, Belmont	.G. W. Roos, Wellsville
RRONX	.H. Aranow, N. Y. City	I. J. Landsman, N. Y. City	.J. A. Keller, N. Y. City
BROOME	.J. J. Kane, Binghamton	.H. D. Watson, Binghamton.	C. L. Pope, Binghamton
CATTARAUGUS	.C. A. Lawler, Salamanca	R. B. Morris, Olean	. R. B. Morris, Ulean
CAYUGA	.C. F. McCarthy, Auburn .F. J. McCulla, Jamestown	W. B. Wilson, Auburn	E T Photogon Dunfeirle
CHAUTAUQUA	J. S Lewis, Elmira	C S Dale Fimina	I H Hunt Elmira
CHEMONG	.E. A. Hammond, New Berlin	I. H. Stewart. Norwich	J. H. Stewart. Norwich
CLINTON	.A. S. Schneider, Plattsburg.	.L. F. Schiff, Plattsburg	, F. K. Ryan, Plattsburg
COLUMBIA	D. R. Robert, New Lebanon Ct.	.L. Van Hoesen, Hudson	L. Van Hoesen, Hudson
CORTLAND	D. B. Glezen, Cincinnatus	P. W. Haake, Homer	B. R. Parsons, Cortland
DELAWARE	. La M. Dav. Sidney	.H. J. Goodrich, Delhi	H. J. Goodrich, Delhi
DUTCHESS-PUTNAM.	. A. Sobel, P'ghkeepsie	H. P. Carpenter, P'ghkeepsie	H. P. Carpenter, P'ghkeepie
ERIE	W. T. Getman, Buffalo	L. W. Beamis, Buffalo	A. H. Noehren, Buffalo
ESSEX	C. N. Sarlin, Port Henry E. S. Welles, Saranac Lake.	H. Gaus, liconderoga	L. H. Gaus, 11conderoga
FRANKLIN	.B. E. Chapman, Broadalbin.	A R Wilsey Cloversville	I D Vaddar Johnstown
GENESEE	. C. D. Pierce, Batavia	P. I. Di Natale Batavia	P I Di Natale, Batavia
GREENE	.D. Sinclair, East Durham	.W. M. Rapp. Catskill	C. E. Willard. Catskill
HERKIMER	. V. M. Parkinson, Salisbury C	t.W. B. Brooks, Mohawk	A. L. Fagan, Herkimer
JEFFERSON	.F. G. Metzger, Carthage	W. S. Atkinson, Watertown.	W. F. Smith, Watertown
KINGS	.L. F. Warren, Brooklyn	J. Steele, Brooklyn	.J. L. Bauer, Brooklyn
LEWIS	.G. O. Volovic, Lowville	F. E. Jones, Beaver Falls	F. E. Jones, Beaver Falls
LIVINGSTON	.R. A. Page, Geneseo	D. H. Cartanana Onita	E. N. Smith, Retsof
	L. B. Chase, Morrisville .W. A. Calihan, Rochester		
			S. L. Homrighouse, Amsterdam
NASSAU	.L. A. Newman, Pt Washingto	nA. D. Tagues, Lynbrook	.A. D. Iaques, Lyphrook
	. G. W. Kosmak, N. Y. City		
NIAGARA	.G. L. Miller, Niagara Falls	W. R. Scott, Niagara Falls.	W. R. Scott. Niagara Falls
ONEIDA	H. F. Hubbard, Rome	W. Hale, Jr., Utica	.D. D. Reals, Utica
ONONDAGA	.H. B. Pritchard, Syracuse	L. W. Ehegartner, Syracuse	.F. W. Rosenberger, Syracuse
ONTARIO	. C. W. Webb, Clifton Springs	D. A. Eiseline, Shortsville	.D. A. Eiseline, Shortsville
ORANGE	.S. L. Truex, Middletown		.H. J. Shelley, Middletown
OKLEANS	D. F. MacDonell, Medina .A. G. Dunbar, Pulaski	I I Rrennan Ocwego	I B Bingland Ocuses
OTSEGO	. G. M. Mackenzie, Cooperstow	n.A. H. Brownell. Oneonta	F F Boit Worcester
QUEENS	. E. A. Flemming, Rich. Hill.	E. E. Smith, Kew Gardens	.J. M. Dobbins, L. I. City
RENSSELAER	. C. H. Sproat, Valley Falls	.J. F. Connor, Troy	O. F. Kinloch, Trov
RICHMOND	C. R. Kingsley, Jr. W. N. B'g	t.J. F. Worthen, Tompk'sv'le.	E. D. Wisely, Randall Manor
ROCKLAND	J. W. Sansom, Sparkill	R. O. Clock, Pearl River	.D. Miltimore, Nyack
SI. LAWRENCE	W. H. Ordway, Mt. McGrego	W. Close, Gouverneur	C. T. Henderson, Gouverneur
SCHENECTADY	N. A. Pashayan, Schenectady	T.II. E. Loop, Saratoga Springs	T. W. W. Spott Schooled
SCHOHARIE	E. S. Simpkins, Middleburg.	.H. L. Odell. Sharon Springs	JeR Recker Coblectill
SCHUYLER	. John W. Burton, Mecklenbur	g.F. B. Bond, Burdett	***********
SENECA	A. J. Frantz, Seneca Falls	R. F. D. Gibbs, Seneca Falls	R. F. D. Gibbs, Seneca Falls
STEUBEN	G. L. Whiting, Canisteo	R. I. Shafer, Corning	R. I Shafer Corning
SUFFULK	A. E. Payne, Riverhead	E. P. Kolb, Holtsville	G. A. Silliman, Sayville
TIOCA TIOCA	C. Rayevsky, Liberty F. Terwilliger, Spencer	W A Moulton Condon	L. C Payne, Liberty
TOMPKINS	D. Robb, Ithaca	W. G. Fish Ithaca	W G Fish Ithan
ULSTER	E. F. Sibley, Kingston	.F. H. Voss, Kingston	C. B. Van Gaasbeek, Kingston
WARREN	F. Palmer, Glens Falls	W. W. Bowen, Glens Falls.	W. W. Bowen, Glens Falls
WASHINGTON	R. E. La Grange, Fort And	i.S. J. Banker, Fort Edward	R. C. Paris, Hudson Falls
WAYNE	R. G. Stuck, Wolcott	D. F. Johnson, Newark	D. F. Johnson, Newark
WESTCHESTER	W. W. Mott, White Plains.	Betts, Yonkers	.R. B. Hammond, White Plains
VYOMING	W. J. French, Pike	S. Marun, Warsaw W. G. Hallstand Dann Von	W. G. Halletend Dec. 32
MIR5	G. II. LEMUCE, FCIII IME	G. Mansicau, Leim Ian.	G. mansicad, Penn Yan

## VENTRICULIN ...

# Pernicious

Anemia

A PRINCIPLE FROM STOMACH TISSUE THAT STIMULATES HEMATOPOIESIS

· VENTRICULIN is palatable; it is to be taken with the meals-has an agreeable meaty flavor and is well tolerated on long continued use. Very efficient and at the same time economical.

Each lot is clinically tested in pernicious anemia cases.

An organization devoted to the study of pernicious anemia, the Thomas Henry Simpson Memorial Institute for Medical Research, University of Michigan, receives samples of each lot of Ventriculin for clinical testing. No lot is released by us for general use until it has been definitely certified as efficient in actual cases of pernicious anemia.

> HOW SUPPLIED: Ventriculin is supplied in 10-gram vials only, 12 and 25 in a package.

PARKE, DAVIS & COMPANY, Detroit, Michigan

# RADON

Gold Radon Implants for Interstitial Use.

Description: --- Pure Gold (24 Karat)

Wall thickness 0.3 millimeter Outside diameter 0.75 millimeter Length 5 millimeters

Mechanically sealed

Radon content certified and guaranteed.

Suitable Radon Implanters loaned for each case.

All orders and inquiries given prompt attention.

(Booklet furnished on request)

RADON COMPANY, Inc., 1 East 42nd St., New York

# The New York Academy of Medicine

Fifth Avenue and 103rd Street

### THIRD GRADUATE FORTNIGHT

October 20 to 31, 1930

### "Medical and Surgical Aspects of Acute Bacterial Infections"

The third annual Graduate Fortnight of The New York Academy of Medicine will be held from October 20 to 31, 1930. The general subject which has been chosen for this year is "Medical and Surgical Aspects of Acute, Bacterial Infections."

The program as arranged is in two parts,—coordinated afternoon clinics to be held in ten important hospitals of the city, and evening meetings to be held at the Academy. An added feature of this year's Fortnight will be an exhibit of anatomical, bacteriological and pathological specimens and research material bearing upon the various aspects of the subject.

Each of the hospitals cooperating in the Fortnight will present two afternoon clinical programs dealing with different phases of the general subject.

The program for the evening meetings to be held at the Academy includes discussions of:

Focal infections as a cause of disease. Osteomyelitis and acute joint infections. Acute infections of the genito-urinary tract. Infections arising from tonsils and sinuses. Infections of the middle ear. Acute infections of the face and oral cavity. Operative risks from infection.

Appendicitis.

Bacteriemia.

Suppuration of lung and pleura. Acute infections of the gall-bladder and biliary tract.

Infections of the skin and subcutaneous tissue.

Acute infections of the upper respiratory tract including influenza.

The pneumonias and other pneumococcus infections.

Bacteriophage as a treatment in medical and surgical acute bacterial infections.

Puerperal sepsis.

Immunity—general and local.

Serum therapy.

Vaccine and non-specific protein therapy.

Rheumatic fever.

Acute and sub-acute bacterial endocarditis. Meningococcus infections including meningitis.

The list of speakers who have been invited to take part in the Fortnight includes prominent clinicians from many parts of the country who are recognized authorities in their special lines of work.

The profession generally is invited to attend.

No fees will be charged for attendance at any of the clinics or meetings on the program.

A complete program and registration blank for special clinics and demonstrations will be mailed on request.

# Intensifying the Action of Physiotherapy

In the treatment of
SINUSITIS
ERYSIPELAS,
BRONCHITIS,
OTITIS MEDIA,
CHOLECYSTITIS.

and many other conditions in which the application of heat, either of radiant energy from luminous sources, or of diathermy, is indicated, the use of an adjuvant to prolong the effect of these procedures is especially valuable.

# Antiphlogistine

is an excellent adjuvant to Physiotherapy.

It forms a warm, impermeable and protective covering over the affected part, which is particularly grateful to the patient.

More than thirty-five years of successful application have confirmed the value of Antiphlogistine in conditions where congestion and inflammation are present.

Write for sample and literature.

THE DENVER CHEMICAL MANUFACTURING CO.

163 Varick Street 

New York, N. Y.

#### TABLE OF CONTENTS-APRIL 15, 1930

ORIGINAL ARTICLES	NEWS NOTES	
Intra-Gastric Photography — By Benjamin M. Bernstein, M.D., and Irving Gray, M.D., Brooklyn, N. Y	Second District Branch	47
Migraine—By Samuel Brock, M.D., New York, N. Y 442 Abscess of the Epiglottis—By G. B. Gilmore, M.D., New York, N. Y	Bethlem Royal Hospital	473 473
### EDITORIALS  Milestones	MEDICAL WARES  Grape Juice	474
The Annual Meeting	DAILY PRESS Census Taking	47
MEDICAL PROGRESS           Serum Prevention of Measles         452           Paroxysmal Tachycardia         452	Insurance Against Sickness	47; 47 <i>6</i>
Diathermy Fever in Paresis	BOOKS Book Reviews  OUR NEIGHBORS	477
Pylorospasm in the Nursling	President's Letter in Minnesota	478 478 482 483
LEGAL  "Bootleg Insurance" Attacked by the New York Superintendent of Insurance	Graduate Education in Virginia,	186 487 488 488 490 493

### Pregnancy: Prenatal Care

As a prophylactic from date of declaration to term, the use of Kalak Water affords the patient a dependable defense against abnormal conditions that may be manifested as a result of mineral depletion.

Presenting a fully saturated solution of calcium as the bicarbonate, Kalak Water helps to supply the need of the patient for this essential base.

Kalak Water Company
6 Church Street New York City

### Now! Intra-Gastric Photography—

a New Procedure in Diagnosing Stomach Disorders

INTRA-GASTRIC PHOTOGRAPHY as made possible through the Gastro-Photor, the new stomach camera, is fast gaining recognition in America. The Gastro-Photor makes possible the photographing of the gastric mucosa, including the cardia, fundus, lesser and greater curvatures, as well as the pylorus. Many of the country's

THE GASTRO.
PHOTOR and transformer. A multiplestereoscopic camera for photographing the interior of the stomach.

Gomp

leading surgeons and gastro-enterologists are now using this procedure in their practice to secure intimate and detailed photographs of pathological gastric conditions.

Recognized and endorsed by many leading physicians as a valuable aid in gastric diagnosis, the Gastro-Photor has been installed in scores of hospitals as part of their diagnostic equipment.

> Complete details regarding the Gastro-Photor will be sent on request.

> > PHOTOR CORPORATION
> > 386 Fourth Avenue New York, N. Y.

Will be shown in the Technical Exhibit at the Annual Meeting of the State Society.

### Constipation in Infancy

THE fact that Mellin's Food makes the curd of milk soft and flaky when used as the modifier is a matter always to have in mind when it becomes necessary to relieve constipation in the bottle-fed baby; for tough, tenacious masses of casein resulting from the coagulation of ingested milk, not properly modified, are a frequent cause of constipation in infancy.

THE fact that Mellin's Food is free from starch and relatively low in dextrins, is another matter for early consideration in attempting to overcome constipation caused from the use of modifiers containing starch or carbohydrate compounds having a high dextrins content.

THE fact that Mellin's Food modifications have a practically unlimited range of adjustment is also worthy of attention when constipation is caused by fat intolerance, or an excess of all food elements, or a daily intake of food far below normal requirements, for all such errors of diet are easily corrected by following the system of infant feeding that employs Mellin's Food as the milk modifier.

#### Infants fed on milk properly modified with Mellin's Food are not troubled with constipation

A pamphlet entitled "Constipation in Infancy" and a liberal supply of samples of Mellin's Food will be sent to physicians upon request.

MELLIN'S FOOD COMPANY BOSTON, MASS.

# . As a routine sedative

(alphabromisovalerylurea)

Council Accepted





A quickly acting somnifacient, inducing a refreshing sleep. It is an efficient sedative in general nervous conditions. Useful as a stronger sedative than the bromides, or where a mild, yet effective hypnotic is in place.

> DOSE: As a Sedative, 5 grains (or 1 tablet) several times a day. In Sleeplessness, 10 to 20 grains.

> > Samples and literature from

BILHUBER-KNOLL CORP., - 154 Ogden Avenue JERSEY CITY, N. J.

#### ADVERTISERS TO INDEX

RULES—Advertisements published in the Journal must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

Page	Page
ABDOMINAL SUPPORTERS, ETC.	HEALTH RESORTS AND
S. H. Camp & Coxviii K. L. Storm, M. Dxxii	Barnes' Sanitarium
ARTIFICIAL EYES	Brigham Hall Hospitalxxviii Charles B. Towns Hospitalxxxiii
Mager & Gougelmann, Inc xxv	Crest View Sanatoriumxxviii
воокѕ	Halcyon Restxxviii Interpinesxxiii
Dept. of Mental Hygiene xxiv Am. Birth Control League, Inc xxiv	River Crest Sanitariumxviii Riverlawn xxix Dr. Rogers' Hospitalxviii
COLLEGES AND SCHOOLS	Sahler Sanitariumxxviii   Shannon Lodgexxix
Columbia University xxx Sydenham Hospital xxviii University of Buffalo xxviii	West Hill Sanitariumxviii White Oak Farmxxviii
CORSETS	LABORATORIES
Barnum-Van Orden xxxi	Cheplin Biological Labs., Incxvii Crookes Labs., Incxxvi
DIETETIC FLOUR	Lederle Antitoxin Labs xxiv
Lister Bros., Inc i	MISCELLANEOUS
ELECTRICAL APPARATUS AND X-RAY	Classified Advertisements xxx McGovern's Gymnasium, Inc xiv
Wappler Electric Coxxxiv	Medical Directory
FOODS	Photor Corporation v
Battle Creek Food Co.         xi           Mead Johnson & Co.         xiii           Mellin's Food Co.         v	

PAGE
HEALTH RESORTS AND SANITARIUMS
Barnes' Sanitarium xxviii Barrow Manor xiv Barrow Manor xiv Brigham Hall Hospital xxviii Charles B. Towns Hospital xxxiii Crest View Sanatorium xxviii Haleyon Rest xxviii Interpines xxviii River Crest Sanitarium xxiix River Crest Sanitarium xxiix Dr. Rogers' Hospital xxviii Sahler Sanitarium xxviii Shannon Lodge xxix West Hill Sanitarium xxviii White Oak Farm xxviii
LABORATORIES
Cheplin Biological Labs., Inc. xvii Crookes Labs., Inc. xxvi Lederle Antitoxin Labs. xxiv
MISCELLANEOUS
Classified Advertisements xxx  McGovern's Gymnasium, Inc. xiv  Medical Directory x  Official Registry for Nurses xxv  Photor Corporation v
PHARMACEUTICAL PREPARATIONS

Bilhuber-Knoll Corp. G. W. Carnrick Co. Denver Chemical Mfg. Co. Davies, Rose & Co. Mutual Pharmacal Co., Inc. Niketol, Inc. Nonspi Co. Dlajen, Inc. E. R. Squibb & Sons. Transkutan, Inc. Upsher Smith Co.	xxii xx xix xix viii xv
William R. Warner & Co., Inc	xxi
RADIUM Radon Co., Inc	cxxiii
SURGICAL APPLIANCES, INSTR MENTS, SYRINGES, THERMOM ETERS, ETC.	
Harold Surgical Corp	ix ii xxiii
TONIC H. T. Dewey & Sons Co	vii
WATERS, BATHS Kalak Water Co	iv

PAGE

## A Cold-Pressing Process

Insures the clear, crystal-like non-cloying quality of Dewey's

# GRAPE JUICE

Red or White

For Medicinal Use

Made of luscious, sun-ripened wine grapes grown in South Jersey vineyards, on soil noted for its heavy iron properties.

Prepared for 40 years by a cold pressing process which preserves all the vitamines, nutritive value and flavor of the natural fruit.

Different: because it can be retained by the most delicate stomach when most other nourishment cannot be taken.

#### FREE SAMPLE

We are anxious to have every physician try it. Send for complimentary bottles today.



H. T. DEWEY & SONS COMPANY

Established 1857

138 FULTON STREET

NEW YORK

The Hay Fever Season is just around the corner.



Highly satisfactory results have been reported from the treatment of hay fever by pollen extracts when properly and timely used. When results are disappointing it is often because of failure to administer the treatments sufficiently far in advance of the hay fever season.

Treatments for the desensitization of hay fever patients should commence not less than from five to six weeks before the expected onset of the attack, and unless pre-seasonal and seasonal treatments are strictly followed, the expected results will not be wholly satisfactory.

POLLEN ALLERGEN SOLUTIONS SQUIBB used for the prevention and treatment of hay fever

SQUIBB'S DIAGNOSTIC POLLEN ALLERGEN SOLUTIONS afford the means for determining the causative pollen

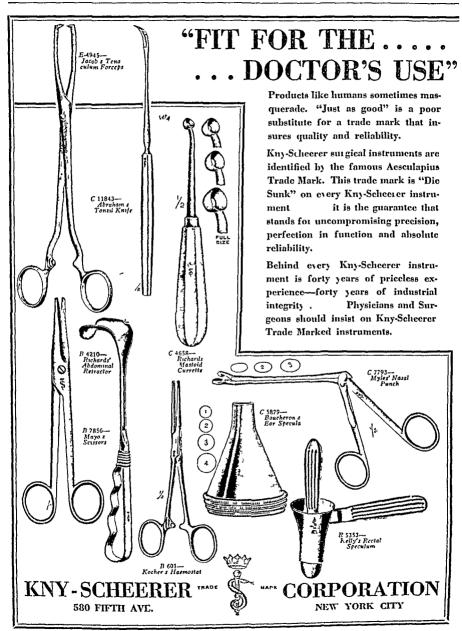
POLLEN ALLERCEN SOLUTIONS SQUIBB are supplied in Treatment Sets consisting of 10 graduated doses and ampuls of sterile salt solution for making the necessary dilutions; also in 3 vial packages containing solutions of strengths which enable the physician, without further dilution, to administer a complete course of treatment.

Special information concerning the use of Pollen Allercen Solutions Squibb for the diagnosis and treatment of hay fever will be supplied to physicians upon request.

Address the Professional Service Department.

### E·R·Squibb & Sons, New York

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.



# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

### =The list of advertisers in the 1929 edition follows:=

#### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornellus
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopsedic Appliance Co.,

#### Ambulance Service

Holmes Ambulances MacDougali Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

#### Corsets

Linder, Robert, Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmscal Co. Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, 'Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan. Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

#### **Pharmaceutical**

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Service Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Wassermann Test

Bendiner & Schlesinger



### Anemia Successfully Treated with a



# Food-Iron Concentrate

RDINARY iron tonics and pulls are not well utilized in making hemoglobin. On the other hand, while spinach and other greens are a most wholesome source of blood iron, the difficulty is to induce delicate patients to eat enough to supply the body's needs.

The solution of the problem appears to lie in the direction of a food-iron concentrate, in which definite and increased amounts of iron are presented in soluble and assimilable form.

That is the reason for the clinical success of

#### Food-Ferrin

Food-Ferrin is a natural and physiologic source of iron. In it is found the concentrated soluble substance of a mixture of greens. It is not a medicine, but a highly efficient blood-building food

Laboratory and clinical investigation have amply confirmed its value in the treatment of anemia. It is agreeable to taste, never disturbs but aids digestion, does not injure the teeth, and never causes constipation.

So that you can make a clinical test of Food-Ferrin, we would like to send you a physicians' sample with our compliments. The coupon is for your convenience.

Mail Us This Coupon Today

#### The BATTLE CREEK FOOD COMPANY

Dept. NYM-4, Battle Creek, Michigan Send me, without obligation, a supply of Food-Ferrin for chinical trial. NAME (Write on margin below) ADDRFSS

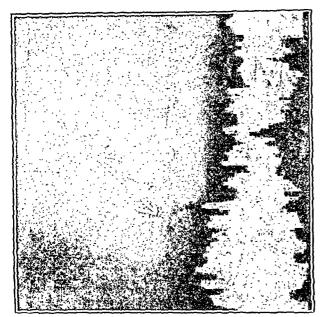


Figure 2

Penetrating ulcer lesser curvature. Confirmed by operation.

exaggerated Trendelenburg posture, head very low after the introduction of an ordinary stomach tube. Thus with the aid of gravity, slow withdrawal of the tube results in complete removal of the gastric contents.

After the stomach is thoroughly emptied, it is inflated by means of a bulb attached to the instru-



FIGURE 2A

Dark region in center of light area is the opening of
the niche produced by the ulcer.

ment for that purpose. This inflation provides the proper medium for photography and separates the stomach walls so as to permit of the necessary focal distance for the exposure. The use of the fluoroscope in the examination is most desirable for the proper orientation of the camera within the stomach and to judge of the adequacy of the inflation. This can be accomplished very easily, the films being protected from x-ray dam-

age by a metal shutter which is displaced only at the time the photographic exposure is made.

For the past six months we have employed intra-gastric photography in seventy patients. The results of our study may be grouped as follows:—

Group I. Negative gastric photographs with negative x-ray findings.

Thirty cases fall into this group, in which the absence of any demonstrable lesion on the photographs was corroborated by the x-ray, a percentage of forty-four.

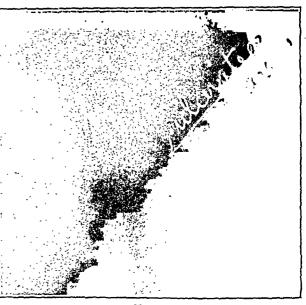


FIGURE 3
Extensive ulcer in pre-pyloric region.

Group II. Positive gastric photographs with positive x-ray findings.

In this group we find fourteen patients in whom it was possible to demonstrate definite lesions on

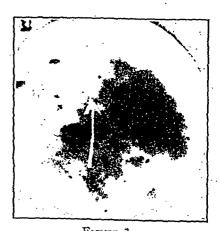


FIGURE 3A

Arrow points toward's large ulcerative area. Proved by surgery.

the gastric photographs as corroborated by positive x-ray findings. We have a percentage of twenty, making a total of sixty-four thus far in which the results of intra-gastric photography agreed with the findings by x-ray study.

Group III. Positive or suspicious gastric photographs with negative or suspicious x-ray findings.

This group is perhaps the most important of all inasmuch as, we found evidence of pathological lesions as seen on the photographs which could not be corroborated by x-ray study. We should

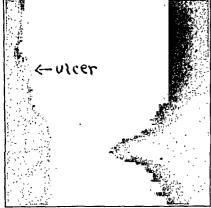
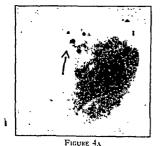


Figure 4
Defect on lesser curvature; incisura on greater curvature,
definite ulcer.

be most careful in evaluating our findings in these cases. In one of the twelve patients we had confirmation by means of surgery. In the remaining eleven we were forced to rely for our conclusions



Definite ulcer in upper middle of picture.

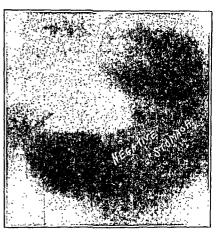


FIGURE 5
Case of carcinoma on lesser curvature.

upon our clinical impression and chemical findings. The percentage of cases in this group is seventeen.

Group IV. Negative gastric photographs with positive x-ray findings

This group likewise is an important one because



Figure 5A
Raised elevated mass quite evidently due to carcinoma, confirmed by operation

it is in these cases particularly that the possible inability of the instrument to visualize definite pathological changes, would be demonstrated. We had two cases, a percentage of three in which disagreement of findings obtained. We thus have a total percentage of twenty in group three and four in which the x-ray and the intragastric photography seemed not to agree. It is difficult to evaluate our results in these two groups, because in the one we were forced to rely on our

clinical impressions mainly, and in the other our gastric photographs were unsatisfactory for reasons which will be explained later on.

Group V. We include in this group thirteen patients, a percentage of about eighteen in which no gastric photographs were obtained. the stomach contained considerable fluid which had not been aspirated and thus damaged the films, or permitted of a liquid medium for the photography, or inflation of the stomach had not been sufficient. The causes for insufficient inflation may be continuous belching on the part of the patient, or thickening of the gastric wall due to infiltration with lack of distensibility. may fail to obtain good gastric photographs, in cases of carcinoma occasionally should the camera come in close contact with the neoplasm and not permit of the proper focal distance for the photography. This occurred in the two cases mentioned in Group IV.

#### Conclusions

Thus in sixty-four percent of our cases there was complete agreement between the gastric photographs and the x-ray findings. In seventeen percent we found apparent positive lesions on the photographs in the absence of positive x-ray findings. In view of the fact that in only one of these latter did we have confirmation by way of surgery, even though the remainder of our positive findings were corroborated by our clinical impressions, we cannot say with any degree of definiteness as yet how large a portion, if not all,

of this seventeen percent should be added to the sixty-four percent already mentioned. We are including illustrations of several typical cases in which the gastric photographs and the x-ray findings agreed and the one, confirmed by surgery, in which the gastric photographs were positive and the x-ray negative.

#### Summary

Intra-gastric photography has come as an added aid, not to supplant any of the present accepted methods of gastric diagnosis. The possibility of being able to visualize carcinoma in its early stages, flat superficial ulcerations without deformity of the stomach wall, as well as benign growths. gastritis in its various forms and the results of surgical procedures is to say the least, an intriguing prospect. Our experience has made us more than optimistic as to the future of this new method. We offer this preliminary paper as a stimulus for further work with this new instrument. In the near future we expect to report a larger series based on results obtained in still closer cooperation with the surgeon and the pathologist.

We wish to thank Dr. M. G. Wasch and the members of his x-ray staff as well as the Medical and Surgical Attendings of our Hospital for their kind and wholehearted support. Thanks are also due to the Photor Corporation for its splendid assistance and cooperation which have made this study possible.



#### THE ETIOLOGY OF HAY FEVER

Studies in Hay Fever I\*

By A. A. THOMMEN, M.D., NEW YORK, N. Y.

1. General considerations. Age: The period of greatest incidence is between the ages of twenty and forty. Its onset has been observed, however, to occur in the infant (less than 1 year of age) and in the aged (68 years of age).

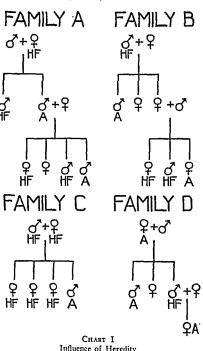
Sex: The sexes are apparently equally affected.

Occupation and Social Status: The malady is not a respecter of persons. It was incorrectly thought at one time that it did not occur in the Negro, the lowly, the uneducated or the laboring classes. These notions, together with the idea that it had a special predilection for the so-called upper classes of society were due to faulty observations and insufficient statistical data.

Race: Apparently, not all the races of mankind are susceptible to hay fever. The American Indian seems to be immune. Information concerning the occurrence of hay fever at the various Indian schools and colleges has thus far been negative in character. Statistics obtained from any similar Caucasian groups invariably contain a percentage of hay fever subjects. It is probable that other races are also immune. On the estates of the U. S. Rubber Plantations, Inc., situated in Sumatra and the Malay Peninsula about 15,000 native Malays are employed under excellent medical supervision. According to Dr. Doorenbos, the chief medical officer of the plantations, no case of hay fever has come to his notice in the course of eight years. Americans and Europeans are frequent sufferers during their visits to those tropical countries.1

Heredity: The most important known factor in the pathogenesis of hay fever and the other forms of atopic hypersensitiveness is heredity. In a group of normal individuals (representing 400 families) a positive antecedent history was obtained in only 9 per cent, whereas a positive antecedent history was obtained in 54 per cent of clinically hypersensitive persons. If the hereditary influence is bilateral (i. e. both paternal and maternal) the clinical manifestations of hypersensitiveness are most likely to occur in the offspring before the 10th year of age. (7 out of 9 cases studied-77.8 per cent). This figure may be contrasted with those obtained from a study of the unilateral and negative family history groups. . In the former (unilateral) about 35 per cent are found to develop symptoms in the first 10 years of life; whereas in the latter (negative group) only about 20 per cent are found to develop symptoms in the same period. The influence of heredity is depicted in Chart I.

II. The Exciting cause. Pollen is the exciting cause of hay fever. Pollen is the fine, dust-like powdery (occasionally coherent) material developed within special organs, called anthers, of the flowers of seed-bearing plants. Under the microscope this powdery material is seen to be



Influence of Heredity
= male = female
HF = Hay Fever A = Asthma

composed of numerous particles, called pollen grains, definitely and similarly shaped in each respective species of plant.

Fig. I depicts several species of pollen grains.

(See Figure 1).

For a proper appreciation of the hay fever problem, an understanding of a few of the fundamentals of botany is necessary.

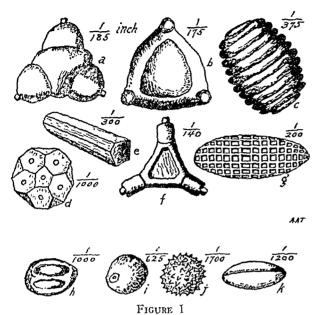
The Flower. A flower may be defined as the

<sup>\*</sup> From the Allergy Clinic, University and Bellevue Hospital Medical College, New York University,

The writer is indebted to Mr. John W. Bicknell, Vice Pres., U. S. Rubber Plantations, Inc., for this information.

aggregate of structures which subserve the function of seed production. (See Figure 2).

Fig. II,1 represents a longitudinal-section of a typical flower; Fig II,2 a longitudinal-section of a peony; 2a, a cross-section of same. This basic plan is the same for all flowers, from the massive Rafflesia arnoldi (36 inches in diameter) to the tiny units of the common weed galinsoga (1/25)



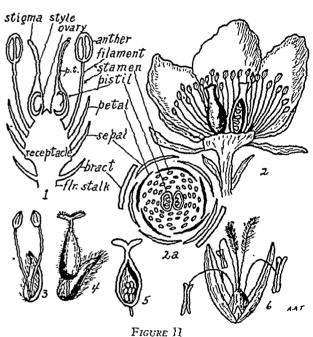
a to g. Pollen grains of several insect pollinated flowers:
a. Godetia; b. Fireweed; c. Thunbergia; d. Water plantain; e. Viola perfection; f. Evening primrose; g. Goldbanded lily. h to k, Pollen grains, wind pollinated, hay fever plants; h. Bermuda grass; i. Timothy; j. Ragweed; k. Oak Note the comparative smallness in group h to k.

of an inch long and 1/75 of an inch in diameter). The differences observed in the 133,000 species of flowers result from variations in size, shape, union of parts, and the presence of absence of the various structures. The basic plan is, however, always the same. (See Chart A.)

A flower is perfect when it has both stamens and pistils; imperfect when only stamens or pis-

tils are present; complete when comprised of pistils, stamens, petals and sepals. These parts are practically always arranged in concentric circles. A plant which has both forms of imperfect flowers is termed monoecious (one household); if the pistillate flowers are on one plant, and the staminate ones on another, the plants are termed dioecious (of two households). The ragweeds, oaks, birches and hickories, for example, are monoecious; some poplars and willows are dioecious.

The function of pollen. Pollen is the conveyor of the male element of generation. After its arrival on the stigma, it germinates, i.e. a tube (pollen tube, Fig. II, 1 p.t.) grows from the



Longitudinal-section of a typical flower.
 Longitudinal-section of a Peony.
 Cross-section of same. Note floral parts are arranged in concentric circles.
 Staminate flower.
 Pistillate flower of willow.
 Section of
 A flower of wheat. Note the simplicity of the willow flowers, as compared to the peony.

CHART A Stamens—Composed of Anther pollen Filament Essential organs Stigma Pistils-Composed of Style Ovary ovules seeds Parts of a flower Petals Sepals Non-essential Nectaries organs Receptacle Bracts Flower stalk

pollen grain through the stigma and style into the ovary. A nucleus passes through this tube to the ovum, thereby effecting fertilization

In the entire Botanic Kingdom there are 233,-000 different kinds of plants, which can be divided into the following classes

Total number of plants 233,000

2 Flowering plants 133,000
There are, therefore, 133,000 different kinds of plants which, having flowers that produce pollen,

are by that token possible causes of hay fever.
Which plants cause hay fever? The answer is
to be found in a consideration of the following

postulates

There are five postulates to be predicated of pollen in relation to its causation of hay fever

1st Postulate The pollen must contain an excitant of hav fever Pine pollen is produced in extraordinarily large quantities and is extremely buoyant, yet it does not seem to cause hay fever There are large areas of Europe and America where pine trees grow most abundantly, yet the incidence of hay fever does not seem to be particularly great in those sections Cat-tail pollen (Typha) may also be mentioned It appears, therefore, that not all pollen possesses the capacity to produce hay fever

2nd Postulate The pollen must be anemophilous, or wind-borne as regards its mode of pollination

By pollmation is meant the transference of pollen from the anther to the stigma of a pistil of the same flower (self-pollmation) or of another flower of the same species (cross pollmation) or of a closely related species (hybridization). There are 4 modes of transference

- 1 Close pollmation—a form of self-pollmation, in which the flower does not open
  - 2 Water-pollmation
- 3 Insect pollmation in which insects (bees butterflies, wasps, flies, etc.) carry the pollen from flower to flower. The insects are attracted by seent, nectaries, colorful and attractive blooms, and pollen as food.

The characteristics of the pollen of insect pollinated plants are, (a) it is often formed in masses called pollina, (eq in the 8,000 orclads and the 5,000 milkweeds) (b) it is frequently cohesive and addictive, (c) there is considerable beauty of form in its incroscopic appearance (Fig. 1)

4 Wind pollimation Wind-pollimated flowers are, as a rule, small, scentless and unattractive. They are most often imperfect, monoecious or

dioccus (Fig 2) Only pollens which are wind borne can cause hay fever

The importance of the question concerning self-pollination vs cross pollination is apparent in Chart II, in which the normal habit of a num

#### CHART II

Sclf	Cross
pollmation	Pollmation
4 to 24%	Normal
Normal	Fraction of 1%
Normal	Very seldom
Normal	Very seldom
Normal	Less than 3%
Normal	Rare
Self sterile	Normal
Rarc	Normal
Rare	Normal
	4 to 24% Normal Normal Normal Normal Normal Self sterile Rare

Chart II Indicating the method of pollimition of several important grasses. Rise Timothy and Orchard grass pollens are important causes of hay fever because they are normally cross pollimated.

ber of important grasses is considered. In a study of an unselected group of grass pollen sensitive subjects, it was demonstrated that all give definite positive reactions to each of the grasses enumerated, thus establishing the fact that they have the capacity to produce has fever. When one considers the extensive areas of the globe which are given over to the cultivation of wheat, oats, barley and rice, it is indeed a fortunate circumstance that these grasses are self-pollulated. It will be noted that tye is cross pollulated, which accounts for its great importance as a cause of hay fever in Europe. The same is to be said of timothy and orchard grass.

3rd Postulate The pollen must be produced in sufficiently large quantities Plants differ greatly in their capacity to produce pollen The flowers which are close pollinated (cleistogramous) produce very little pollen; eg Oxalis 400; Impatica 250, Violets 100 per flower

Insect pollmated plants produce comparatively few pollen grains Dandelion 243,000, a Peons 3,645,000, an entire Rhododendron plant 72,620,000

It is a charicteristic of wind pollurated plants to produce extraordinarily large quantities of pollen. It was estimated that a short ragueed plant, which by actual count produced 5,006 racemes (flower clusters) was capable of producing about 1,000 000 000 000 (a nullion nulhon) pollen grams Scheppegrell computed that a Leverfew produced 227,000 000 pollen grains that a grant rigweed plant with only a part of the flower clusters (ricemes) matricel produced 8,000,000 000 grans in 5 hours, and that a field of grass (paspalum) land the capacity to produce 8 000 000 grams per sq. it. Kessler and Durham estimated that an average city lot (1/10 acre) of ragwood produced 100 ozs of pollen in a serson (i.e 60 lbs per acre), and

that in the city of Chicago alone, hundreds of tons of ragweed pollen are liberated into the air each season. Duke and Durham collected the giant ragweed plants growing in an area of scarcely 400 sq. ft. In 3 days these plants yielded over 200 grams of pollen (more than a pint in

4th Postulate: The pollen must be sufficiently buoyant to be carried considerable distances. Buoyancy is a characteristic of wind-borne pollen.

Pollen showers: Riley reports that after a thunderstorm in mid-March, 1873, the ground in certain sections of St. Louis, Mo., was sufficiently covered with pollen to appear as the sprinkled with sulphur. This pollen was thought to belong to a certain species of pine then in bloom in the southern states 400 miles away. Kerner speaks of the pine, etc., pollen shower occurring in the Alps.

Hesselman in 1918, exposed prepared petri dishes on two lightships in the Bay of Bothnia, one 18.6 miles, and the other 34.1 miles from The total number of pollen grains obtained in the nearer lightship, from May 16 to June 26, was 103,037, or 16,205 per square millimeter, (395 per sq. mm. per day). During the same period, the total number obtained of the further lightship was 56,075 or 8,819 per sq. mm. (215 per sq. mm. per day). The pollen was chiefly spruce, pine and birch.2

Airplane tests have been reported by Scheppegrell. Grass pollen was collected on prepared, microscope slides at an altitude of 17,000 feet; and ragweed pollen was found as high as 12,000

The buoyancy of any species of pollen depends on its size, weight, (specific gravity), form and general physical character at maturity.

Size: Some pollen grains are so large that they are easily discernible to the unaided vision. The pollen grain of the Marvel of Peru (Mirabilis jalapa) is about 240 microns in diameter (about 1/100 inch). Some of the forget-me-nots, on the other hand, (e.g. Myosotis alpestris) have pollen grains as small as 3 microns. (It may be recalled that the bacilli of typhoid and of tuberculosis average 2 to 3 microns in length.)

The important hay fever pollens are less than 40 microns in diameter; many of the most important ones are less than 25 microns.

Wind-borne pollen is made buoyant by being dry and powdery, (not sticky and cohesive as in many insect-borne pollens) and either smooth (e.g. trees, grasses, wormwoods) or spiculated (c.g. ragweeds).

#### CHART B

		-		
Trees: Botanic Name	Common Name	Size in Microns	Shape	Surface
Betula populifolia	.White Birch	24	spher.	smooth
Fraxinus americana	.White Ash	22	spher.	smooth
Populus deltoides		$24 \times 34$	ovoid	smooth
Quercus rubra		18x34	ovoid	smooth
Hickoria ovata		38	spher.	smooth
	,		-1	
Grasses: Botanie Name	Common Name	Size in Microns	Shape	Surface
Capriola daetlyon	.Bermuda Grass	26	spher.	smooth
Dactylis glomerata		35	spher.	smooth
Agrostis palustris	.Red Top	28	spher.	smooth
Phleum pratense	.Timothy	40	spher.	smooth
Poa pratensis	. June Grass	- 32	spher.	smooth
Secale cereale	Rve	54	spher.	smooth
	1	•	spiict.	SHOOLI
Weeds: Botanic Name	Common Name	Size in Microns	Shape	Surface
Amaranthus spinosus	.Spring amaranth	24	spher.	smooth
Ambrosia elatior	Short ragweed	16	spher.	spiculated
Ambrosia trifida		18	spher.	spiculated
Ambrosia psilostachya	West. ragweed	24	spher.	spiculated
Ambrosia bidentata	South. ragweed	22	spher.	spiculated
Artemisia tridentata	Sagebrush	24	3 lobed	smooth
Artemisia irigida	Wormwood	20	3 lobed	smooth
Artemisia dracunculoides	Indian hair tonic	16	3 lobed	smooth
Atriplex hastata	Arache	24	spher.	smooth
Chenopodium album	Lamb's quarters	20	spher.	smooth
Cryptostemma calendulaceum	Cape weed	20x25	ovoid	spiculated
Pranscria acanthicarpa	False ragweed	16	spher.	spiculated
Iva xanthiifolia	Burweed marsh elder	14x20	ovoid	spiculated
Kochia scoparia	Kochia	22	spher.	smooth -
Plantago lanceolata	English plantain	15	spher.	-
Rumex crispus	Curled dock	26	spher.	smooth smooth
Salsola pestifer	Russian thistle	24	* .	
Xanthium spinosum	. Burweed	36	spher.	smooth
		อย	spher.	spiculated

The writer is indebted to Dr. Otelia J. Bengtsson for a painstaking translation of Hesselman's article.

The size and form of a few of the important hay fever pollens are here mentioned3: (Chart B)

Weight: The specific gravity of a given species of pollen is obviously an important factor in determining its buoyancy. The following table gives the specific weights of several kinds of untreater mature pollen: i.e. the weight o fone cubic centimetre.

Pollen	Size in Microns	Grains per c.c.
Low ragweed	16	5.0147
High ragweed	18	5,3233
Scotch pine	44	4.9376
Austrian pine	52	5.2462
Timothy	40	9.2580
Corn	88	12 0354

The known buoyancy of ragweed and pine pollen can be easily correlated with their comparative low specific weights. On the other hand, the circumscribed activity of corn pollen is readily correlated with its high specific weight. From these few figures it appears that the larger the pollen grain, the greater the specific gravity; the evident exception in the case of pine pollen is due to the so-called "wings"—attachments of the grain which, in microtome sections, are seen to be air chambers of considerable size.

5th Postulate: The parent plant producing the pollen must be widely and abundantly distributed.

It is well known that patients who suffer from the fall type of hay fever (due chiefly to weeds) are free from symptoms while residing in Europe during their particular hay fever season. In England and the European continent there is no late hay fever season. Yet we find that a number of important late hay fever plants do grow in Europe. In Hooker's British Flora we find recorded several important members of the goosefoot family; Russian thistle (Salsola pestifer), lamb's quarters (Chenopodium album), and sev-Amaranthus retroflexus and eral Atriplexes. Xanthium spinosum and 10 species of dock (Rumex) are also recorded. The Artemisias (wormwoods), so important in Western U. S. are also found in England. On the continent, absinth wormwood (Artemisia absinthium), is a common garden herb. In the vicinity of Trieste, Italy, there grows a species of ragweed (Ambrosia maritima), the pollen of which the present writer has found to give skin reactions comparable to our native ragweeds in each of 40 cases of known ragweed sensitivity tested. Nevertheless, the fall type of hay fever does not occur in Europe because these plants do not fulfill the requirements of the 5th postulate.

Practical applications of the Postulates:

In N. E. North America—north of Oklahoma, Arkansas, Tennessee and North Carolina, and east of the 102° meridian (western border of Kansas), there have been described about 4,045 different species of flowering plants. Of these, about 1,040 are wind pollinated. Consequently, some 3,000 species are immediately removed from further consideration. Moreover, comparatively few of the 1,040 wind-borne pollens are of importance, chiefly because the majority fail to adequately to satisfy the requirements of all the postulates.

In Chart III the five postulates are summarized and applied to the hay fever situation in the Eastern part of the U.S. The degree of compliance of a given species is indicated by the figures 1 to

#### CHART III

		Polli-	Quan-	Buoy-	
	Excitant	nation	tity	ancy	bution
Ragweed	4	wind	4	4	4
Timothy	4	wind	4	3	4
Redtop	4	wind	4	3	4
Orchard Grass	4	wind	4	3	4
Plantain	4	wind	4	4	4
Oak	4	wind	4	4	4
Birch	4	wind	4	4	4
Hickory	4	wind	4	4	4
Dock	3	wind	4	4	I
Amaranth	3	wind	4	4	1
Pine	Õ	wind	4	4	4
Linden	2	msect	<u>+</u>	±	1
Rose	1	insect	±	±	1
Corn	4	wind	4	<b>±</b>	4
Goldenrod	4	insect	<u>+</u>	± ±	4
Dandelion	4	insect	<b>±</b>	±:	3
Daisy	4	insect	± ±	<u>+</u>	4
Sunflower	4	insect	±	<b>±</b>	1
Wormwood	4	wind	4	4	<b>±</b>
Wheat	4	selí	3	4	4

Chart III: Showing the degree of compliance with the five postulates of a number of species of pollen. Those which are italicized are among the most important in the Eastern sections of the United States.

The etiologic mechanism of Hay Fever. (1) Reagins. It has been demonstrated that the hay fever subject has circulating in his blood, an antibody, termed reagin, which is specific for the particular pollen or group of botanically related pollens to which he is sensitive. The presence of reagins is demonstrated by sensitizing a site in the skin of a normal individual with the serum of a patient sensitive to a given pollen. If such a passively sensitized site be tested with an extract of the pollen, a definite reaction will be obtained, whereas other areas of the skin, not sensitized, will be found to be negative. If an individual is sensitive to both grass and ragweed pollen, reagins for both these groups will be found present in the serum. A site of normal skin passively sensitized with such a serum may be exhausted by repeated injections of, e.g. ragweed pollen extract, but will continue to give reactions to a grass pollen extract.

(2) The tissue factor. It is well known that some individuals have reagins in the circulation,

The writer wishes to acknowledge the valuable assistance of Mr. Jesse Knapp, Director of the Pollen Gardens. North Hollywood, Cal., in placing at his disposal numerous specimens of plants, pollens and seeds.

i.e., give positive skin tests to a given pollen extract, who, nevertheless, do not develop clinical hay fever, though normally exposed to the pollen in question. Evidently, in such instances, skin sensitivity is developed before mucous membrane sensitivity. Consequently, another factor must be present in addition to circulating reagins, and the excitant of pollen. This factor is called the "tissue factor," and is represented by the so-called shock organ. The difference in shock organs, and the variation in their capacity to react clinically enables one to explain the variation in symptomatology observed among hay fever subjects; some have a preponderance of eye symptoms, others

suffer almost entirely from asthmatic seizures,

There are, therefore, three factors requisite for the production of hay fever:—(1) specific reagins, (2) shock organs, (3) the pollen excitant. It is of interest to note that a certain specificity must be ascribed to the shock organ, for there are not a few instances of patients who suffer from one type of hay fever (e.g. ragweed), who give positive skin tests to other pollens (e.g. grasses) that is, they have reagins related to grass pollens in their circulation, who, nevertheless, do not develop clinical hay fever, though exposed to the pollen in question.

## THE ROLE OF THE VEGETATIVE NERVOUS SYSTEM IN EPILEPSY AND MIGRAINE\*

By SAMUEL BROCK, M.D., NEW YORK, N. Y.

N discussing the relationship of the vegetative nervous system to epilepsy and migraine, two important questions arise: (1) Are these paroxysmal disorders directly due to disturbed function of the vegetative nervous system? or, (2) Are certain symptoms and signs merely expressions of abnormal function of the vegetative nervous system, irrespective of any causal relationship between the latter and the former? Obviously the more important first issue involves the complicated question of etiology, namely, does an abnormality in the vegetative nervous system set off the spark. Let us first consider the convulsive state. Elsewhere, I have stressed the important part played by the cerebral vascular bed. O. Foerster observed at least one hundred times a preparoxysmal vaso-constriction and anemia of the exposed brain with a diminished volume. The tonic convulsion then occurs with a rapid fall of cerebrospinal fluid pressure. Venous stasis comes on rapidly, accompanied by a great increase in brain volume and cerebrospinal fluid pressure. The stasis now produces cortical irritation and the clonic (Jacksonian) phase appears. This vasomotor theory (Nothnagel) explains the attack's sudden onset and cessation, and the radiation' of a Jacksonian cortical attack. The sensory aura and the post-paroxysmal weakness may be ascribed to transient loss of function from local anemia.

Since these observations has been confirmed by others (F. Kennedy and Horrax) it becomes necessary to inquire whether cerebral vasomotor nerve fibres have been demonstrated by the histologist and whether the experimental physiologist has been able to observe vasomotor changes in the cerebral blood vessels of animals. Thanks to the careful histologic studies of Stöhr, Jr. (recently confirmed in this country by Hassin), one can definitely state that the blood vessels of the pia and the choroid plexus are well supplied by nerve fibres. Furthermore, in their valuable studies Forbes and Wolff show that the pial arterioles contract immediately after stimulation of the cervical sympathetic nerve and after intravenous injection of hypertonic solutions of adrenalin and pituitrin and hyperpnoea, and dilate after stimulation of the central end of the cut vagus and other procedures. These studies show that the circulation of the mammalian brain is controlled in part by cerebral vasomotor nerves.

Moreover, the eminent German neuropathologist, Spielmeyer, in 1926 suggested that the angulation of small blood vessels in certain of the cortical layers of Ammon's horn may be the cause of cell changes found there in epilepsy.

I have seen a most marked pallor spread rapidly over the face of a young epileptic woman with the onset of a petit mal attack. The normal ruddiness appeared with the return of full consciousness.

These clinical, histological and experimental observations emphasize the importance of the cerebral vasomotor system in any discussion concerned with the pathogenesis of the convulsive state. Yet it may well be that a direct physico-chemical action may take place on the vessel wall without the intermediation of nervous elements. In this connection Weiss, Lennox and Robb have offered evidence showing that arterioles, capillaries and venules of the

<sup>\*</sup> Read before the Second Annual Graduate Fortnight (New York Academy of Medicine), Bellevue Hospital, October 15, 1929.

human brain promptly dilate following the intravenous administration of histamine phosphate Epinephrine acts as an antagonist to histamine These two substances may act by way of a local chemical vasomotor regulation

One may ask what role the cervical sympathetic plays in the production of convulsions A number of observers have removed the cervical sympathetic chains. Some improvement has been reported by Tinel, Bojovitch and Hirsch and coworkers. Others note disappointing results. Poerster suggests sympathectomy only in those who manifest disturbed function of the cervical sympathetic. In one such case Lennov and Cobb report a favorable outcome.

In respect of the rest of the sympathetic and autonomic nervous system not much can be said. While the epileptic seizure itself is associated with a state of sympathetic domi nance, the interval period reveals a pathological lability and responsivity of the vegetative nervous system with no especial vagal or sympathetic dominance Some believe that mi grame and epilepsy are due to disorders of function in the vegetative nervous system Bolton (1924) goes so far as to say that asthma the edema of urticaria, dysmenorrhea, migraine and epilepsy are induced by toxins acting upon, and producing imbalance in the vasomotor apparatus Popea and his co workers (1925) studied the effect of vagus paralysis using atropin and change of posture. In 45 patients the following results were obtained In 6 patients a seizure resulted in 10 minutes, in 1 patient a seizure resulted within 30 minutes, in 15 patients a seizure resulted within 20 hours. The oculo cardiac reflex is a test of vagus activity, measured by the slow ing of the heart rate when pressure is applied to the eye balls. The epileptic shows consider able variability of response to this test from time to time. In those afflicted with frequent scizures the reflex is most increased. It is especially increased before the seizure and normal, or inverted, afterward

In the field of metabolism and physico chemistry new and seemingly valuable work has appeared which shows the importance of the vegetative system. In their excellent monograph, Lennox and Cobb summarize our present knowledge. Felix Frisch has also written a stimulating work on the subject ("Das Vegetative System der Epileptiker," J Springer, 1928). Frisch, Walter F. Kraus, de Crinis and others emphasize the findings in the interval or preparoxysmal phases of the disease.\* While the vegetative activity to be

discussed belongs strictly speaking to the field of metabolism, the part played by the vegetative nervous system is so intimately concerned that I do not feel that I am overstepping the limits imposed by the title I am quoting in extenso from my previous article

"In the sphere of metabolic activity they dem onstrated remarkable findings only disclosed by serial studies. Firstly, in the preparoxysmal phase, a water and NaCL retention were often found (associated naturally with oliguria and a gain in the patient's weight). Secondly, rare cases showed the above during the interval period with a relative water NaCL diuresis just be fore the attack. Thirdly, certain cases showed a retention of NaCL without a corresponding water retention in the tissues. The first group is associated with a hypochloremia, the others by markedly variable blood chloride values.

"The other electrolytic constituents of the blood show considerable variations. The blood calcium is under normal in the interval, and rises considerably above normal just before the convulsion, as shown by serial studies Potassium values vary greatly with no relation to the time of the attack Calcium and po tassium are antagonists Calcium ion concen tration leads to a splitting off of H (acid) ions, potassium to splitting off of OH (alkaline) ions Hence, calcium attracts the acid ions into the blood stream which leads to relative alkalinization of the tissue cells. It is interesting to note that relative richness in calcium and magnesium diminishes the convulsive tendency of nerve centers, relative richness in potassium and sodium increases it. This coincides with the retention of Na and the withdrawal of tissue calcium in the pre-paroxysmal phase Increased blood calcium has been found in eclampsia (Consoli) and during the menses A disturbance in the acid base equilibrium is present in epilepsy. In the intermediate stages of metabolism endogenous acids appear which disrupt the alkali CO2 coalition This acidosis is manifested by-(1) a reduced CO2 combining power (de Crinis), (2) a lessened alkali reserve (determined by titration) ie hypocapma, (3) an increase of the diffusible alkali and a concomitant diminution of the total alkalı (Frisch and Walter), and (4) a 'dy sregulation' of the NH, concentration However, the undisturbed regulatory mechanism of the epileptic prevents any actual change in the blood's reaction. The increased convulsive tendency brought about by hyperventilation is not accompanied by an actual change of the circulating blood to an alkaline reaction

"Serial basal metabolism determinations reveal a unique, marked variability in the amounts of oxygen consumed. The variations may

<sup>\*</sup>These important vegetalire activities have been analyzed in a previous paper of mine. Fp lepsy and the Convolute State (A Y State Journ of Med 29 1929, 875 882) to which the reader is referred.

reach an amplitude of 40 per cent. The values of the specific dynamic action of protein also show similar but less marked fluctuations. In 60 per cent of the cases, the reaction of the protein addition remains under normal. The nutritional investigations of Kauffmann and de Crinis show a preparoxysmal lessening of oxygen consumption and carbon dioxide production but without parallel curves. Carbohydrates, proteins and fats are all involved. Consequently variations in the respiratory quotient occur revealing incomplete oxidation. The variations are believed to be due to disturbances in the activation of the inactive circulating hormones. This is the result of changes in the peripheral autonomic cellular metabolisms and varying impulses emanating from the central nervous system control. It is significant that acidotic animals show a diminution of oxidative processes (Chvostek).

"The serum protein colloid picture of the epileptic shows a characteristic deviation toward phases of high dispersion, which is especially manifest preparoxysmally and during a series of attacks. The amount of the total blood protein is raised; such increase is taken up entirely by the albumin quota. Remarkable variations are encountered here also. The coarse dispersion fraction gives normal values. This deviation to higher dispersion conditions the increased water retention and is associated with the increased calcium content of the blood. The typical blood changes are to be regarded as the 'humoral mirror picture' of the tissue changes.

"The lessened nitrogen excretion in the preparoxysmal phase is interpreted as the consequence of the inhibited protein splitting and synthesis at this critical time so that actual nitrogenous intermediate products circulate about which have no physiological but rather a toxic action.

"The extraordinary significance of these complex collodial changes is shown by the fact that drugs producing deviation to the right (high dispersion) excite convulsions and those that provide a left deviation (coarse dispersion) inhibit seizures.

"The residual nitrogen and blood sugar fluctuate but are elevated preparoxysmally. The blood cholesterin is also elevated at this time.

"Electrolytic changes, colloidal reactions, hormonal influences, vegetative nervous impulses play in concert upon the cell's surface (colloidal 'membrane') and interior, altering the permeability of the former and the irritability of the entire unit. Höber illustrates these complex interrelationships in the treatment of epilepsy as follows: (1) sedative therapy erects a narcotic barrier between the

cell and its milieu; (2) withdrawal of NaCL and calcium administration dehydrate the colloidal 'membrane' and produce a 'condensation barrier;' (3) the attack itself 'unloosens' the cell so completely that its responsivity to stimuli is much reduced for a considerable period.

"In Table I, I have enumerated these important changes. The peculiar heightened dispersion of the colloidal protein produces retention of water and increase of calcium. The lessened oxidation permits the appearance of acids (which disrupt the acid-base equilibrium) and causes an increase of the residual nitrogen. The latter may also be, and the increased blood sugar and cholesterin are, attributable to sympathetic hormonal dominance.

"As a result of their studies, Kraus and Frisch emphasize the disturbances in the physico-chemical life of the body cells and fluids as the essential disturbance in epilepsy. The remarkable fluctuations present in all the individual physico-chemical processes again reflect the unstable cell-blood exchange. A heredconstitutional defect (comparable that seen in diabetes mellitus) must underlie this remarkable disease.

#### TABLE I.

Physico-chemical Changes in the Preparoxysmal Period of Epilepsy

- 1-Retention of water and sodium chloride.
- 2-Increase of blood calcium (from subnormal).
- 3-Deviation to high dispersion of blood colloidal protein (albumin), so-called deviation to the right.

- a-Lessened alkali reserve (hypocapnia), b-Reduced CO<sub>2</sub> combining power, c-Diminution of total alkali with increase of diffusible alkali.
- 5-Lessened oxygen consumption and carbon dioxide production. Falling of the respiratory quotient.
- 6-Increase of residual nitrogen in blood.
- 7-Increase of blood sugar.
- 8-Increase of blood cholesterin.
- 9-Increase of electrical excitability of peripheral nerves. Dominance of sympathetic (adrenal) hormonal influences."

Lennox and Cobb stress the convulsogenic role played by anoxemia, pointing out that the oxygen lack in alkalosis, in insulin hypoglycemia, in sudden anemias, is associated with convulsions. In one of their patients, the number of convulsions could be definitely increased by lowering the amount of oxygen respired; furthermore, overventilation (an adequate provocative measure for the production of the seizures) failed if the air contained a high degree of CO<sub>2</sub> or was rich in oxygen. Anoxemia and alkalosis go hand in hand. It is known that there is an increased irritability of nerve cells in the presence of alkalosis.

Again, edema and the question of the permeability of cell membranes are important factors. Landis showed that in the presence of stasis and poor oxygenation, four times the amount of fluid escapes from the capillary

walls of frogs than normally. Syz noted that a convulsant dye penetrated more readily into frogs' brains if asphyxia or brain injury had occurred. Observations of this kind lend weight to the theory that edema of the nerve cells is the cause of the eclamptic convulsion.

The following table (Table II) from the monograph of Lennox and Cobb, summarizes

certain important points:

#### TABLE II (From Lennox and Cobb)

Tentative List of Physiological Changes in the Brain Which May Effect Seizures

#### Conditions which may tend to

Present Seizures Precipitate Seizures Rich supply Poor supply Oxygen Acidosis (fasting, fat Alkalosis diet)
Ingestion of acids or acid forming salts
Breathing high CO, Acid Base Ingestion of aikali Hyperphoca—' blowing off" CO2 Equilibrium High chloride (?) Low calcium (tetany) Hypoglycemia (insulin) Chemical Constituent Low chloride (?) High calcium Water Balance Dehydration Edema Tissue Permeability Decreased Increased Intracranial Increased Decreased Intracranial Circulation Normal Impaired

Lennox and Cobb point out that "the degree of general anoxemia or alkalosis induced was much greater than ever occurs spontaneously Therefore, one must assume in epileptics physiological changes in the brain which are not reflected in the composition of the peripheral blood. Such local physiological changes might be precipitated by sudden alterations in the flow of blood through the brain." These authors believe that the following might explain the production of a convulsion: Contraction of cerebral (presumably pial) arteries under sympathetic stimulation. This would "lead to decreased blood flow in the capillaries," resulting in "deficient oxygenation and consequently, alkalosis of the brain tissue. Under these conditions one might expect an increased passage of fluid outward through the capillary walls, with resulting edema. Some or all of these factors (oxygen lack, alkalosis, edema, change in electrolytic equilibrium, increased intracranial pressure) might stimulate nerve cells to the point of discharge with resulting muscular spasm. Apnea and muscular contraction would result in a great accumulation of lactic acid and CO2 in the tissues, producing a condition of acidosis which would initiate a reversible reaction, leading to a better utilization of oxygen, a restoration of circulation and a release of muscle spasm."

So much for the causal relationship of abnormalities in the vegetative system, especially the vegetative nervous system in the production of the convulsive state. The second issue is of less importance, namely, the symptoms and signs attributable to vegetative nervous system disturbance in the clinical picture of epilepsy. Here we enter a fascinating realm, one in which the minor elements, petit mal, the visceral variants and the vasovagal crises of Gowers mainly engage our attention.

In the cataclysmic motor explosion of grand mal one can distinguish signs of vegetative nervous system disturbance. I refer to constant dilatation and fixity of the pupils, the arly pallor succeeded by redness and cyanosis, the occasional loss of urine and feces, the salivation and perspiration

Yet, in the smaller, fragmented states one can study certain features of the symptomatology of epilepsy with greater detail the term vagal and vasovagal attacks Gowers drew attention to paroxysmal disturbances in gastric, cardiac, respiratory and vascular organs due to abnormalities in the vegetative nervous innervation I can do no better than to quote the great English master (Gowers, W. R., "Borderland of Epilepsy," J. & A Churchill, London 1907): "The symptoms comprehend subjective gastric, respiratory and cardiac discomfort, sometimes cardiac pain and even a sense of impending death. With the vagal symptoms there are often combined a slight mental change, and also disturbance of the vasomotor centre, causing constriction of the vessels and coldness, especially of the extremities. Associated with the latter may be some sensory impairment and often also a form of slight tetanoid spasm. These features vary much in relative proportion, so as often to obscure the essential resemblance. When the vasomotor spasm preponderates, the case may seem to differ from the type more than it really does. Such cases may be termed 'vasovagal.' The attacks are never really brief: they seldom last less than ten minutes and more often continue for half an hour or more. There is a sudden onset of slight symptoms, rapidly increasing, and the ending is gradual. The seizures recur at varying intervals, often for months or years. Women suffer more frequently, but these attacks are also met with in men. This, and the fact that the pneumogastric and vasomotor systems are readily influenced by emotion, have probably led to the frequent submergence of these attacks beneath the vague conception of hysteria, a conception which conceals whatever it covers. . . . The vagal symptoms are chiefly sensations referred to the stomach, the respiratory system and the heart. We may probably ascribe to the gastric nerves a sensation referred to the epigastrium, generally described as a sense of oppression or of fulness, but often indescribable. It begins suddenly, irrespective of the state of the stomach or of its functions, and often seems to ascend to the chest, very seldom to the throat or head, as does the aura of epilepsy. There is seldom nausea and never vomiting. Even more common, especially as an early symptom, is a sense of respiratory distress, of difficulty in breathing. It is sometimes so intense as to amount to orthopnea, and to compel the sufferer, if lying, to sit upright, although there is no corresponding sign of impairment of breathing. With this may be combined cardiac symptoms, discomfort, acute pain in some cases, often a sensation of sudden stoppage of the heart, followed by rapid action. With the dyspnoea, or the cardiac sensation, or both, is often associated a sense of impending death, so intense that no recollection of its falsity in preceding attacks prevents the conviction of its present reality. It naturally causes alarm, but apart from any cardiac sensation there is sometimes a sense of vague fear and dread, which is recognized to have no adequate

"Although there is no impairment of consciousness, a slight peculiar mental state is common, and may even be the first symptom. It is generally described as a slowness of mental operations, a difficulty in thinking or in concentrating attention. Trifling as it may seem, it always begins suddenly and strikes the patient as a state quite unlike the normal condition. Sometimes it involves a slowness in speaking, but this seems partly due to the sense of dyspnea. Another occasional feature is a sense of unreality in what is seen. A sudden sense of physical fatigue is sometimes an initial symptom.

The vaso-motor spasm sometimes attains a high degree. To it the symmetrical coldness is certainly due, for the pulse becomes small at the same time. When general, there is pallor of the face. Shivering is common and may amount to definite rigor, but this occurs when the coldness is beginning to lessen. With the coldness of the extremities, tingling and numbness in them are often described, and sometimes there is slight tetanoid spasm."

In a discussion of epileptic variants, another distinguished English neurologist, S. A. K. Wilson, goes into great detail concerning the symptomatology of the vasovagal attacks. In the cardiac sphere,—palpitation, a fluttering or thumping sensation, with a feeling of impending dissolution constitute the picture of pseudo-angina pectoris. In the respiratory sphere, tachypnoea, dyspnoea or more specifically a feeling of suffocation in the throat, complete the picture. If vasomotor phenomena dominate, then icy coldness with perspiration and shivering succeeded by warmness and hot

flushes, appear. Among the gastric sensations are an empty hollow or "creepy" epigastric feeling with nausea followed or accompanied by eructations of gas and flatulence. Vague anxiety, fears of death or impending catastrophe, a sense of unreality or even an abnormal alertness or a trance-like state, or giddiness, add their quota of distress. The passage of large quantities of limpid urine may appear toward the close of the attack. The variety of symptom combinations found in these episodes is almost infinite. The important feature is the vegetative nervous system display. As Wilson states, these symptom complexes are found as epileptic variants, in anxiety neuroses and occasionally in visceral disease. The family history not infrequently reveals epilepsy, neuroses, insanity or migraine. Occasionally this visceral variant type of seizure is mixed with a migrainous element, as in a recent unusual case coming under my observation. A married woman of 32 had been suffering from the following seizures for six years: She suddenly is beset with a feeling "that blood is leaving her body," becomes weak and sits or lies down. Nausea follows, she belches up gas and her face turns pale. These seizures are unassociated with any impairment of consciousness; they appear in a series of one to fifteen in a day with periods of remission of two or three months. As bearing upon the epileptic nature, it is to be noted that they not infrequently awaken her from sleep. They are invariably followed by severe frontal or occipital headache which does not occur apart from the attacks. These headaches have a definite migraine-like quality, and it is interesting to note that one maternal uncle was severely afflicted with hemicrania. These seizures may follow excessive fatigue or emotional upsets, but not infrequently come on without apparent

The examination showed a visceroptotic, asthenic type of woman and an occasional extra-systolic irregularity of the heart beat.

Seeing that these lesser paroxysmal manifestations are non-fatal, our knowledge of the pathology underlying these states is very incomplete.

Very recently, however, Wilder Penfield described a very interesting syndrome which he called diencephalic autonomic epilepsy. The symptoms were due to the presence of a small tumor, a cholesteatoma, in the anterior part of the diencephalon, i. e., between the anterior upper parts of both optic thalami within the third ventricle. The patient, a woman of 41, was subject to unusual attacks. The prodromata consisted of restlessness and a request for ice in the mouth. Sudden vasodilatation of skin occurred in areas supplied by the cervical

sympathetic (face and arms) and sudden rise in blood pressure, S 110 to 210, D 68 to 100 Nextly appeared varied combinations of the following lacrimation, diaphoresis, salivation, dilatation (or contraction) of the pupils, occasionally protrusion of the eyes, increase of rate and pressure of pulse, marked lowering of respiratory rate with Cheyne Stokes char acter, and elicitability of pilomotor reflexes Occasionally goose flesh appeared over the patient's shoulders with the increasing rate of respiration, to disappear in the appoeic phase Consciousness was rarely lost. Then the skin blush began to disappear, the blood pressure fell and the pulse weakened A few hiccups, transient shivering and Cheyne Stokes respi ration concluded the attack There were many such seizures While incontinence of urine occurred only once, she never could void during the attacks, and catheterization became necessary There were no convulsions Questions were answered by monosyllabic replies The temperature fell well below normal during the most severe series of attacks. She died of respiratory failure From a study of the pathol ogy, Penfield concludes that this rich vegetative symptomatology was due to periodic discharges on the part of the nearby vegetative nerve centers (the nuclei in the gray matter about the third ventricle), due to the irritation induced by the presence of the tumor Though rare such observations as these are most im portant in that they give a pathophysiological basis to clinical signs which rarely find patho logical confirmation

Let us subject migraine to the same two lines of inquiry (1) Are these paroxysmal head aches, with their accompanying symptoms, directly due to disturbed function of the vege tative nervous system? or (2) Are certain symptoms merely expressions of disturbed function of the vegetative nervous system, the causal factors being further removed and unknown?

Concerning the first issue, Jelliffe goes so far as to state that migraine is a vasomotor disturbance due to a variety of stimuli (physical, chemical, somatic reflex, emotional, etc.) acting upon the vegetative nervous system A vasomotor spasm is the result. This theory of vascular spasm is the most attractive of the many suggested. Oppenheim points out that it explains best the rare permanent residuum which supervenes in some instances of migraine. In such cases it is believed that thrombosis has occurred, permanent structural damage followed Indeed, Oppenheim cites a proven instance of thrombosis of an internal carotid artery causing a permanent after effect The evidence of a vascular basis for migraine finds support in other directions. Bramwell

and McMullen (British Med Jour 2, Oct. 30, 1926, 765-775) have described alterations in the calibre of the retinal arteries during migrain ous attacks. All of these facts lend weight to the viscular spasm theory of migraine.

With respect to the second question namely, the symptoms and signs in migraine which may properly be ascribed to disturbed function in the vegetative nervous system (regardless of the real causes of migraine), we enter a rich field. We may begin with the gastro intestinal tract Salivation very occasionally accompanies an attack of migraine. As is well known, nausea and vomiting very frequently occur during or at the close of an attack and are most important symptoms of this parox ysmal disorder Gastric atony and enlargement have been described during and following the seizure Diminution of salivary secretion diar rhea or constipation may herald an oncoming attack, occur at its termination or follow it The importance of some of these gastro in testinal symptoms is attested by the fact that they may occur without the headache as mi graine equivalents. At times vomiting spells may be regarded as larval attacks in migrain ous individuals. Indeed some instances of cyclic vomiting in children seem to belong to this category Paroxysms of abdominal pain especially about the umbilicus (intestinal colic) in children have been regarded as migramous equivalents In some of these cases the children have not been victims of typical mi graine, but the parents have been so afflicted At times the true explanation of the abdominal pains only comes to light when typical seizures supervene years later

There are various inconstant symptoms of migraine, involving vasomotor and pupillary mechanisms which seem to point to sympathetic nervous system excitation on the one hand or paresis on the other Thus occasion ally facial pallor, cool skin, increased saliva. dilatation of the pupils, narrowing of the temporal arteries, and a small pulse will occur in an individual during the attack. In others, the face and conjunctiva will redden, the visible arteries dilate and throb, the pulse will be full. the pupils will constrict and hyperidrosis (even unilateral) occur Indeed, two forms of mi graine have been described, namely a sympathico tonic (angiospastic) and a sympathico paralytic On the other hand, excitatory and paralytic phen mena often coexist or change from one to the other type, many sufferers show no such abnormalities. In this connection Oppenheim stresses tenderness of the superior cervical sympathetic ganglion during and be tween the attacks

A number of other related phenomena occur

Chilliness, coldness and clamminess of the extremities, goose flesh, numbness, a prickling in the extremities, yawning and lacrymation, have been described just before or during a paroxysm. Infrequently, polyuria or diarrhea occur at the end. Occasionally the pupil will dilate on the affected side. Commonly both pupils become constricted.

Rarely the vasomotor features are most striking; the reddened flushed part may become edematous or even show erythromelalgic features. Indeed hemorrhagic phenomena have been observed, namely, in the conjunctiva and retina, and epistaxis described. Unusually temperature elevation occurs.

As in the convulsive state, the menstrual period seems to be a precipitating factor.. Likewise, sleep so often terminates both types of attack.

In conclusion one may say that in both epilepsy and migraine the vegetative nervous system gives ample evidence of disturbed function. At the present time the facts seem to point to involvement of the cerebral vascular mechanism as the essential mediate agency of the attacks. Whether the cerebral vascular bed is upset by indirect nervous or direct physico-chemical influences is still an open question. The basic causative factors are still unknown.

# ABSCESS OF THE EPIGLOTTIS\* Case Report

By G. B. GILMORE, M.D., NEW YORK, N. Y.

HE fact that purulent inflammations of any part of the larynx are rare prompts me to report this case of an abscess seated on the epiglottis.

Mr. P., age 34, presented himself on Nov. 15, 1929, for the relief of a very severe pain in his throat on the left side just below the angle of the jaw. He swallowed with difficulty and was conscious of something in his throat as he expressed it, "That didn't belong there." There was no respiratory distress, history of foreign body or change in the sound of his voice. The onset was sudden eighteen hours previously; first a tickling sensation followed by acute pain. His temperature was 99.5 and pulse 100.

On examination the epiglottis was readily seen behind the dorsum of the tongue, enormously enlarged, water-logged in appearance and of a pale pink color. With the aid of a laryngeal mirror the greatest amount of tumefaction was observed to the left of the mid-line. The picture was that of an acute oedema. The other parts of the larynx and pharynx were normal.

Following the application of a weak cocaineadrenaline solution several small incisions were made in the area of greatest swelling, liberating a thin bloody`fluid. The patient was advised to remain in bed, take ice and iced drinks internally and keep an ice collar around his neck. Stimulants were not ordered as his general condition was very good.

Twelve hours later he noticed he was expectorating foul smelling material. Examination

revealed creamy pus with an offensive odor exuding from one of the small incisions made the previous day. This opening was enlarged and more pus liberated. The pain was greatly relieved and swallowing became easier.

The abscess drained for four days with a gradual diminution in the size of the epiglottis. At the end of ten days healing was complete and the patient was back at work. During this time the incision was dilated daily and the abscess cavity painted with tineture of iodine.

It is perfectly obvious that an acute oedematous septic inflammation of any laryngeal structure is a very dangerous thing. The epiglottis is generally involved first, but contrary to the pleasant outcome in this case the inflammation does not stop there but spreads rapidly along the aryepiglottic folds and causes an alarming narrowing of the air-way. Death from suffocation or cardiac failure is very common. The heart is quickly overcome by the toxins of the streptococcus which is the offending organism in the great majority of cases. The infection can also spread forward under the tongue and produce a Ludwig's Angina with all of its horrible suffering. The pharynx is generally not involved at the same time.

The physician in attendance should be in close touch with his patient at all times so that tracheotomy may be performed whenever respiratory distress presents itself. This is often a life saving measure and should be resorted to at the very first sign of labored breathing. Early incision, multiple oftimes, into the septic area is essential and the favorable outcome of this case, I believe, was due to this procedure

Read before the North Bronx Medical Society, December 12,

#### NEW YORK STATE JOURNAL OF MEDICINE

Business and Editorial Office—2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056
The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the Journal. Views expressed in the various departments of the Journal represent the views of the writers

#### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City, Telephone, Atwater 7524

#### OFFICERS

	<del></del>
Fresident James N. Vander Verr, M.D. Albany First Vics-President-Frod S. Winslow, M.D. Rechester Secretory Daniel S. Doughert, M.D. New York Treaturer-Charles Gordon Herd, M.D. New York Speaker-Dona A. Card, N.D. Poughkeepis	President-Elect-William H. Ross, M.D. B. intwoo Scrond Vier-President-Payma C. Barron, M.D. Plattabur Assistant Secretary-Patra Laurg, M.D. N. New Yor Assistant Transvers-James Pedessey, M.D. New Yor Vier-Sprach George W. Cottis, M.D. Jamestow

#### TRUSTEES

GRANT C. MADILL, M.D., Choire	nanOgdensburg
JAMES F. ROONEY, M.DAlbany ARTHUR W. BOOTH, M.DElmira	HARRY R. TRICK, M.D

#### CHAIRMEN, STANDING COMMITTEES

Arrangements-Walter A. Calinan, M.D	Rochester
Legislating-HARRY ARANOW, M.D.	New York
Pub. Health and Med. Education-T. P. FARMER, 1	J.D., Syracuse
Scientific Work-ARTHUR J. BEDELL, M.D	
Medical Economics-BENJAMIN J. SLATER, M.D	Rochester
Public Relations-James E. Sadlier, M.D	. Poughkeepsie
The state of the s	Minn Wast

#### CHAIRMEN, SPECIAL COMMITTEES

Group Insurance-JOHN A. CARD, M.DPoughker	ensie
Periodic Health Exam's -C. WARD CRAMPTON, M.D New	ork
Nurse Problem-NATHAN B. VAN ETTEN, M.D	ronx
Physical Therapy-RICHARD KOVACS, M.D	York
Birth Control and Sterilization-JOHN O. POLAR, M.D., Broo.	klyn
Anti-Diphtheria-Nathan B. Van Etten, M.D	xaor
Pollution of Waterways-Charles H. Goodston M.D. Brook	klun

#### PRESIDENTS, DISTRICT BRANCHES

First District—Groege B. Stanwix, M.D. Yonkers Second District—Charles H. Goodeler, M.D. Brocklyn Third District—Eddar A. Vandre Vers, M.D. Albany Fourth District—William L. Munson, M.D. Granville	Fifth District—Paige E. Thornhill, M.D. Watertov Steth District—Larue Congrove, M.D. Elmi Severth District—Austrik G. Morris, M.D. Rochest Eighth District—Thomas J. Walsh, M.D. Buffs

#### SECTION OFFICERS

Medicine-A. H. AARON, M.D., Chairman, Buffalo; John Wyckopp, M.D., Secretary, New York.							
Surgery-William D. Jonnson, M.D., Chairman, Batavia; Charles W. Wess, M.D. Secretary, Clifton Springs Obstiering and Gynecology—Gronce M. Gessen, M.D., Chairman, Rochester; Onslow A. Gondon, Ja., M.D., Secretary, Brooklyn. Pediatrics—Jonn Surgery W.D. Charles Backers, M.D., Chairman, Rochester; Onslow A. Gondon, Ja., M.D., Secretary, Brooklyn.							
Obstetrics and Gynecology	ikorge M. Gra	Rr, M.D., Chairm	an, Rochester; On:	stow A. Gordon, Ir.	M.D., Secretary, Brooklyn.		
Pediatrics-Jone	IN CEASE DAY				""DST, M.D., Sec., Syracuse.		
Eye, Ear, Nose ar					itary, New York,		
Public Health, H.	•				M.D., Secretary, Riverhead.		
Neurology and P. Dermatology and					Secretary, Syracuse. M.D., Secretary, Rochester.		
Dermaiology and		•		•	- Di.D., Secretary, Rochester.		

#### LEGAL

Office at 15 Park Place, New York. Telephone, Barclay \$550

Counsel—Lorenz J. Brosnan, Esq.

Consulting Counsel—Llovo P. Stryker, Esq.

Executive Officer-Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4-4214.

For list of officers of County Medical Societies, see this issue, advertising page xxxii

Annual meeting June 2-4, 1930, Hotel Seneca, Rochester, N. Y.

#### MILESTONES

The preparation of the program of the Annual Meeting of the Medical Society of the State of New York on June 2-4 is a milestone marking a year's progress in the art of medical practice. The milestone is not the road, but is a marker on the highway which leads from the known past into the realm of the unknown future. New faces appear on the road, and newer and more direct methods of travel are

developed, but the old and the tried determine the rules of the road and the direction in which it leads. There will be some changes of drivers as each milestone is passed, some roughness of the road will be smoothed out, and possibly some changes of route will be made as crossroads are reached; but the medical profession will continue to develop the main highway in the direction taken in the past.

#### BASIS OF THE SERVICE OF THE LEGAL COUNSEL

The Medical Society of the County of Kings has asked the Council of the Medical Society of the State of New York to express an opinion regarding the defense of two members of the Society under conditions as follows:

#### Case 1

This physician joined the Kings County Medical Society in November, 1926. Two months previously he had treated a patient, and sent a bill for \$100. A few months later he started a law suit for the collection of the bill. The patient replied with a counter suit for \$1,000 against the doctor for "Breach of Contract," the time for beginning a malpractice suit having expired.

The Kings County Medical Society asked the question "Is the member entitled to defense in the suit?"

The answer is found in the statement of the conditions under which malpractice defense is given. The defense was first organized in the year 1901 by the New York State Medical Association and was continued after the Association was amalgamated with the State Society on December 9, 1905. Resolutions setting forth the conditions of malpractice defense were adopted by the Council on December 5, 1913, and approved and adopted by the House of Delegates on April 27, 1914, and again on March 29, 1926, the first section of which reads:

"Members shall not be entitled to malpractice defense if the acts in the suit for which they make application for defense were committed prior to their admission to membership in the State Society.

#### Case 2

This doctor was threatened with a suit by a nurse who developed conjunctivitis while she was caring for a new born infant. The doctor had applied prophylactic measures, and yet the child had developed mild conjunctivitis, although no gonococci were found on microscopic examination. The nurse claimed negligence on the part of the doctor, in that he should have warned her of the infectiousness of the discharge.

The question raised by the Kings County Medi-

cal Society was "Should the State Society defend the doctor?"

There was a question whether or not this case met the conditions of malpractice defense, inasmuch as the nurse was not a patient of the physician. But in consideration of the fact that this was a border-line case, the State Society and the Insurance Company agreed to defend the doctor with the understanding that the defense should not be considered a precedent on which to base future decisions. However, there has been no need of defense, for no papers have as yet been served on the doctor.

The facts in these two cases were submitted to the Council of the Medical Society of the State of New York at its meeting held December 12. 1929. The Council referred the matter to a subcommittee on Group Insurance, the Secretary, and the Legal Counsel, which made a report to the Executive Committee on February 13, 1930. The complete report was sent to the President and Secretary of each county society by order of the Executive Committee.

There exists in the Society a mistaken idea of the meaning of "Counsel' to the Society" and of the duties of his office, and this misunderstanding has reached such an exfent that county societies, committees, and individual members are continually requesting legal opinion upon questions of ethics, interpretations of both State and County By-Laws, rulings on internal dissensions and many others of like character, together with opinions upon individual affairs which should be referred to private counsel.

In addition to the duties appertaining to malpractice defense, Mr. Brosnan is retained by the Council of the Society as General Counsel and acts in an advisory capacity to the Legislative and Administrative Bodies, i.e., the House of Delegates, the Council and the Executive Committee, rendering service also in such other matters as may be referred to him, providing such are consistent with the customary duties of his office.

All questions or requests for information by committees, county societies, or individuals must be referred, therefore, through the Secretary's office to the Executive Committee, with which the Counsel sits.

## PHOTOGRAPHING THE INTERIOR OF THE STOMACH

The first article in the scientific department of this Journal is on the subject of photographing the interior of the stomach, thereby obtaining an actual picture of an ulcer, or other pathological condition. The photographs are obtained by means of a pin hole camera suspended in the stomach while it is distended with air. The camera itself is of the diameter of a stomach tube, and yet each flash of light makes sixteen pictures, each about one quarter of an inch in diameter, covering almost the entire area of the stomach. The camera is a useful adjunct to other means of diagnosis, especially when it is used in connection with the X-ray.

#### THE ANNUAL MEETING

This issue of our Journal contains the announcements of the coming Annual Meeting of the Medical Society of the State of New York on June 2-4, in Rochester, so far as they can be given out with certainty at the present time

The Scientific Program The first feature of which physicians usually think is the program of the scientific sections which begins on page 458 of this issue The speakers and subjects have been chosen by the Committee on Scientific Work by a process of volunteering and by invitation to men of outstanding ability and at-The excellence of the program in tainments past years is indicated by the reception which the papers have received when they were published in the Journal-for it is the policy of the State Society to publish them during the year, except those in which a mutual agreement is reached between the officers of the State So ciety and the authors. A doctor attending the annual meeting will be able to make a personal choice of speakers and subjects with the assurance that the Journal will enable him to review those whom he hears and to read those whom he misses

The Technical Exhibit The second feature which will appear to the physician is the exhibit of medical wares. This exhibit is no longer merely a commercial display, but it is educational and will be called the Technical Exhibit following the example of the American Medical Association. It will be a continuous demonstration throughout every day. The air dience will be the individual doctor who strolls by a booth in his time of leisure, and stops to talk to the demonstrators. Here the average doctor will find those articles which he uses in

his own individual practice of medicine. Every doctor, for example, uses external applications be they electricity, light, or poulties. Let no physician delude himself that the old fashioned poultice and hot water bag are gone out of existence. The exhibits will enlighten the doctor regarding modern methods of applying time-honored remedies as well as the more modern ones, to the satisfaction of the patient

Again, take the subjects of drinks and the administration of medicines in liquid form. The physician is frequently asked about popular waters and fruit juices, and he is expected to give an intelligent opinion of their virtues, and to prescribe them in a form which is agreeable to the patient. A study of the Technical Lyhibit will enable the average physician to give scientific answers to questions to which he is often compelled to give evasive replies because of his unfamiliarity with common remedies and pieces of mechanism. The Technical Exhibit is of importance to every physician attending the annual meeting.

Other Features The House of Delegates will convene at two o'clock on the afternoon of Monday, June 2 and continue in session through the evening with an intermission for supper, at which the delegates and officers will dine together. The meeting will continue on I uesday morning closing with the election of officers.

The annual dinner and the Anniversary meeting will be held on Tuesday evening

The Hotel Seneca will be the headquirters of the Society and will provide room for the meetings and the Technical Exhibit. The plan of uniting all the features of the annual meeting under one roof will appeal favorably to every member.

## LOOKING BACKWARD THIS JOURNAL TWENTY-FIVE YEARS AGO

Chloroform or Death at Sixty A quarter of a century ago Dr Osler perpetrated a withcism about chloroforming men over sixty, which was taken all too scriously by the new spapers An editorial on the subject constitutes the first article of this Journal of April 1905, which says

"The challenge, as presented to men over 60, is the mutility of life—the terms, chloroform or death. All of which is absurd on its face, masmuch as so many fence around so grave a question. That the whole matter was an adroit contribution to an autobiography is not worth a moment's consideration. Statistics are muddled—they are neither as clear nor as valuable as maxims. Tame, too, may be in toned by a self-owned megaphone or thrilled.

through an angelic trumpet and at a proper distance may seem merely the roar of traffic

"The lesson of all ages which appil in the count is to the effect that the admiration of the public is based upon achievement opportunity, perseverance and the economy of time. Therefore let all of us in the present age of velocity not especially court the dangers of the crowd for the sike of the solitude of the pinnacle Mankind until the crack of doom will have gentle quarrels with statiticinis patriarchs will laugh prophets to scorn but the despised populace will safely course their way under the arch of the bridge and above the curve of its foundation. Posterity will always be fond of choruses which are denied to present cars."



## MEDICAL PROGRESS



Measles Prophylaxis with Serum of Adults Who Had Measles in Childhood.—John D. Van Cleve describes the results obtained in a series of cases of measles in which 15 c. c. of parent serum were administered at different periods in the course of the disease. An analysis of these cases shows that the controls all had rather marked symptoms, the temperature running high and lasting five days or more, and the rash, rather large and profuse, lasting six days or The temperature usually existed three or four days before the rash appeared, but the rash persisted and was at its height when the fever was highest, and lasted about two days after the disappearance of the fever. In the cases modified by adult serum, the incubation period was lengthened, and fever and rash appeared almost together and lasted three days or The percentage of complications in the controls was rather large, while in the modified there were no complications. Since 15 c.c. were used regardless of age, it seems that the tendency for full protection was in the very young, or those under four years of age. It also seems that the amount of antibody differs considerably in different adults. A comparison of the author's results with those obtained by others with convalescent measles serum, immune measles serum, and antistreptococcus measles serum, shows that the serum of adults who had had measles in childhood is less efficacious, even if the dosage is doubled. However, where other sera are not to be had it will answer well to protect the young and malnourished, and will modify the disease in older patients without fear of complications. In the older children and adults it would seem better to employ a method that will modify the disease, as it has been shown by others that serum protects for only four to six weeks, while the modified cases have a lasting immunity that is indefinite.-Archives of Pediatrics, February, 1930, xlvii, 2.

Paroxysmal Ventricular Tachycardia.—Maurice B. Strauss presents an analysis of 63 cases of paroxysmal tachycardia found in the literature, to which he adds two cases of his own. In 60 per cent. of the cases the condition occurred in the fifth and sixth decades of life. Slightly over two-thirds of the patients were males. In 11 cases there was no clinical or laboratory evidence of cardiac pathology other than the rapid pulse, while in the others various types of organic heart disease were present. Digitalis had been administered before the onset of the tachycardia in 50 per cent. of the cases; in

some the dosage was excessive, while in others it was too small to produce any effect. number of the cases withdrawal of the digitalis was followed by cessation of the tachycardia, while its subsequent use resulted in a return of the rapid rate, indicating that in organic heart disease tachyrhythmia may be one of the toxic manifestations of digitalis. Paroxysmal tachycardia should be suspected whenever a rapid. almost completely regular, rate supervenes in a case of long-standing heart disease, particularly if large doses of digitalis have been used. Levine has noted, on auscultation, a slight irregularity in tachycardia of ventricular origin not to be found in other forms, and also the quality of the first heart sound may perceptibly vary in different cycles. Vagal stimulation and ocular pressure are never effective in terminating this type of tachycardia, thereby offering a differential criterion. Positive diagnosis, however, can only be made by means of the electro-cardiograph. The only successful remedy is quinidine, usually the sulphate, used in doses as high as 7.5 grams a day, although maintenance of rhythm has sometimes been possible on 0.2 gram per day. Of the 11 patients showing no pathology, all were living at the time of writing. Of 50 patients with organic heart damage four-fifths died in from three to six months from the onset of the tachy-Of 16 cases in which quinidine was used only 3 terminated fatally. - American Journal of the Medical Sciences, March, 1930, clxxix, 3.

Therapeutic Fever Produced by Diathermy with Special Reference to Its Application in the Treatment of Paresis.—J. Cash King and Edwin W. Cocke have endeavored to duplicate by diathermy the typical temperature curve of double tertian malarial fever. They raise the temperature to the usual height reached in malaria (about 6 degrees above normal) and then permit it to return to normal, repeating the procedure for eight to twelve days. A high frequency generator is used which is especially constructed to withstand long-continued operation under heavier loads (3500 milliamperes) than those ordinarily used. In order to get sufficient electrode surface to pass the current through the body without producing burns a special jacket is worn holding a 7 by 9 inch tinfoil electrode on the front and back of the chest and abdomen. The patient is wrapped in blankets and rubber sheets to prevent excess heat dissipation and to care for the great amount of perspiration. The current is started at zero and allowed to reach its maximum Volume 30 Number 8

in twenty to thirty minutes. The pulse, respiratory rate, and temperature by mouth, rectum, and arm are recorded every fifteen minutes. As the discomfort is great the patient is given some opiate after having been under treatment for an hour or so; hyoscine, morphine, and cactine gave the most satisfactory combination. Of 20 patients who have received this treatment only 12 have taken a satisfactory series. Of these 8 show definite improvement after periods of from two to ten months, while 11 show a gain in weight and improvement in their general well-being. This method of elevating the temperature avoids many of the dangers and disadvantages inherent in malarial therapy and the use of foreign proteins. The reactions are very similar to those produced by disease. Diathermy is always available. The frequency, duration, and intensity of the febrile paroxysms are under accurate control. therapy can be used in conjunction with this type of pyretotherapy. The method is applicable to other conditions in which fever therapy has shown favorable results. - Southern Medical Journal, March, 1930, xxiii, 3.

The Problem of Rheumatism So-Called .-Prof. A. Böttner, internist of Königsberg, although he writes at great length on this condition in both its acute and chronic expressions, gives but little space to focal infection as a causal factor. In place of this he discusses a special oversensitiveness of the tissues which may stand in some relation to bacterial toxins, an enterogenous origin, a factor associated with the endocrine system, and other possibilities, including diet. As for speciic bacterial causes it is true that many of these organisms when they are pathogenic to mankind incidentally cause rheumatoid symptoms-"every infection has its rheumatism." It is difficult to isolate an essential rheumatism from these symptomatic forms. Like most of his countrymen the author is not convinced by the claims of the focal infectionists, for the reason that in none of these patients do we have any objective finds in the shape of temperature rise, change in blood counts, etc. Only in cases with pronounced objective finds would be order removal of the tonsils, extraction of teeth, etc. purely for the removal of alleged foci. If the latter are really a menace the average man must have some immunity against infection through the blood-some natural immunity which does not need to develop a leucocytosis. As we know so little of causal factors there is little to be said under scientific prophylaxis and cure. One might test some kind of desensibilization. Some have tested old tuberculin, collargol, and the like with apparent benefit. Treatment directed to intestinal autointoxication also seems to give good results and some patients may benefit from endocrines if there is any evidence of

deficiency. Not much is said of special dietetics, but the author would pay great attention to healthy digestive functions. Aside from the preceding we have palliatives in the form of drugs of the pyramidon type, and the usual resources of physiotherapy. - Klinische Wochenschrift, February 15, 1930.

The Physical Therapy Treatment of Athletic Injuries .- J. C. Elsom emphasizes the value of physiotherapeutic measures in all types of athletic injuries, but insists that they should be applied skilfully and intelligently, and always under medical supervision. The most common athletic injury is that commonly called "charley horse," which is usually a deep contusion caused by a succession of blows and manifested by great sensitiveness, swelling, and interference with proper movement of the joint which the injured muscles operate. In the treatment the most logical application is heat, or heat and cold alternately. Radiant heat and light applied for half to threequarters of an hour gives relief and expedites healing. Massage is valuable, but should be applied very carefully and gently; deep and rough massage is distinctly injurious. Diathermy employed with the mild current long continued is valuable, especially in chronic cases, but in severe cases it should be employed cautiously, and never in cases of recent hematoma. Another common athletic injury, referred to as "shin splint," is really a severe myositis, affecting the peroneal and tibial group as well as the deep fascia in the region. The treatment consists in immediate rest with prolonged application of infra-red, radiant heat and light, or hydrotherapy, especially the whirlpool bath, combined with effleurage, and diathermy after the more acute symptoms have subsided. Sprains should receive immediate attention. The prompt application of ice-water or ice-packs tends to reduce the swelling and extravasation of blood. Complete rest for a period varying with the severity of the injury is advisable. When the acute symptoms have passed (in a few hours, for example) hot packs, the whirlpool bath, and dathermy are beneficial. Massage, except very slight petrissage, should not be applied at first, but is useful later. Moderate exercise should be begun early. Diathermy is of undoubted value, and static electricity is strongly advised by those equipped to use it. The treatment of "tackle shoulder" does not differ essentially from that of other varieties of sprain. -Physical Therapeutics, March 1930, xlviii, 3.

Causes and Significance of Post-Operative Acidosis.—E. Raab and F. Wittenbeck of the University Gynecological Clinic at Halle sum up this subject as follows: In some cases acidosis is due to damage to the liver as a result of inhalation narcosis, but mere operative shock can

also cause it—as shown in lumbar anesthesia through action on the splanchnic nerves and adrenals. Another factor is the psychic alteration in the patient before the operation. Acidosis may also result from the action of the narcotic on the respiratory center which leads to an accumulation of carbon dioxide. This corresponds to the effect of hyperventilation or forced respiration which eliminates an excess of the gas and at times may end in an alkalosis. In such cases we have a paradoxical status, for despite this alkalosis the ketone bodies in the blood are increased. Another factor which must not be forgotten is the fasting before operation with the tendency to To evaluate each of these inanition-acidosis. factors in a given case is a complicated task and the authors have tested fasting acidosis in a series of 30 patients, all of whom were made to fast for 2 days and received laxatives and a little broth only before operation. A ketonemia developed with increase in the percentage of blood The conclusion was reached that it is unwise to prepare patients for operation by fasting and laxatives, although no actual untoward results are mentioned. In regard to the practice of giving injections of glucose and insulin to oppose acidosis, both these substances being credited with an antiketogenic action, the authors object to them as useless even if the glycogenic action of the liver has been impaired by the anesthetic. The same skepticism extends to the use of sodium bicarbonate. As a matter of fact they do not regard post-operative acidosis as a pathological or serious clinical condition at all. In over 100 cases of it they have seen no serious consequences and their final conclusion is that prevention and treatment are not indicated.—Klinische Wochenschrift. February 8, 1930.

Determination of Sex.—Prof. F. Unterberger begins his article on this subject with a citation of the vast amount of work which has been carried out in the attempt to determine the optimum for the procreation of male heirs. This mass effort has mostly been barren of result but today we are receiving some indirect aid from the zoologists, with special reference to the chromosome content of sperm and germ cells. seems little doubt that the rsponsibility for the procreation of male children lies with the father. for we may speak of male and female spermatozoids, which are usually equally represented in numbers. But the author has always been interested in the possibility that the woman may also play a determining role. In a combat against sterility the author has had an opportunity of doing some original research in procreation. veterinary practice the mere injection of alkali into the vagina has caused barren cows to conceive and the author naturally tested this resource

in the human, with the added reason that the vaginal secretions of sterile women in a special series of cases were strongly acid. Not only did a number of sterile women conceive but each bore a male child. In 53 cases within the space of 10 or 12 years he has a record of 53 boys which is 100 per cent. of the total. He would have been satisfied with a total of 90 per cent. The conclusion seems inevitable that acid vaginal secretions are without influence on procreation while an alkaline secretion can at least paralyze the female spermatozoids if not destroy them. This of course seems an absurdly simple solution of what has always been regarded as a highly complicated situation, but the author is a reputable man at the head of a gynecological clinic in Königsberg.-Deutsche medizinische Wochenschrift, February 21, 1930.

Treatment of Pylorospasm in the Nursling.— Professor C. Ramstedt, who in 1912 described the operation since known by his name for pylorospasm (pyloromyomotomy) now sums up the results of his subsequent experience in this province. He does not understand why the method should not have met with more favor and has sent a questionnaire to sixty clinics or asylums where nurslings are treated. The total number of cases was at the last reckoning 1842, of which 497 has been treated by operation and 1345 medically. Mortality in the surgical series was 22.5 per cent, while in the medical series it was but 16 per cent, which readily explains why the surgical resource has not come into more general vogue. In both series the cause of death showed much variety and little is to be learned from an analysis. In some series of cases authors have obtained 100 per cent cure from internal treatment, but this is quite exceptional. For that matter Kirschner operated on 43 nurslings with but one death, and others have secured equally good results. A table compiled from the surgical clinics which do the greatest amount of work shows a death rate in 562 cases of but 7 per cent. The author is confident that this operation when properly carried out, and seasonably, will reduce materially the 16 per cent mortality which inheres in the medical management. The author himself has lost but 2 out of 60 patients operated on, while Heile, of Wiesbaden, lost but 3 in 92 cases. But one American clinic is quoted, the Mayo Foundation, where there was 1 death in 48 operations. No mention is made of the work of Downs and Bolling of New York, in any connection, although they have had a vast experience, we believe. The author styles his operation the Weber-Ramstedt, while American surgeons usually speak of it simply as the Ramstedt or Fredet-Ramstedt .- Deutsche medizinische Wochenschrift, February 28, 1930.

Treatment of Tuberculosis with Choline is, of course, a bare possibility that the nurse's Chlorhydrate—J Carles and F Leuret be- disease was really an influenza-pneumonia, but lieve that susceptibility to tuberculosis stands in a definite relationship to a certain chemical state of the blood which is in effect the relationship of glycemia to cholesterinemia. This opinion is based on 100 examinations of patients and experiment animals. When tuberculosis takes on an active and severe type cholesterol in the blood shows a weakening. On the other hand if the glycemia is normal and the blood cholesterol elevated there is a tendency to spontaneous recov-In order to test their views out in practice the authors have been giving patients cholesterol by the mouth or injection and incidentally have made subcutaneous injections of the chlorhydrate of choline with the same end in view, since this substance is known to increase blood cholesterol without at all affecting the glycemia hardly be said that this substance has any notable physiological action, but in the tuberculous subject, even in advanced cases of open tuberculosis, the results are often startling and contrary to all expectation. The temperature slowly falls to normal, cough abates, appetite returns, anemia regresses, etc. Similar results are seen also in external tuberculosis Subjectively the patients are euphoric Thus far the authors claim clinical cu e of 8 out of 32 cases treated, 2 being examples of severe open tuberculosis, cured without sanatorium sojourn In addition there were 10 cases of unexpected improvement, so that the total benefited is about 30 per cent. The authors will publish this series of cases in full, and can recommend their method for the additional reason that it can do no injury to the patient. They do not allude to the possibility that the action of this remedy ought to be heightened by dietetic and sanatorium resources -Bulletin de l'Acade mie de Medecine, February 18 1930

Psittacosis and Grippe - Parrot disease had never visited the City of Munich until the present day visitation of Germany, during which some 7 cases have been recorded there with two deaths The cases are reported clinically by Kerschensteiner, while S Oberndorfer studied the two fatalities post mortem Both of these men reached the same conclusion that there is an extremely close analogy between parrot disease and influenza. It is not claimed that there is any identity, although it seems evident that both discuses are propagated by an invisible virus and that both unknown organisms have common path ological properties. In the clinic it might be impossible to discriminate between parrot disease and influenza pneumonia owing to the resemblance between the symptoms, fever curves, etc Contagion from person to person was shown, as one of the 7 patients was a nurse who had waited on different members of the afflicted family to which all the other six patients belonged. There

the chances are small of such a coincidence Autopsy finds in the two victims agreed both macrosopically and microscopically with those of the severest types of influenza pneumonia the first case in fact, when the diagnosis of par rot fever had not yet been made, Oberndorfer did actually turn in that diagnosis. It is of much interest to note that in the second case the bacteriologist found Pfeiffer's influenza bacillus in almost pure culture in smears from the chest This fact suggests that the latter organism may be a secondary invader in several acute infections Another feature common to both seems to be a peculiar metaplasia of the epithelium of the finer bronchioles which is also the first step in carcinoma of the bronchi, an affection which is beheved to be increasing -- Munchener medizin ische Wochenschrift, February 21 1930

Fatal Case of Exophthalmic Goiter Commenced During Thyroid Administration -Eggert Moller reports the case of a woman, 49 years of age, with exophthalmic goiter, which began after she had for a few weeks been taking moderate doses of thyroid gland tablets in order to reduce her weight. Although the medication was stopped immediately the disease progressed and in six months terminated fatally nosis was confirmed at autopsy. A lumbar puncture performed two days before the death of the patient revealed an increased albumin and globulin content of the spinal fluid. The number of cells was normal. The increased protein content was found at a time when very definite psychical disturbances were present. No references concerning the composition of the spinal fluid in exoplithalmis goiter have been found in the literature. While it cannot be stated decisively that the disease was brought about by the previous thyroid gland medication, in view of the fact that seven or eight similar cases have been reported, it seems probable that such was The relatively small number of cases, however, emphasizes the rôle of predisposition. which in rare cases may precipitate the development of an exophthalmic goiter, that in the absence of thyroid medication might not have manifested itself at all Moller advances the theory that the thyroid medication started an abnormal function of the sympathetic and parasympathetic system, which in turn stimulated the thyroid gland and in this way a vicious circle was brought into action. The practical importance of the case consists in a memento of the grave dangers incurred by the indiscriminate use of thyroid medication. The indications for this treatment should be drawn very narrowly and practically restricted to cases of hypothyroidism -Acta Medica Scandinavica Tebruary 28 1930, 1xxiii 1



## LEGAL



## "BOOTLEG INSURANCE" ATTACKED BY THE NEW YORK SUPERINTENDENT OF INSURANCE

By LORENZ J. BROSNAN, ESQ. Counsel, Medical Society of the State of New York.

In our issue of August 15, 1928, we published an editorial entitled "Bootleg Insurance." In this editorial we referred to an article appearing in the New York Tribune of July 5, 1928, which contained an account of the warning issued by Howard P. Dunham, Superintendent of Insurance of the State of Connecticut against doing business with companies unauthorized to transact insurance business in that state. In that editorial we likewise took occasion to quote from Section 1199 of the New York Penal Law, which is as follows:

"Any person acting for himself or for others, who solicits or procures, or aids in the solicitation or procurement of policies or certificates of insurance from, or adjusts losses or in any manner aids the transaction of any business for, any foreign insurance corporation, which has not executed and filed in the office of the superintendent of insurance, a written appointment of the superintendent to be the true and lawful attorney of such corporation in and for this state, upon whom all lawful process in any action or proceeding against the corporation may be served, is guilty of a misdemeanor."

The New York authorities have now issued a similar warning in the *Journal of Commerce* for Friday, February 21, 1930, as follows:

"Several days ago it was called to the attention of Albert Conway, Superintendent of Insurance of the State of New York, that the Union Mutual Life Co., of Des Moines, Iowa, a company not admitted to do business in the State of New York, had been soliciting insurance by means of radio programs over Station WOV, 16 East Forty-second Street, New York City. Mr. Conway immediately delegated one of his deputies to institute an investigation in the matter. An interview was had with John Iraci, president of Station WOV, which resulted in immediate cancellation of the station's contract with the Union Mutual Life Co. which had one year to run, and the cancellation of the programs that were scheduled for Tuesday, February 18, the day the investigation was commenced.

"Mr. Conway desires to warn the people of the State of New York against dealing in any manner with companies that have not been admitted to do business in this State. If they are solicited for insurance either directly, by mail or by means of radio programs, and they are not certain whether or not the company making such solicitation is licensed in the State of New York, he invites them to make immediate inquiry either to the New York office of the State Insurance Department at 111 John Street, or at the Albany office of the department at Albany, N. Y."

It is thus seen that the New York Superintendent of Insurance has issued a timely warning to the people of our state against dealing in any manner with companies which have not been authorized to transact insurance business in our state.

This warning should be heeded by the members of the medical profession who, through the mails and in various publications have been solicited to take out policies in companies not authorized to do business here.

The insurance carrier under our group plan is a Connecticut corporation, fully authorized in every way to do business in New York. It has met every requirement of our New York statutes. In this connection, we quote again the paragraph with which we closed our former editorial:

"The success of our Group Plan is now too well appreciated and understood to require further comment. Yet occasionally, it has happened that some isolated member of our Society has seen fit to insure himself elsewhere. This, of course, is his privilege. But we deem it our duty to convey the warning that coverage taken in a foreign corporation not authorized to do business in this State, may leave the physician in an unfavorable position in the event of a difference between him and the foreign company in which he has been prevailed to insure himself. A foreign corporation not authorized to do business in this State, is not under the jurisdiction and supervision of our New York Insurance Department. In the event of a failure on the part of such a company to meet its obligations, it cannot be sued in the courts of this State."

#### CLAIMED NEGLIGENCE IN SETTING OF COMPOUND FRACTURE OF FINGER

In this case the plaintiff called upon the defendant physician with a history of an injury to one of plaintiff's fingers. An examination revealed a lacerated finger with a compound fracture. The wounds were thoroughly cleaned and antiseptic dressings applied.

The patient was then instructed to procure x-rays of the finger, which x-rays were examined by the defendant physician on the following day and prior to his further examination and treatment of the patient. The x-rays confirmed the previous diagnosis of a compound fracture.

The patient was taken to a hospital that afternoon, where the laceration was widened and a thorough exploration of the wound made. This further examination indicated that it was impossible to hold the fragments in apposition without the application of traction, which was impossible in view of the fact that there was very little uninjured tissue at the tip of the finger ayailable for the application of traction. A consultation was had, and the patient's representative advised that an attempt to save the finger would be made, since an amputation could easily and readily be performed at a later date in the event

that the bones did not properly set and the condition did not turn out satisfactorily. This procedure was agreed upon, and the bones were placed in as good position as possible, and splint and dressings were applied. The patient was kept in bed for about one week, the wound being dressed daily.

Thereafter the finger was treated with solutions of boric acid, the physician continuing in attendance for approximately six weeks, when the patient discontinued calling at the defendant physician's office for further examination and

treatment.

The complaint in the action charged that as a result of the defendant's claimed negligence, the bones of the plaintiff's broken finger were caused to override, causing the finger to become deformed. In view of the consultation had with the plaintiff's representative at the time the procedure of setting the bones instead of an immediate amputation was decided upon, the plaintiff was unable to sustain his contention of negligence on the part of the physician and accordingly discontinued the action, thereby terminating it in the doctor's favor without trial.

#### CLAIMED NEGLIGENCE IN TREATING SCARS WITH NITRIC ACID

In this case the plaintiff, a man, colored, about thirty years of age, consulted the defendant for the purpose of obliterating or rendering less prominent certain scars on his face. These scars had the appearance of claw-marks, which the plaintiff advised the doctor were received in an altercation with a woman. The doctor attempted to better the appearance of the scars by the application of a twenty-five percent solution of nitric acid, applying the nitric acid with cotton swab to such portions of the scars which showed through the black pigment.

The patient returned for two similar treatments, each a week apart, on which occasions the same treatment was rendered. At the conclusion of the third treatment the doctor, noting that the condition was not improving, advised the patient that further treatments would be ineffectual. The

patient who was also being treated for an injury to his hand received in the course of his employment, asked the doctor to make a report that the patient was not yet in a condition to return to his work. Upon the doctor's refusal to make such a false report, an action in malpractice in connection with the treatment of the scars was commenced.

In this action the plaintiff contended that as a result of the application of the medications, the areas treated became darker in hue, thereby causing a blotchy appearance. Prior to the time that this case came on for trial, a physical examination revealed that there were no discolorations due to the application of chemicals. As a result the plaintiff's attorney discontinued the action, thus terminating the proceeding in the doctor's favor without trial.





## THE ANNUAL MEETING



#### PROGRAM OF THE SCIENTIFIC MEETING

The scientific program of the one hundred and twenty-fourth annual meeting of the Medical Society of the State of New York, has been completed and is now published for the benefit of the

The mornings of Tuesday and members. Wednesday, June 3 and 4, will be given over to the eight scientific sections of the Society, and each afternoon to a general session.

#### THE COMMITTEE ON SCIENTIFIC WORK:

Chairman, Arthur J. Bedell, M.D., Albany

Gordon Gibson, M.D., Brooklyn Abraham H. Aaron, M.D., Buffalo William D. Johnson, M.D., Batavia George M. Gelser, M.D., Rochester

Edwin S. Maynard, M.D., Rochester James S. Walker, M.D., Amsterdam James H. Huddleston, M.D., New York Walter J. Highman, M.D., New York

John Aikman, M.D., Rochester

#### GENERAL SESSIONS

Tuesday, June 3rd, 2:30 P. M.

"Medicine Under Siege," an address by Malcolm L. Harris, M. D., President of the American Medical Association, Chicago, Illinois (By invitation.)

#### SYMPOSIUM ON BIRTH INJURIES

1. "The Relation Between Obstetrical Procedures and the Later Disability of Children," Bronson Crothers, M.D., Boston, Mass. invitation.)

2. "The Obstetrical Problems," John O. Polak,

M. D., Brooklyn.

Discussion opened by George W. Kosmak, M. D., New York City.

3. "The Ocular Symptoms," Max Jacobs,

M. D., St. Louis, Mo. (By invitation.)

4. "The Orthopedic Manifestations," Armitage Whitman, M. D., New York City.

Wednesday, June 4th, 2:30 P. M.

#### SYMPOSIUM ON METABOLIC DISTURBANCES

1. "The Role of the Thyroid in Metabolic Disturbances," Nellis B. Foster, M. D., New York

2. "Surgery of the Thyroid Gland in Metabolic Disturbances," George W. Crile, M. D., Cleveland, Ohio. (By invitation.)

3. "Recent Work in Experimental Rickets,"

Arthur J. Knudson, Ph.D., Albany. (By invitation.)

4. "Dermatology in Relation to Metabolic Disturbances," Walter J. Highman, M. D., New York City.

Discussion opened by Howard Fox, M. D.,

New York City.

#### SECTION ON MEDICINE

Secretary......John Wyckoff, M.D., New York City

Tuesday, June 3rd, 10:30 A. M.

1. "Can This Heart Stand an Operation," Samuel A. Levine, M. D., Boston, Mass. (By invitation).

Discussion opened by Nelson G. Russell, M. D., Buffalo.

- 2. "The Relation of Gastric Secretion and Blood Condition to Biliary Tract Disease," John A. Lichty, M. D., Clifton Springs.
- 3. "Artificial Pneumothorax versus Phrenectomy in the Treatment of Pulmonary Tubercu-

losis," Herbert F. Gammons, M. D., Lockport, and Arthur N. Aitken, M. D., Lockport.

Wednesday, June 4th, 9:30 A. M.

1 "Conception of Pernicious Anemia," George H. Whipple, M. D., Rochester, (By invitation).

2. "Recent Advances in the Diagnosis and Treatment of Pernicious Anemia, William B. Castle, M. D., Boston. (By invitation.)

3. "Results of the Liver Treatment in Pernicious Anemia," Joseph E. Connery, M. D., New York City.

#### SECTION ON SURGERY

Chairman. William D. Johnson, M.D., Batavia Secretary. Charles W. Webb, M.D., Clifton Springs

Tuesday, June 3rd, 10:30 A. M.

SURGERY OF THE HANDICAPPED PATIENT

- 1. "Pulmonary Complications," Edgar W. Phillips, M. D., Rochester.
- 2. "Choice of an Anesthetic," W. J. Merle Scott, M. D., Rochester.
- 3. "The Treatment of Infections," Henry Martin, M. D., Warsaw.

Discussion opened by Grant C. Madill, M.D., Ogdensburg, Edwin M. Stanton, MD, Schenectady, Howard L Prince, M.D., Rochester, William R. Thomson MD., Warsaw.

Wednesday, June 4th, 9:30 A. M.

1. "Are there Indications for Adrenalectomy," George W. Crile, M. D., Cleveland, Ohio (By invitation.)

Discussion opened by Arthur S. Chittenden, M. D., Binghamton.

2. "Oesophageal Diverticula and Their Surgical Treatment," Frank H. Lahey, M. D., Boston, Mass. (By invitation.)

Discussion opened by George W. Cottis, M. D.,

Jamestown.

3. "The Use of the Radio Knife in Renal Surgery," Winfield W. Scott, M. D., Rochester. Discussion opened by Martin B. Tinker, M. D.,

#### SECTION ON OBSTETRICS AND GYNECOLOGY

Tuesday, June 3rd, 10:30 A. M.

1. "Controllable Spinal Anesthesia," Frank A. Kelly, M. D., Detroit, Mich. (By invitation.)

Discussion opened by ........ 2. "End Results in Eclampsia," Alfred C.

Beck, M. D., Brooklyn. Discussion opened by ......

3. "Secondary Sterility Following Induced Abortion," Isidor C. Rubin, M. D., New York

Discussion opened by ......

4. "Practical Conclusions Drawn from One Thousand Forceps Deliveries," Henricus J. Stander, M. D., Baltimore, Md. (By invitation.)

Wednesday, June 4th, 9:30 A. M.

1. "The Incidence of Post-Partum Hemorrhage at Brooklyn Hospital," William S. Smith, M. D., Brooklyn.

Discussion opened by ......

2. "Application of Diathermy in Gynecology," Thomas H. Cherry, M. D., New York City. Discussion opened by ......

3. "Title to be announced," J. R. Goodall, M. D., Montreal, Canada. (By invitation.) Discussion opened by ......

#### SECTION ON PUBLIC HEALTH, HYGIENE AND SANITATION

Chairman......James S. Walton, M.D., Amsterdam 

Tuesday, June 3rd, 10:30 A. M.

1. "X-ray Discovery of Tuberculosis in apparently well people," Haynes H. Fellows, M. D., New York City.

Discussion opened by Ezra Bridge, M. D., Rochester.

2. "The Health Officer's Duty in Tuberculosis Control," Robert E. Plunkett, M. D.,

Discussion opened by Ezra Bridge, M. D.,

3. "First Impressions of Public Health Work in New York State," Thomas Parran, Jr., M. D., Albany, (By invitation.)

4. "Milk Control Problems," Paul B. Brooks, M. D., Albany.

Discussion opened by Emmett R. Gauhn, D. V. M., Rochester. (By invitation.)

Wednesday, June 4th, 9:30 A. M.

1. "Undulant Fever," Byron E. Chapman, M. D., Broadalbin.

Discussion opened by G. Scott Towne, M. D.,

Saratoga Springs. 2. "Cooperation in Public Health Work by School Authorities," E. Harrison Ormsby, M. D.,

Amsterdam. 3. "Periodic Health Examinations," C. Ward Crampton, M. D., New York City.

#### SECTION ON PEDIATRICS

Tuesday, June 3rd, 10:30 A. M.

- 1. Chairman's Address, John Aikman, M. D., Rochester.
- 2. "The Relation of Infection to Nutrition in Infancy," Samuel W. Clausen, M. D., Rochester.

Discussion opened by Adolph G. DeSanctis, M. D., New York City.

3. "The Prognosis of Blood Stream Infection in Children," Roger H. Dennett, M. D., New York City.

Discussion opened by Albert D. Kaiser, M. D., Rochester.

4. "The Clinical Significance of Abdominal Pain in Children," Edward J. Wynkoop, M. D., Syracuse.

Discussion opened by Douglas P. Arnold, M. D., Buffalo.

Wednesday, June 4th, 9:30 A. M.

1. "Fulminating Meningococcus Meningitis in Infancy and early Childhood," Stafford McLean. M. D., New York City, and John Caffey, M. D., New York City.

2. "The Influence of Diet upon Infant Mor-

tality," Harry R. Lohnes, M. D., Buffalo.

Discussion opened by Frank vander Bogert,

M. D., Schenectady.

3. "Icterus Neonatorum, The Oxygen Content of the Maternal and Fetal Blood," Alton Goldbloom, M. D., and Rudolph Gottlieb, M. D., Montreal (by invitation).

Discussion opened by Marshall C. Pease, M. D., New York City.

4. "Problems in Child Guidance," Eric Kent

Clarke, M. D., Rochester.

Discussion opened by Ira S. Wile, M. D., New York City.

#### SECTION ON NEUROLOGY AND PSYCHIATRY

Tuesday, June 3rd, 10:30 A. M.

1. "Peripheral Nerve Injuries, Their Treatment and Compensation Aspects," William P. Van Wagenen, M. D., Rochester.

Discussion opened by Martin B. Tinker, Ithaca.

2. "Experiences in the Treatment of Multiple Sclerosis with Quinine," Richard M. Brickner, M. D., New York City.

Discussion opened by Edward L. Hanes, M. D., Rochester.

3. "The Fractured Skull," Wardner D. Ayer, M. D., Syracuse.

Discussion opened by Clement B. Masson, M. D., New York City.

4. "General Hospital Neuropsychiatry," G. Kirby Collier, M. D., Rochester.

Discussion opened by Eugene N. Boudreau, M. D., Syracuse.

5. "The Treatment of Schizophrenia by Inhalations of Carbon Dioxide," Harry C. Solomon, M. D., Boston, Mass. (By invitation.)

Discussion opened by Israel S. Wechsler, M.

D., New York City.

#### , Wednesday, June 4th, 9:30 A. M.

1. "The Anatomic Basis of Personality," Irving J. Sands, M. D., Brooklyn.

2. "Clinical Methods in the Prevention of Psychoses," Gregory Zilboorg, M. D., White Plains, and Gerald R. Jameison, M. D., White Plains.

3. "The Prevention of Nervous Disorders: A Community Program," Albert B. Siewers, M. D.,

4. "Child Guidance and Mental Health," Law-

son G. Lowrey, M. D., New York City.

Discussion opened by Sanger Brown, 2nd, M. D., Albany; Herbert N. Vermilye, M. D., Forest Hills; Harold I. Gosline, M. D., Ossining.

#### SECTION ON EYE, EAR, NOSE AND THROAT

Tuesday, June 3rd, 10:30 A. M.

1. "Vagaries and Mistakes in Ophthalmic Practice," Frank Barber, M. D., Rochester.

Discussion opened by Webb W. Weeks, M. D.,

New York City.

2. "Angiomatosis Retinae"—Illustrated with Stereoscopic Photographs, Arthur J. Bedell, M. D., Albany.

Discussed by John F. Gipner, M.D., Rocheser, and Thomas H. Johnson, M. D., New York City.

3. "Types of Ocular Complications in Paranasal Sinus Disease," Luther C. Peter, M. D., Philadelphia, Pa. (By invitation.)

Discussion opened by Chester C. Cott, M. D., Buffalo.

4 "Recent Advances in Ophthalmic Therapeutics," Harry S Gradle, M D, Chicago, Ill (By invitation)

Discussion opened by Ray R Losey, M D, New York City

Wednesday, June 4th, 9 30 A M

1 "Some of the Uses of Endothermy in the Treatment of the Ear, Nose, and Throat," Lee M Hurd, M D, New York City

Discussion opened by John McCoy, M D,

New York City

2 "Management of Chronic Sinus Disease," William V Mullin, M D, Cleveland, Ohio, (By invitation)

Discussion opened by Richard T Atkins, M D New York City

3 "Observations in Vocal Cord Paralysis," Roy A Barlow, M D, Rochester

Discussion opened by Rov S Moore, M D, Syracuse

4 "Bronchoscopy as an Aid in the Diagnosis and Treatment of Diseases of the Lung Lantern Slide and Moving Picture Demonstration" Chevalier Jackson, M. D., Philadelphia, Pa. (By nvittion)

Discussion opened by Herrmann E Bozer MD, Buffalo

#### SECTION ON DERMATOLOGY AND SYPHILOLOGY

Chairman Secretary

Tuesday, June 3rd, 10 30 A M

1 "X-rays, General Use in Dermatoses" George M MacKee, M D, New York City 2 "X ray and Radium in the Treatment of Malignant Neoplasms of the Skin,' Joseph J

Eller, M D, New York City
Discussion opened by Mark Heiman, M D,

Syracuse

3 "A Comparison of The Roentgen Ray with Other Forms of Radiant Therapy in Treating Skin Discress," Herbert H Bruckus, M D, Ruffalo

Discussion opened by Clarence H Peachey, M D, Rochester, and George M Fisher, M D, Utica

4 "The Use of Radium in Dermatology,' William H. Cameron, M. D. New York City

ham H Cameron, M D, New York City
Discussion opened by Howard Fox M. D,
New York City

••••••

Wednesday, June 4th, 9 30 A M
1 "Late Results in Cases Treated with Bis

Walter J. Highman, M.D. New York City Albert R. McFarland, M.D. Rochester

marsen," Paul A O Leary, M D, Rochester Minn (By invitation)

Discussion opened by Edward R Maloney, M
D New York City

2 "An Evaluation of the Newer Methods of Treating Syphilis," Mihran B Parounagian, M D. New York City

Discussion opened by Paul E Bechet, M D, New York City, and Harry C Saunders, M D, New York City

3 'Visceral Manifestations of Syphilis," George Bachr, M D New York City

Discussion opened by William S McCann, M D, Rochester

4 "Congenital Syphilis, Its Manifestations and Treatment," Earl D Osborne, M D, Buffalo Discussion opened by George C Andrews, M

D, New York City

5 "Antimony in the Treatment of Leprosy," Jerome Kingsbury, M. D., New York City Discussion opened by . . .

#### SESSION ON PHYSICAL THERAPY

Chairman

Wednesday, June 4th, 9 30 A M

1 "Physical Therapy for the General Practitioner," Clarence E Anderson, M D, Llinira Discussion opened by Guy H Turrell, M D, Smithtown Branch

2 "Medical Diathermy," Richard Kovacs, M. D., New York City

Discussion opened by Frederick deKrift, M. D. New York City

Richard Kovaes, M D, New York City

3 "Physical Therapy in Compensation Work,"
Homer J Knickerbocker, M D, Geneva

Discussion opened by Lee A Hadley, M D Syracuse

4 "Light Therapy Its Uses and Abuses," Frank T Woodbury, M D, New York City

Discussion opened by Ezra Bridge, M D Rochester

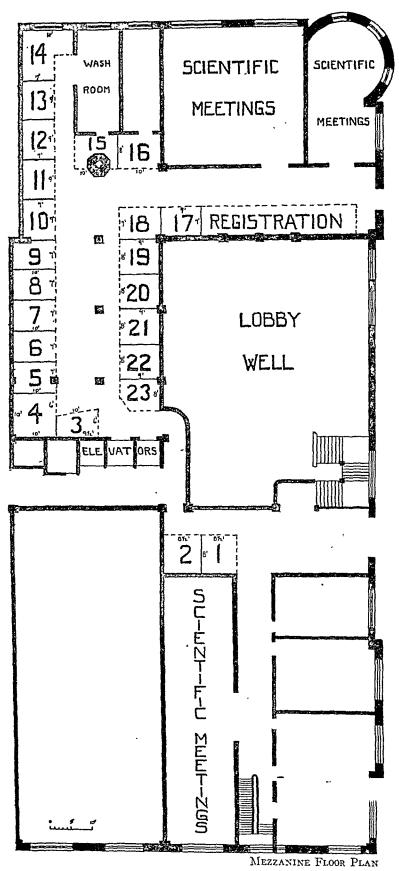
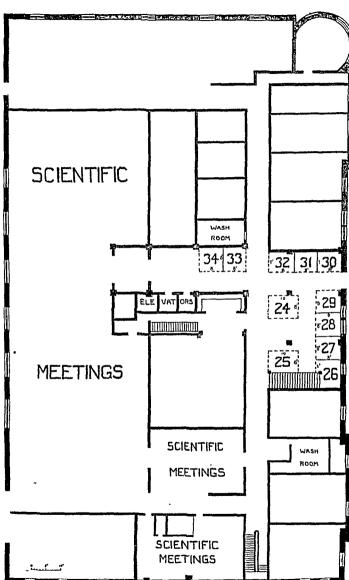


DIAGRAM OF
TECHNICAL
EXHIBIT HALLS
SHOWING BOOTH
ARRANGEMENT
AND PROXIMITY
OF THE EXHIBIT
HALLS TO THE
MEETING PLACES
OF THE SCIENTIFIC
SESSIONS

ANNUAL MEETING, MEDICAL SOCIETY STATE OF NEW YORK



HOTEL SENECA, ROCHESTER, N.Y. JUNE 2, 3 and 4

#### THE TECHNICAL EXHIBIT AT THE ANNUAL MEETING

An exhibit of medical wares will be held in connection with the Annual Meeting of the Medical Society of the State of New York on June 2-4, 1930, in Rochester. All features of the meeting will be centralized to an unusual degree in the Hotel Seneca where the House of Delegates will meet and the Registration desk will be located, and the scientific sessions will be held.

The technical exhibit will also be located in the Hotel Seneca on the mezzanine and second floors, as is shown in the diagram on page 462. The exhibit will be easy of access, and will afford diversion and profit to physicians attending the sessions, or waiting to meet their friends.

Every physician has a few favorite commercial houses with which he deals, but the exhibit will afford him the opportunity to enlarge his circle of acquaintances, as well as to broaden his knowledge of the newer procedures and instruments.

#### DESCRIPTIONS OF THE TECHNICAL EXHIBIT

Booth 27—Bausch & Lomb Optical Company, Rochester, N. Y. Of special interest at the Bausch Lomb Optical Company's exhibit in Booth No. 27, will be their New Research Binocular Microscope, an instrument of construction so greatly out of the ordinary that the word "New" can be used in the fullest sense of the word.

A New Research Microscope Lamp will be used in conjunction with the New Microscope. This lamp meets two requirements which few lamps satisfy; the one of utilizing the full aperture of the microscope condenser (up to N.A. 1.40) and the other of transmitting sufficient light to make possible critical illumination of the specimen under observation.

Also, other scientific instruments useful in clinical diagnosis and laboratory practice will be exhibits including the latest models of Microscopes, Microtomes, Haemacytometers, Hemoglobinometers, Exton Scopometer, Jr., Photomicrographic Cameras and Colorimeters.

Booth 6-The BiSoDol Company, New Haven, Connecticut. First Aid for the Stomach should be given by an agent that, while it relieves, does not harm. In sour stomach, acid eructations, and the like, the phenomenal success of BiSoDol, is due to the fact that it is a balanced antacid which physiologically controls hyperacidity. The combined action of magnesium carbonate with sodium bicarbonate and bismuth subnitrate automatically prevents alkalinization at the same time that it corrects hyperacidity. BiSoDol is a safe, speedy and effective remedy in all stomach conditions due to excess of acid or derangement of acid control. Moreover, its use does not lead to alkalosis and it is very acceptable to patients.

Booth 13—Cameron's Surgical Specialty Company, Chicago, Illinois. Cameron's Electro-Diagnostoset consists of a series of Diagnostic Lamps and Instruments especially designed

for the examination and diagnosis of all the orifices and cavities of the body. This equipment is also used to examine the glands, vessels and viscera through surgical incision, and to aid the physician in applying treatment or surgery in any phase of diagnostic, therapeutic and operative procedure.

Medical leaders specify and recommend these lamps and instruments because they can be completely sterilized by boiling or steam pressure, and reveal the field in full detail, and actual color and condition. They put clean, cool, concentrated white light at your finger tips, and can be efficiently used by any member of the profession.

Cameron's Electro-Diagnostoset, Cameron's Thermaloop Cautery, Cameron's Electro-Cautery and Cameron's (radio frequency) Cauterodyne will all be on display at Space No. 13 during the Meeting of the Medical Society of the State of New York, June 2nd, 3rd and 4th.

Booth No. 12—G. W. Carnrick Company, Newark, N. J. This well-known manufacturer will exhibit its *Organotherapy* products made from both the secretory and the endocrine glands. These products are prepared from fresh glands of healthy food animals and every stage of the process is supervised and tested by our own chemists and bacteriologists.

Among the products shown will be Epinephrine in convenient forms; Pituitary Extract in exact individual doses; Thyroid Extract in forms easy of administration; and Pancreatin for assisting digestion; and Hormones of the Gonad glands, alone and in combinations.

Booth 26—Crookes Laboratories, Inc., New York, will exhibit their *Collosol* preparations, which are colloidal and non-ionic, and of special value when used with other substances, among them being the following:

Collosol Argentum, a preparation of silver for use on the skin and on the mucous membranes such as those of the eye and throat.

Collosol Manganese for furunculosis and other suppurative processes

Collosol Iodine as a spray for the nose Collosol Iodine Oil for use on the skin in ringworm, acne, and other intractable conditions Collosal Kaolin made with chini clay for internal use in intestinal disorders

Parlor A—Davies, Rose & Company, Ltd., Boston, Mass The benefits derived from your attendance at the Annual Meeting will not be full or complete without a visit to Parlor A, where Davies, Rose & Co, Ltd., Boston, Mass, are exhibiting preparations of marked importance. These preparations appeal not only to the general practitioner, but particularly also to those specializing in neurology, cardiology, and cholecystography

Mr Robert J Mansfield and Mr Houghton V Orne will be at Parlor A to receive you and to present you with full information concern

ing the products exhibited

Booth 17—Deriver Chemical Mfg. Company, New York, N Y In space No 17 will be exhibited Antiphlogistine, which is employed by physicians in all parts of the world. It is produced in eleven laboratories in different parts of the world, the main office and laboratory being in New York City

There is only one way, of course, in which an ethical preparation can attain practically universal use, and that is through ment. Antiphlogistine is the ideal method of applying and maintaining moist heat. Its hygroscopic and osmotic properties place it in a class altogether apart from ordinary poultices, fomentations, hot compresses, etc.

Booth 30—The DeVilbiss Company, Toledo, Ohio, for 40 years manufacturers of atomizers both for the professional and the patient, will exhibit at the 1930 meeting of the New York State Medical Society in Rochester a full line of their products

The professional sprays this year, are all chromium plated, which prevents tarmsh and gives a finish in keeping with the dignity and samtary appearance of a doctor's office. In addition to the improved finish, all DeVilbiss professional spray metal tops are all turned from bar stock instead of being stampings. This assures accuracy of the threads and gives the equipment long life.

The patient models, having adjustable tips have had the ups gold plated. The mechanism of these models has been improved so they will handle more readily the heavier oil solutions with less pressure on the bulb.

DeVilbiss has recently produced new literature on its professional models, which will be gladly sent, prepaid, to any physician requesting it

Booth 18—H. T. Dewey & Sons Company, New York, will exhibit grape juice in its natural forms, and also in pleasing combinations with other therapeutic substances. This juice is made by the cold process, thereby utilizing only the juice itself, and avoiding the tannic acid and other irritating extractives of the skin and seeds

The newest of the Dewey products is a combination of grape juice with mineral oil and agaragar, called grape minol, which has the taste of the grape juice and the therapeutic effect of the mineral oil Samples will be distributed from the exhibit booth

Booth 23—Electro Surgical Instrument Co., Rochester, N Y Many new developments in electrically-lighted surgical instruments will be found in the Electro Surgical Instrument Company display at Booth No 23

See the Dr David M Davis cystoscope and the modification of the celebrated "Young median bar excisor, by Dr Davis

I wo new instruments constructed from the ideas of G Oscar Russell, Ph D, of Olioo State University, will be shown They are the Ponofaryngoskop for the study of the vocal cords in action, and the Non gag Glottoskop

A new "ESICo" general transilluminator will be featured. It provides for transillumination of the antrum, frontal sinus, mastoid, gums, breast, etc. It is furnished with a cool limp, the heat from which never uses above the temperature of the body.

New table cautery transformers will be exhibited Transformers now may be used for heating electrodes for eye, ear, nose and throat treatments, as well as electrodes for cervical operations these transformers also light diagnostic instruments

Booth I—The General Electric X-Ray Corporation, Chicago, formerly the Victor X-Ray Corporation will be pleased to renew the acquimitance of its many patrons among physicans. Its virious forms of X-ray apparatus suitable for every medical need, will be shown and demonstrated

Booth 14—Harold Surgical Corporation, New York, N Y, will display among other thungs the Multotherm for electrosurgery, the Fretotome, and the Portatherm

Demonstration and explanation of the electro surgers will be held frequently during the exhibition

These talks will be given explaining both the physical and the clinical applications

The feature of the exhibit will be a low priced Carbon Arc Ultra Violet Lamp.

Booth 25—Health Products Corporation, Newark, N. J. Notwithstanding universal recognition of the value of the fat-soluble vitamins in cold-liver oil, prophylactic measures predicated upon its long use must fail in most cases through the patients' antipathy to its nauseous taste. Effective prophylaxis demands palatability for prolonged administration.

A new cod-liver oil derivative of assured vitamin potency—Cold-Liv-X—classified by the Council on Pharmacy and Chemistry, A.M.A., as a "cod-liver oil concentrate," will be shown. Both vitamins A and D are associated with a fraction of less than one per cent of codliver oil, and may be separated by saponification from the oily bulk and preserved in wafers which are standardized as to their vitamin content Cod-Liv-X wafers each contain at least 250 Vitamin A units and 100 per cent Vitamin D.

Booth 2—The Heidbrink Company, Minneapolis, Minnesota is established in booth No. 2. It will display a complete line of anesthesia apparatus and kindred necessities. Chief of interest among this equipment will be the Lundy-Rochester four-gas machine and the smaller Junior apparatus for obstetrics.

One of the particular features about the Heidbrink equipment is its extensive provision for the elimination of static electricity in and around the apparatus. Their equipment has been accepted by the Underwriters' Laboratories as being safe for use with inflammable gases.

The display will be in charge of Mr. Leslie B. Reason who will be glad to answer any questions pertaining to it.

Booth 11—Holland-Rantos Company, Inc., New York. N. Y. The full line of the Holland-Rantos Company's gynecological specialties will be shown, including the Rantos vaginal diaphragms. The company will also show a spermaticide Koromex, which is a lactic acid and jelly combination, put up in a collapsible tube, with a screw nozzle and cannula.

Booth 24—The Kalak Water Company of New York will have an exhibit at Booth number 24, and physicians are invited to pay it a visit and test for themselves the palatability of this dependable alkalinizing agent.

Visit the Kalak Water booth when you are thirsty or when you suffer from manifestations of acidosis. Kalak Water is not a laxative, and you can partake of it freely with benefit.

If you are interested in a simplified method

of rapidly determining the intensity of the urinary acidity, ask the representative at the booth to demonstrate the Kalak Indicators.

Room 102—"The K. & B. Electrical Equipment Co., New York, distributors of the best X-Ray and Physical Therapy apparatus, Kelley-Koett, will take great pleasure in discussing laboratory needs and equipment with prospective users and their many satisfied clients. A few of the latest developments will be shown and demonstrated. The company will display a real portable X-Ray apparatus and office fluoroscope."

Booth 16—Kny-Scheerer Corporation, New York, N. Y. The Kny-Scheerer Corporation, of New York, is exhibiting in Booth No. 16. Among the items of interest, which will be displayed at this exhibit, will be found the Brady Day-Light Lamps; the Thor Ultra-Violet and Infra-Red Lamps; a complete line of Rustless Steel Surgical Instruments; the Rubin-Aldridge Apparatus; the Kayess Head Lights and a variety of other new and interesting items pertaining to Surgery, Physio-Therapy, Diagnosis, Blood Transfusions, and also a line of Anatomical Models and preparations.

You are cordially invited to call and inspect this exhibit.

Booth 3—The Macmillan Company, New York, N. Y. You are cordially invited to visit the Macmillan booth at the Exhibit of the Annual Meeting of the Medical Society of the State of New York, where you will find many interesting as well as important books. Among them are Friedenwald's Pathology of the Eye, in which the author groups together the reactions of the various parts of the eye to similar injuries and disease processes, and points out wherever the analogy has seemed apt the similarity between ocular disease and disease of other organs; the fourth edition of McCollum and Simmonds' The Newer Knowledge of Nutrition, which brings the subject up to date from the standpoint of fundamental research; Terry's Introduction to the Study of Human Anatomy, planned to arouse and develop a critical attitude in the student by constantly requiring the verification of textbook descriptions with the evidence of the dissection before him and by proposing concrete questions to be answered and recorded by observation on the cadaver; Rolleston's Life of Sir Thomas -Clifford Allbutt, a study of the life of this eminent physician being a review of the progress of medicine of the last half of the nineteenth century and the first quarter of the twentieth. These are only a few of our newer books, but they will all be on display at this exhibit.

Booths 7-8—"Mead Johnson & Company Evansville, Indiana, will have on exhibit its complete line of infant diet materials, including Mead's Dextri-Maltose, Mead's Cod Liver Oil, Mead's Recolac, Mead's Non-Curdling Powdered Protein Milk and Mead's Non-Curdling Powdered Lactic Acid Milk.

There will also be for the examination of physicians a complete line of Mead's services such as diets for older children, height and weight charts, etc., all of which are free to members of the medical profession in any quantity desired.

All of our New York representatives will be on hand to meet their friends and to discuss the application of any of the Mead products to infant feeding problems."

Booth No. 10—Mellin's Food Company, Boston, Mass., will exhibit its preparations for infant feeding. These foods are widely known both professionally and popularly. Physicians will receive a hearty welcome at the Mellin's booth, and will find it an interesting source of information.

Booth 21—Merck & Company, Rahway, N. J., is one of the drug houses best known to the medical profession of New York State; and its representatives will be pleased to greet their many friends and to make new acquaintances. They will demonstrate many of their preparations, and give scientific explanation of the methods of manufacture and mode of action of the products.

Booth 19—M & R Dietetic Laboratories, Inc., Columbus, Ohio. Similac, a completely modified milk, is being exhibited at space No. 25. Representative will be pleased to answer any questions pertaining to the use of Similac either as a complement to the breast feeding or as a complete diet for infants deprived of breast milk.

Booth 22—The Mutual Pharmacal Company, Inc., Syracuse, N. Y. will exhibit products of their laboratory at booth No. 22 during the meeting of the New York State Medical Society in Rochester, June 2nd, 3rd and 4th.

The exhibit will include a line of general pharmaceuticals in tablet, fluid and capsule form, and also special products. Samples will be distributed.

Physicians are invited to visit the booth and meet the company's representative.

Table Space —The New York Physicians' Mutual Aid Association. This organization of more than 2,000 New York State physicians was incorporated in 1868. Its office is in the

1 1 1 Marie 12

New York Academy of Medicine. Its objects are to provide death benefits to the estates or beneficiaries of deceased members; pecuniary aid to members in urgent need; assistance to widows of such members and their dependent children. Its membership is hmited to members of the medical profession of the State, in good standing, under forty-five years of age, and in good health shown by satisfactory medical examination.

For sixty-two years it has promptly paid all death claims, in total more than \$1,368,000. Its contingent reserve of \$99,380, surplus of \$114,682, and Benevolence Fund of \$6,000 are administered by a Board of Trustees composed of fourteen members serving without any compensation. Loans from the Benevolence Fund to members in need from illness or misfortune are being constantly made, without other security, and without interest.

Its life insurance contract (renewable, limited term life insurance on the assessment plan) pays \$1,000 death benefit on proof of death from any cause. The cost is less than ordinary life insurance; it is superior to ordinary term insurance, being renewed with each assessment payment, without medical examination, and continually so renewed during the entire lifetime of the insured, at only actual cost of the insurance risk.

Blank forms of application for membership may be had on request at the office in the Academy of Medicine, or to the regular representative, P. H. Gould & Co., 730 Fifth Avenue.

Booth 31—Olajen, Inc., New York. The oversize jar of Alajen at the exhibit of this palatable reconstituent is presided over by George Fierheller, M. D., of Toronto, Canada, who developed the particular formula and vehicle embodied in the remedy. In any event Olajen is a most useful agent in building up children, convalescents, and in some respiratory infections. In novel form for an ethical product, its chocolate fudge taste appeals to children and that is half the battle. The samples are well worth tasting and the product worth a clinical trial.

Booth 32—Petrolagar Laboratories, Chicago, Illinois. At the Petrolagar booth there is always an active demand for the set of drawings by Tom Jones, of the University of Illinois, illustrating various types of constipation and bowel conditions. Sets are given free and mailed. They are helpful in consultations with patients and for comparison with roentgenograms. These pictures are distinctive and somewhat different from the usual anatomical drawing of the bowel in that they show perspective. They are not flat.

Table Space-The Photor Corporation, New York, will show the Gastro-Photor, an instrument for photographing the interior of the stomach. It is composed of a camera portion and a transformer for illumination. The camera portion is an integral part of a flexible rubber tube easily introduced into the stomach. It has two cartridges with a lamp for illumination interposed between them. Sixteen pictures are made with one exposure, stereoscopic in a vertical direction, and taking in the entire circumference at any level. About three-fourths of the entire mucosa are obtained at one exposure. Orientation within the stomach is made by fluoroscopic observation, and the relationship of the films to the various portions of the stomach by identification marks on the films themselves. Illumination of 12,000 candle power, a blue light, permitting the exposure in a fraction of a second, is provided by a special transformer. Ulcer, carcinoma, polypi and various surgical procedures in the stomach are easily visualized. Lesions on the lesser curvature and posterior wall of the stomach, sometimes missed by the X-ray, are brought to light on the Gastro-Photograms.

Booth 15—The Sanborn Company, Cambbridge, Mass., will exhibit its outfit for metabolism tests, and its electrocardiograph.

The Sanborn Grafic, for metabolism tests, is suitable for physicians and small hospitals. It gives accurate and entirely satisfactory results for routine clinical diagnosis.

The Sanborn Benedict is recommended for specialists, hospitals and clinics who want a larger metabolism tester adapted for the needs of specialized testing as well as for routine work.

The Sanborn Electrocardiograf has many new features; fixed lighting system, four-knob control box, safety string carrier, and a new (1930) camera with exclusive features. Sanborn Electrocardiografs are supplied either on a movable table for hospital use, or with carrying cases for outside use.

Booth 28—The Schering Corporation, New York, will show several imported preparations, among the newer ones being the following:

Progynon, a female sex hermone for oral use. Normacol, for chronic constipation.

Neutralon, an aluminum soda silicate for hyperacidity.

Chlorylen, an analgesic for the relief of neuralgic pain.

Vasano, for the relief of seasickness.

The Schering Corporation is well known to physicians and will welcome those who call at its booth.

Booth 33—C. M. Sorenson Company, Inc., Long Island City, N. Y., will exhibit equipment for the needs of the ear, nose and throat specialists, and of hospitals, especially those forms of apparatus requiring either suction or compression.

Approximately 30,000 Sorenson Tankless Air Compressors are now in the service of the medical profession. Type samples of all forms of

our apparatus will be shown.

Booth 29—E. R. Squibb & Sons, New York, Physicians will find at the Squibb booth a number of new products which should prove to be of unusual interest: Among these will be included the female sex hormone, Amniotin; the new genito-urinary antiseptic and bacteriostatic, Serenium; two wheat germ sugar products, Vitavose and Dextro-Vitavose; new preparations for the treatment of secondary anemia, Elixir Cupriferrum and Syrup Cupriferrum (for children); and a new product for the preparation of acid milk for infant feeding, Citabs. Well-qualified representatives will be present at the Squibb booth to answer inquiries concerning these new products. There also will be featured Cod-Liver Oil, Viosterol, Cod-Liver Oil with Viosterol—5D, Insulin, and Arsenicals.

Booth 9—Tailby-Nason Company, Boston, Mass. In connection with the exhibit of Nason's Palatable Cod Liver Oil, Tailby-Nason Company will show a giant cod taken from the Lofoten Waters of Norway for Nason & Co. a/s, the Norwegian subsidiary of Tailby-Nason Company. This splendid fish, 4 ft. 11 in. long and weighing 30 kilos, will form an interesting part of the exhibit of Nason's Palatable Cod Liver Oil, "The Better Tasting Kind," produced at Nason's plants in Norway, at booth No. 9.

Other important features of the exhibit will be the white rats used in testing the oil for its vitamin activity, and roentgenographs of the leg bones of rachitic rats showing the progress of the healing induced by Nason's Cod Liver Oil.

Booth 5—Taylor Instrument Companies, Rochester, N. Y. Tycos products manufactured by Taylor Instrument Companies for the medical profession will be demonstrated and displayed at space No. 5.

Outstanding among these products will be the following:

Tycos Recording blood pressure apparatus. Demonstrations given with Sphygmotonograms of your own blood pressure, if desired.

The Venostat Apparatus, as designed by Dr. C. S. Danzer, Professor of Medicine, Columbia

University, New York City A very interest

ing and valuable apparatus
Tycos Surgical Unit for Hospitals, also the
beautiful and practical lycos office-type
Sphygnomanometer

Tycos Lag Thermometer, designed especially for use in sterilizers. All hospitals will be interested in this invaluable protection

You are invited to visit our exhibit and receive such serviceable bulletins as "Blood Pressure—Selected Abstracts' and others, for which there will be no charge and no obligation will be involved

A movie showing the action of a fever ther-

mometer will also be shown

Booth 20—George Tiemann & Co., New York, will again exhibit a representative line of surgical instruments at the Annual Meeting in June One hundred and three years of successful business enterprise has enabled this firm to more or less predict new surgical instruments destined to success

This year it is featuring its Velvet Eye Catheters made of the famous Tiemann soft rubber compound and turned out under expert

supervision in their own factory

Another item on display is the Barton Rongeur embodying a mechanical principle which multiplies the power applied to the handles sevenfold. The instrument cuts its way through bones with remarkable case.

A new headlight which requires neither rheo stat or transformer but which may be plugged into any 110V lighting circuit and uses flishlight bulbs that may be purchased in any hardware store is another interesting feature

The Hibbs Spinal Fusion Set is another item

well worth consideration and study.

All these and many other surgical instruments, both new and tried, will repay a visit to booth No 20

Room 218-Transkutan, Inc., New York, will exhibit its new product Transkutan, for the treatment of rheumatic diseases This therapentic agent consists of a mixture of natural salts with menthol, camphor, and oils of turpentime and wintergreen, which is to be added to the water of a hot bath The combination of the drugs with the heat of the water induces an artificial rise in temperature which persists for some hours The non specific fever exerts a favorable influence on chronic rheumatic conditions, which is free from the danger of the rise in temperature induced by the injections of specihe bretern or proteins

Clinical data obtained from the treatment of over 100 cases in Shannon Lodge, Bernardsville, New Jersey, will be shown

Booth 4—The Wappler Electric Company, Long Island City, George Wm Finegan Rochester, N Y, distributor, will show a representative selection of Wappler equipment in space four The Wappler Money, silent valve tube rectifier x-ray generator will be shown The new Wappler Portable Diathermy apparatus, Model E, should be seen by every physician, whether general practitioner or specialist

Wappler cautery appliances, electrically lighted diagnostic instruments, cystoscopes, etc. will also be included in this exhibit

Booth 34—Winthrop Chemical Company, Inc., New York, N. Y. and H. A. Metz Labora tories, Inc., New York, N. Y. Since the Winthrop Chemical Company and the H. A. Metz Laboratories have been associated for some time, they will have a combined display in booth No. 34. One of the notable recent contributions to the world of medicine—Avertin Fluid the new anesthetic given rectally, is on exhibit. There you will also find the well-known Luminal and its various preparations Salyrgan, Spinocain, Protargol, Vigantol, Phanodorn, Veronal, Compral, Novocain, Pyramidon and The Salvarsans, the Dependable Originals that have stood the test of time

Room 217—Yawman & Erbe Mfg. Company, Rochester, N Y, has been designing systems and equipment for the past fifty years to meet the demands of record keeping of the medical profession. The work of a physician or hospital requires the making of a great number of records. Every thing will be covered by this exhibit from the registering of a patient to the final payment of the account.

Of special interest will be the Physician's Diagnosis Index, which is the mechanical memory of the modern, up-to date physician All diseases in the index are filed alphabetically by part of body affected. This practical system for recording your own experiences, and those of other doctors, provides an easy method of recalling all you have clinically accomplished and read.

The physician operating an X-Ray machine should be interested in the "B Label' X-Ray Safe designed by "Y and E" for the safe protection of X-Ray films

## 熞

## NEWS NOTES



#### SECOND DISTRICT BRANCH

The twenty-third annual meeting of the Second District Branch of the Medical Society of the State of New York was held on the evening of April first in the new building of the Medical Society of the County of Queens, at 112-25 Queens Boulevard, Forest Hills. This site is on the north side of Queens Boulevard, the broad, main highway from Jamaica to the Queensboro Bridge about two miles west of Jamaica. Dr. Charles H. Goodrich of Brooklyn, President of the Branch, presided. The lateness of the date of the meeting was in response to the request of the officers of the Queens County Society that the Second District Branch should have the honor of being the first outside medical organization to hold a meeting in the new building.

Officers of the State Society were present as follows: Dr W. H. Ross, President-elect, Dr. Charles Gordon Heyd, Treasurer, Dr. John A. Card, Speaker, Dr. James E Sadlier, Chairman of the Committee on Public Relations, and Dr. O. S. Wightman, Editor-in-Chief.

The program began at six o'clock with an inspection of the new building under the guidance of members of the local society. A supper in the basement was held at seven o'clock, and was attended by over sixty members. The business and scientific session of the Branch was held at 8.30 P.M. in the main auditorium, and was attended by one hundred and twenty members.

Following the usual custom, a representative from each of the four county medical societies on Long Island, the area included in the Second District Branch, made a report of the activity and progress of his society, as follows:

Kings County, by Dr. Luther F. Warren, Brooklyn, President.

Queens County, by Dr. Louis A. Voltz, Richmond Hill, President.

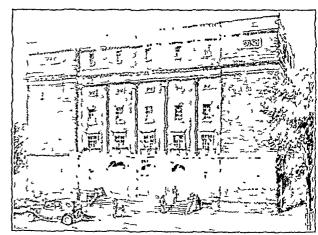
Nassau County, Dr. L. A. Newman, Port Washington, Vice-President.

Suffolk County, Dr. Frank Overton, Patchogue, Chairman of the Public Health Committee.

The report by Dr. Voltz contained the following history of the construction of the building of the Medical Society of the County of Overns

of Queens:—
"The membership of the Medical Society of the County of Queens had grown rapidly since the society's reorganization in 1921, and on account of the lack of accommodation suitable

for its meetings, the officers long cherished the idea of a home for the society. In 1923 the movement was initiated by the purchase of a suitable site, consisting of lots aggregating 200 x 100 feet on Queens Boulevard Many schemes were proposed and discussed in the Board of Trustees for financing a building project. In 1928 the society authorized the Board of Trustees to provide, plans for a building which with equipment was to cost not more than \$250,000. The board secured pledges from members and their friends by the close of the year of 1928, and at the beginning of the year of 1929 were in a position to



Building of the Medical Society of the County of Queens

go before the society for its first call on the building loan fund. Plans were approved and adopted April 16, 1929. The contract for erecting the building was signed May 28, 1929. Ground was broken June 10, 1929 with a public ceremony. Construction began June 17, 1929. The cornerstone was laid October 3, 1929 before a public gathering. From December 7th to 14th, 1929, a bazaar and public health exhibit were held in the uncompleted building which netted a profit of about \$14,000 to the society.

"We are now meeting in this home, built without a mortgage It provides a large auditorium seating about 450, 100ms for a large medical library, three other section rooms, and a number of business offices for the society's use. The building is not officially completed or opened, but it is expected to be dedicated about the second week in May We have held our first and subsequent 1930 meet-

ings here since the beginning of the new year, and the roll shows nearly one hundred

percent increase in attendance."

A message from Dr. J. N. Vander Veer, President of the Medical Society of the State of New York, was delivered by Dr. D. S. Dougherty, Secretary of the State Society, regretting his enforced absence on account of sickness, and expressing his expectation of returning to active duty soon.

Dr. W. H. Ross of Brentwood, Suffolk County, President-elect of the State Society, read an address in which he outlined the principal problem which he forsees will occupy the attention of the Medical Society of the State of New York during the year of his coming presidency. This problem will be the relation of the Medical Societies of the counties and state to the other organizations engaged in public health work, especially health departments and voluntary health organizations. Dr. Ross expressed the ideal of a unified health service beginning with health education of the people by teachers and editors, extending through preventive work by public health nurses along such lines as tuberculosis and diphtheria prevention, and culminating in effective treatment of the sick by family physicians,—all led and directed by the practicing physicians of the counties and state.

The scientific address of the evening was given by Dr. John O. Polak, who fills the chairs of obstetrics and gynecology of the Long Island College Hospital Medical School and who gave an informal talk illustrated with lantern slides on the subject of "Maternal Mortality in Obstetrical Practice." Dr. Polak reviewed the causes of maternal deaths, and dwelled particularly on the personal condition of the attending obstetrician. He enumerated eleven principal sources of puerperal sepsis,the ten fingers of the accoucher and his throat. As an illustration of the importance of the throat as a source of infection he described a series of infections occurring in the wards of an obstetrician, which ceased at once when the doctor started on a trip abroad, but recurred abruptly after he returned to duty, when it was found that his nose was a chronic carrier of streptococci.

The meeting was one of the largest and most interesting ever held by the Second District Branch. The papers of the program will be published in the Long Island Medical Journal.

#### THIRD GRADUATE FORTNIGHT OF THE NEW YORK ACADEMY OF MEDICINE

The third annual Graduate Fortnight of The New York Academy of Medicine, 2 East 103rd Street, New York, will be held from October 20 to 31, 1930 The general subject which has been chosen for this year is "Medical and Surgical Aspects of Acute Bacterial Infections."

The program as arranged is in two parts,—coordinated afternoon clinics to be held in ten important hospitals of the city, and evening meetings to be held at the Academy. An added feature of this year's Fortnight will be an exhibit of anatomical and pathological specimens and material bearing upon the various aspects of the subject.

Each of the hospitals cooperating in the Fortnical programs dealing with different phases of the general subject.

The program for the evening meetings to be held at the Academy includes discussions of:

Focal infections as a cause of disease. Osteomyelitis and acute joint infections.

Acute infections of the genito-urinary tract. Infections arising from tonsils and sinuses,

Infections of the middle ear.

Acute infections of the face and oral cavity.

Operative risks from infection

Operative risks from infection. Appendicitis. Bacteriemia.

Suppuration of lung and pleura,

Acute infections of the gall-bladder and biliary tract.

Infections of the skin and subcutaneous tissue. Acute infections of the upper respiratory tract including influenza.

The pneumonia and other pneumococcus infections.

Bacteriophage as a treatment in medical and surgical acute bacterial infections.

Puerperal sepsis.

Immunity-general and local.

Serum therapy.

Vaccine and non-specific protein therapy.

Rheumatic fever.

Acute and sub-acute bacterial endocarditis.

Meningococcus infections including meningitis. The list of speakers who have been invited to take part in the Fortnight includes prominent clinicians from many parts of the country who are recognized authorities in their special lines of work.

The profession generally is invited to attend. No fees will be charged for attendance at any

of the clinics or meetings on the program.

A complete program and registration blank for special clinics and demonstrations will be mailed on request to the Academy.

#### LEGISLATION

Refore this is read the legislature may have adjourned and all that will now be written will have passed into history.

Ten days before the close of the session the Assembly conference committees are all discharged and the bills remaining in their hands are turned over to the Committee on Rules, which continues to function to the end of the session. It is difficult after this period to introduce new bills in the Assembly and such as are introduced are referred to the Rules Committee. Several bills in which we are very vitally interested have been passed on to this committee. Among them are the three chiropractic bills and the medical advisory council bill.

The hospital licensure bill in which we are so deeply interested, after undergoing three amendments and being printed three times, finally passed the Assembly. It is still not in the form that we should like to have it, and will be amended a fourth time before it is acted upon in the Senate. The feature that has given us the most concern is to vest the Department of Social Welfare with every power that it should have for adequately licensing all hospitals, and yet free it of responsibility for conduct and management of hospitals, except where gross neglect or violations of the law occur. The ideal condition striven for in the enactment of law is to direct initiative in a more or less uniform way without hampering it, and to make certain that the public is amply protected against neglect or imposition. It is expected that a year or two after the law has been in operation, amendments will be necessary, but the bill has been considered by so many people, and their suggestions incorporated, that such amendments as may be offered are likely to be of minor character.

The Department of Labor investigated the industrial dressing stations in New York City a few months ago and reported finding many of them unfit for caring for injured workers. As a result, it has had introduced a bill which requires that "The places where such medical, surgical or other attendance or treatment is provided, shall be maintained and operated in a sanitary manner in accordance with regula-

tions of the industrial board." There has been some discussion as to whether these stations, when they are outside of a doctor's private office, should not be considered dispensaries. It is true that they cater to a special class of patients, but these need not all come from one industry, and it can be imagined that if a man sought treatment at one of these places, he would be cared for, if he guaranteed payment of the services, regardless of whether he were employed or not at any industry. As dispensaries they should be visited and inspected by the Department of Social Welfare, which has this authority for all dispensaries. It seems, therefore, unwise that the industrial board should be asked to promulgate another set of rules and regulations. This brings forcibly to mind the need the Department of Labor has for medical advice and it is one of the best arguments that can be advanced for enacting the bill which is now before the legislature, authorizing the creation of a medical advisory council in the Department of Labor.

Technicians working in dental laboratories last year sought and received from the legislature authorization for the creation of a special type of technician to be called "Master Dental Technician," and who should be registered and titled by the Department of Education. This year the dentists convinced the legislature that it was an unwise move and the law was repealed. Within the last week a bill was introduced in the Assembly which would authorize the Department of Education to prepare a method of examining and registering technicians in medical laboratories. It provides that after its passage only those persons who can pass an examination laid down by the Department of Education shall be entitled to be considered technicians, and all shall be registered with the Department of Education. It imposes a penalty upon any person who would employ for technical work anyone who is not a registered technician. The bill fails to recognize that technical ability is not always based upon educational qualifications, but many times may depend upon muscular skill. On the whole, the bill seems to be drawn for the benefit of certain technicians rather than for the public good



### LONDON LETTER



March 1, 1930

Bethlem Royal Hospital:

The amazing growth of London which has added 70,000 to its population during the last three years, and now includes nearly 9,000,000 within the Metropolitan Police District, has led to the erection of many new buildings and to much reconstruction, and we old Londoners see with real regret the disappearance of familiar landmarks. One of the best known is now marked for destruction, for it has been decided to remove the Bethlem Royal Hospital (known to generations as Bedlam, the first of the lunatic asylums) from its present site in Lambeth Road to Croydon. The Hospital dates from the year 1547 when Henry VIII granted the monastery of "St. Mary of Bethlehem" to the citizens of London for the treatment of the insane. One regret at the removal of this building, known the world over, is qualified by the knowledge that in its new home its beneficent work will be facilitated by every device known to modern Hospital Architecture, but, as is the Londoner's curious custom, grave concern was expressed as to the fate of an obelisk in the ground of the Institute. This monument, a featureless mass of stone, was originally erected by the Common Council in 1770 at the centre of St. George's Circus to act as a milestone and lamp standard when the new Blackfriars Bridge was built, but it soon became the recognized memorial of Brass Crosby, a Lord Mayor of London who suffered imprisonment in a great struggle for the freedom of the Press. Until the accession of the Georges, the proceedings in Parliament were not known to the Public, but early in the 18th century reports appeared under the title of "the Senate of Lilliput" and its very name may give some idea of the character of the reports. In 1771, the Commons issued a proclamation forbidding the publication of debates, which had been fostered by John Wilkes, the Member of Parliament for Middlesex, who had already been prosecuted for his attacks on Lord Bute and the Cabinet in the "North Briton" newspaper. Warrants were issued for the arrest of six printers, but the Lord Mayor Crosby declared the warrants illegal, and was in his turn arrested and committed to the Tower of London. He remained in the Tower for six weeks when he was released on the prorogation of Parliament. He was met at the Gates of the Tower by the Common Council in their robes and the Hon-

orable Artillery Company welcomed him with a salute of 21 guns. So obviously was Public Opinion on the side of the Press that the attempt to hinder its publication of Parliamentary proceedings was quickly dropped, and from this time began the rise of the great newspapers of which the "Times" and the "Morning Post" still remain. We are glad to have the assurance that the obelisk, on which is engraved the name of Crosby, is to be preserved and re-erected in a public garden formed from part of the property.

Medical Aspect of Gas Warfare.

Those of us who have a lively recollection of the Air Raids over London in the Great War are not unmindful of the possibility that the progress of Aviation since the War may make attacks from the air on the civil population still more devastating should another European war occur, and this risk is enhanced by what is euphemistically called the use of "chemical warfare." The medical aspect of gas warfare is thus a matter of concern to our Profession; and at a recent meeting of a Dinner Club to which I belong, Major-General Barrow, an Army Medical Officer, who is in charge of the Antigas organization, gave us his unofficial views on the subject. He divided attacks from the air into two divisions: (1) material, that is attacks on ports and harbors by high explosive, and (2) moral, attacks on the civilian population by poison gas, such as phosgene, chlorine, arsene, or the more persistent gases. His department was concerned with the purely defensive methods to be adopted to protect the population in the event of attack; and while he did not consider the risk so great as is visualized by some authorities, he urged that the general public should be instructed in the methods of countering the effects of gas, and referred to a manual on the subject issued by the Red Cross and Order of St. John of Jerusalem. An interesting point arose in the subsequent discussion as to the influence poison gas had had on the later development of pulmonary tuberculosis. a matter of real importance in considering postwar invalidism. Everyone agreed that there was no evidence that poison gas had any influence in the subsequent development of tuberculosis, but it appeared quite obvious that the precautions taken to protect armies in the battlefield are much too elaborate to be used by the civilian population of great towns.

II. W. CARSON, F.R C.S.

## MEDICAL WARES



#### GRAPE JUICE

The grape is the oldest cultivated fruit of which there is a record, and its juice has always been prized as a food and drink which nourishes the body and cheers the mind. It shares with milk the unique distinction of remaining wholesome and even improved after it has been kept for some time and has undergone changes which would spoil most other foods. Wandering tribes of nomad shepherds whose riches were in flocks and herds have always found their principal sustenance in milk whose natural fermentation produces a preservative, lactic acid, which maintains the curds and whey and butter unimpaired as foods. When the ancient nomads settled down in one place and became farmers, they exchanged their herds for vineyards, and their milk and honey for corn, wine and oil,-an excellent combination of protein, carbohydrate and fat. corn and oil were stable products, but the grape juice readily underwent changes with the formation of alcohol,—a natural preservative.

The grape from early days has always been the most universal and the most popular of all fruits. The ancients valued it as a necessity as well as a luxury for both the king and the peasant, for it was a stimulating food to the strong and medicine to the weak. Modern research has not dimmed the reputation of the grape, but it has enhanced it. Vitamines, mineral salts, and antacids are in the grape and its juice as well as in the orange and the tomato. Although pediatricians may deify the orange, yet the grape could supply the valuable qualities which are inherent in the other juicy fruits, as it did before the others were discovered. Moreover, the different kinds of grapes have a wide range of usefulness, varying from those whose pulp is firm and solid, as the raisin, to those which are delicate sacs of juice.

The grape is unique among fruits in the adaptability of its juice to the needs and desires of human beings. Only the apple, the blackberry and possibly the orange produce juices which could be considered as competitors of that of the grape. The universal popularity and satisfaction of the fruit is indicated by the fact that the name of its juice in practically all European languages, both ancient and modern, is wine or vin, whose root also appears as the word vine, or the plant on which grapes grow.

Therapeutically, grape juice would still have a large place in the thought and opinion of physicians if it were used only before it undergoes alcoholic fermentation. While alcohol adds some

qualities which are desirable, yet most of those which make the juice attractive and satisfactory are in the juice while it is still fresh and unchanged. The excellent forms of grape juice and wine which are on the market form a series beginning with that which is entirely fresh, or free from alcohol, to that which has undergone a maximum amount of fermentation and contains from twelve to fourteen per cent of alcohol. In a general way it may be truthfully said that the juice with very little or no wine is suitable for young people, while that containing alcohol agrees well with adults and the aged.

The brands of fresh grape juice which are on the market may be divided into two general classes, those made by the cold process, and those in which the pulp is heated before it is pressed. The principal reason for heating the pulp is to soften it so as to obtain a greater percentage of juice; but when the heated pulp is pressed, much solid matter also exudes from it and gives a turbid appearance to the finished product. Preheating the pulp also promotes the solution and extraction of tannic acid and other undesirable substances from the skins and seeds of the fruit. If a grape juice is turbid and has a sour astringent taste, one is justified in assuming that it has been made by the hot process.

Grape juice carefully made by the cold process is transparently clear in appearance, and has the smooth taste which is natural to the pulp of the fruit; while that made by the hot process has a taste like that which one get by chewing a whole grape including the skin.

Grape juice has a peculiar value to the physician because of its quality of blending with other therapeutic substances and imparting to them its own dominating taste and its ease of assimilation by the stomach. A prominent characteristic of modern therapeutic agents is their attractiveness, which is often secured by blending them with grape juice, or wines of various alcoholic strengths. Cod liver oil, olive oil and mineral oil, for example, may be blended with grape juice in an almost perfect emulsion which has the taste of the juice or wine. The process consists in forcing the mixture of juice and oil through the tiny openings of a homogenizer, thereby breaking the oil in particles so small that their surface tension holds them suspended in the liquid.

Grape juice and wine also blend well with minerals, especially iron and calcium, and make them pleasant to the taste and easy of assimilation.

## THE DAILY PRESS

#### CENSUS TAKING

The National census is of special interest to public health workers for it is the principal basis for the estimation of vital statistics. It would seem that taking the census would be a simple process; but the newspapers have printed columns of storics about the difficulties encountered by the enumerators. The New York Times says that the newspaper publicity has allayed the fears of many of the citizens. The issue of April eleventh says:—

"Census-takers in this city are finding examples of ignorance and fear which, when learned of by the hinterland, will put New York on the receiving end of the vaudeville jokes. A Chinese laundryman refused to hold talk with the census man until he produced a laundry ticket. An octogenarian musted upon giving his age as 21. A woman assaulted her husband for replying that he was the head of the house. Many citizens refused to open their doors. Others angrily declined to give their ages Thousands had never heard of the census and considered their affairs none of Uncle Sam's business any-

"This picture of urban ignorance is dismal. It may upset the fine balance in American geographical feeling."

The Times also printed the following experi-

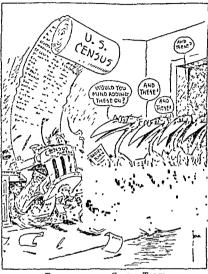
ences of census takers :-

"A woman in East Seventy-third Street gave the occupation of her husband as "drunkard"

and insisted upon it.

"A psychopathic patient at Ward's Island insisted that she was Queen Victoria, and the enumerator was forced to get the information from the Department of Hospitals' records.

"At Fifth Avenue near 114th Street, a Negro



TROUBLES OF THE CENSUS TAKER From the New York Herald Tribune, April 3, 1930

who had given all the necessary information to the enumerator, suddenly seized the census sheet and copied down the number at the top. The enumerator was puzzled. 'Wish me luck, big boy,' said the Negro. 'I'm playin' that number in the policy game tomorrow.'"

#### INSURANCE AGAINST SICKNESS

The National Committee on the Cost of Sickness is collecting statistics on the prevalence of sickness and the cost of the care of the patients. Figures on the prevalence and cost of sickness among the families of working men have been collected by the Metropolitan Life Insurance Company, and are used by the New York Times of March 21 as the basis of an editorial which says:

"Data collected by the Metropolitan Life Insurance Company indicate that "sickness is a hazard of life comparable with death and accident." Of the total number of workingmen's families (3,281, consisting of 17,129 persons) from which schedules of expenditure for six months were received, only 6 per cent spent nothing for medical care. Most of that small remnant probably had some minor ailment within the period. As the time covered extended from January to June, it may be assumed that the cost of medical care was greater than it would normally be in the second half year.

"On the basis of the figures, the average total expenditure for each family for the year would

be \$140. But 40 per cent of all the families spent less than \$25 each, another 20 per cent between \$25 and \$50 and another 20 per cent between \$50 and \$100, this expenditure including not only medical and hospital care but medicine and dental services, eye examinations and glasses. The average expenditure per person for the year was \$13.48, which is probably under the amount actually spent.

476

"It can hardly be the fact that such costs of medical care represent what should be spent if families had adequate medical attention in the broadest sense—both preventive and curative. But this study is a beginning that will help to put medical care on an economic basis—to be estimated and to be provided for, as one now provides against death by life insurance, or against disability by accident insurance. Sickness is a hazard which every one has to encounter, soon or late, and the economic cost of it can be determined in advance when enough persons are taken into the reckoning, over a period of years. It is to be hoped that the committee which has begun this study will itself have a life long enough to make the computations for future generations."

#### PART-TIME MOTHERS

How a wife may combine a "career" with housekeeping is the subject of an editorial in the New York *Times* of March 21, based on a statement of Miss Frances Perkins, State Commissioner of Labor, that part-time mothers are failures unless they earn at least \$3500 annually. The editorial says:

"Few mothers nowadays find motherhood a full-time job, as Miss Perkins said, because housekeeping no longer includes the labors which have been either taken over by canning factories, knitting mills and other industries, or which remain in the home but are greatly simplified by modern equipment. Keeping house is a job in itself. It is complicated by the presence of children, but it does not depend on them for its existence. The two jobs—keeping house and bringing up children—have gone together for such a long time that now it is

hard to dissociate them. But many mothers are doing just that, and taking on a third job outside the home.

"If they are failures, it is not from their own point of view. Their earnings, even though less than \$1,000 a year, yield to the family necessities or luxuries not otherwise obtainable. Often the housekeeping becomes a family affair, with the children taking small responsibilities not harmful to their budding characters. They cannot be with their mother nor have her on call as constantly as if she were at home all day, but many child psychologists consider this really a helpful factor in their education. Attempting three jobs calls for courage, and succeeding in all three presupposes remarkable traits in the part-time mother. The effort may aid in developing necessary qualities."

#### HAZARDS TO HEALTH IN THE HOUSEHOLD

One is subject to accident everywhere he goes and even while he lies in bed. The Sun of April 4 commenting editorially on household hazards to health says:

"A workman in a hazardous trade quits work and goes home—to face fresh hazards. Last year there were four million accidents in the home. 24,000 of them fatal. Falls are responsible for nearly half of all domestic accidents—falls on floors, over objects, off ladders, against tables, in bathtubs. The secretary of the Pennsylvania Department of Health has drawn up a list of precautions to be taken at home:

"'Do not start a fire with gasoline or coal

"'Do not attempt gymnasium stunts in the home—such as standing on ladders, chairs and

window sills—unless you have a firm foundation or are otherwise protected from falling.

"'Keep your medicine chest inaccessible to children and never take any medicine yourself from a bottle in the dark.

"'Do not start your automobile in a closed garage.

"'Do not point a gun at any one, even though you are sure "it isn't loaded."

"'Use reasonable care and caution in per-

forming your daily chores or duties.'

"Every housekeeper or householder should be able to add at least one specific 'don't' to this list. Rugs, can openers, windows, pictures, doors in the dark—these and a hundred other potential sources of danger surround everybody who is housed."



#### BOOK REVIEWS



THE DOCTOR IN COURT. By EDWARD HUNTINGTON WILLIAMS, M.D. 12mo of 289 pages Baltimore, The Williams & Wilkins Company, 1929. Cloth, \$3.00.

This is a book of the experiences of the Expert Medical Witness, presenting sidelights upon legal and judicial practice.

The book is divided into eighteen chapters referring particularly to many of the methods employed in our Courts as to the Direct and Cross-Examination of the Medical Expert.

The author quotes many clever quips and quick repartee on the part of the medical expert during crossexamination in criminal cases, and also discloses the art of cross-examination in which the medical expert is placed in an unenviable situation.

The book is entertaining and readable, particularly for the physician who frequents the courts as a witness, and the lawyer whose major practice is that of the trial counsel in negligence and criminal cases.

EDWARD E. HICKS.

DR. COLWELL'S DAILY LOG FOR PHYSICIANS: A Brief, Simple, Accurate Financial Record for the Physician's Desk. Octavo. Champaign, Illinois, Colwell Publishing Company, 1929.

The general practitioner, desirous of obtaining an account diary for simple recording of his daily services to patients, will find this "Log" very practical for that purpose. It provides a daily sheet for noting the transactions in connection with each patient seen. Provision is made for carrying the daily totals to the monthly summary.

It is a well arranged, compact volume, giving a complete record of the business of each day. For a quick ready reference book, requiring little writing in connection with each entry, indicating the financial status of daily practice, we recommend it.

It is attractively bound and of convenient size. A copy is issued annually conforming to the calendar year.

OUTLINE OF BACTERIOLOGY. By HENRY A. BARTPLS, B.S., D.D.S. Octavo of 128 pages, illustrated. New York, William Albert Broder, 1929. Cloth, \$2.00.

A handbook of value in setting forth fundamentals and essentials of bacteriology for the student. The sequence of facts presented in such a comprehensive manner that the beginner cannot mistake the elements of this interesting study. The questions at the end of each chapter are valuable for review. A useful book that can safely be recommended to all students.

LEONARD KOHN.

FUNDAMENTALS OF PATHOLOGY. By JOSEPH SCHROFF, B.S., M.D., D.D.S. Octavo of 109 pages, illustrated. New York, William Albert Broder, 1929. Cloth, \$2.50.

Pathology in review—a book that sets forth tersely everything that its title implies. The author follows out concisely and with dispatch the purpose for which the work has been written. The text, illustrations and questions all go to make up a compendium of real worth. A valuable addition not only to the oral hygienist's library, but to the dental student's, medical student's and dentist's library also.

LEONARD KOHN.

PRACTICAL MATERIA MEDICA: An Introductory Text to the Study of Pharmacology and Therapeutics Designed for Students of Medicine. By CLAYTON S SMITH, PhD., M.D., and HELEN L. WIKOFF, Ph.D. 12mo of 300 pages 1929. Cloth, \$3.25.

This excellent book of 300 pages, especially written to meet the needs of the medical student, gives a brief and well arranged exposition of the subject.

The introduction treats of the Classification of Drugs, the Pharmacopoeia and its Preparations, the Administration of Drugs and Dosage.

Following this, the Inorganic and Organic Materia Medica is concisely presented giving the necessary essentials recarding cach drug without burdening the student with details he will have no use for. The chapter on Toxicology adds much to the value of the book. Likewise, there are some practical points regarding prescription writing and fundamental pharmaceutical operations that will be of great help to any student.

PRINCIPLES AND PRACTICE OF MINOR SURGERY. A Textbook for Students and Practitioners. By EDWARD MILTON FOOTE, A.M., M.D., and EDWARD MEARIN LUTINGSTON, B.Sc., M.D. Sixth Edition. Octavo of 787 pages, illustrated New York and London, D. Appleton & Company, 1929. Cloth, \$10.00.

This book is most interesting and is the product of much thought and experience. The illustrations are clear and instructive. In this latest edition the text book consists of three parts devoted respectively to surgical technic, surgical processes and localized surgical treatment.

The chapters devoted to the surgical affections of the various parts of the body have been thoroughly revised and considerable new material added. This volume should prove of great value to students of medicine, ceneral prartitioners and general surgeons, especially those practising industrial surgery. The descriptive part of the text is supplemented by very excellent illustrations made from actual photographs.

R. F. H.

OSTEOMYELITIS AND COMPOUND FRACTURES AND OTHER INFECTED WOUNDS: Treatment by the Method of Drainage and Rest. By H. WINNETT ORR, M.D. F.A C.S. Octavo of 208 pages; illustrated. St. Louis, The C. V. Mosby Company, 1929. Cloth, \$5.00.

This edition is a small compact volume which deals with a subject of vital interest to the general surgeon and the Orthopedic surgeon. It takes up the subject of antisepsis from the time of Sir Joseph Lister and explains in detail the various points of interest. It gives is a most difficult one to treat properly and, brings out us food for thought in the treatment of a disease which many points which are fundamentally sound and which produce the most satisfactory results. Dr. Orr in this volume discusses Osteomyelitis resulting from infection within and also Osteomyelitis resulting from compound fracture. The last chapter in the volume deals with clinical results and judging from the report of these results the Orr method of treatment should be carefully studied by all surgeons dealing with bone pathology.

HERBERT C. FITT.



## OUR NEIGHBORS



#### PRESIDENT'S LETTER IN MINNESOTA

A feature of Minnesota Medicine is a page devoted to a monthly letter of the President of the State Medical Association. That in the April issue by Dr. S. H. Boyer, is on the personal contacts of physicians, leading up to a plea to attend the annual meeting on July 14-16 in Duluth. The President says:

"Probably the greatest need today of the rank and file of the medical profession is contact with each other, because contact brings an exchange of experiences and ideas.

"Wherever men with common interests and purposes gather together to learn from each other, they soon discover that petty differences which had once kept them apart lose their magnitude in a new perspective or completely vanish amid the bigger and better things born of the collective search for knowledge. Surely it is permissible in this connection to quote from the Presidential Address by William Osler before the Medical and Chirurgical Faculty of Maryland: 'No class of men needs friction so much as physicians; no class gets less. The daily round of the busy practitioner tends to develop an egotism of a most intense kind, to which there is no antidote. The few setbacks are forgotten, the mistakes are often buried, and ten years of successful

work tend to make a man touchy, dogmatic, intolerant of correction, and abominably self centered. To this mental attitude the medical society is the best corrective, and a man misses a good part of his education who does not get knocked about a bit by his colleagues in discussions and criticisms.

"A masterly expression is it not? But it applies to a considerable number of us, in the cities as well as in the country. Where it applies in the cities it is of greater reproach, for there contact is easily had with one's fellows. Whereas in the rural districts the doctors serving an extensive territory may be so widely scattered that, despite good roads and autos, a real sacrifice may be suffered in getting together. Yet the sacrifice is more than compensated by the resulting mutual understanding of each others problems, both social and scientific. It has been said that every doctor is known to be a thoroughly good iellow by everybody else except another doctor. If that be so, then we doctors are allowing some very small personal envies and jealousies to cheat us out of the greatest of kindly sympathies, companionships and friendships that our poor human society has to offer to individuals."

#### WORK OF THE MINNESOTA STATE ASSOCIATION

The April issue of Minnesota Medicine has the following editorial on what the Minnesota State Medical Association has accomplished in the last few years:

"The committee which has accomplished the most and naturally has spent the most, has been the Legislative Committee. Not one man in a thousand could or would have done the work that Dr. Herman Johnson has done with the legislature the past few years. And what has this committee accomplished? The prevention of undesirable legislation is usually the major part of legislative accomplishment and when it comes to legislation affecting medical affairs there has been no exception. Almost yearly the wild reformers calling themselves anti-vaccinationists and anti-vivisectionists have to be combated; the establishments of new cults prevented; and the extension of the rights of medical cults already licensed has to be curtailed.

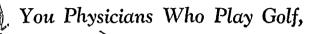
"In 1925 this committee obtained a reduction in the statute of limitations from six to two years to conform to the statutes in force in most of the other states of the union. The long period of six years has been responsible for the high incidence of malpractice suits in Minnesota which had reached such a point that one insurance company operating in the state was about to materially increase its rates. The yearly saving to physicians in this state has undoubtedly amounted to more than the full amount of our present state dues

amount of our present state dues.

"The Basic Science Law went into effect May 1, 1927. Since that time but two chiropractors and only twenty-one osteopaths have passed the Basic Science examinations, while during the five preceding years an average of forty-three chiropractors were yearly licensed in Minnesota. Fifty-one osteopaths were licensed during the six year period prior to this Act.

(Continued on page 480-adv. xiv)





You Know There's a Club for Every Stroke

LMOST any player can swing around the course with a single club, dubbing drives, lifting fairway sods and bringing home a century mark or more for the final score But the finished golfer needs a club for every shot—a studied judgment of approach or putt before the club is selected.

Similarly in artificial infant feeding. For the normal infant, you prefer cow's milk dilutions. For the athreptic or vomiting baby, you choose lactic acid milk. When there is diarrhea or marasmus, you decide upon protein milk. In certain other situations, your judgment is evaporated milk.

Dextri-Maltose is the carbohydrate of your choice for balancing all of the above "strokes" or formulae and aptly may be compared with the nice balance offered the experienced player, by matched clubs.

To each type of formula (be it fresh cow's milk, lactic acid milk, protein milk, evaporated or powdered milk), Dextri-Maltose figuratively and literally supplies

the nicely matched balance that gets results.

PHYSICIANS BABIES
ARE
BETTER BABIES

MEAD JOHNSON & COMPANY, EVANSVILLE, IND., U.S.A. EX

# The Physician's Gymnasium

McGOVERN'S is often referred to as "the physician's Gymnasium" because so many doctors send their patients here. Through investigation, they have found that McGovern's is the one gymnasium that bases its exercises and athletics solely upon the physician's diagnosis of the patient's individual condition.

We'll be glad to send any physician a guest card so that he may see, for himself, our facilities for carrying out his orders.

MeGovern's

Gymnasium

INCORPORATED

(for men and women)
41 East 42nd St., at Madison Ave,
New York City

# The Most to Mo

## BARROW MANOR

New York's Most Attractive Suburban Convalescent Home

A Private Home for Convalescents, Semiinvalids and Elderly People. Mental Patients Not Accepted

Quiet, Restful, Exclusive, Accessible

Medical Service
Exclusive Services of
Nurse
Semi-Private and
Private Accommoda-

Diets
Laboratory Analysis
Alpine Sun Lamp
Physio-Therapy
Massage
Colonic Irrigations

Physicians are invited to supervise in care of their patients

Henry J. Barrow, M.D.

Medical Director

Violet C. Smith Superintendent

No. 1 Broadway Dobbs Ferry N. Y. Telephone Dobbs Ferry 2274

Inspection invited Information upon Request (Continued from page 478)

The law has apparently had the desired effect of barring the unqualified from becoming licensed in this state in the future.

"The revision of the Medical Practice Act in 1927 effected certain needed changes in the old law. The yearly fee for registration of physicians has furnished the means of enforcement and that this means has been utilized is shown by the report of the investigating attorney that in less than two years ninety-eight cases have been investigated and twenty-seven cases brought into court with twenty-three convictions.

"If it had not been for the legislative committee tax, supported hospitals would have been opened to the medical cults; the laboratory of the Venereal Division of the State Board of Health would probably have been discontinued; and a limit would have been placed by law on medical fees coming under the Industrial Commission.

"The next most expensive committee of the Association has been the one on Public Health Education. The activities of this committee have been so diversified and its influence has been exerted in so many directions that the results are less tangible. They undoubtedly are nevertheless far reaching. The efforts of this committee have been to foster medical influence in the direction of the various health organizations in the state. This has been accomplished in part through county society committees on Public Health, by assisting health organizations in putting on approved programs and by assisting the Minnesota Public Health Association in the preparation of its publications and otherwise. Weekly newspaper service has been conducted throughout the state and radio talks have been furnished.

"One of the worthwhile undertakings of the Association which should be mentioned is the Consultation Bureau conducted by Dr. W. A. O'Brien in *Minnesota Medicine*. The county secretaries' conference has been made possible by the increase in dues and the annual meeting is no small item of expense.

"While we do not approve of extravagant expenditures by the State Association, the above recital seems to substantiate the view that there has been value received. The whole question is whether we are to continue to be an organization which through its various agencies is going to make its influence felt, or whether the State Association is to revert back to its former condition of innocuous desuctude."

## NON-SPECIFIC FEVER

## Easily—Safely—Controllably Produced

IT is now possible to offer to the medical profession a safe, easily controlled and administered method for the production of non-specific fever. The method is not promoted as something in the experimental stage. It has been thoroughly tested by qualified physicians for nearly eight years.

Unlike injection therapy employing stock vaccines, autogenous vaccines, and non-specific proteins, this is a pleasant external treatment based on skin stimulation. It may be employed more frequently than injections without danger of shock or undesirable reactions.

Because it acts by way of the skin, it is aptly called transcutaneous therapy, and the activating substance, is called Transkutan. Transkutan is supplied in three dosages, in convenient 5-ounce bottles, each sufficient for one treatment. It is a scientific combination of a highly concentrated solution of natural mineral salts with turpentine, oil of wintergreen, menthol and camphor.

Transkutan is used in a hot bath followed by a sweat pack and six to eight hours rest. As may be easily de-

termined by observation, a substantial increase in body temperature is produced which slowly and regularly abates. There is concomitantly a marked diaphoresis and generally a leucocytosis.

Transkutan baths have been proven to be of the greatest value as adjuncts in the treatment of diseases of the rheumatic group. Arthritis, especially, of various categories, has yielded to the beneficial results of Transkutan baths. Records are available of many long-established cases successfully treated. Every physician has such cases. Every physician should, therefore, investigate Transkutan. All inquiries should be directed to the address below on your office stationery as Transkutan is sold only to the profession directly.

TRANSKUTAN, Inc., 8 West 10th Street, New York, N. Y.

Gentlemen:

Kindly send me, without obligation, full information on the use of Transkutan for the casy, pleasant, safe and controlled production of non-specific fever.

Doctor

Street and Number

City and Save

N.

Y.

T E

M E

T I

G

В

H

14

#### COUNTY HEALTH DEPARTMENTS IN IOWA

The March issue of the Journal of the Iowa State Medical Society has the following account of the establishment of the first County Health Department in Iowa under the new law:

"To Washington County goes the distinction of organizing the first County Health Unit under Iowa's new and progressive law. This same county was the first to have a county hospital This success is largely due to a united and constructive County Medical Society.

"The meeting of the Washington County Medical Society for November 5, 1929, was set aside for the consideration of the County Health Unit.

"The president of the county society, Dr. John L. Fry, was authorized to appoint a representative committee from over the county to present the matter to the County Board of Supervisors. This was so well done that at the meeting of the Board on December 21, 1929, a County Health Board was named. This Board is made up of three physicians.

"This Board soon met and organized and

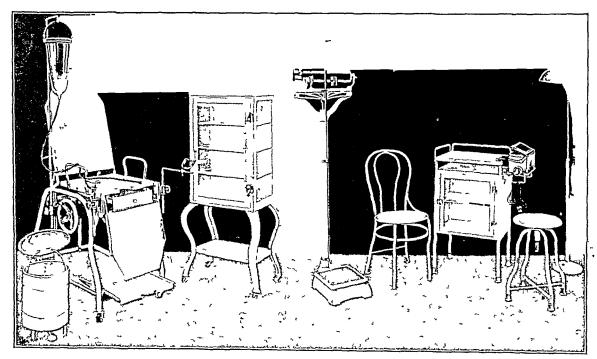
after thorough consideration, recommended that the County Unit Plan be adopted, and as soon as this should be done that Dr C. W. Stewart of Washington be selected as County Health Physician. The County Board of Supervisors in regular meeting February 26, 1930, accepted the plan as recommended and made the necessary appropriation.

"To show exactly how this unit is to be financed and operated, the resolution passed by the County Board of Supervisors is given in full.

"'Whereas, smallpox and other communicable diseases have been quite prevalent in this county in recent months, causing considerable expense to the county as well as to private citizens, also causing much loss in time, schooling and interference with trade. And,

"'Whereas, a unified health service promises increased efficiency in health protection and disease prevention at a minimum financial outlay. And,

"'Whereas, the Board of Supervisors of Washington County, Iowa, acting under the (Continued on page 483—adv. 2vn)



No. 6175—De Luxe Office Equipment....

OUR PRICE \$275.00 Less 10% for Cash

HAROLD SURGICAL CORPORATION

31 Central Ave., Albany N. Y.

204-6-8 East 23rd St., N. Y. C.

(Continued from page 482-adv xvi)

provision of Chapter 65, laws of the 43rd General Assembly, did on the 21st day of December, 1929, adopt the County Health Unit plan and appoint a County Board of Health, which Board of Health has now proposed a Health Program for Washington County, lowa, now,

"Therefore, Washington County, Iowa, acting by and through its Board of Supervisors accepts the Health program proposed by the County Board of Health and the same is hereby adopted for the term of one year beginning April 1, 1930."

The budget proposed by said Health Unit is as follows:

#### Proposed Budget

		U	
Health Offi	cer		.\$2,400.00
County Nur	se		1,500.00
City Nurse		<u> </u>	1,500.00
Clerk (Ove	rseer of the	Poor)	. 1,200.00
Milk Inspe	ctor		. 375.00
Laboratory	maintenance	e	. 400 00
Co. Hospita	ıl Public He	alth Lab'y	. 720 00
Mileage (E	stimated) 10	Oc per mile fo	r
doctor an	d county nu	rse	. 1,000 00
	-		

COUNTY SOCIETY OFFICIAL PLANS IN IOWA

The March number of the *lowa State Medical Journal* has a list of standard activities

to be adopted by every county society. The

"In response to numerous requests from county society officers for advice as to how their society could be made more active, the managing director with the counsel of various officers of the state society prepared the following outline of such activities. The outline is printed here so that it may not only come to the attention of county society officers but that all the members may at a glance secure a general idea of interesting and fruitful projects which the active county society may undertake.

The plan continues:

I. Unity and Harmony: One hundred percent membership of qualified physicians in each county is the first step towards unity.

II. Scientific Work and Programs: (A) Regular monthly meetings should be held except possibly during the summer months. A dinner preceding the session, a simultaneous meeting of the wives (or Woman's Auxiliary).

(Continued on page 484-adv. xviii)

## CIDODHILLIS TO

\$9,095.00

B. ACIDOPHILUS MILK

Approved by the A.M.A. Council on Pharmacy and Chemistry

This is the original product with the high concentration of viable organisms of B. Acidophilus. Careful selection is given to each group and consequently only those of proven intestinal implantation are used. Prominent investigators have demonstrated its value in:

## CHRONIC CONSTIPATION MUCOUS COLITIS

DYSENTERY and resultant INTESTINAL TOXEMIAS

Fresh and viable cultures are always assured through the daily distribution of our Dairy Distributing Companies, located in all principal cities.

Just send in your name and address, and we will return a SAMPLE, together with a brochure on the B. Acidophilus therapy, giving 31 important references.

CHEPLIN BIOLOGICAL LABORATORIES, Inc. Syrncuse, N. Y.

MRNAL when writing to udivert

For Diaphragm and
Upper Body Support



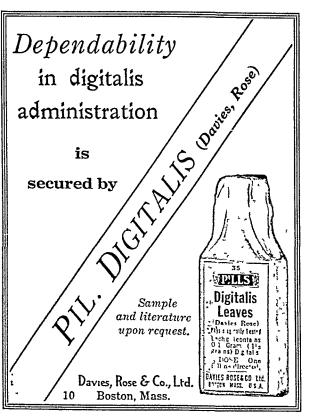
This new Camp High Belt provides adequate support to the diaphragm and upper body Designed particularly for use following gall bladder and stomach operations and in all cases where scientific body support is desired As in all Camp Supports, the Camp Patented Adjustment is the distinctive feature—giving sacro-iliac and lumbar support to the back. Note two sets of straps, a new departure which makes manipulation easy and a strong pull possible, fitting the support closely to the body and assuring comfort to the wearer.

Write for physican's manual.

Two Models For the tall man with full upper body—for the short full figure Adjustable to all types Dealers stocking these items will find a ready sale with fine profit possibilities Sold by better drug and surgical houses.

S. H. CAMP AND COMPANY

Manufacturers, JACLSON, MICHICAN
CERTCACO
69 E. Madison St. 252 Regent St., W. 350 Fifth Ave.



(Continued from page 483-adv. xvii)

or special features on the program, and attractive announcements mailed a few days before the meeting, will help create interest in the programs and increase attendance.

III. Legislation, Politics: (A) Each county society should have a Legislative Committee, the members being selected for their interest

and activity in local politics.

- (B) A careful check should be kept on all pending medical and health legislation, and the attitude of the society should be communicated to the Legislative Committee of the state society, or, through the delegate, to the House of Delegates, where general legislative policies are determined.
- (C) Maintain a constant contact with candidates before primaries and elections: Know their attitudes toward health and medicine. Have the various candidates appear before the society prior to the election and discuss these matters with them, urging that they go to the state society Legislative Committee for professional advice in public health matters just as they go to a private physician in personal medical matters.
- (D) Work for votes for the right man: Every member of the society should take an active part. The county medical society can be the strongest single political power within the county, if its members will exert the tremendous influence they have.
- (E) During the General Assembly, let your legislators know by letter, telegram, telephone and personal words, that you are following their activities regarding health and medical legislation.

IV. Public Health: (A) Each county society should have a committee on public health activities or public relations, whose duties would include:

include.

- 1. Advising with all lay organizations engaging in any kind of health work, regarding their programs and activities.
- 2. Making recommendations to the society regarding approval (or not) of such lay health undertakings.
- 3. Investigating the possibility of a County Health unit as permitted by the new law on that subject.
- 4. If no other special committee exists for the purpose, the conduct of such lay educational measures (lectures, motion pictures, newspapers, etc), as are feasible within the county.
  - (B) Care of the Indigent Sick:
- 1. Sociological Aspects: This problem often estranges county officials and many citizens from the medical profession because of differ-

(Continued on page 485-adv. xix)

(Continued from page 484-adv. xviii)

ences over procedure in the treatment of sick paupers and payment therefor.

- 2. Official Responsibility: The county society should seek first to establish the legal fact that the Iowa Statutes contemplate payment in full for all properly authorized medical services. (See Sections 5320 to 5334 of the Iowa Code).
- 3. The County Contract: Some mutually acceptable arrangement should be made between the county supervisors and the county medical society. There are several varieties of contracts covering such services which are now operating satisfactorily here in Iowa. (Detailed information may be obtained from the State Society office). (See the New York STATE JOURNAL OF MEDICINE, March 15, 1930, page 368).

#### CIGARETTE ADVERTISING

Advertisements of cigarettes and cigarette holders have invaded medical journals as well as the daily newspapers and have aroused a considerable amount of indignation in many quarters. The Ohio State Medical Journal of April contains the following editorial on a bill proposed in the United States Senate:

"Tobacco and tobacco products will be included within the scope of the pure food laws if a bill presented by Senator Smoot of Utah and pending in Congress becomes a law.

"Senator Smoot's measure is an outgrowth of the advertising campaign cigarette manufacturers have been carrying on and which has been criticized by various organizations.

"The campaign of the tobacco interests was denounced by Senator Smoot as 'unconscionable, heartless and destructive attempts to exploit the women and youth of our country.'

"Ten years ago when in certain quarters of our metropolitan cities a saloon flourished on every corner, no tobacco manufacturer had the temerity to cry to our women: 'Smoke cigarettes—they are good for you,' Senator Smoot declared. When newspapers were filled with cure-all and patent medicine advertising, no manufacturer of a tobacco product dared to offer nicotine as a substitute for wholesome food; no cigarette manufacturer was so bold as to fly in the face of established medical and health opinion by urging adolescent boys or girls to adopt the cigarette habit.

"Not since the days when public opinion rose up in its might and smote the dangerous drug traffic, not since the days when the vendor of harmful nostrums was swept from the streets, has this country witnessed such an orgy of

It Tastes Like
Chocolate Fudge—

and that makes "medicine time" a treat, important when your patient is rather young. The therapeutic agents in Olajen are present in this radically different vehicle (resembling a creamy peppermint chocolate) in colloidal dispersion—important for you, because

Clinical results and the rapid improvement of patients placed on Olajen show definitely that absorption and utilization of its constituents take place very rapidly and effectively.



renders valuable aid as a reconstituent and builder in

MALNUTRITION, SIMPLE AND SEC-ONDARY ANEMIAS, CONVALES-CENCE, IN CONDITIONS CHARACTER-IZED BY CALCIUM AND IRON DEFICIENCY.

It has given excellent clinical results as an adjunct in the treatment of

TRACT SUCH AS BRONCHITIS, GRIPPE, COLDS, etc.

You will want to try the full-sixed jar offered for the acid test of your own practice. Use the Coupon.



Olajen contains

Calcium lactate .....12 gr.
Iron phosphate .....12 gr.
Sodium phosphate .....12 gr.
Potassium Bi Tartrate,
12 gr.

Lecithin ......435 gr.

in a colloidal pleasantly favored chocolate vehicle of marked nutrative value.

Olajen, Inc. 451 W. 30th St. New York City OLAIRN, INC.

\$1 West Joth Street, New York City
You may send me free of charge a full
sized jar of Olajen for use in my practice,
M.D.

City and State

(Continued on page 486-adv. xx)

WHIRNAL when writing to advertisers

# 1930 PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

ALBANY B. Corning, Albany H. L. Nelms, Albany . F. E. Vosburgh, Albany ALILEGANY H. K. Hardy, Rushford. L. C. Lewis, Belmont. G. W. Roos, Wellsville BRONX H. Aranow, N. Y. City. J. I. Landsman, N. Y. City. J. A. Keller, N. Y. City BROOME J. J. Kane, Binghamton. L. Pope, Binghamton. C. L. Van Hors, C. L. P. Schiff, Plattsburg. J. H. Hunt, Ellmira. C. HEMONG. J. S. Lewis, Ellmira. J. C. S. Dale, Ellmira. J. H. Hunt, Ellmira. CHEMANGG. F. A. Hammond, New Berlin, J. H. Stewart, Norwich. J. H. Stewart, Norwich. CLINTON. A. S. Schneider, Plattsburg. L. F. Schiff, Plattsburg. F. K. Ryan, Plattsburg. COLUMBIA. D. R. Robert, New Lebanon Ct. L. Van Hoesen, Hudson. L. Van Hoesen, Hudson. CORTLAND. D. B. Glezen, Clincimatus. P. W. Haake, Homer. B. R. Parson, Cortland. DELAWARE. La M. Day, Sidney. H. J. Goodrich, Delhi. H. J. Goodrich, Delhi. DUTCHESSPUNNAM. A. Sobel, Pghkeepsie. H. P. Carpenter, Pghkeepsie. H. P.	County	President	Secretary	Treasurer
ALLEGANY H. K. Hardy, Rushford L. C. Lewis, Belmont G. W. Roos, Weltsville BRONX H. Aranow, N. Y. City J. Landsman, N. Y. City A Keller, N. Y. City BROOME J. J. Kane, Binghamton H. D. Watson, Binghamton. C. L. Pope, Binghamton CATTGARAUGUS C. A. Lawler, Salamanca. R. B. Morris, Olean. R. B. Morris, Olean. CAYUGA C. F. McCarthy, Anburn W. B. Wilson, Auburn B. Sisson, Auburn CATTGARAUGUS C. A. Lawler, Salamanca. R. B. Morris, Olean. R. B. Morris, Olean. CAYUGA C. F. McCarthy, Anburn B. Bicher, Dunlick F. J. Fisterer, Dunkirk CHEMANGO C. E. A. Hammond, New Berlin, J. H. Stewart, Norwich. J. H. Stewart, Norwich CHEMANGO E. A. Hammond, New Berlin, J. H. Stewart, Norwich J. H. Stewart, Norwich CLINTON A. S. Schneider, Piattburg. L. F. Schiff, Piattburg. L. K. Ryan, Piattburg COLUMBIA D. R. Robert, New Lebanon CL. Van Hosen, Hudson. L. Van Hosen, Hudson. CORTLAND D. B. Glezen, Gincimatus W. Haake, Home, L. Van Hosen, Hudson. CORTLAND D. B. Glezen, Gincimatus W. Haake, Home, H. J. Goodrich, Delhi DITCHARE M. J. M. Day, Sincepsic H. J. Coodrich, Delhi M. J. Goodrich, Delhi C. L. W. Morris, M. J. M. Day, Sincepsic H. J. Coodrich, Delhi M. J. Goodrich, Delhi C. R. L. W. M. M. J. M. J. M. J. Watshill, J. L. W. Beanit, Buffalo A. H. Oschren, Buffalo ERSEX. C. N. Sarlin, Port Henry H. Gaus, Tisonderoga. J. H. Gaus, Tonderoga REANKLIN E. S. Welles, Saranac Lake G. F. Zimmerman, Malone G. F. Zimmerman, Malone G. F. Zimmerman, Malone G. D. Sinclair, East Durham M. Rapp, Catskill. L. D. Vedder, Johnstown GENESEE C. D. Picree, Batavia P. J. Di Natale, Batavia P. J. Di Natale, Batavia GENESEE C. D. Picree, Batavia P. J. Di Natale, Batavia P. J. Di Natale, Batavia GENESEE C. D. Sinclair, East Durham M. Rapp, Catskill HERKIMER J. W. M. Parkimson, Salisbury Ct. W. B. Brooks, Mohawk. A. L. Fagan, Herkimer JEFFFERSON F. G. Metzger, Carthage. W. S. Atkinson, W. F. Smith, Retsof M. D. Sonder, Carthage. W. S. Atkinson,	ALBANY	E. Corning, Albany	.H. L. Nelms, Albany	.F. E. Vosburgh, Albany
BRONX H. Aranow, N. Y. City. I. J. Landsman, N. Y. City. J. A. Keller, N. Y. City BROOME J. J. Kane, Binghamton L. D. Watson, Binghamton C. L. Pope, Binghamton CATTARAUGUS C. A. Lawler, Salamanca. R. B. Morris, Olean CATTARAUGUS C. A. Lawler, Salamanca. R. B. Morris, Olean CATUGA C. F. McCarlhy, Auburn W. B. Wilson, Auburn L. B. Sisson, Auburn CHAUTAUQUA F. J. McCuila, Jamestown. E. Bieber, Dunkirk. F. J. Fisterer, Dunkirk CHEMUNG J. S. Lewis, Elmira. C. S. Dale, Elmira. J. H. Hunt, Elmira CHEMANGO E. A. Hammond, New Berlin, J. H. Stewart, Norwich. J. H. Stewart, Norwich CLINTON A. S. Schneider, Platisburg L. F. Schift, Platisburg, F. K. Ryan, Platisburg COLUMBIA D. R. Robert, New Lebanon Ct. L. Van Hoesen, Hudson. L. Van Hoesen, Hudson CORTLAND. D. B. Glezen, Cincinnatus. P. W. Haake, Homer. B. R. Parson, Cortland DELAWARE LA M. Day, Sidney. H. J. Goodrich, Delhi H. H. J. Goodrich, Delhi DUTCHESS-PUTNAM A. Sobel, Pfgheepsie. H. P. Carpenter, Pfghicepsie. H. P. Carpenter, Pfghicepsie ERIE W. T. Getman, Buffalo. L. W. Beamis, Buffalo. A. H. Noehren, Buffalo ESSEX C. N. Sariin, Port Henry J. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga FRANKLIN E. S. Welles, Saranac Lake. G. F. Zimmerman, Malone. G. F. Zimmerman, Malone FULTON B. E. Chapman, Broadablin A. R. Wilsey, Gloversville. J. D. Velder, Johnstown GENESER C. D. Sinclair, East Durban. W. M. Rapp, Castelli. J. D. Velder, Johnstown GENESER C. D. Sinclair, East Durban. W. M. Rapp, Castelli. C. E. Willing, Castelling EIFFEMMER V. M. Parkinson, Salisbury C. W. S. Brooks, Mohawk. A. J. Fanger, Folkown LIVINGSTON R. A. Page, Genesso. E. N. Smith, Retsof MADISON I. G. McZerc, Gardinge. A. W. M. Rapp, Castelli. C. E. Willing, Foodblyn EIFFEMSON P. G. McZerc, Gardinge. A. N. Shape, Castelli. C. E. N. Smith, Retsof MADISON I. B. Chase, Morrivville. D. H. Conterman, Oneida. L. S. Preston, Oneida MONROE W. A. Calinan, Rochester W. H. Vecder, Act, Rochester W. H. Veeder, Rochester MONTGOMERY La. A. Bouton, Amsterdam W. R. Piece, Ansterdam. S. L. Honnrighouse, Amsterdam NA	ALLEGANY	.H. K. Hardy, Rushford	L. C. Lewis. Belmont	G. W. Roos, Wellsville
BROOME J. J. Kane, Binghamton. H. D. Watson, Binghamton. C. L. Pope, Binghamton CATTARAUGUS C. A. Lawler, Salamanca. R. B. Morris, Olean R. B. Morris, Olean CAYUGA C. F. McCarthy, Auburn. W. B. Wilson, Auburn. L. B. Sisson, Auburn CAYUGA C. F. McCarthy, Auburn. W. B. Wilson, Auburn L. B. Sisson, Auburn CHEMANGO E. A. Hammond, New Berlin J. H. Stewart, Norwich J. H. Stewart, Norwich CHEMANGO E. A. Hammond, New Berlin J. H. Stewart, Norwich J. H. Stewart, Norwich CLINTON A. S. Schneider, Plattsburg L. F. Schiff, Plattsburg. F. K. Ryan, Plattsburg COLUMBIA D. R. Robert, New Lebanon Cl. L. Van Hoesen, Hudson L. Van Hoesen, Hudson CORTLAND D. B. Glezen, Cincinnatus P. W. Haake, Homer. B. R. Parsons, Cortland DELAWARE La M. Day, Sidney. H. J. Goodrich, Delhi B. D. R. Cortland DELAWARE La M. Day, Sidney. H. J. Goodrich, Delhi H. J. Goodrich, Delhi DUTCHESS-PUTNAM A. Sobel, P'ghkeepie. H. P. Carpenter, Buffalo ESSEX C. N. Sarlin, Port Henry L. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga FRANKLIN E. S. Welles, Saranac Lake G. F. Zimmerman, Malone G. F.	BRONX	.H. Aranow, N. Y. City	.I. J. Landsman, N. Y. City.	J. A. Keller, N. Y. City
CATTARAUGUS C. A. Lawler, Salamanca. R. B. Morris, Olean. R. B. Morris, Olean. CAYUGA C. F. McCarthy, Auburn. W. B. Wilson, Auburn. L. B. Sisson, Auburn CHAUTAUQUA F. J. McCulla, Jamestown. E. Bicber, Dunkirk. F. J. Pfasterer, Dunkirk CHEMING J. S. Lewis, Elmira. C. S. Dale, Elmira. J. H. Hunt, Elmira CHEMANGO E. A. Hammond, New Berlin, J. H. Stewart, Norwich. J. H. Stewart, Norwich CLINTON A. S. Schneider, Plattsburg L. F. Schife, Plattsburg. F. K. Ryan, Plattsburg COLUMBIA. D. R. Robert, New Lebanon Ct. L. Van Hoesen, Hudson. L. Van Hoesen, Hudson CORTLAND. D. B. Glezen, Cincinnatus. P. W. Haake, Homer. B. R. Parsons, Cortland DELAWARE La M. Day, Sidney. H. J. Goodrich, Delhi H. J. Goodrich, Delhi DUTCHESS-PUTNAM A. Sobel, Pficheepsie. H. P. Carpenter, Pfighteepsie. H. P. Carpenter, Pfighteepsie. ERIE W. T. Getman, Buffalo. L. W. Beamis, Buffalo. A. H. Nochren, Buffalo ESSEX C. C. N. Sarlin, Port Henry. L. H. Gau, Ticonderoga. L. H. Gau, Ticonderoga FRANKLIN E. S. Welles, Saranac Lake. G. F. Zimmerman, Malone. G. F. Zimmerman, Malone GENESEE C. D. Sinclair, East Durham. A. R. Wilsey, Gloversville. J. D. Veder, Johnstown GENESEE C. D. Sinclair, East Durham. W. M. Rapp, Catskill. C. E. Willard, Catskill HERKIMER V. M. Parkinson, Salisbury Ct.W. B. Brooks, Mohawk. A. L. Fagan, Herkimer JEFFFERSON. F. G. Metzger, Carthage. W. S. Atkinson, Watertown. W. F. Smith, Watertown KINGS L. F. Warren, Brooklyn. J. Steele, Brooldyn J. J. Bauer, Brooklyn KINGS L. F. G. Volovic, Lowville. F. E. Jones, Beaver Falls. F. E. Jones, Beaver Falls LIVINGSTON R. A. Page, Genesso. E. N. Smith, Retsof. E. N. Smith, Retsof MADISON L. B. Chase, Morrisville. D. H. Conterman, Oncida. L. S. Preston, Oncida MONTGOMERY L. A. V. A. Bound, A. M. W. Repter, N. Y. City NIAGARA G. L. Miller, Niagara Falls. W. R. Scott, Niagara Falls. W. R. Scott, Niagara Falls LIVINGSTON R. A. Page, Genesso. E. N. Smith, Retsof. E. N. Smith, Retsof ONEDDA H. F. Hubbard, Rome. W. Hale, F. Uiro, D. D. Deckler, N. Y. City NIAGARA G. L. Willer, Niagara Falls. W. R. Sc	BROOME	J. J. Kane, Binghamton	H. D. Watson, Binghamton.	C. L. Pope, Binghamton
CAYUGA C. F. McCarthy, Auburn W. B. Wilson, Auburn L. B. Sisson, Auburn CHAUTAUQUA F. J. McCalla, Jamestown. E. Bieber, Dunkirk. F. J. Pfasterer, Dunkirk CHEMING J. S. Lewis, Elmira C. S. Dale, Elmira J. H. Hunt, Elmira CHEMINGO E. A. Hammond, New Berlin J. H. Stewart, Norwich J. H. Stewart, Norwich CLINTON A. S. Schneider, Plattsburg, L. F. Schiff, Plattsburg. F. K. Ryan, Plattsburg COLUMBIA D. R. Robert, New Lebanoc Cl. J. Van Hoesen, Hudson CORTLAND D. B. Glezen, Cincinnatus P. W. Haake, Homer B. R. Parsons, Cortland DELAWARE La M. Day, Sidney. H. J. Goodrich, Delhi H. J. Goodrich, Delhi DUTCHESS-PUTNAM A. Sobel, Pighkeepsie. H. P. Carpenter, Pighkeepsie. Serana Lake. G. F. Zimmerman, Malone ESSEX C. N. Sarlin, Port Henry L. H. Gaus, Ticonderoga FRANKLIN E. S. Welles, Saranac Lake. G. F. Zimmerman, Malone G. F. Zimmerman, Malone FULTON B. E. Chapman, Broadalbin A. R. Wilsey, Gloversville. J. D. Vedder, Johnstown GENESEE C. D. Pierce, Batavia. P. J. Di Natale, Batavia P. J. Di Na	CATTARAUGUS	. C. A. Lawler, Salamanca	R. B. Morris, Olean	R. B. Morris, Olean
CHENANGO E. A. Hammond, New Berlin J. H. Stewart, Norwich. J. H. Stewart, Norwich CLINTON A. S. Schneider, Plattsburg L. F. Schiff, Plattsburg J. F. K. Ryan, Plattsburg COLUMBIA D. R. Robert, New Lebanon Ct. L. Van Hoesen, Hudson L. Van Hoesen, Hudson CORTLAND D. B. Glezen, Cincinnatus P. W. Haske, Homer B. R. Parsons, Cortland CORTLAND D. B. Glezen, Cincinnatus P. W. Haske, Homer B. R. Parsons, Cortland DELAWARE L. La M. Day, Sidney . H. J. Goodrich, Delhii H. J. Goodrich, Delhii DUTCHESS-PUTNAM. A. Sobel, Pighkeepsie. H. P. Carpenter, Pighkeepsie H. P. Carpenter, Pighkeepsie H. P. Carpenter, Pighkeepsie H. P. Carpenter, Pighkeepsie H. P. Carpenter, Pighkeepsie ESEX . C. N. Sarlin, Port Henry J. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga ESEX . C. N. Sarlin, Port Henry J. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga ESEX . C. N. Sarlin, Port Henry J. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga ESEX . C. N. Sarlin, Port Henry J. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga ESEX . C. N. Sarlin, Port Henry J. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga ESEX . C. N. Sarlin, Port Henry J. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga ESEX . C. N. Sarlin, Port Henry J. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga ESEX . C. N. Sarlin, Port Henry J. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga Genesia Malone. Genesia Estava J. L. W. Gaus, Malone. Genesia Estava J. L. Malone J. L. Gaus, Malone Genesia Estava J. L. Malone J. L. Gaus, Malone Genesia Estava J. L. L. Malone J. L. Gaus, Malone Genesia Estava J. L. Malone J. L. Gaus, Mal	CAYUGA	. C. F. McCarthy. Auburn	W. B. Wilson, Auburn	L. B. Sisson, Auburn
CHENANGO E. A. Hammond, New Berlin J. H. Stewart, Norwich. J. H. Stewart, Norwich CLINTON A. S. Schneider, Plattsburg L. F. Schiff, Plattsburg F. K. Ryan, Plattsburg COLUMBIA D. R. Robert, New Lebanon Ct. L. Van Hoesen, Hudson. L. Van Hud	CHAUTAUQUA	F. J. McCulla, Jamestown	E. Bieber, Dunkirk	F. J. Pfisterer, Dunkirk
CLINTON A. S. Schneider, Plattsburg F. Schiff, Plattsburg F. K. Ryan, Plattsburg CORTLAND D. B. R. Robert, New Lebanon Ct. L. Van Hoesen, Hudson L. Van Hoesen, Hudson CORTLAND D. B. Glezen, Cincinnatus P. W. Haake, Homer B. R. Parsons, Cortland D. B. B. Glezen, Cincinnatus P. W. Haake, Homer B. R. Parsons, Cortland DELAWARE La M. Day, Sidney H. J. Goodrich, Delhi H. J. Goodrich, Delhi DUTCHESS-PUTNAM. A. Sobel, Pighkeepise H. P. Carpenter, Pighkeepise H. Gaus, Ticonderoga H. Malone H. Gaus, Ticonderoga H. Malone H. Gaus, Ticonderoga H. Malone H. Gaus, Ticonderoga H. Malone H. Gaus, Ticonderoga H. Malone H. Gaus, Ticonderoga H. Gaus, Ticonderoga H. Gaus, Ticonderoga H. Gaus, Ticonderoga H. Gaus, Ticonderoga H. Gaus, Ticonderoga H. Gaus, Ticond	CHEMUNG	J. S. Lewis, Elmira	C. S. Dale, Elmira	.J. H. Hunt, Elmira
COLUMBIA D. R. Robert, New Lebanon Ct. L. Van Hocsen, Hudson CORTLAND D. B. Gleezen, Cincinnatus P. W. Haake, Homer. B. R. Parsons, Cortland DELAWARE La M. Day, Sidney. H. J. Goodrich, Delhi. H. J. Goodrich, Delhi DUTCHESS-PUTNAM A. Sobel, Pghkeepise. H. P. Carpenter, Pghkeepise. H. P. Carpenter, Pghkeepise ERIE W. T. Getman, Buffalo. L. W. Beamis, Buffalo. A. H. Nochren, Buffalo ESSEX C. C. N. Sarlin, Port Henry L. H. Gaus, Ticonderoga. L. H. Gaus, Ticonderoga FRANKLIN E. S. Welles, Saranac Lake. G. F. Zimmerman, Malone. G. F. Zimmerman, Malone FULTON B. B. E. Chapman, Broadalbin. A. R. Wilsey, Gloverville. J. D. Vedder, Johnstown GENESFE C. D. Pierce, Batavia. P. J. Di Natale, Batavia. P. J. Di Natale, Batavia GREENE D. Sinclair, East Durham W. M. Rapp, Catskill. C. E. Willard, Catskill HERKIMER V. M. Parkinson, Salisbury Ct. W. B. Brooks, Mohawk. A. L. Fagan, Herkimer JEFFERSON F. G. Metzger, Cardiage. W. S. Afkinson, Watertown W. F. Smith, Watertown KINGS J. F. Warren, Brooklyn. J. Steele, Brooklyn J. J. Bauer, Brooklyn LLWINGSTON R. A. Page, Geneseo. E. N. Smith, Retsof. E. D. Institution L. S. Preston, Oncida MONROE W. A. Caliban, Rochester W. H. Veeder, Act, Rochester W. N. Smith, Retsof. E. N. Smith, Retsof. MADISON L. B. Chase, Morrisville. D. H. Conterman, Oncida. L. S. Preston, Oncida MONROE W. A. Caliban, Rochester W. H. Veeder, Act, Rochester W. N. Veeder, Rochester W. Veeder,	CHENANGO	.E. A. Hammond, New Berlin	1.J. H. Stewart, Norwich	J. H. Stewart, Norwich
CORTLAND  D. B. Glezen, Cincinnatus, P. W. Haake, Homer. B. R. Parsons, Cortland DELAWARE  La M. Day, Sidney. H. J. Goodrich, Delhi H. J. Goodrich, Delhi DUTCHESS-PUTNAM. A. Sobel, Pghkeepsie. H. P. Carpenter, Pghkeepsie. H. P. Lander, Pghkeepsie. H. P. Carpenter, Pghkeepsie. H. P. Lander, Pghkeepsie. H. P. Lander, Pghkeepsie. H. P. Carpenter, Pghkeepsie. H.	CLINTON	.A. S. Schneider, Plattsburg.	L. F. Schiff, Plattsburg	K. Kyan, Plattsburg
DELAWARE LA M. Day, Sidney H. J. Goodrich, Delhi H. J. Goodrich, Delhi DUTCHESS-PUTNAM A. Sobel, Pgikkeepise H. P. Carpenter, Pgikkeepise H. Nochren, Buffalo A. D. Jaques, Lynbrook A. D. Jaques, Lynbrook A. D. Jaques, Lynbrook A. D. Jaques, Lynbrook A. D. Jaques, Lynbroo	COLUMBIA	.D. R. Robert, New Lebanon Ct	L. Van Hoesen, Hudson	L. Van Hoesen, Hudson
DUTCHESS-PUTNAM. A. Sobel, Pghkeepsie. H. P. Carpenter, Pghkeepsie. H. P. Carpenter, Pghkeepsie ERIE W. T. Getman, Buffalo. L. W. Beamis, Buffalo. A. H. Nochren, Buffalo ESSEX C. N. Sarlin, Port Henry. L. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga FRANKLIN E. S. Welles, Saranae Lake. G. F. Zimmerman, Malone G. Z	CORTLAND	D. B. Glezen, Cincinnatus	. P. W. Haake, Homer	U I Goodrich Delhi
ERIE W. T. Getman, Buffalo. L. W. Beamis, Buffalo. A. H. Nochren, Buffalo ESSEX C. N. Sarlin, Port Henry. L. H. Gaus, Ticonderoga A. H. Gaus, Ticonderoga FRANKLIN E. S. Welles, Saranac Lake. G. F. Zimmerman, Malone. G. F. Zimmerman, Malone FRANKLIN E. S. Welles, Saranac Lake. G. F. Zimmerman, Malone. G. F. Zimmerman, Malone FULTON B. E. Chapman, Broadalbin. A. R. Wilsey, Gloversville. D. D. Vedder, Johnstown GENESEE C. D. Pierce, Batavia. P. J. Di Natale, Batavia P. J. Di Natale, Batavia GREENE D. Sinclair, East Durham. W. M. Rapp, Catskill. C. E. Willard, Catskill HERKIMER V. W. M. Farkinson, Salisbury Ct.W. B. Brooks, Mohawk. A. L. Fagan, Herkimer JEFFERSON F. G. Metzger, Carthage. W. S. Atkinson, Watertown. W. F. Smith, Watertown KINGS L. F. Warren, Brooklyn J. Steele, Brooklyn J. L. Bauer, Brooklyn ILVINGSTON R. A. Page, Genesco. E. N. Smith, Retsof E. W. S. Millingston M. J. B. Chase, Morrisville. D. H. Conterman, Oncida. L. S. Preston, Oncida MONROE W. A. Caliban, Rochester. W. H. Veeder, Act, Rochester W. H. Veeder, Rochester MONTGOMERY La V. A. Bouton, Amsterdam W. R. Pierce, Amsterdam. S. L. Homrighouse, Amsterdam NASSAU L. A. Newman, Pt Washington A. D. Jaques, Lynbrook. A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City. D. S. Dougherty, N. Y. City. J. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls. W. R. Scott, Niagara Falls. ONDAGA H. B. Pritchard, Syracuse L. W. Ehegartner, Syracuse, F. W. Rosenberger, Syracuse ONTARIO C. W. Webb, Clifton Springs, D. A. Eiseline, Shortsville. D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville D. A. E	DELAWARE	. La M. Day, Sidney	H. D. Companion, Delli	U D Corporter P'obliganie
ESSEX C. N. Sarlin, Port Henry. L. H. Gaus, Ticonderoga L. H. Gaus, Ticonderoga FRANKLIN E. S. Welles, Saranae Lake, G. F. Zimmerman, Malone F. Zimmerman, M	DUICHESS-PUINAM.	W. T. Cotmun Buffolo	I W Beamie Buffalo	A H Noshren Ruffalo
FRANKLIN E. S. Welles, Saranac Lake. G. F. Zimmerman, Malone G. F. Zimmerman, Malone FULTON B. B. E. Chapman, Broadalbin. A. R. Wilsey, Gloversville, J. D. Vedder, Johnstown GENESEE C. D. Pierce, Batavia P. J. Di Natale, Batavia P. Manon	EKIE	C M Sarlin Port Henry	I H Caus Ticonderora	I H Gaus Ticonderous
FULTON B. E. Chapman, Broadalbin. A. R. Wilsey, Gloversville. J. D. Vedder, Johnstown GENESEE C. D. Pierce, Batavia. P. J. Di Natale, Batavia GREENE D. Sinclair, East Durham. W. M. Rapp, Catskill C. E. Willard, Catskill HERKIMER V. M. Parkinson, Salisbury Ct.W. B. Brooks, Mohawk. A. L. Fagan, Herkimer JEFFERSON F. G. Metzger, Carthage. W. S. Atkinson, Watertown W. F. Smith, Watertown KINGS L. F. Warren, Brooklyn. J. Steele, Brooklyn. J. L. Bauer, Brooklyn LEWIS G. O. Volovic, Lowville. F. E. Jones, Beaver Falls F. E. Jones, Beaver Falls LIVINGSTON R. A. Page, Genesco. E. N. Smith, Retsof. E. N. Smith, Retsof MADISON L. B. Chase, Morriville. D. H. Conterman, Oneida L. S. Preston, Oneida MONROE W. A. Calihan, Rochester. W. H. Veeder, Act, Rochester. W. H. Veeder, Rochester W. A. Calihan, Rochester. W. H. Veeder, Act, Rochester. W. H. Veeder, Rochester W. A. Calihan, Rochester. W. H. Veeder, Act, Rochester. W. H. Veeder, Rochester W. A. Calihan, Rochester. W. H. Veeder, Act, Rochester. W. H. Veeder, Rochester W. YORK G. W. Kosmak, N. Y. City. D. S. Dougherty, N. Y. City. J. Pedersen, N. Y. City. NIAGARA G. L. Miller, Niagara Falls. W. R. Scott, Niagara Falls.	EDANKIIN	F C Weller Saranac Lake	G F Zimmerman Malone	G F Zimmerman Malone
GENESEE C. D. Pierce, Batavia. P. J. Di Natale, Batavia. P. J. Di Natale, Batavia (REENE D. Sinclair, East Durham. W. M. Rapp, Catskill. C. E. Willard, Catskill HERKIMER V. M. Parkinson, Salisbury Ct. W. B. Brooks, Mohawk. A. L. Fagan, Herkimer JEFFERSON F. G. Metzger, Carthage. W. S. Atkinson, Watertown. W. F. Smith, Watertown KINGS L. F. Warren, Brooklyn. J. Steele, Brooklyn. J. L. Bauer, Brooklyn LEWIS G. O. Volovic, Lowville. F. E. Jones, Beaver Falls. F. E. Jones, Beaver Falls LIVINGSTON R. A. Page, Genesco. E. N. Smith, Retsof. E. N. Smith, Retsof MADISON L. B. Chase, Morrisville. D. H. Conterman, Oneida. L. S. Preston, Oneida MONROE W. A. Caliban, Rochester. W. H. Veeder, Act, Rochester. W. H. Veeder, Rochester MONTGOMERY La V. A. Bouton, Amsterdam. W. R. Pierce, Amsterdam. S. L. Homrighouse, Amsterdam NASSAU L. A. Newman, Pt Washington A. D. Jaques, Lynbrook. A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City. D. S. Dougherty, N. Y. City. J. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls. W. R. Scott, Niagara Falls. W. R. Scot	FULTON	B F Chanman Broadalbin	A. R. Wilsey, Gloversville	.I. D. Vedder, Johnstown
GREENE D. Sinclair, East Durham W. M. Rapp, Catskill C. E. Willard, Catskill HERKIMER V. M. Parkinson, Salisbury Ct. W. B. Brooks, Mohawk. A. L. Fagan, Herkimer JEFFERSON F. G. Metzger, Carthage W. S. Atkinson, Watertown W. F. Smith, Watertown KINGS L. F. Warren, Brooklyn J. Steele, Brooklyn J. L. Bauer, Brooklyn LEWIS G. O. Volovic, Lowville F. E. Jones, Beaver Falls F. E. Jones, Beaver Falls LIVINGSTON R. A. Page, Geneseo E. N. Smith, Retsof N. Smith, Retsof MADISON L. B. Chase, Morrisville D. D. H. Conterman, Oneida L. S. Preston, Oneida MONROE W. A. Calihan, Rochester W. H. Veeder, Act., Rochester W. H. Veeder, Rochester MONTGOMERY La V. A. Bouton, Amsterdam W. R. Pierce, Amsterdam S. L. Homrighouse, Amsterdam MASSAU L. A. Newman, Pt Washington A. D. Jaques, Lynbrook A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City D. S. Dougherty, N. Y. City D. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls W. R. Scott, Niagara Falls	GENESEE	C. D. Pierce, Batavia	.P. J. Di Natale. Batavia	.P. I. Di Natale. Batavia
HERKIMER V. M. Parkinson, Salisbury Ct. W. B. Brooks, Mohawk. A. L. Fagan, Herkimer JEFFFRSON F. G. Metzger, Carchage. W. S. Atkinson, Watertown. W. F. Smith, Watertown KINGS  L. F. Warren, Brooklyn. J. Steele, Brooklyn J. L. Bauer, Brooklyn LEWIS G. O. Volovic, Lowville. F. E. Jones, Beaver Falls. F. E. Jones, Beaver Falls. LIVINGSTON R. A. Page, Geneseo. E. N. Smith, Retsof. E. N. Smith, Retsof MADISON L. B. Chase, Morrisville. D. H. Conterman, Oncida. L. S. Preston, Oncida MONROE W. A. Calihan, Rochester. W. H. Veeder, Act., Rochester. W. H. Veeder, Rochester W. R. Scott, Niagara Falls. W. R. Scott, Niagara Fall	GREENE	.D. Sinclair, East Durham	W. M. Rapp. Catskill	.C. E. Willard, Catskill
EFFERSON F. G. Metzger, Carthage W. S. Atkinson, Watertown. W. F. Smith, Watertown KINGS L. F. Warren, Brooklyn J. Steele, Brooklyn J. L. Bauer, Brooklyn LEWIS G. O. Volovic, Lowville F. E. Jones, Beaver Falls F. E. Jones, Beaver Falls LIVINGSTON R. A. Page, Geneseo E. N. Smith, Retsof E. N. Smith, Retsof MADISON L. B. Chase, Morrisville D. H. Conterman, Oneida L. S. Preston, Oneida MONROE W. A. Calihan, Rochester W. H. Veeder, Act, Rochester W. H. Veeder, Rochester MONTGOMERY La V. A. Bouton, Amsterdam.W. R. Pierce, Amsterdam. S. L. Honrighouse, Amsterdam NASSAU L. A. Newman, Pt Washington A. D. Jaques, Lynbrook A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City D. S. Dougherty, N. Y. City D. Pedersen, N. Y. City Niller, Niagara Falls W. R. Scott, Niagara Falls W. R. Sc	HERKIMER	.V. M. Parkinson, Salisbury C	t.W. B. Brooks, Mohawk	A. L. Fagan, Herkimer
KINGS L. F. Warren, Brooklyn. J. Steele, Brooklyn. J. L. Bauer, Brooklyn LEWIS G. O. Volovic, Lowville. F. E. Jones, Beaver Falls. F. E. Jones, Beaver Falls LIVINGSTON R. A. Page, Geneseo. E. N. Smith, Retsof. E. N. Smith, Retsof MADISON L. B. Chase, Morrisville. D. H. Conterman, Oncida. L. S. Preston, Oncida MONROE W. A. Calihan, Rochester. W. H. Veeder, Act., Rochester. W. H. Veeder, Rochester W. M. S. C. L. Homrighouse, Amsterdam NASSAU L. A. Newman, Pt Washington P. D. Jaques, Lynbrook. A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City D. S. Dougherty, N. Y. City J. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls. W. R. Scott, Niagara Fal	JEFFERSON	F. G. Metzger, Carthage	W. S. Atkinson, Watertown.	W. F. Smith, Watertown
LIVINGSTON R. A. Page, Geneseo. E. N. Smith, Retsof. E. N. Smith, Retsof MADISON L. B. Chase, Morrisville. D. H. Conterman, Oneida. L. S. Preston, Oneida MONROE W. A. Calihan, Rochester. W. H. Veeder, Act., Rochester. W. H. Veeder, Rochester MONTGOMERY La V. A. Bouton, Amsterdam. W. R. Pierce, Amsterdam. S. L. Homrighouse, Amsterdam NASSAU L. A. Newman, Pt Washington A. D. Jaques, Lynbrook. A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City. D. S. Dougherty, N. Y. City. J. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls. W. R. Scott, Niagara Falls. W. R. Scott, Niagara Falls ONEIDA H. F. Hubbard, Rome. W. Hale, Jr., Utica. D. D. Reals, Utica ONONDAGA H. B. Pritchard, Syracuse L. W. Ehegartner, Syracuse. F. W. Rosenberger, Syracuse ONTARIO C. W. Webb, Clifton Springs. D. A. Eiseline, Shortsville. D. A. Eiseline, Shortsville ORANGE S. L. Truex, Middletown. H. J. Shelley, Middletown H. J. Shelley, Middletown ORLEANS D. F. MacDonell, Medina. R. P. Mirason, Medina. R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski. J. J. Brennan, Oswego. J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown A. H. Brownell, Oneonta. F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't, J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill. R. O. Clock, Pearl River. D. Miltimore, Nyack ST 'LAWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur. C. T. Henderson, Gouverneur SARA? C'A. W. H. Ordway, Mt. McGregor. H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENEGL' ADDY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Sott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. W. J. Maby, Mechanicville SCHENEGL' ADDY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Sott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, S	KINGS	.L. F. Warren, Brooklyn	J. Steele, Brooklyn	J. L. Bauer, Brooklyn
MADISON L. B. Chase, Morrisville. D. H. Conterman, Oneida. L. S. Preston, Oneida MONROE W. A. Calihan, Rochester. W. H. Veeder, Act., Rochester. W. H. Veeder, Rochester MONTGOMERY La V. A. Bouton, Amsterdam. W. R. Pierce, Amsterdam. S. L. Homrighouse, Amsterdam NASSAU L. A. Newman, Pt Washington A. D. Jaques, Lynbrook. A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City. D. S. Dougherty, N. Y. City. J. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls. W. R. Scott, Niagara Falls. W. R. Scott, Niagara Falls ONEIDA H. F. Hubbard, Rome. W. Hale, Jr., Utica. D. D. Reals, Utica ONONDAGA H. B. Pritchard, Syracuse L. W. Ehegartner, Syracuse F. W. Rosenberger, Syracuse ONTARIO C. W. Webb, Clifton Springs. D. A. Eiseline, Shortsville. D. A. Eiseline, Shortsville ORANGE S. L. Truex, Middletown. H. J. Shelley, Middletown H. J. Shelley, Middletown ORLEANS D. F. MacDonell, Medina. R. P. Mcnson, Medina. R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski. J. J. Brennan, Oswego. J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown.A. H. Brownell, Oneonta. F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't, J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sanson, Sparkill. R. O. Clock, Pearl River. D. Miltimore, Nyack ST 'LAWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur. C. T. Henderson, Gouverneur SARATC'A W. H. Ordway, Mt. McGregor H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENECIADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burden. G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty T. C. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty	LEWIS	G. O. Volovic, Lowville	F. E. Jones, Beaver Falls	F. E. Jones, Beaver Falls
MONROE W. A. Calihan, Rochester. W. H. Veeder, Act., Rochester. W. H. Veeder, Rochester MONTGOMERY La V. A. Bouton, Amsterdam. W. R. Pierce, Amsterdam. S. L. Homrighouse, Amsterdam NASSAU L. A. Newman, Pt WashingtonA. D. Jaques, Lynbrook. A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City. D. S. Dougherty, N. Y. City. J. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls. W. R. Scott, Niagara Falls. W. R. Scott, Niagara Falls. ONEIDA H. F. Hubbard, Rome. W. Hale, Jr., Utica. D. D. Reals, Utica ONONDAGA H. B. Pritchard, Syracuse L. W. Ehegartner, Syracuse. F. W. Rosenberger, Syracuse ONTARIO C. W. Webb, Clifton Springs. D. A. Eiseline, Shortsville. D. A. Eiseline, Shortsville ORANGE S. L. Truex, Middletown. H. J. Shelley, Middletown. H. J. Shelley, Middletown ORLEANS D. F. MacDonell, Medina. R. P. Minson, Medina. R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski. J. J. Brennan, Oswego. J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown.A. H. Brownell, Oneonta. F. E. Bolt, Worcester DUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't. J. F. Worthen, Tompk'sv'ie. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill. R. O. Clock, Pearl River. D. Miltimore, Nyack St. V. AWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur. C. T. Henderson, Gouverneur SARA?C?A W. H. Ordway, Mt. McGregor. H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENECIADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett.  SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls. R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canister R. F. Nolley, H. L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L.	LIVINGSTON	.R. A. Page, Geneseo	E. N. Smith, Retsof	.E. N. Smith, Retsof
MONTGOMERY LA V. A. Bouton, Amsterdam W. R. Pierce, Amsterdam S. L. Homrighouse, Amsterdam NASSAU L. A. Newman, Pt Washington A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City D. S. Dougherty, N. Y. City J. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls W. R. Scott, Niagara Falls W. E. Scott, Niagara Falls W. R. Scott, Niagara Falls W. H. S. Scott, Niagara Falls W. R. Scott, Schenectady Schenectady J. M. Dobbins, L. I. City R. Schenectady J. M. Dobbins, L. I. City R. Schenectady J. M. Dobbins, L. I. City R. Schenectady J. W. Bowen, Glens Falls R. P. D. Gibbs, Schenectady J. M. W. Scott, Schenectady Schenectady J. M. W. Scott, Schenectady Schenectady Schen	MADISON	L. B. Chase, Morrisville	.D. H. Conterman, Oneida	.L. S. Preston, Oneida
NASSAU I. A. Newman, Pt Washington A. D. Jaques, Lynbrook A. D. Jaques, Lynbrook NEW YORK G. W. Kosmak, N. Y. City D. S. Dougherty, N. Y. City J. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls W. R. Scott,	MONROE	. W. A. Calihan, Rochester	W. H. Veeder, Act., Rochester	.W. H. Veeder, Rochester
NEW YORK G. W. Kosmak, N. Y. City D. S. Dougherty, N. Y. City J. Pedersen, N. Y. City NIAGARA G. L. Miller, Niagara Falls W. R. Scott, Niagara Falls W. R. Scott, Niagara Falls ONEIDA H. F. Hubbard, Rome. W. Hale, Jr., Utica. D. D. Reals, Utica ONONDAGA H. B. Pritchard, Syracuse L. W. Ehegartner, Syracuse F. W. Rosenberger, Syracuse ONTARIO C. W. Webb, Clifton Springs D. A. Eiseline, Shortsville D. A. Eiseline, Shortsville ORANGE S. L. Truex, Middletown H. J. Shelley, Middletown H. J. Shelley, Middletown ORLEANS D. F. MacDonell, Medina R. P. Mr.son, Medina R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski J. J. Brennan, Oswego J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown A. H. Brownell, Oneonta F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls J. F. Connor, Troy O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill R. O. Clock, Pearl River D. Miltimore, Nyack ST 'LAWRENCE S. J. Cattley, Ogdensburg S. W. Close, Gouverneur C. T. Henderson, Gouverneur SARAFC'A W. H. Ordway, Mt. McGregor H. L. Loop, Saratoga Springs W. J. Maby, Mechanicville SCHENEC1ADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg H. E. Reynolds, Schenectady J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg H. E. Reynolds, Schenectady J. M. W. Scott, Schenectady SCHOHARIE E. S. R. P. D. Gibbs, Seneca Falls R. F. D. Gibbs, Seneca Falls SCHENECA A. J. Frantz, Seneca Falls R. F. D. Gibbs, Seneca Falls R. F. D. Gibbs, Seneca Falls SCHENECA A. J. Frantz, Seneca Falls R. F. D. Gibbs, Seneca Falls R. F. D. Gibbs, Schenectady SCHOHARIE E. S. Simpkins, Middleburg H. C. Payne, Liberty L. C. Payne, Liber	MONTGOMERY	La V. A. Bouton, Amsterdar	n.W. R. Pierce, Amsterdam	S. L. Homrighouse, Amsterdam
NIAGARA G. L. Miller, Niagara Falls. W. R. Scott, Niagara Falls. W. R. Scott, Niagara Falls ONEIDA H. F. Hubbard, Rome. W. Hale, Jr., Utica. D. D. Reals, Utica ONONDAGA H. B. Pritchard, Syracuse L. W. Ehegartner, Syracuse. F. W. Rosenberger, Syracuse ONTARIO C. W. Webb, Clifton Springs. D. A. Eiseline, Shortsville. D. A. Eiseline, Shortsville ORANGE S. L. Truex, Middletown H. J. Shelley, Middletown. H. J. Shelley, Middletown ORLEANS D. F. MacDonell, Medina R. P. McInson, Medina R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski. J. J. Brennan, Oswego. J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown.A. H. Brownell, Oneonta. F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill. R. O. Clock, Pearl River. D. Miltimore, Nyack ST 'LAWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur. C. T. Henderson, Gouverneur SARA?C'SA W. H. Ordway, Mt. McGregor H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENECIADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. D. Odell, Sharon Springs. Left. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo. R. J. Shafer, Corning R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville. G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty T. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Glens Falls WARREN F. Palmer, Glens Falls. W. W. Bowen, Glens Falls. W. W. Bowen, Glens Falls WAYNE R. G. Stuck, Wolcott. D. F. Johnson, Newark D. F. Johnson, Newark WESTCHESTER W. W. Mott,	NASSAU	L. A. Newman, Pt Washingto	nA. D. Jaques, Lynbrook	A. D. Jaques, Lyndrook
ONEIDA H. F. Hubbard, Rome. W. Hale, Jr., Utica. D. D. Reals, Utica ONONDAGA H. B. Pritchard, Syracuse L. W. Ehegartner, Syracuse. F. W. Rosenberger, Syracuse ONTARIO C. W. Webb, Clifton Springs. D. A. Eiseline, Shortsville. D. A. Eiseline, Shortsville ORANGE S. L. Truex, Middletown H. J. Shelley, Middletown M. H. J. Shelley, Middletown ORLEANS D. F. MacDonell, Medina R. P. Manson, Medina R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski J. J. Brennan, Oswego J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown A. H. Brownell, Oneonta F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sanson, Sparkill R. O. Clock, Pearl River D. Miltimore, Nyack ST 'LAWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur C. T. Henderson, Gouverneur SARAFC'A W. H. Ordway, Mt. McGregor H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENECIADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo R. J. Shafer, Corning R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer W. A. Moulton, Candor W. A. Moulton, Candor TOMPKINS D. Robb, Ithaca W. G. Fish, Ithaca WARREN F. Palmer, Glens Falls W. W. Bowen, Glens Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Barker, Fort Edward R. C. Paris, Hudson Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Barker, Fort Edward R. C. Paris, Hudson Falls WAYNE R. G. Stuck, Wolcott D. P. Johnson, Newark D. F. Johnson,	NEW YORK	G. W. Kosmak, N. Y. City.	D. S. Dougnerty, N. Y. City.	
ONONDAGA H. B. Pritchard, Syracuse L. W. Ehegartner, Syracuse F. W. Rosenberger, Syracuse ONTARIO C. W. Webb, Clifton Springs. D. A. Eiseline, Shortsville. D. A. Eiseline, Shortsville ORANGE S. L. Truex, Middletown. H. J. Shelley, Middletown. H. J. Shelley, Middletown ORLEANS D. F. MacDonell, Medina R. P. Munson, Medina R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski. J. J. Brennan, Oswego. J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown. A. H. Brownell, Onconta F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill. R. O. Clock, Pearl River. D. Miltimore, Nyack ST 'AWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur. C. T. Henderson, Gouverneur SARAFCA W. H. Ordway, Mt. McGregor. H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENECLADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo R. J. Shafer, Corning. R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville. G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer. W. A. Moulton, Candor. W. A. Moulton, Candor TOMPKINS D. Robb, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca R. E. F. Sibley, Kingston. F. H. Voss, Kingston. C. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens Falls W. W. Bowen, Glens Falls W. W. Bowen, Glens Falls WAYNE  WAYNE R. G. Stuck, Wolcott. D. F. Johnson, Newark D. F. Johnson, Newark				
ONTARIO C. W. Webb, Clifton Springs. D. A. Eiseline, Shortsville. D. A. Eiseline, Shortsville ORANGE S. L. Truex, Middletown H. J. Shelley, Middletown GRLEANS D. F. MacDonell, Medina. R. P. Mrnson, Medina. R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski. J. J. Brennan, Oswego. J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown A. H. Brownell, Onconta. F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill. R. O. Clock, Pearl River. D. Miltimore, Nyack ST. VAWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur. C. T. Henderson, Gouverneur SARA FC A. W. H. Ordway, Mt. McGregor. H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENECI ADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls. R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo. R. J. Shafer, Corning. SUFFOLK A. E. Payne, Riverhead. E. P. Kolb, Holtsville. G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty. L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer. W. A. Moulton, Candor. W. A. Moulton, Candor TOMPKINS D. Robb, Ithaca. W. G. Fish, Ithaca. W. G. Fish, Ithaca. ULSTER E. F. Sibley, Kingston. F. H. Voss, Kingston. C. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens Falls W. W. Bowen, Glens Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward. R. C. Paris, Hudson Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward. R. C. Paris, Indoor Palis	ONONDAGA	H P Pritchard Syracuse	I. W Fhegartner Syracuse	F W Rosenberger Syramise
ORANGE S. L. Truex, Middletown. H. J. Shelley, Middletown. H. J. Shelley, Middletown ORLEANS D. F. MacDonell, Medina R. P. Mr. Son, Medina. R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski. J. J. Brennan, Oswego. J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown. A. H. Brownell, Oneonta. F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill. R. O. Clock, Pearl River. D. Miltimore, Nyack ST 'LAWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur. C. T. Henderson, Gouverneur SARA FC A. W. H. Ordway, Mt. McGregor. H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENECIADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett.  SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls. R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo. R. J. Shafer, Corning. R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville. G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty. L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer. W. A. Moulton, Candor W. A. Moulton, Candor TOMPKINS D. Robb, Ithaca. W. G. Fish, Ithaca. R. E. P. Sibley, Kingston F. H. Voss, Kingston. C. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens Falls. W. W. Bowen, Glens Falls. W. W. Bowen, Glens Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward R. C. Paris, Hudson Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward R. C. Paris, Hudson Falls WESTCHESTER W. W. Mott, White Plains H. B	ONTARIO	C W Webb Clifton Springs	D. A. Eiseline Shortsville.	.D. A. Eiseline. Shortsville
ORLEANS D. F. MacDonell, Medina R. P. M. Son, Medina R. P. Munson, Medina OSWEGO A. G. Dunbar, Pulaski. J. J. Brennan, Oswego J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown.A. H. Brownell, Oneonta F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill. R. O. Clock, Pearl River. D. Miltimore, Nyack ST 'LAWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneut. C. T. Henderson, Gouverneur SARA FC A. W. H. Ordway, Mt. McGregor H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENEC1 ADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett.  SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls. R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville. G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer. W. A. Moulton, Candor. W. A. Moulton, Candor TOMPKINS D. Robb, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca ULSTER E. F. Sibley, Kingston F. H. Voss, Kingston C. B. Van Gaasbeck, Kingston WARREN F. Palmer, Glens Falls W. W. Bowen, Glens Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward. R. C. Paris, Hudson Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward. R. C. Paris, Hudson Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Bonker, Fort Edward. R. C. Paris, Hudson Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Bonker, Fort Edward. R. C. Paris, Hudson Falls WESTCHESTER W. W. Mott, White Plains H. Betts, Yonkers R. B. Hammond, White Plains	ORANGE	S. I. Truex. Middletown	.H. I. Shelley, Middletown	.H. J. Shelley, Middletown
OSWEGO A. G. Dunbar, Pulaski. J. J. Brennan, Oswego. J. B. Ringland, Oswego OTSEGO G. M. Mackenzie, Cooperstown A. H. Brownell, Oneonta. F. E. Bolt, Worcester DUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill. R. O. Clock, Pearl River. D. Miltimore, Nyack ST 'LAWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur. C. T. Henderson, Gouverneur SARA 7C GA W. H. Ordway, Mt. McGregor H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENEC1 ADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett. SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls. R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo R. J. Shafer, Corning. R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville. G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty. L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer W. A. Moulton, Candor W. A. Moulton, Candor TOMPKINS D. Robb, Ithaca. W. G. Fish, Ithaca. W. G. Fish, Ithaca ULSTER E. F. Sibley, Kingston F. H. Voss, Kingston C. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens Falls W. W. Bowen, Glens Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward R. C. Paris, Hudson Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward R. C. Paris, Hudson Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward R. C. Paris, Hudson Falls WESTCHESTER W. W. Mott, White Plains H. Betts, Yonkers. R. B. Hammond, White Plains	ORLEANS	.D. F. MacDonell. Medina	.R. P. Minson, Medina	.R. P. Munson, Medina
OTSEGO G. M. Mackenzie, Cooperstown.A. H. Brownell, Oneonta. F. E. Bolt, Worcester QUEENS E. A. Flemming, Rich. Hill. E. E. Smith, Kew Gardens. J. M. Dobbins, L. I. City RENSSELAER C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND C. R. Kingsley, Jr. W. N. B'g't.J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill R. O. Clock, Pearl River D. Miltimore, Nyack ST 'LAWRENCE S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur C. T. Henderson, Gouverneur SARATC'A W. H. Ordway, Mt. McGregor H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENECLADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett.  SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls. R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo R. J. Shafer, Corning. R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville. G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty. L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. Payne, Liberty L. C. B. Van Gaasbeek, Kingston WARNEN F. Palmer, Glens Falls W. W. Bowen, Glens Falls W. W. Bowen, Glens Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward. R. C. Paris, Hudson Falls WASHINGTON R. G. Stuck, Wolcott. D. F. Johnson, Newark D. F. Johnson, Newark WESTCHESTER W. W. Mott, White Plains H. Betts, Yonkers. R. B. Hammond, White Plains	OSWEGO	A. G. Dunbar, Pulaski	. J. J. Brennan, Oswego	J. B. Ringland, Oswego
RENSSELAER  C. H. Sproat, Valley Falls. J. F. Connor, Troy. O. F. Kinloch, Troy RICHMOND  C. R. Kingsley, Jr. W. N. B'g't.J. F. Worthen, Tompk'sv'le. E. D. Wisely, Randall Manor ROCKLAND  J. W. Sansom, Sparkill R. O. Clock, Pearl River. D. Miltimore, Nyack ST LAWRENCE  S. J. Cattley, Ogdensburg. S. W. Close, Gouverneur. C. T. Henderson, Gouverneur SARAFC'SA  W. H. Ordway, Mt. McGregor. H. L. Loop, Saratoga Springs. W. J. Maby, Mechanicville SCHENEC1ADY  N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Scott, Schenectady SCHOHARIE  E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER  John W. Burton, Mecklenburg. F. B. Bond, Burdett.  SENECA  A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls. R. F. D. Gibbs, Seneca Falls STEUBEN  G. L. Whiting, Canisteo. R. J. Shafer, Corning. R. J. Shafer, Corning SUFFOLK  A. E. Payne, Riverhead. E. P. Kolb, Holtsville. G. A. Silliman, Sayville SULLIVAN  C. Rayevsky, Liberty  L. C. Payne, Liberty. L. C. Payne, Liberty  TIOGA  F. Terwilliger, Spencer. W. A. Moulton, Candor. W. A. Moulton, Candor TOMPKINS  D. Robb, Ithaca. W. G. Fish, Ithaca. W. G. Fish, Ithaca  ULSTER  E. F. Sibley, Kingston. F. H. Voss, Kingston. C. B. Van Gaasbeek, Kingston WARREN  F. Palmer, Glens Falls  W. W. Bowen, Glens Falls  WASHINGTON  R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward. R. C. Paris, Hudson Falls  WAYNE  R. G. Stuck, Wolcott. D. F. Johnson, Newark. D. F. Johnson, Newark  WESTCHESTER  W. W. Mott, White Plains. H. Betts, Yonkers. R. B. Hammond, White Plains	OTSEGO	. G. M. Mackenzie, Cooperstown	n.A. H. Brownell, Oneonta	.F. E. Bolt, Worcester
RICHMOND C. R. Kingsley, Jr. W. N. B'g't J. F. Worthen, Tompk'sv'le E. D. Wisely, Randall Manor ROCKLAND J. W. Sansom, Sparkill R. O. Clock, Pearl River D. Miltimore, Nyack ST LAWRENCE S. J. Cattley, Ogdensburg S. W. Close, Gouverneur C. T. Henderson, Gouverneur SARAFCGA W. H. Ordway, Mt. McGregor H. L. Loop, Saratoga Springs W. J. Maby, Mechanicville SCHENECLADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg H. L. Odell, Sharon Springs .LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg F. B. Bond, Burdett SENECA A. J. Frantz, Seneca Falls R. F. D. Gibbs, Seneca Falls R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo R. J. Shafer, Corning R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Libe	QUEENS	. E. A. Flemming, Rich. Hill.	E. E. Smith, Kew Gardens	J. M. Dobbins, L. I. City
ROCKLAND J. W. Sansom, Sparkill R. O. Clock, Pearl River D. Miltimore, Nyack ST LAWRENCE S. J. Cattley, Ogdensburg S. W. Close, Gouverneur C. T. Henderson, Gouverneur SARAFCSA W. H. Ordway, Mt. McGregor H. L. Loop, Saratoga Springs W. J. Maby, Mechanicville SCHENECTADY N. A. Pashayan, Schenectady H. E. Reynolds, Schenectady J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg H. L. Odell, Sharon Springs LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg F. B. Bond, Burdett SENECA A. J. Frantz, Seneca Falls R. F. D. Gibbs, Seneca Falls R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo R. J. Shafer, Corning R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer W. A. Moulton, Candor W. A. Moulton, Candor TOMPKINS D. Robb, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca ULSTER E. F. Sibley, Kingston F. H. Voss, Kingston C. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens Falls W. W. Bowen, Glens Falls W. W. Bowen, Glens Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward R. C. Paris, Hudson Falls WAYNE R. G. Stuck, Wolcott D. F. Johnson, Newark WESTCHESTER W. W. Mott, White Plains H. Betts, Yonkers R. B. Hammond, White Plains	RENSSELAER	C. H. Sproat, Valley Falls	.J. F. Connor, Troy	.O. F. Kinloch, Troy
ST CAWRENCE  S. J. Cattley, OgdensburgS. W. Close, GouverneurC. T. Henderson, Gouverneur SARA I C G A	RICHMOND	C. R. Kingsley, Jr. W. N. B'g	t.J. F. Worthen, Tompk'sv'le.	.E. D. Wisely, Randall Manor
SARATCGA	RUCKLAND	W. Sansom, Sparkill	K. O. Clock, Pearl River	.D. Miltimore, Nyack
SCHENECIADY N. A. Pashayan, Schenectady. H. E. Reynolds, Schenectady. J. M. W. Scott, Schenectady SCHOHARIE E. S. Simpkins, Middleburg. H. L. Odell, Sharon Springs. LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg. F. B. Bond, Burdett SENECA A. J. Frantz, Seneca Falls. R. F. D. Gibbs, Seneca Falls. R. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, Canisteo R. J. Shafer, Corning R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer W. A. Moulton, Candor W. A. Moulton, Candor W. A. Moulton, Candor W. G. Fish, Ithaca W. G. Fish, Ithac	SARA POGA	W W Ordway Mt McGrace	r H T Took Samtons Savings	W I Mahy Machaniavita
SCHOHARIE E. S. Simpkins, Middleburg H. L. Odell, Sharon Springs LeR. Becker, Cobleskill SCHUYLER John W. Burton, Mecklenburg F. B. Bond, Burdett SENECA A. J. Frantz, Seneca Falls R. F. D. Gibbs, Seneca Falls R. J. Shafer, Corning R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer W. A. Moulton, Candor W. A. Moulton, Candor W. A. Moulton, Candor W. G. Fish, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca ULSTER E. F. Sibley, Kingston F. H. Voss, Kingston C. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens Falls W. W. Bowen, Glens Falls W. W. B	SCHENECTADY	N A Pashavan Schenectadu	H F Remolds Schenestady	I M W Scott Schenected*
SCHUYLER  John W. Burton, Mecklenburg.F. B. Bond, Burdett.  SENECA  A. J. Frantz, Seneca FallsR. F. D. Gibbs, Seneca FallsR. F. D. Gibbs, Seneca Falls  STEUBEN  G. L. Whiting, CanisteoR. J. Shafer, CorningR. J. Shafer, Corning  SUFFOLK  A. E. Payne, RiverheadE. P. Kolb, HoltsvilleG. A. Silliman, Sayville  SULLIVAN  C. Rayevsky, Liberty  L. C. Payne, Liberty  TIOGA  F. Terwilliger, SpencerW. A. Moulton, CandorW. A. Moulton, Candor  TOMPKINS  D. Robb, IthacaW. G. Fish, IthacaW. G. Fish, IthacaW. G. Fish, Ithaca  ULSTER  E. F. Sibley, KingstonF. H. Voss, KingstonC. B. Van Gaasbeek, Kingston  WARREN  F. Palmer, Glens FallsW. W. Bowen, Glens FallsW. W. Bowen, Glens Falls  WASHINGTON  R. E. La Grange, Fort Ann. S. J. Banker, Fort EdwardR. C. Paris, Hudson Falls  WAYNE  R. G. Stuck, WolcottD. F. Johnson, Newark  WESTCHESTER  W. W. Mott, White Plains. H. Betts, YonkersR. B. Hammond, White Plains	SCHOHARIE	E. S. Simpkins, Middlehurg	.H. I. Odell Sharon Springs	LeR Recker Coblectill
SENECA A. J. Frantz, Seneca FallsR. F. D. Gibbs, Seneca FallsR. F. D. Gibbs, Seneca Falls STEUBEN G. L. Whiting, CanisteoR. J. Shafer, CorningR. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, HoltsvilleG. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty TIOGA F. Terwilliger, SpencerW. A. Moulton, Candor. W. A. Moulton, Candor TOMPKINS D. Robb, IthacaW. G. Fish, IthacaW. G. Fish, IthacaULSTER E. F. Sibley, KingstonF. H. Voss, KingstonC. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens FallsW. W. Bowen, Glens Falls.W. W. Bowen, Glens Falls WASHINGTON R. E. La Grange, Fort Ann. S. J. Banker, Fort EdwardR. C. Paris, Hudson Falls WAYNE R. G. Stuck, WolcottD. F. Johnson, Newark WESTCHESTER W. W. Mott, White Plains. H. Betts, YonkersR. B. Hammond, White Plains	SCHUYLER	John W. Burton, Mecklenburg	F. B. Bond. Burdett	Decker, Cobieskin
STEUBEN G. L. Whiting, Canisteo R. J. Shafer, Corning R. J. Shafer, Corning SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer W. A. Moulton, Candor W. A. Moulton, Candor TOMPKINS D. Robb, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca ULSTER E. F. Sibley, Kingston F. H. Voss, Kingston C. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens Falls W. W. Bowen, Glens Falls W. W. Bow	SENECA	A. J. Frantz, Seneca Falls	R. F. D. Gibbs. Seneca Falls.	.R. F. D. Gibbs, Seneca Falls
SUFFOLK A. E. Payne, Riverhead E. P. Kolb, Holtsville G. A. Silliman, Sayville SULLIVAN C. Rayevsky, Liberty L. C. Payne, Liberty L. C. Payne, Liberty TIOGA F. Terwilliger, Spencer W. A. Moulton, Candor W. A. Moulton, Candor TOMPKINS D. Robb, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca ULSTER E. F. Sibley, Kingston F. H. Voss, Kingston C. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens Falls W. W. Bowen, Gle	STEUBEN	G. L. Whiting, Canisteo	R. I. Shafer, Corning	.R. I. Shafer, Corning
SULLIVANC. Rayevsky, LibertyL. C. Payne, LibertyL. C. Payne, Liberty TIOGAF. Terwilliger, SpencerW. A. Moulton, CandorW. A. Moulton, Candor TOMPKINSD. Robb, IthacaW. G. Fish, IthacaW. W. G. Fish, IthacaW. W. Bowen, Glens FallsW. W. Bowen, Glens	SUFFOLK	A. E. Payne, Riverhead	.E. P. Kolb. Holtsville	.G. A. Silliman, Savville
TOMPKINS D. Robb, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca W. G. Fish, Ithaca ULSTER E. F. Sibley, Kingston F. H. Voss, Kingston C. B. Van Gaasbeek, Kingston WARREN F. Palmer, Glens Falls W. W. Bowen, Glens Falls R. E. La Grange, Fort Ann. S. J. Banker, Fort Edward R. C. Paris, Hudson Falls WAYNE R. G. Stuck, Wolcott D. F. Johnson, Newark D. F. Johnson, Newark WESTCHESTER W. W. Mott, White Plains H. Betts, Yonkers R. B. Hammond, White Plains	SULLIVAN	C. Rayevsky, Liberty	L. C. Pavne. Liberty	.L. C. Pavne. Liberty
ULSTERE. F. Sibley, KingstonF. H. Voss, KingstonC. B. Van Gaasbeek, Kingston WARRENF. Palmer, Glens FallsW. W. Bowen, Glens FallsW. D. F. Johnson, FallsWAYNE	TIOGA		W. A. Moulton, Candor	.W. A. Moulton, Candor
WARREN	TUMPKINS	KODD, Ithaca	w. G. Fish, Ithaca	W. G. Fish, Ithaca
WASHINGTONR. E. La Grange, Fort Ann. S. J. Banker, Fort EdwardR. C. Paris, Hudson Falls WAYNER. G. Stuck, WolcottD. F. Johnson, NewarkD. F. Johnson, Newark WESTCHESTERW. W. Mott, White Plains. H. Betts, YonkersR. B. Hammond, White Plains	ULDIEK	F Dalmer Glene Falls	W W Bower Class Esti-	W. W. Dawen Class Batte
WAYNER. G. Stuck, WolcottD. F. Johnson, NewarkD. F. Johnson, Newark WESTCHESTERW. W. Mott, White Plains. H. Betts, YonkersR. B. Hammond, White Plains	WASHINGTON	R. F. La Grance Fort Ann	S. I. Banker Fort Edward	R C Paris Hudson Falls
WESTCHESTERW. W. Mott, White Plains. H. Betts, YonkersR. B. Hammond, White Plains	WAVNE	R. G. Stuck, Wolcott	.D. F. Johnson Newarle	D. F. Johnson, Newarle
the many and the state of the s	WESTCHESTER	.W. W. Mott. White Plains	. H. Betts, Yonkers	.R. B. Hammond White Plaine
WYOMING	WYOMING	W. J. French, Pike	.H. S. Martin, Warsaw	.H. S. Martin, Warsaw
IATES	(ATES	G. H. Leader, Penn Yan	W. G. Hallstead, Penn Yan.	.W. G. Hallstead, Penn Yan

(Continued from page 484-adv. xviii)

ences over procedure in the treatment of sick paupers and payment therefor

2. Official Responsibility: The county society should seek first to establish the legal fact that the Iowa Statutes contemplate payment in full for all properly authorized medical services. (See Sections 5320 to 5334 of the Iowa Code).

3. The County Contract: Some mutually acceptable arrangement should be made between the county supervisors and the county medical society. There are several varieties of contracts covering such services which are now operating satisfactorily here in Iowa. (Detailed information may be obtained from the State Society office). (See the New York STATE JOURNAL OF MEDICINE, March 15, 1930, page 368).

#### CIGARETTE ADVERTISING

Advertisements of cigarettes and cigarette holders have invaded medical journals as well as the daily newspapers and have aroused a considerable amount of indignation in many quarters. The Ohio State Medical Journal of April contains the following editorial on a bill proposed in the United States Senate:

"Tobacco and tobacco products will be included within the scope of the pure food laws if a bill presented by Senator Smoot of Utah and pending in Congress becomes a law.

"Senator Smoot's measure is an outgrowth of the advertising campaign cigarette manufacturers have been carrying on and which has been criticized by various organizations.

The campaign of the tobacco interests was denounced by Senator Smoot as 'unconscionable, heartless and destructive attempts to exploit the women and youth of our country.'

"Ten years ago when in certain quarters of our metropolitan cities a saloon flourished on every corner, no tobacco manufacturer had the temerity to cry to our women: 'Smoke cigar-ettes—they are good for you,' Senator Smoot declared. When newspapers were filled with cure-all and patent medicine advertising, no manufacturer of a tobacco product dared to offer nicotine as a substitute for wholesome food; no cigarette manufacturer was so bold as to fly in the face of established medical and health opinion by urging adolescent boys or girls to adopt the cigarette habit.

Not since the days when public opinion rose up in its might and smote the dangerous drug traffic, not since the days when the vendor of harmful nostrums was swept from the streets, has this country witnessed such an orgy of

(Continued on page 4)

## It Tastes Like Chocolate Fudge-

and that makes "medicine time" a treat, important when your patient is rather young. The therapeutic agents in Olajen are present in this radically different vehicle (resembling a creamy peppermint chocolate) in colloidal dispersion-important for you,

Clinical results and the rapid improvement of patients placed on Olajen show definitely that absorption and utilization of its constituents take place very rapidly and effectively.



renders valuable aid as a reconstituent and builder in

MALNUTRITION, SIMPLE AND SEC-ONDARY ANEMIAS, CONVALES-CENCE, IN CONDITIONS CHARACTER-IZED BY CALCIUM AND IRON DEFICIENCY.

It has given excellent clinical results as an adjunct in the treatment of

INFECTIONS OF THE RESPIRATORY TRACT SUCH AS BRONCHITIS, GRIPPE, COLDS, etc.

You will want to try the full-sized jar offered for the acid test of your own practice. Use the Coupon.



Olaien contains

Calcium lactate .....12 gr. Iron phosphate .....12 gr. Sodium phosphate ....12 gr-Potassium Bi Tartrate,

Lecithin .....41/2 gr. in a colloidal pleasantly far-trored chocolate tehicle of marked nutrilize value.

Olajen, Inc. 451 W. 30th St. New York City

OLAJAN, INC. 451 W cat 30th Street, New York City You may send me free of charge a full sized jar of Glajen for use in my practice.



provides adequate support to the diaphragm and upper body Designed particularly for use following gall bladder and stomach operations and in all cases where scientific body support is desired As in all Camp Supports, the Camp Patented Adjustment is the distinctive feature—giving sacro-iliac and lumbar support to the back. Note two sets of straps, a new departure which makes manipulation easy and a strong pull possible, fitting the support closely to the body and assuring comfort to the wearer

Write for physican's manual.

Two Models For the tall man with full upper body—for the short full figure Adjustable to all types Dealers stocking these items will find a ready sale with fine profit possibilities. Sold by better drug and surgical houses.

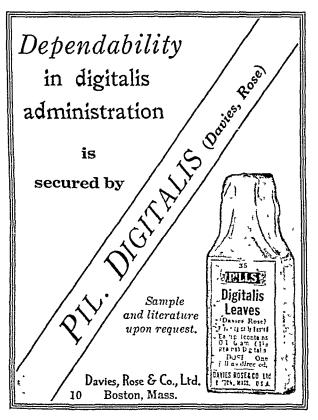
S. H. CAMP AND COMPANY

S. H. CAMP AND COMPANY

CITICAGO

LONDON

B9 D Madison St 252 Regent St., W. 330 Fifth Ave.



(Continued from page 483-adv. xvii)

or special features on the program, and attractive announcements mailed a few days before the meeting, will help create interest in the programs and increase attendance.

III. Legislation, Politics: (A) Each county society should have a Legislative Committee, the members being selected for their interest

and activity in local politics.

- (B) A careful check should be kept on all pending medical and health legislation, and the attitude of the society should be communicated to the Legislative Committee of the state society, or, through the delegate, to the House of Delegates, where general legislative policies are determined.
- (C) Maintain a constant contact with candidates before primaries and elections: Know their attitudes toward health and medicine. Have the various candidates appear before the society prior to the election and discuss these matters with them, urging that they go to the state society Legislative Committee for professional advice in public health matters just as they go to a private physician in personal medical matters.
- (D) Work for votes for the right man: Every member of the society should take an active part. The county medical society can be the strongest single political power within the county, if its members will exert the tremendous influence they have.
- (E) During the General Assembly, let your legislators know by letter, telegram, telephone and personal words, that you are following their activities regarding health and medical legislation.

IV. Public Health: (A) Each county society should have a committee on public health activities or public relations, whose duties would

include:

1. Advising with all lay organizations engaging in any kind of health work, regarding their programs and activities.

- 2. Making recommendations to the society regarding approval (or not) of such lay health undertakings.
- 3. Investigating the possibility of a County Health unit as permitted by the new law on that subject.
- 4. If no other special committee exists for the purpose, the conduct of such lay educational measures (lectures, motion pictures, newspapers, etc), as are feasible within the county.
  - (B) Care of the Indigent Sick:
- 1. Sociological Aspects: This problem often estranges county officials and many citizens from the medical profession because of differ-

(Continued on page 485-adv xix)

#### RURAL PHYSICIANS

A new reason for the unwillingness of physicrans to go to rural districts is given editorially in the April issue of the Ohio State Medical Journal. After giving figures on the migration of physicians from the farms to cities the editorial says:

"Migration of the population is among the fundamental factors affecting the distribution of all lines of endeavor, including medical service

"A community's responsibility in the matter of supporting local enterprise was expounded some time ago in the editorial columns of Forbes:

"'During a discussion on the large number of small banks that had failed in the United States during recent years, one champion of mdependents as against chain or group banking remarked that in many cases it was the community rather than the bank that ceased to flourish,' the editorial declared.

"That was a pointed observation. The parcel

post, the automobile, the motor bus, the mailorder business, mass production, etc., have brought about an economic revolution, an evolution not always beneficial to small communities and local businesses. The decline in our rural population has naturally meant a decline in the number of rural business establishments. including banks.

"In other words, it is true that in many instances it was the community that failed,

"The point emphasized by Forbes applies also to medical services. As long as a rural community is financially able and willing to give physicians a financial return adequate to meet their needs and a fair return on their professional investment, the community need not worry about a shortage of medical services. In other words, medical services, like all other necessities of life, depend to a very large extent on the readjustment of economic conditions and on the basic principle of supply and demand."



## When convalescence drags along

Alka-Zane is a granular, effervescent salt of calcium, magnesium, sodium and potassium carbonates, citrates and phosphates. Dose, one teaspoonful

T is probable that acidosis is standing in the way. If there is anemia, poor oxidation of the blood is causing acidosis, and that in turn retards recovery.

Alkalization with Alka-Zane is worth trying. The results will be surprising.

Final decision on the true worth of Alka-Zane rests with the physician. We will gladly send a

twin package, with literature, for trial.

WILLIAM R. WARNER & COMPANY, Inc. 113 WEST 18th STREET NEW YORK CITY

in a glass of cold water.

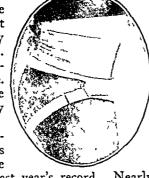
Alka-Zane for Acidosis

## Katherine L. Storm, M.D.

Originator, Owner and Maker of

## The "Storm" Supporters

This picture shows "Type A." There are three distinct types and many variations of each. Please ask for descriptive literature. "STORM" belts are being worn in every civilized land.



1929 was a tremendous year in this office and up to date

1930 is ahead of last year's record. Nearly every town in New York State was reached by Storm belts last year. We heartily thank the New York doctors.

## Katherine L. Storm, M.D.

1701 Diamond Street

Philadelphia

# U. S. P. PRODUCTS IN PHARMACEUTICAL FORM

#### DIGITALIS

Tincture, Powder, Tablets, Capsules

#### PHENOBARBITAL

**Tablets** 

#### **EPHEDRINE**

Solution, Inhalant, Capsules, Jelly

Our prices will represent a material saving on all pharmaceutical products . . . .

Write for Catalogue and Price List

## MUTUAL PHARMACAL CO.

Incorporated

107 No. Franklin Street

SYRACUSE

NEW YORK

## BASIC SCIENCE LAW IN MINNESOTA

The operation of the Basic Science examination required of candidates in all schools of healing in Minnesota is illustrated by the following item appearing in the April issue of Minnesota Medicine:

"Mrs. Kathryn Albers, 2527 Hennepin Avenue, Minneapolis, went on trial February 10, 1930, before a jury in the Court of the Honorable Gunnar Nordbye on a charge of practicing healing without a basic science certificate. The testimony disclosed that Mrs. Albers was using electrical appliances in giving treatments. Her defense was that she was exempted from the basic science law because she gave 'mental and spiritual treatments.'

"The Court ruled, however, that the kind of treatments given by the defendant was a question of fact for the jury, and after deliberating only twenty minutes, the jury returned a verdict of guilty.

"On February 13 Judge Nordbye sentenced the defendant to six months in the workhouse, and placed her on probation for one year. The defendant was given thirty days from that date in which to dispose of her equipment and get out of the business.

"In event she does not comply with the order of the Court, the defendant will have to serve her workhouse sentence.

"Judge Nordbye gave the jury a very splendid charge, and instructed them that the case was a very important one from the standpoint of the people in this State, and deserved the most serious consideration on the part of the jury."

## DUPLICATION OF OFFICERS IN NEBRASKA

The April issue of the Nebraska State Medical Journal has the following editorial on the duplication of officers in one person:

"With malice toward none and charity for all' the writer aims to point out a dangerous feature of the Nebraska State Medical Association, in vogue at the present time.

"It relates to the duplication and triplication of officers in one person. Scan the Roster of Officers on the last reading page and you will at once see that at least four members hold several offices and committee appointments. They are thoroughly capable and will do full justice to each and every position occupied by them. The point sought to be made, however, it that there should be a wider distribution of official duties among the membership to compel greater interest in organization work to forestall the inevitable charge of bossism,

(Continued on page 489-adv. xxiii)

(Continued from page 488-adv vxu)

centralization and czarism, if long continued "The Nebraska State Medical Association has never functioned better than at present and the general feeling toward the association has never been better—and every member wants this feeling to continue

"Many organizations have found it desirable to distribute official duties among as many of the membership as possible to gain wider interest and influence and our organization will do well to heed the policy of others and apply the principle to our own work. The more members put to work, the greater the association's influence and cohesion.

"The writer objects to nothing; he is pointing out a possible danger."

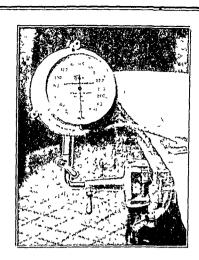
On turning to the page of officers we find listed 57 offices and committee positions, which are held by 45 individuals. One man, the Secretary-Treasurer, fills five positions; two men each fill three positions; and four men each fill two positions. This would seem to be a pretty good distribution of offices and committee assignments.

## DIAGNOSTIC SERVICE OF MENINGITIS IN MASSACHUSETTS

The New England Journal of Medicine for March 13 contains the following editorial on the detection of meningitis by means of a diagnostic service modelled after that of the City and State of New York:

"A consulting diagnostic service for epidemic meningitis under the auspices of the Department of Public Health and comparable with that now offered for polionyelitis by the Harvard Infantile Paralysis Commission marks a forward step in communicable disease control. Upon request of the attending physician, a representative of the Department will see a case of suspected meningitis with him, and if so desired will be ready to confirm the diagnosis by laboratory methods at the bedside.

"Every communicable disease presents special problems which must be met in attempting control. For diphtheria the State now offers free diagnostic laboratory service; this same service for meningitis must be available at the bedside. Attempts to check the spread of the disease have been notoriously discouraging but early diagnosis and treatment have materially contributed to a lowered fatality. It is hoped that through the proposed service diagnosic facilities comparable to those found in large hospitals."



## Tycos Surgical Unit

#### For Blood Pressure Determination in the Operating Room

For the convenience of anaesthetists and surgeons, who are finding that accurate blood pressure readings are invaluable during anaesthesia and surgery, we have designed this Tycos Surgical Umt.

It consists of a large easy reading type and a universal consist of a large easy reading type of a universal consistency of a universal consistency of any position of the way of the surgeons and assistants. The adjustments can be made instantly, but once made the instrument is firm as the table itself. If it is inconvenient to have the instrument attached to the table, the clamp will accommodate it to the anaesthesia equipment or instrument stand.

Modern trends make it extremely important for hospitals to include the Tycos Surgical Unit in their operating room equipment.

Your dealer can supply you with this equipment. Complete unit \$52.50. Clamp only \$15.00. Write today for additional information.

Taylor Instrument Companies
ROCHESTER, N.Y., U.S.A.

Canadian Plant Tycos Building Toronto Manufacturing Distributors In Great Britain Short & Mason, Ltd., London JUST PUBLISHED

## THE PSYCHIATRIC STUDY OF PROBLEM CHILDREN

By DR. SANGER BROWN, II

Assistant Commissioner, Department of Mental Hygiene, State of New York

DR. HOWARD W. POTTER

Clinical Professor of Psychiatry, Columbia University, New York City

A handbook of clinical study and treatment 150 pages, consisting of eight chapters and an appendix. Bound in cloth. Published 1930. Price \$1.50.

Order from State Hospitals Press, Utica, N. Y.

# An Outline of Contraceptive Methods

For physicians and medical students exclusively

By JAMES F. COOPER, M.D.

Medical Director of the American Birth Control League

Published by the American Birth Control League, Inc., 152 Madison Avenue, New York, N. Y.

50c a copy Special rates for quantity orders.

## HAY FEVER

has been prevented in thousands of cases with

## Pollen Antigen *Lederle*

Each year has added evidence to the value of this product in the prevention or relief from symptoms of Hay Fever, and each year an increasing number of physicians have familiarized themselves with the Hay Fever problem and are relieving patients of their seasonal attacks.

Full information upon request

LEDERLE ANTITOXIN LABORATORIES
NewYork

## PSITTACOSIS CONTROL IN MASSACHUSETTS

The relation of the Massachusetts Department of Health to psittacosis is well set forth in the following abstract of an article in the February 27 issue of the New England Journal of Medicine and labelled "From the confidential report of the Psittacosis Bureau of the Board of Health on the Psittacosis situation":

"The word psittacosis with superfluous consonants is serving to frighten many good people. It has jeopardized the lives of various harmless birds and has added unduly to the activities of the Board of Health in the midst of its busy season?

"The office telephones have been ringing with panicky calls for us to come and remove to places of safety parrots, parrakeets, macaws and even canary birds which have been suspected of being sick or accused of acting queerly. In fact, we have been somewhat panicky ourselves. We have been unable to think of ways to avoid making personal investigations when somebody has telephoned that he thought that he or a neighbor might have a sick bird dangerous to the public health. We did not know what excuse to make when reminded that there were parrots in barber shops and it was pointed out that the Board's Regulations governing sanitation and conduct of barber shops prescribed no rules or precautions whatever for the protection of barbers or their patrons against psittacosis.

"Other places were advertising their cases of psittacosis and our silence about psittacosis was threatening to undermine public confidence in our ability to secure free advertising. There was danger, too, that someone might begin to suspect that an unpleasant situation had developed for which the Board of Health did not stand ready with effective relief.

"A vociferous apparently healthy Colombian parrot secured some weeks before in New York by a local dealer was inspected at the dealer's place here on several occasions before the purchaser finally decided to pay the dealer's price. Upon purchase, the bird was shipped by express to the purchaser's family on a certain date. Four days later, the bird died. Two days afterward, one member of the family and seven days later, another member of the family had become definitely sick with what was reported to be psittacosis.

"We do not question the diagnosis. The dead parrot was returned to the dealer here, who acceded to the demand of the purchaser for the return of the money and consigned the parrot's remains to an ash can, the contents of which had disappeared before either the dealer or we had heard of sickness in the purchaser's family. The dealer had about fifteen other parrots, none of

(Continued on page 492-adv. xxvi)

## THYMOPHYSIN

(Temestáry)

A reliable oxytocic (Posterior-Pituitary and Thymus) which safely shortens labor

Send for Reprint from

The American Journal of Obstetrics and Gynecology of Dr. Julius Jarcho's paper:

"The Use of Thymophysin for Weak Pains in the First and Second Stages of Labor"

American Bio-Chemical Laboratories, Inc.

27 Cleveland Place

New York

## The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

> 305 Lexington Avenue New York City Tel. Ashland 3563

DAY AND NIGHT SERVICE

Registered Nurses
Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions

## Mager & Gougelman, Inc.

OUNDED 1851

108 East 12th Street

New York City

Specialists in the manufacture and fitting of

# Artificial

Eyes

Selections on request

148 State Street......Albany, N. Y. 230 Boylston Street.....Boston, Mass.

1930 Chestnut Street.....Philadelphia, Pa.

Charitable Institutions Supplied at Lowest Rates

Please mertion the JOURNAL ulen uriting to ad ertisers

(Continued from page 490-adv. xxiv)

which have shown signs of sickness before or since.

"The Psittacosis Bureau has acquired a great deal of information regarding parrots. Every place where birds are known to be or suspected of being offered for sale has been inspected and the proprietor questioned and then cross-examined. Ornithologists and pathologists have been quizzed. Bird attendants in our Parks have been consulted. We have learned to recognize the different varieties of parrots. We can now tell from whatever locality anywhere in the world any particular bird comes by examining his plumage. We know how parrots are caught, brought here and marketed. We are being buoyed up by the hope that some day all this information may prove valuable.

"Thus far, however, we have failed to discover a case of sickness here among birds or human beings which could judiciously be advertised even

as a suspected case of psittacosis.

"We feel, however, that the public may be safely told that a parrot which contracts psittacosis quickly shows plain, unmistakable evidence of being a very sick bird. Among the symptoms, it probably has a green diarrhoea, but we suspect that a parrot may have a green diarrhoea from other causes.

"A human being which becomes infected with psittacosis likewise develops very rapidly symptoms which make the serious character of the illness so obvious that a call for a physician is not likely to be long delayed.

"Psittacosis does not come on insidiously. A person is not justified in entertaining murderous feelings toward the family parrot, which has not associated with other birds for thirty years,—or even for thirty days,—just because the parrot seems to be less noisy than usual or appears to be losing its appetite.

"Psittacosis is not an imaginary disease as some of our citizens believe rabies to be. Psittacosis is a serious disease for any human being who may happen to get infected, but from the point of view of danger to the public even a recently imported parrot is not in the same class as the family dog, with rabies increasing in prevalence as it is in this vicinity. The mortality from rabies is 100 per cent. Moreover, the control of rabies is a difficult problem, while the prevention of psittacosis is easy. Among other ways of practically eliminating human danger from psittacosis is that of subjecting consignments of birds to a brief period of quarantine, either at our ports of arrival or under consular supervision at tropical ports of departure."

## **CROOKES COLLOSOLS**

The original colloidal and non-ionic preparations for medicinal use

A wide range of these important additions to therapeutic resources is now available. As upwards of 250 published references to the clinical efficiency of the products have appeared in authoritative British medical journals and text books, they merit close investigation by every practitioner.

The Collosols available include

COLLOSOL ARGENTUM COLLOSOL MANGANESE

COLLOSOL IODINE
COLLOSOL SULPHUR

COLLOSOL KAOLIN
COLLOSOL TRIMINE

Full particulars and clinical samples will be sent on application to

## THE CROOKES LABORATORIES, Inc.

145-147 EAST 57th STREET NEW YORK CITY

TELEPHONES: VOLUNTEER 1182-83.

London

Bombay

TELEGRAMS: COLLOSOLS NEW YORK

Paris

## ROUND-UP OF SCHOOL CHILDREN IN MICHIGAN

The April issue of the Journal of the Michigan State Medical Society has an article on the State Health Department in which the Commissioner describes the summer round-up of school children as follows:

"Many communities, and physicians, know from experience the aims and plan of conduct of the Summer Round-Up of the Children. It is an activity of the Congress of Parents and Teachers, begun in 1925 and now one of the most important projects of that organization. Its general purpose is to have an examination made, during the summer, of all children who are to enter school for the first time in the fall, and to have remediable defects corrected.

"The Michigan Department of Health works closely with the Michigan Congress of Parents and Teachers in coordinating the activities of the local associations. Every effort is made to see that they are carried on in accordance with recognized public health procedure.

"The summer program has already been launched in Michigan, by a letter from the State President of the Michigan Congress of Parents and Teachers to the Presidents of all County Medical Societies."

#### MEDICAL NEWS GATHER-ING IN TEXAS

The collection of medical news by State Medical Journals is a universal problem throughout the nation. The February issue of the Texas State Journal of Medicine says editorially:—

"Since the beginning of its publication, the Journal has maintained a department in which to publish the current news of special interest to the medical profession. We deem this an important matter for two reasons: first, we desire to

A well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially

# Itoland Water

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



## POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York City make sure that our readers be informed; second, we desire to make a permanent record of current affairs of interest to the future student of medical history. So far our principal source of news has been clippings from the newspapers, through a clipping bureau. We are not any too successful in our quest through this channel, and we have not been able to induce our readers to co-operate to any considerable extent.

"It is not possible for the Journal to establish a complete, effective, news-gathering organization, for obvious reasons. We have had to depend upon our readers for help by way of cooperation, and must for some time, at least, continue to do so. We are asking now, quite earnestly, that such co-operation be vouchsafed."

#### DRUG STORE BUSINESS

Doctors often wonder what drug stores sell. The question is answered in the April issue of the Ohio State Medical Journal which says:

"As evidence of the size and importance of the merchandising problem which retail drug stores are now facing Drug Topics cites the following percentages to show how the two billion dollar drug store business of the country is distributed among the various commodities:

"It would seem after a glance at these figures that almost no drug store today can hope to meet real competition unless it is prepared to make a department store and a restaurant out of itself, as well as a place where healing medicines can be purchased."

## Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases. Also Cases of General Invalidism. Cases of Alcoholism Accepted.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country. Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City. Frequent train service.

For terms and booklet address F. H. BARNES, M.D., Med. Supt. Telephone Connection

## River Crest Sanitarium

Astoria, Queens Borough N. Y. City Under State License

JOHN JOSEPH KINDRED, M.D., Consultant

WM. ELLIOTT DOLD, M.D., Physician in Charge FOR NERVOUS AND MENTAL DISEASES including committed and voluntary patients, alcoholic and narcotic habitues. A Homelike private retreat, overlooking the city. Located in a beautiful park. Thorough classification. Easily accessible via Interboro, B.M.T. and Second Ave. "L." Complete hydrotherapy (Baruch), Electricity, Massage, Amusements, Arts and Crafts Shop, etc.

Attractive Villa for Special Cases Moderate Rates

New York City Office, 666 Madison Ave., corner of 61st Street; hours 3 to 4 P. M. Telephone "Regent 7140." Sanitarium Tel.: "Astoria 0820."

By Interborough, B.M.T., and Second Avenue L

## WEST HILL

HENRY W. LLOYD, M.D.

West 252nd St. and Fieldston Road Riverdale, New York City

B. Ross NAIRN, Res. Physician in Charge

Located within the city limits it has all the advantages of a country amitarium for those who are nervous or mentally ill. In addition to the main building, there are several attractive cottages located on a ten acre plot. Separate buildings for drug and alcoholic cases. Doctors may visit their patients and direct the treatment. Under State License.

Telephone: KINGSBRIDGE 3040

## **HALCYON REST**

JOSEPHINE M. LLOYD 105 Boston Post Road, Rye, N. Y.

Henry W. Lloyd, M.D. Hulda Thompson, R.N. Subervisor Attending Physician

TELEPHONE RYE 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted. Special attention to Diets.

Hydro-therapy, Ultra Violet and Alpine Sun rays, Diathermy, Massage, Colonic irrigation. Inspection invited. Send for illustrated booklet.

HERNY W. ROGERS, M.D., Physician in Charge Helen J. Rogers, M.D.

## DR. ROGERS' HOSPITAL

Under State License

345 Edgcombe Ave. at 150th St., N. Y. C.

Mental and Neurological cases received on voluntary application and commitment. Treatment also given for Alcoholism and Drug addiction. Conveniently located, Physicians may visit and cooperate in the care of their patients.

Telephone, EDGecombe 4801

## **BRIGHAM HALL** HOSPITAL

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiene

Founded in 1855

Beautifully located in the historic lake region of Central New York. Classification, special attention and individual

> Physician in Charge Henry C. Burgess, M. D.

The charge for this space on a 24 time order is \$6.67 per Insertion.

## WHITE OAK FARM

PAWLING, DUTCHESS COUNTY, **NEW YORK** 

Located in the foothills of the Berkshires, sixty miles from New York City. Accommodations for those who are nervous or mentally ill. Single rooms or cottages as desired.

Flavius Packer, Physician-in-Charge Telephones: Pawling 20 New York City-Caledonia 5161

## CREST VIEW SANATORIUM

GREENWICH, CONN.

(25 Miles from N. Y. City)

F. St. CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to. Charmingly located, beautifully appointed.

Fresh vegetables year round

Senility, Infirmities, Nervous Indigestion, \$25-85 weekly. No addicts.

Established 35 years.

Tel. 773 Greenwich

#### THE SAHLER SANITARIUM, KINGSTON, N. Y.

Pleasantly located in the charming city of Kingston, within easy access of New York and with all the facilities for treatment usually offered by a modern sanitarium. Average price of rooms without bath. \$35.00 a week, with bath \$55.00 a week, including ordinary medical and nursing attention. Organic and functional disorders of the nervous system and invalidism from any cause. No cases of invanity or of communicable diseases accepted. Booklet upon request. Raymond S. Crispell, M.D., Medical Director. Tel., Kingston 948.

## X-Ray Courses for Physicians

s-technicians-X-Ray physics-technique-intepreta-Classes now forming. Applicants may enter first of tion. Class any month.

For information write

DR. A. S. UNGER, Director of Radiology Sydenham Hospital, 565 Manhattan Avenue, New York City

## University of Buffalo School of Medicine

Requirements for admission: Two years of college work, including twelve semester hours of chemistry, eight semester hours each of physics and biology, six semester hours of English, and a modern foreign language.

Laboratories fully equipped. Ample facilities for the personal study of cases.

Address: SECRETARY, 24 HIGH STREET, BUFFALO, N. Y.

66 Advertisers have taken space in this issue of your Journal. Give them your business when possible.

## Rheumatic Diseases

Arthritis, Sciatica, Lumbago, Neuritis, and Gout Treated Exclusively

Painstaking diagnosis and therapy as indicated; complete clinical laboratory and department of physiotherapy.

SHANNON LODGE is centrally located and fully equipped. Only rheumatic patients accepted. All treatments under the careful and constant supervision of the Resident Medical Director. Reports available to referring physicians, who may at all times retain contact with patients. A completely equipped pathological laboratory supplements diagnoses and treatments. Especially trained staff. Limited accommodations are carefully restricted. Reservations necessary in advance. Inspection cordially invited.

120 acres of woodland privacy; 800 feet elevation with 20-mile view. 42 miles from New York. Tastefully furnished and beautifully landscaped. Accommodations to meet the requirements of patients, single rooms or suites.





Complete information,
rates,
treatments, etc.,
gladly sent
upon request
to the
Medical Director



## "INTERPINES" GOSHEN, N. Y.



PHONE 117

ETHICAL - RELIABLE - SCIENTIFIC

Disorders of the Nervous System

UI OHET HOMETHE WINTER FOR BOOK

BEAUTIFUL—QUIET—HOMELIKE—WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt. DR. C. A. POTTER DR. E. A. SCOTT

#### RIVERLAWN

DR. DANIEL T. MILLSPAUGH'S SANATORIUM

ESTABLISHED 1892

PATERSON, N. J.

A private institution for the care and treatment of those afflicted with mental and nervous disorders. Selected cases of slocholism and drog addiction humanely and successfully treated. Special rates for the aged and semi-invalid who remain three months or longer.

Paterson is 16 miles from New York City on the Eric Railroad with frequent train service. Buses render half hourly transportation from the Hotel Imperial and Martinique.

Apply for booklet and terms

ARTHUR P. POWELSON, M.D., Medical Director
45 TOTOWA AVENUE PHONE, SHERWOOD 8254 PATERSON, NEW JERSEY

PHONE, SHERWOOD 8254

Please mention the JOURNAL when writing to advertisers

# 1930 PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	H. L. Nelms, Albany	F. E. Vosburgh, Albany
ALLEGANY	. H. K. Hardy, Rushford	.L. C. Lewis. Belmont	G. W. Roos, Wellsville
BRONX	.H. Aranow, N. Y. City	.I. J. Landsman, N. Y. City.	J. A. Keller, N. Y. City
BROOME	.J. J. Kane, Binghamton	.H. D. Watson, Binghamton.	C. L. Pope, Binghamton
CATTARAUGUS	. C. A. Lawler, Salamanca	.R. B. Morris, Olean	R. B. Morris, Olean
CAYUGA	.C. F. McCarthy, Auburn	W. B. Wilson, Auburn	L. B. Sisson, Auburn
CHAUTAUQUA	F. J. McCulla, Jamestown	.E. Bieber, Dunkirk	r. J. Phsterer, Dunkirk
CHEMUNG	S. Lewis, Elmira	C. S. Dale, Elmira	J. H. Hunt, Elinira
CHENANGO	.E. A. Flammond, New Berlit	1.J. H. Stewart, Norwich	F V Duan Diattchung
COLUMBIA	D. P. Dobert New Lebason Ct.	.L. F. Schiff, Plattsburg .L. Van Hoesen, Hudson	I Van Hoesen Hudson
CORTI AND	D. R. Glezen Cincipnatus	P. W. Haake, Homer	B. R. Parsons Cortland
DELAWARE	In M Day Sidney	.H. J. Goodrich, Delhi	H. I. Goodrich, Delhi
DUTCHESS-PUTNAM	A Sohel P'ohkeensie	.H. P. Carpenter, P'ghkeepsie	.H. P. Carnenter. P'ohkeenie
ERIE	.W. T. Getman, Buffalo	L. W. Beamis, Buffalo	.A. H. Noehren, Buffalo
		L. H. Gaus, Ticonderoga	
		.G. F. Zimmerman, Malone	
		A. R. Wilsey, Gloversville	
GENESEE	C. D. Pierce, Batavia	P. J. Di Natale, Batavia	P. J. Di Natale, Batavia
		W. M. Rapp, Catskill	
HERKIMER	.V. M. Parkinson, Salisbury C	t.W. B. Brooks, Mohawk	.A. L. Fagan, Herkimer
JEFFERSON	.F. G. Metzger, Carthage	W. S. Atkinson, Watertown	W. F. Smith, Watertown
KINGS	.L. F. Warren, Brooklyn	.J. Steele, Brooklyn	J. L. Bauer, Brooklyn
I IVINCETON	O. Volovic, Lowville	F. E. Jones, Beaver Falls	r. E. Jones, Beaver Palis
MADISON	I. R. Chase Marrisville	E. N. Smith, Retsof	I. S. Dreeten Oneida
MONROE	W A Caliban Rochester	.W. H. Veeder, Act., Rochester	. W. H. Vender Rochester
MONTGOMERY	In V A Routon Ameterdan	W. R. Pierce Amsterdam	.S. L. Homrighouse, Amsterdam
NASSAU	I. A. Newman, Pt Washingto	nA. D. Jaques, Lynbrook	A. D. Janues, Lynbrook
NEW YORK	.G. W. Kosmak, N. Y. City.	.D. S. Dougherty, N. Y. City.	J. Pedersen, N. Y. City
NIAGARA	G. L. Miller, Niagara Falls	W. R. Scott, Niagara Falls	.W. R. Scott. Niagara Falls
ONEIDA	H. F. Hubbard, Rome	W. Hale, Jr., Utica	.D. D. Reals, Utica
ONONDAGA	.H. B. Pritchard, Syracuse	L. W. Ehegartner, Syracuse.	.F. W. Rosenberger, Syracuse
ONTARIO	C. W. Webb, Clifton Springs	.D. A. Eiseline, Shortsville	.D. A. Eiseline, Shortsville
OPI FANC	S. L. Truex, Middletown	. H. J. Shelley, Middletown	H. J. Shelley, Middletown
OSWEGO	D. F. MacDonell, Medina	R. P. Minson, Medina J. J. Brennan, Oswego	I. P. Pingland Oswago
OTSEGO	G. M. Mackenzie Connerctown	a.A. H. Brownell, Oneonta	F F Rolt Worcester
OUEENS	F. A. Flemming, Rich, Hill.	E. E. Smith, Kew Gardens	J. M. Dohbins, L. I. City
RENSSELAER	. C. H. Sproat. Valley Falls.	J. F. Connor, Troy	O. F. Kinloch, Trov
RICHMOND	C. R. Kingsley, Jr. W. N. B'g'	t.J. F. Worthen, Tompk'sv'le	.E. D. Wisely, Randall Manor
ROCKLAND	J. W. Sansom, Sparkill	R. O. Clock, Pearl River	.D. Miltimore, Nyack
ST CAWRENCE	.S. J. Cattley, Ogdensburg	S. W. Close, Gouverneur	.C. T. Henderson, Gouverneur
SARATC'A	.W. H. Ordway, Mt. McGregor	H. L. Loop, Saratoga Springs.	.W. J. Maby, Mechanicville
SCHENECIADY	. N. A. Pashayan, Schenectady	.H. E. Reynolds, Schenectady.	.J. M. W. Scott, Schenectady
SCHOHAKIE	.E. S. Simpkins, Middleburg.	H. L. Odell, Sharon Springs.	.Lek. Becker, Cobleskill
SENECA	A I Frantz Seneca Falls	F. B. Bond, Burdett	P F D Gibbs Sanaca Falls
STEUBEN	G. L. Whiting, Canisteo	.R. J. Shafer, Corning	R I Shafer Corning
SUFFOLK	.A. E. Payne. Riverhead	E. P. Kolb, Holtsville	G. A Silliman Savville
SULLIVAN	. C. Rayevsky, Liberty	L. C. Pavne. Liberty	.L. C. Pavne, Liberty
TIOGA	F. Terwilliger, Spencer	A. Moulton, Candor	.W. A. Moulton, Candor
TOMPKINS	. D. Robb, Ithaca	W. G. Fish, Ithaca	.W. G. Fish. Ithaca
ULSTER	E. F. Sibley, Kingston	.F. H. Voss, Kingston	.C. B. Van Gaasbeek, Kingston
WARREN	.r. raimer, Giens Palls	.W. W. Bowen, Glens Falls	.W. W. Bowen, Glens Falls
WASHINGIUN	R. E. La Grange, Port Ann.	S. J. Banker, Fort Edward	.K. C. Paris, Hudson Falls
WAINE	W W Mott White Plains	.D. F. Johnson, Newark	.R. B. Hammond, White Plains
WYOMING	.W. I. French Pike	.H. S. Martin, Warsaw	.H. S. Martin Warran
(ATES	G. H. Leader, Penn Yan	.W. G. Hallstead, Penn Yan	.W. G. Hallstead, Penn Yan
•			•

## for Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

v.iysicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

## CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770

## **FADON**

Gold Radon Implants for Interstitial Use.

Description:—Pure Gold (24 Karat)

Wall thickness 0.3 millimeter

Outside diameter 0.75 millimeter

Length 5 millimeters

Mechanically sealed

Radon content certified and guaranteed.

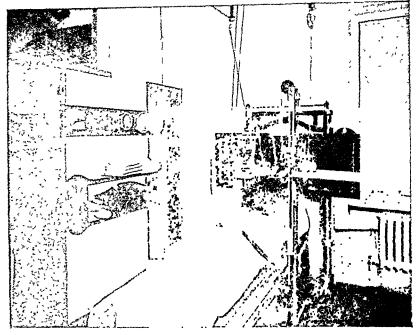
Suitable Radon Implanters loaned for each case.

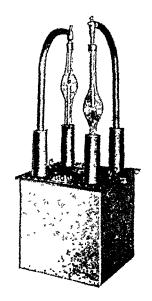
All orders and inquiries given prompt attention.

(Booklet furnished on request)

RADON COMPANY, Inc., 1 East 42nd St., New York

Telephones: Vanderbilt 2811-2812





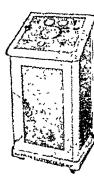
Courtesy of Sydenham Hospital, New York City; Dr. A. S. Unger, Director of X-Ray Department.

## Cholecystography

This photograph shows the correct positioning and accessory apparatus for cholecystography. Below are details of the proper technic used with Wappler Valve Tube Rectifier Apparatus.

For cholecystography, the Wappler Monex, the Wappler Diex or the Wappler Quadrex, are especially efficient. All are characterized by ample power, silent and rapid operation and the ease with which results may be duplicated.

The Monex is widely used for radiography and fluoroscopy, also by dermatologists for superficial skin therapy. The Diex, of greater power, is used for radiography, fluoroscopy and intermediate therapy. For ultra-rapid radiography and fluoroscopy, the Quadrex is remarkably efficient. For massive dose deep therapy, the Quadrocondex is unequalled.



¶ Write for Booklet VT-G, fully describing and illustrating Wappler Valve Tube X-Ray apparatus.

## WAPPLER

## ELECTRIC COMPANY, Inc.

General Office and Factory, Long Island City, N. Y. Show Room, 173 East 87th Street, New York City.

## **TECHNIC**

Subject-Gall Bladder.

Position of Patient — Prone posterior—anterior with head turned to the left.

LANDMARK — Center of lower anterior right rib.

FILM-8 x 10 safety with double intensifying screens.

Accessories — Wappler No. 4
Table with Bucky No. 1 Cone,
compression band and rubber
bladder.

Tube-30 Ma. radiator type.

Distance-27½ in. (to suit Bucky).

KILO VOLTS-66.

MILLIAMPERES-30.

TIME—4 seconds, 150-lb. patient.
DARK ROOM FACTORS—Standard
APPARATUS—Diex.

# New York State Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The sew York Academy of Medicine, 2 E. 1 ad St., New York City.



Entered as second-class matter July 5, 1907 at the Post Office, at New York, N. Y., under the act of March 3, 1879. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorised on July 8, 1918. Copyright, 1930, by the Medical Society of the State of New York.

Table of Contents Page iv

## A TONIC for

## POST-INFLUENZA cases . . .

"Doctor, why do I still feel so weak and how may I regain my strength?" This is the constant query following an attack of influenza, grippe or pneumonia. The patient is an afebrile and out of hed, but the coated tongue, anorexia, weakness and malaise persist. That is the time a tonic can really help.

Dewey's Dew-Tone and Port is an idea' medication to relieve these distressing months. It contains a pure old port wine a by the house of Dewey for over 7

house of Dewey for over 7

into the system. Ir

— Min

Parsono.

-Mr.-Wolfe-

"Dira inne

Dry Tapley.

Librore

active stimulant to digestion. The glycerophosphates and peptone increase gastric secretton and aid in correcting faulty metabolism. A normal desire for food is created when it is properly handled by the digestive system.

We would like you to try Dew-Tone and Port in your cases of influenza, grippe or We are satisfied that the results our contentions as to its value.

> lew-Tone and Port is only sold sysicians, their patients and e will be glad to send you a comample upon request. No Federal ecessary.

i e suggest Madeira.

### COMPANY

Cellars, Egg Harbor, N. J.

E and PORT

advertiset &

# In the Treatment of the Affections of the Upper Respiratory Tract

correction of the internal systemic abnormalities is aided by local applications. By supplying continuous, moist heat over a considerable period, together with the osmotic, antiseptic and synergistic action of its components

# Antiphlogistine

when applied to the affected area, increases the blood and lymph circulation, promotes the comfort of the patient and aids in the restoration of normal function.

> Antiphlogistine does not supplant other forms of therapy but, rather, should be coordinated with them.

Write for sample and literature, quoted from standard sources.

**₩** 

THE DENVER CHEMICAL MANUFACTURING COMPANY 163 Varick Street, New York, N. Y.

## HARRY F. WANVIG

Authorized Indemnity Representative

of

The Medical Society of the State of New York

80 MAIDEN LANE

NEW YORK CITY

TELEPHONE: JOHN 0800-0801

for the failing heart

# Digitan

Accurate digitalis dosage by mouth

Literature on request

MERCK & CO. INC.

Rahway, N. J.

### TABLE OF CONTENTS-APRIL 1, 1930

ORIGINAL ARTICLES	NEWS NOTES
Thyroid Diseases, Their Classification and Treatment—By J. William Hinton, M. D., F. A. C. S., New York, N. Y 375	Physicians' Art Club
Koilonychia, Report of a Case and Review of the Literature— By Anthony C. Cipollaro, M. D., New York, N. Y	Legislation: Legislative Bulletins, Nos. 7, 8, 9
Alfred Fournier, The Master Syphilologist—By Paul E. Bechet, M. D., New York, N. Y	Queens County 40 Bronx County 40
Congenital Absence of Fallopian Tube, Tubal Insufflation— By Helen W. Spencer, M. D., New York, N. Y	Tioga County 41
The Management of Breech Presentations—By Karl M. Wilson, M. D., Rochester, N. Y	Index of Activities, First Quarter 1930
EDITORIALS	THE DAILY PRESS
The Annual Meeting 392	Medical Movie Films
The Changing Order of Medical Practice 393	City Garbage on Beaches
The Commercial Exhibits 394	The Curse of Pharaoh's Tomb
What Is the Practice of Medicine? 394	Gorilla Preserves
This Journal 25 Years Ago—Fee Splitting	BOOKS
MEDICAL PROGRESS	
Sulphur and Metabolism of Diabetics	Book Reviews
Vaccination Encephalitis	OUR NEIGHBORS
Frei's Buboes	
Hog's Stomach in Pernicious Anemia	Welfare Committee in New Jersey
Antitoxin in the Blood	Definition of Medical Practice in Kansas, (adv. page xviii) 41
Endocrines and Joints	Medical Movies in Arkansas (adv. page xx) 42
Psittacosis	The Michigan Journal
Bacteriology of Parrot Disease	Politics and Physicians in the Knoxville General Hospital
Endarteritis Obliterans	(adv. page xxii) 42
Coma of Diabetes and Glucose Injections	Annual Registration in Wyoming(adv. page xxvi) 42
Use of Insulin	Board of Health in Nebraska(adv. page xxvii) 42
LEGAL	Press Service of the Wisconsin State Society (adv. page xxviii) 42
Mr. Stryker Resigns as General Counsel-Mr. Brosnan Ap-	Health Education Week in Georgia (adv. page xxix) 429
pointed	Attendance at the Society of Knox County, Tennessee (adv. page xxx) 43
Otitis Media	Student Health—an Opinion from Wisconsin (adv. page xxxi) 43

## Pregnancy: Prenatal Care

As a prophylactic from date of declaration to term, the use of Kalak Water affords the patient a dependable defense against abnormal conditions that may be manifested as a result of mineral depletion.

Presenting a fully saturated solution of calcium as the bicarbonate, Kalak Water helps to supply the need of the patient for this essential base.

Kalak Water Company
6 Church Street New York City

## DIET OUESTIONS have GELATINE ANSWERS

## VARYING THE MONOTONY OF THE LIQUID AND SOFT DIET!

Most physicians-and patients-will agree that for cheerless monotony nothing quite equals the liquid and soft diet. But medical science now knows that it is no longer necessary to confine the patient strictly to a tiresome broth, milk and egg-nog regime.

Pure, granulated unflavored gelatine-for example, Knox Sparkling Gelatine-has been found of inestimable value in varying the liquid and soft diet while at the same time supplying the essential elements of nutrition.

Pure gelatine prevents precipitation in the presence of acids or salts - as in the digestive juices -and is itself digested and absorbed with minimum effort. Knox Sparkling Gelatine has a food value of approximately 120 calories per ounce or 4.3 calories per gram. Care should be taken, however, to insure that the gelatine used is the real, unflavored, unsweetened, unbleached gelatine-in other words, Knox Sparkling Gelatine.

Please notice the attached coupon. If you will mail it we shall be glad to send you data prepared by one of the country's leading dictitians on how to prepare attractive, palate-tempting dishes with Knox Gelatine in correct caloric proportions.

KNOX is the real

***************************************
TOTAL CONTINUES OF A DOMESTICS

KNOX GELATINE LABORATORIES 432 Knox Avenue, Johnstown, N. Y.

Please send me, without obligation or expense the booklets which I have marked. Also register my name for future reports on clinical gelatine tests at they are issued. D Varying the Monotony of Liquid and Sofe Diets D Recipes for Anemia
D Diet in the Treatment of Diabetes
D Recipes for Anemia
D Diet in the Treatment of Diabetes
D Recipes for Anemia Order of Colors of Colo

	U Value of Gelatine in Inlant and Cliffo Control	
	والمراوات المراوات والمروات المراوات المراوات والمراوات والمراوات والمراوات والمناوات والمراوات والمراوات والمراوات والمراوات	
Addres	·	^
	The state of the s	

Please mention the JOURNAL when westing to advertises



#### REED & CARNRICK

Pioneers in Endocrine Therapy 155-159 Van Wagenen Avenue Jersey City, N. J., U. S. A.

## When Your Diagnosis of Malignancy Has Been Confirmed We Can Help You

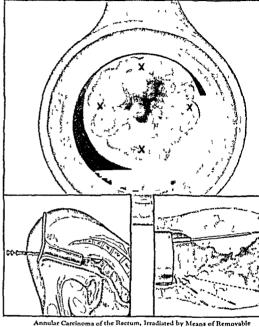
UIETLY, but effectively, The Radium Emanation Corporation has been administering the radium needs of America's most prominent physicians since 1922.

We offer you the same technical counsel, the same extraordinary radium laboratory facilities that have made it possible for surgeons, gynecologists and urologists throughout the United

States and Canada to reinforce their own efforts in behalf of the patient afflicted with cancer.

Very definite changes have taken place in the art of radium therapy. The "hazard and hope" methods of earlier days have been abandoned in favor of a new, more scientific technique, which has completely changed the attitude of the entire medical fraternity towards the surgical use of radium, and radium therapy is rapidly becoming an indispensable element in the armamentarium of every surgeon, gynecologist and urologist.

The Radium Emanation Corporation has contributed in large measure to this modern trend in radium therapy. It gave the medical profession the Removable Platinum-Radon Seed which has made possible so many of the unparalleled results reported recently in the medical press. Through its radium therapy consultants, The Radium Emanation Corporation sponsors the most advanced methods in radium therapy and makes radium available to the individual physician according to the requirements of his particular case.



Carcinoma of the Rectum, Irradiated by Means of Removable Platinum-Radon Seeds, Without Radical Surgery

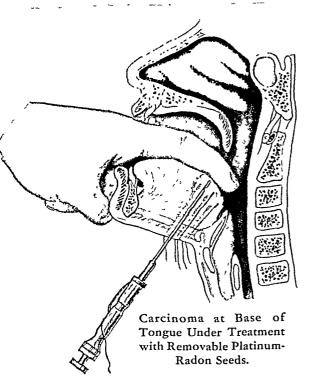
We have only one ideal-to help you obtain better results in the treatment of your malignant cases.

If you have malignant cases, for which you are considering treatment, investigate this unique service. Let our radium therapy consultants collaborate with you in the solution of your problems They will gladly give you the benefit of their own broad experience and you may have their opinion and recommendations without incurring the slightest obligation.

> Send us a history of the case and you will receive immediately a carefully considered plan covering the application of radium

The type of service we are giving the medical profession will amaze you, unless you are one of the hundreds of physicians whose radium needs we are already administering

> CORPORATION THE RADIUM EMANATION NEW YORK CITY Graybar Building at Grand Central Terminal



## Now Every Hospital Can Have Radium

Without Capital Investment or Administrative Expense

made adequate provision for supplying the regular or emergency radium needs of hospitals, both large and small, wherever located, at moderate cost. All departmental requirements are quickly and efficiently met and the radium is prepared according to the requirements of each individual case. Instruments and other surgical equipment necessary to properly apply the radium are always provided. If it is desired our radium therapy consultants will collaborate with department chiefs until such time as radium therapy becomes well established as a part of your equipment.

Such a service insures the immediate availability of adequate quantities of radium for every need, without the investment of capital or expense of administration.

We invite correspondence with hospital executives concerning this unique service.

## We Prepare Radon for Use at Distant Points Without Loss to the Customer

Physicians familiar with the physical characteristics of radon sometimes ask us how we effect deliveries to distant points without loss to the customer. Every applicator which leaves our laboratory has been prepared so that it will contain the precise amount of radon required at the time of use, even though delivery must be effected at a point three thousand miles from New York City. Physicians and hospitals along the Pacific Coast use our service regularly and enjoy the same economies as those located at intermediate points.

## Special Service Features

With a large active staff in addition to the medical personnel, we offer the medical profession the facilities of the following divisions of our organization:

Post Graduate Courses in Radium Therapy.

Radium Emanation Equipment—Design, Erection and Maintenance.

Library Research. Abstracting. Editing of material for text-books or special papers on medical subjects.

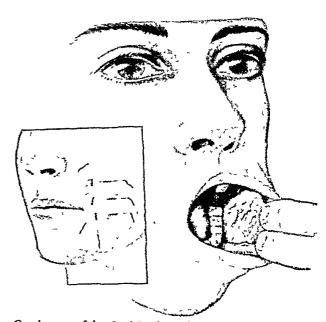
Research. We are prepared to undertake any problem requiring the services of consulting physicists or chemists.

Translations. All languages.

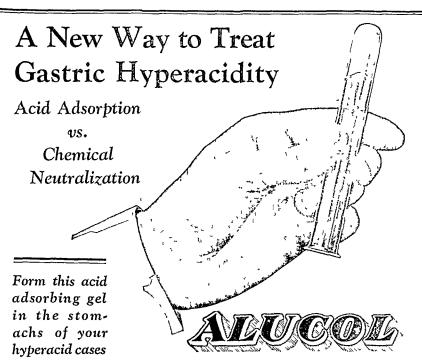
Medical Illustrators. Our medical artists are available for the preparation of anatomical drawings, in full color or in black and white.

Ask for a copy of THERADON, the Monthly Bulletin of our Medical Department, a publication devoted exclusively to methods and technique in the art of radium therapy.

The Radium Emanation Corporation
Graybar Building at Grand Central Terminal
NEW YORK CITY



Carcinoma of the Oral Surface of the Cheek Under Treatment by Intense Gamma Radiation from Six Removable Platinum-Radon Seeds, Implanted from the Outside.



(COLLOIDAL HYDROXIDE OF ALUMINUM)

THE introduction of ALUCOL—a true colloidal type of hydroxide of aluminum—by the Wander Research and Chemical Laboratories marks a new advance in the treatment of gastric hyper-acidity.

ALUCOL acts by colloido-chemical adsorption, not by chemical neutralization. It combines colloidally with the excess of gastric HCL to form a colloidal gel in the stomach. This gel acts as a carrier of the excess of acid and removes it from the system.

As ALUCOL does not neutralize the acid, it does not hinder or prevent proteolytic activity.

Clinical reports show ALUCOL to be remarkably effective in gastric and duodenal ulcer and other conditions characterized by high gastric acidity.

Alucol issued in tablet and powder form

Write at once for free clinical trial specimen and interesting brochure.

## The Wander Company

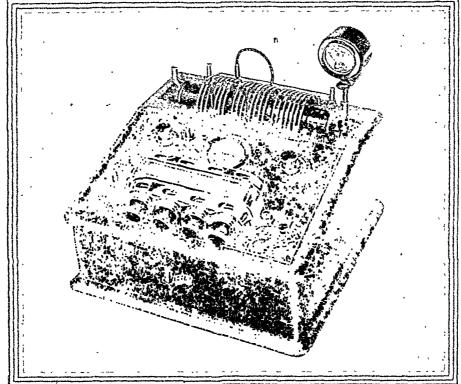
180 North Michigan Avenue Chicago, Illinois THE WANDER COMPANY, 180 No. Michigan Ave, Dept. NY-4 Chicago, III

Heave send me with ut o'light on a centimer of ALUCOL for chinical test, and brochure on "The New Collo dal Antand"

Dr

Adiress







# Diathermy for generating heat within the tissues



Anything short of major calibre in a diathermy machine will prove disappointing. The Victor Vario-Frequency Diathermy Apparatus is designed and built to meet every requirement. It has, first, the necessary capacity to create the desired physiological effects within the heaviest part of the body; secondly, a refinement of control and selectivity unprecedented in high frequency apparatus.

ABUNDANT evidence of an increasing use of diathermy in therapeutics is offered though a perusal of the outstanding periodicals in the medical library.

The widely varying applications of this form of heat, indicates also that almost every physician, whether in general or specialized practice, will find this energy of inestimable value in some conditions met with almost daily. Many of these clinical reports cite unsually stubborn conditions, of long standing, which have yielded to intelligent use of diathermy, with results gratifying to physician and patient alike.

New York—205 E. 42nd St. Buffalo—1100 Electric Bldg. Rochester—809 Rochester Gas & Electric Bldg., 89 East Ave. Syracuse—Chimes Tower Bldg., 207 University Block Albany—75 S. State St., Room 508

# GENERAL ELECTRIC X-RAY CORPORATION

2012 Jackson Boulevard

Chicago, Ill., U.S.A.

When heat is desired within the

tissues, regardless of how deep

seated the pathology may be, noth-

ing known to medical science can

create heat within the affected part so quickly and directly and con-

veniently, as a correctly designed

If you are interested in investi-

gating this subject through the

opinions of recognized medical

authorities, we will be glad to send

you, without obligation, the book-

let "Indications for Diathermy,"

containing abstracts and digests

from recent literature on the sub-

ject, and arranged by specialty.

diathermy machine.

FORMERLY VICTOR WELL X-RAY CORPORATION

Join us in the General Electric Hour, broadcast every Saturday

# Quick Relief

Not only does the balanced

antacid, BiSoDoL, afford quick relief to the well known symptoms of gastric hyperacidity, but it introduces a control factor against the setting up of a dangerous alkalosis—a chief objection to single alkali medication.

In BiSoDoL the sodium bicarbonate, being soluble, is immediately neutralized. However, as soon as neutralization has been established, magnesium carbonate serves as a control. It remains incrt until a rise in the acid content of the stomach activates this neutralizing property. The two salts maintain the balance of normal reaction in the stomach, and correct abnormal deviations.

BiSoDoL has been found effective in controlling cyclic vomiting, the morning sickness of pregnancy, and alkalinizing against colds and respiratory affections.

In the formula are included bismuth subnitrate, antiflatulents and flavorings which enhance its value and render it acceptable to the patient.

> Advertised solely to the medical and allied professions.

Let us send you literature and sample for a clinical test.

# **BiSoDoL**

The BiSoDoL Company

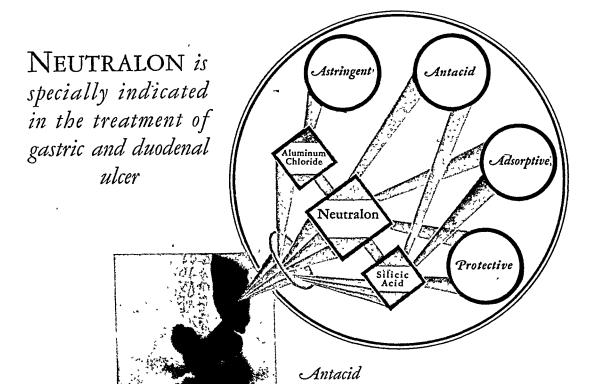
130 Bristol Street
NEW HAVEN, CONN.
Dept. N14





# Iction of NEUTRA

A synthetic aluminum silicate with about twelve per cent sodium silicate



DOSAGE: The usual dosage of Neutralon is a teaspoonful stirred in half a glass of water three times daily, before meals when the protective and astringent action is required, and after meals as an antacid.

#### ORIGINAL PACKAGES:

NEUTRALON

Boxes containing 50 and 100 grams.

Belladonna-Neutralon

Boxes containing 100 grams.

### Belladonna-Neutralon

is Neutralon with the addition of 0.6% extract of belladonna.

Neutralon has a twofold antacid effect, a siight immediate effect through the action of the soluble sodium silicate component and a slow prolonged effect through the decomposition of the insoluble aluminum silicate which converts free into combined acidity.

### Astringent\_

The aluminum chloride formed by the reaction of Neutralon with the acids of the stomach acts as a mild astringent, thus tending to limit gastric secretion.

## Adsorptive

Neutralon and the silicic acid adsorb albumen and pepsin so that the harmful digestive action of pepsin on the ulcerated wall of the stomach is hindered.

## Protective and Analgesic

Unchanged Neutralon and the silicic acid formed during the course of the reaction tend to form a coating on the ulcerated wall of the stomach, thereby affording protection against mechanical and chemical irritation.

Sample and literature upon request

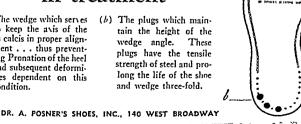
## SCHERING CORPORATION

110 William Street NEW YORK, N.Y.



## A definite aid to the Preventive in treatment

(a) The wedge which serves
to keep the axis of the
os calcis in proper alignment . . . thus preventing Pronation of the heel
and subsequent deformities dependent on this
condition.



The MUSCLE BUILDER SHOE

## THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

## =The list of advertisers in the 1929 edition follows:=

#### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

#### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

## Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

#### Corsets

Linder, Robert, Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

#### Chemists, Druggists and Pharmacists

Fellowa Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carprick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

#### Pharmaceutical

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Service Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius -Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopaedic Appliance Co., Inc.

#### Wassermann Test

Bendiner & Schlesinger

A great advance in Calcium Therapy

# GALGIUA FESTANDOZE

不可能。此時代表記以前的學歷歌歌

Per Os - Palatable Intramuscular - No Irritation Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

SANDOZ CHEMICAL WORKS, Inc.

61-63 Van Dam St. NEW YORK, N.Y.

## Bi-Terminal Technique in Tonsil Electro-Coagulation



ANEW and greatly improved method of electro-coagulation of tonsils, introduced by Dr L. L. Doane, Butler, Pa Hitherto the mono terminal method where the active electrode or needle, is embedded in the tonsil and the indifferent electrode held in the hand of the patient, or applied to some other point has been found to produce more or less frequently edema of the pillars and adjacent tissues, due to the passage of the heavy current necessary for coagulation from the active to the indifferent point.

With Dr Doane's Bi terminal technique a mild, low voltage current suffices due to less tissue resistance rapidity of effect and shorter operating time The current is practically confined to the operating field hence more easily controlled

#### Doane's Tonsil Coagulation Set Consists of the Following

Doane's Ring Retractor Electrode Large
Doane's Ring Retractor Electrode Medium
Doane's Ring Retractor Electrode, Small
Doane's Crutch Retractor Electrode Large
Doane's Crutch Retractor Electrode Large
Doane's Crutch Retractor Fleetrode Large
Boane's Crutch Retractor Fleetrode Small
Doane's Crutch Retractor Fleetrode Small
Signification Metal Insulate to fit above Retractors
Signification Small Electro-Cocyclation Handle and Cord without

3 No 8388 Dr Doane a Insulated Needles to fit Plank Handle

FULL INSTRUCTIONS WITH EACH SET

NEW YORK 303 Fourth Avenue Phone Gramercy 7058

COMPLETE

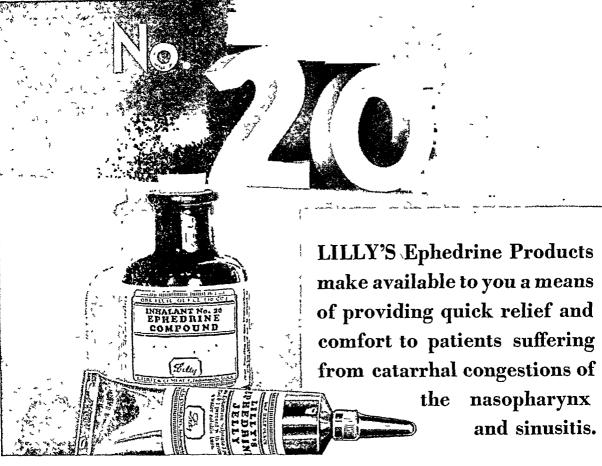
Mein Office and Factory 223 233 N. California A CHICAGO, ILL.

NYSMI

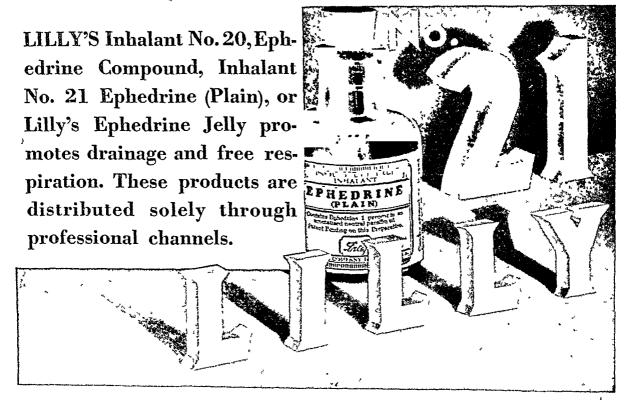
HeIntosh Elec Corp

Gentlemen

Please send me one Doane Tonsillar Congulation Set com plete
Cleck attached
Doumay send C. O. D.
I have an account—you may



# FOR HEAD COLDS



## NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 7

New York, N. Y.

April 1, 1930

## THYROID DISEASES, THEIR CLASSIFICATION AND TREATMENT\* By J. WILLIAM HINTON, M.D., F.A.C.S., NEW YORK, N. Y.

TO ARRIVE at a definite diagnosis of thyroid diseases one must first consider the different types of goiter which are generally found. First, Adolescent Goiter; second, Colloid Goiter; third, Adenomatous Goiter, with or without hyperthyroidism; fourth, Exophthalmic Goiter or Grave's disease; fifth, malignant tumors of the thyroid. The rarer conditions of the thyroid including tuberculosis, gumma, acute pyogenic infection and hypothyroidism, or myxedema, will be excluded.

Normal Thyroid Histology.—One is lead to believe that the histological findings for normal individuals of relative ages are more or less constant, the gland being made up of acini which may vary in size but the lumen being filled with colloid. The epithelial cells are either cuboidal or flattened. Although the acini may vary the cells lining same are constant for the same individual. In reviewing sections from people whose deaths were accidental, one is led to question what constitutes a normal histological picture, but it seems certain that histological findings vary considerably with age.

Adolescent Goiter .- This is taken to represent the goiter which occurs during puberty, or be-tween the ages of 10 and 16. This is usually seen in females and the physical examination is negative, except for a definite enlargement of the thyroid gland which involves the entire gland with the absence of nodules, or irregular masses. The basal metabolism is normal and the other laboratory tests are of no diagnostic aid. Goetsch or adrenalin test may be of some aid in ruling out hyperthyroidism in an adolescent goiter. The acini are enlarged and dilated and full of colloid, with the lining epithelial cells somewhat flattened and compressed. The interstitial tissue is considerably diminished, all of which indicates a state of inactivity of the gland, and this is one type of goiter which is supposed to be due to iodin deficiency.

Treatment.—This type of goiter in the early

\*Read before the Richmond County Medical Society, St. George,
Staten Island, New York, June 12, 1929.

stages is a medical problem and attention should be given to the general hygienic condition of the patient, correcting any foci of infection which may exist, and administering iodin and thyroid medication. I personally have seen better results from thyroid medication than from iodin, regardless of the form in which it is given. One-half grain of thyroid extract, T. I. D., is usually prescribed, and this is discontinued for one week in each month, the dosage being increased if necessary, until the patient receives 1 to 1½ grains, T. I. D. It is generally stated that iodin and thyroid extract do not produce injurious effects in this type of goiter but I wish to take exception to this teaching and report the following case.

A female 16 years of age was examined in June, 1928, on being discharged from an orphanage and was found to have an adolescent goiter. She did not know this existed until informed by the examining physician who advised her to take two drops of tincture of iodin in water daily. This she did for two months after which time she became quite nervous and had tremor of her hands. The iodin was discontinued but the patient showed no improvement and was first seen by me on November 20, 1928, in the goiter clinic at St. Mark's Hospital. Examination revealed a definite enlargement over the thyroid, with a thrill and marked tremor of hands, and the patient was extremely nervous and restless. Basal metabolism done November 24 was normal. She was advised to remain out of school and put on a high coloric diet and forced fluids, with clixir luminol drams 1, T. I. D. Next seen on January 22, 1929. During this time the patient lost six pounds in weight and her condition instead of improving became worse. Hospitalization was advised and her basal metabolism done on January 24, 1929, was a plus 3. After being put on Lugol's solution, minims 20, luminol grains, 11/2, ovarian substance grains, 5, and pancreatic substance grains, 2, T. I. D., the patient showed marked improvement. Thyroidectomy was done January 30, 1929, and the patient made an uneventful recovery. Pathological diagnosis, exophthalmic goiter.

Colloid Goiter.—This is supposed to represent a more advanced stage of adolescent goiter which occurs in adults between the 18 and 30 year. In a colloid goiter the acini are much more dilated and the epithelial cells flattened from compression with very little interstitial tissue between the acini. Colloid and adolescent goiter really represent one and the same condition, and there should not be a separate classification for the two conditions.

Treatment.—In this type of goiter iodin or thyroid medication is indicated. The prognosis depends on the duration of the disease. If the condition has existed for one or two years the prognosis should be very guarded, as the response is practically in proportion to the duration of the disease. A colloid goiter is supposed never to become toxic, and it is stated that injurious effects are not seen from prolonged iodin br thyroid medication. I wish to take exception to this statement also and report the following case.

Female 33 years of age stated that in September, 1927, she consulted her family physician for a swelling of her left ankle and a goiter. At that time she was found to have a phlebitis of the left ankle. On communicating with Dr. Felder, her family physician, I found the patient had had a colloid enlargement of her thyroid, without symptoms. She was not given any thyroid or iodin medication but five months later, as her mother had died from an exophthalmic goiter, she consulted a thyroid specialist in New York, for she was rather conscious of the slight fullness in her neck. There were no symptoms referable to the thyroid at that time. Basal metabolism done on February 4, 1928, revealed a minus one. She was informed that she had no thyroid disturbance but was given Lugol's solution, minims 3, T. I. D. Three months later she had lost 8 or 10 pounds in weight, her eyes were enlarged and she was nervous and quite irritable, and bothered with palpitation. She consulted another physician who told her she had Grave's disease. The patient was given iodide of mercury, grains 1, O. D., and advised to have x-ray She received several treatments and showed improvement but four months later, not feeling entirely well, she consulted Dr. Carter, at which time her weight was 118 pounds, as against her best weight of 136 pounds. Basal metabolism done on October 27, 1928, was 3 below the average normal. I saw this patient in consultation with Dr. Carter on October 28, 1928, at which time there was definite evidence of a thyroid enlargement with a thrill over same and it was quite apparent that the patient was suffering from an exophthalmis goiter. Thyroidectomy was performed on November 5, 1928, at Post-

Graduate Hospital, by Dr. Carter. Pathological diagnosis, exophthalmic goiter in resting stage.

The above findings are not unusual in the adolescent and colloid types of goiter and Hertzler\* who has been greatly responsible for clarifying the state of confusion in thyroid diseases states: "It was only after an accumulation of hundreds of specimens which presented unmistakable microscopic evidence that the goiters were of long standing that it occurred to me that something could be gained by securing a careful history covering the period antedating the time of the alleged origin of the goiter. Since going further back than the suggested date in the history, it is uncommon to find patients with an alleged sudden onset of the condition who do not give evidence of disturbances antedating the time given." And Hellwig<sup>3</sup> also states: "I am forced to the belief that exophthalmic goiter develops usually in a diffuse colloid goiter." . . . "Likewise the distinction usually made clinically between innocent colloid and exophthalmic goiter does not seem to be justified, since the diffuse colloid goiter, at least the proliferating form, is often associated with slight symptoms of hyperthyroidism."

Adenomatous Goiter.—This is the nodular, or asymmetrical type of goiter which is first seen during the child-bearing period, between the ages of 20 and 30, and which may increase in size if there are several children born in rapid succession, although it may not enlarge or produce any symptoms which are referable to a goiter for 15 or 20 years, or approximately until the menopause. On the other hand it may make its first appearance during the menopause, at about the age of 45, in which case the symptoms are not produced until 60 or 65 years of age. Much confusion has arisen as to the diagnosis of this type of goiter and it is the one which is generally poorly treated, and the patient misinformed as to facts. In a high percentage of goiters diagnosed as adenomatous, the goites are really col-There is only one origin for an adenomatous goiter and that is from a fetal adenoma which has remained dormant in the thyroid since intra-uterine life, and which supposedly develops due to thyroid deficiency in the pregnant mother. This is a tumor of the thyroid, with the acini small and closely placed in one section and a fibrous capsule separating normal thyroid tissue. If we are to follow the teachings of some clinics, this type of goiter is always the same and is never interchangeable. The following cases will illustrate how difficult it is at times to differentiate between an adenomatous goiter, exophthalmic goiter and colloid goiter.

First case, a female 38 years of age, a nurse, was first seen by me on August 4, 1927, stating that 12 years previously she had been operated upon for an adenoma of the isthmus of the thyroid. About one year after this operation she

noticed a lump in the right side of her neck. This had increased slightly in size and about seven weeks before consulting me she had a gastrointestinal upset from eating sea food. Since that time she had lost 20 pounds in weight and had palpitation of her heart and shortness of breath on going up stairs. Otherwise she felt well. Her menstrual periods had been scanty during the last few months. Examination revealed no evidence of exophthalmos in the right eye, the left having been enucleated following an accident at the age of two years. At the time of examination there was a nodular mass involving the right lobe without a thrill and her pulse was 108. A diagnosis of adenoma of the thyroid with hyperthyroidism was made. Basal metabolism done on August 5 was a plus 45. Patient entered Post-Graduate Hospital and was operated upon on August 22, 1927. She made an uneventful recovery, being discharged from the hospital on August 30. 1927. Pathological report: hyperplastic goiter of Grave's type, in a stage of slight remission at the time.

Second case, female 26 years of age, first seen by me on November 30, 1927, complaining of a swelling in her neck which she had had for one year. Friends first noticed a lump in the right side of her neck but at that time she had no symptoms referable to her goiter. Occasionally a sensation of pressure and choking was noticed but otherwise she felt perfectly well. General physical examination was negative with the exception of a definite mass involving the right lobe The left lobe was negative. of the thyroid. Weight 13334 pounds, pulse 100. Diagnosis of adenoma of the thyroid was made and basal metabolism done on December 2, 1927, was a plus 3. Patient was informed she had the type of goiter that could not be treated by medication, but as I had treated her sister for a colloid goiter with a satisfactory result, she demanded medication before submitting to an operation; hence she was put on thyroid extract, grain 1, T. I. D. The patient was next seen on January 18, 1928, at which time her weight was 13734 pounds and pulse 90. She had no complaints but her neck remained unchanged and she was given thyroid extract, grains ½, T. I. D. On March 21, 1928, she returned stating she had had nausea and vomiting and had been bothered with diarrhea for two weeks and was beginning to feel ill. complained of nervousness and palpitation and was losing weight. Examination revealed an enlargement over the thyroid region with a definite thrill over same, and a beginning exophthalmos. Patient entered Post-Graduate Hospital on March 22, 1928, for observation and operation. Basal metabolism done on March 26, 1928, revealed a plus 60. Weight 105 pounds and pulse 160. Patient was operated upon on April 2, 1928, and made an uneventful recovery. Pathological report: exophthalmic goiter in the stage of remission.

Third case, female 26 years of age, admitted to Post-Graduate Hospital on August 30, 1926, stating that she had been bothered for two years by swelling of her neck. Her neck had always been full but two years previously she noticed it was getting larger and with the increase in size came added difficulty in swallowing. There was no sweating, tremor of hands, diarrhea or palpitation. Examination revealed a well developed and nourished woman not appearing all. The neck revealed an enlargement of both lobes of the thyroid, the right lobe being larger than the left. There was a definite encapsulated mass in the right lobe. No thrill or exophthalmos was found, and the pulse was 90. Basal metabolism done August 31, 1926, was a plus 4. Diagnosis: diffuse adenomatous goiter. Thyroidectomy was done September 4, 1926. Pathological report: exophthalmic goiter in stage of remission.

It is difficult to make a definite diagnosis of adenomatous goiter, and the teachings have been that any nodular or asymmetrical growth represents the adenomatous type, but the above cases tend to disprove these teachings and Rienhoff<sup>8</sup> explains the error in diagnosis in this type of case. He states "From the evidences at present, it would seem that most of these tumors palpable in nodular goiters are nothing more than involutional bodies of the same type as have been described above, and that a great many, in fact, nearly all of the cases of nodular goiter with or without hyperthyroidism which have been described as colloid adenomas, mixed fetal and colloid adenomas, colloid cysts, cystic adenomas and miliary adenomas, are in no sense of the word adenomatous but the result of an attempt on the part of the thyroid gland, following an hypertrophy, to reapproximate its normal histologic structure, namely, involutional bodies or areas of hyperinvolution and hypo-involution."

The treatment of adenomatous goiter can be briefly summed up. Thyroid and iodin medication is never indicated, if a correct diagnosis is made, because you are dealing with a tumor which involves the thyroid gland, and it is useless to expect any improvement from any form of medication under such conditions, as medicine can only invite trouble. It is well to bear in mind that this is the type of goiter that develops into malignancy of the thyroid and it is estimated that from 2% to 5% of adenomas will take on malignant degeneration, which is the one reason for an early removal of same.

Exophthalmic Goiter, or Grave's Disease.—In this type of goiter with its classical signs and symptoms of tachycardia, tremor, exophthalmos and swelling of the neck, the diagnosis is not difficult. But with the use of iodin, thyroid extract and x-ray therapy, one faces an entirely

different problem, and here the secondary rather than the primary signs and symptoms are really of most importance. I refer to the loss of weight, ravenous appetite, menstrual irregularities and amenorrhea, also the ability of the patients to stand cold weather more comfortably than formerly, and their inability to stand hot weather. This, of course, is due to excessive heat production. Other symptoms are perspiration of hands and feet, flushing of skin, and giving away of the knees. In this type of goiter the acini vary in size with infolding of the epithelium which is of high columnar type, and the acini contain very little colloid in the lumen which indicates marked activity of the thyroid gland. This type of goiter is supposed to represent a distinct clinical entity. with constant histological findings. The following cases will serve to illustrate that the histological and clinical findings are not always constant.

First case, female aged 26, first seen on January 17, 1928. She had been very nervous and irritable for the past year. In February, 1927, she began to have trouble swallowing, and at that time consulted a physician who gave her iodin to take, but after six weeks of non-improvement she consulted another physician who gave her nine x-ray treatment. After this still another physician gave her violet ray treatment and did a tonsillectomy, and also gave her medicine for her nervousness. She continued on this treatment until November, 1927, when being still unimproved the patient discontinued all treatment. Examination revealed a definite tremor of hands with slight exophthalmos, slight enlargement over thyroid with a thrill, weight 118½ pounds, as against her best weight of 148 pounds, and pulse 140. Basal metabolism done on January 25, 1928, revealed a plus 14. Diagnosis: exophthalmic goiter. Patient entered Post-Graduate Hospital for observation and operation on January 24, 1928, and was operated upon on January 30. Pathological report: colloid goiter of unusually homogenous structure.

Second case, female 19 years of age, first seen April 26, 1927, complaining of palpitation of her heart, swelling of neck, enlargement of her eyes, extreme nervousness and loss of weight for a period of four months. She had been taking medicine including iodin which seemed to make her feel worse. Examination revealed a slight exophthalmos with a definite fullness over the thyroid and a thrill, with tremor of fingers and Best weight 130 pounds, present moist skin. weight 1173/4 pounds, and pulse 140. Diagnosis: exophthalmic goiter. On April 26, 1927, the patient entered Post-Graduate Hospital for treatment and operation. Basal metabolism April 28 a minus 4. Operated upon on May 4, 1927. Pathological report: colloid goiter.

Third case, female 44 years of age, entered Post-Graduate Hospital June 2, 1927, complaining of nervousness, tremor of fingers, swelling

of neck and protruding eyes, from which she had suffered for a period of five years. Her symptoms came on following the death of her daughter from pneumonia. The patient had had a cholecystectomy and appendectomy 10 years previous to the time she consulted me; otherwise her history was negative. Examination revealed bilateral exophthalmos with symmetrical swelling of thyroid and thrill over same. Heart was fibrillating and pulse could not be counted accurately. Basal metabolism done on May 28, 1927, was a plus 69. Weight 157 pounds with pulse 150. Patient was operated upon on June 11, 1927. Pathological report: exophthalmic goiter in a resting stage, with two small adenomata.

The work of Marine and Williams<sup>5</sup> proved that this type of goiter could be changed into the colloid type by iodin administration. In 1908 they reported four cases clinically regarded as exophthalmic goiter of the mild type which had, however, been treated with iodin, and were all anatomically pure colloid goiter, and they state there is a return to the colloid type on the administration of continued minute doses of iodin, even in exophthalmic hyperplasia. But Plummer in 1922 introduced iodin in the form of Lugol's solution for pre-operative use in patients suffering from exophthalmic goiter. He differentiated between adenomatous goiter with hyperthyroidism and exophthalmic goiter, with the understanding that Lugol's solution was specific for the exophthalmic type but not in the adenomatous goiter. His views were generally accepted until Graham<sup>1</sup> in 1926 published the results of his work which revealed that Lugol's solution was effectual in reducing the thyrotoxicosis and metabolic rate in both the adenomatous and exophthalmic types and stated: "It is a matter of considerable importance to recognize that the quantity of iodin necessary to bring about the same or comparable clinical response and decrease of basal metabolic rate is much less in cases of toxic adenoma than in cases of exophthalmic goiter. This we attribute to the difference in degree of hypertrophy and hyperplasia of the thyroid in the two conditions." offers a very satisfactory explanation for the temporary improvement following iodin administration in cases of hyperthyroidism. He states: "When iodin is first given the cells are stimulated to secrete an excessive amount of colloid. colloid fills the acini and mechanically compresses the lining cells, thus reducing their secretory power. Less thyroxin is produced, and the patient shows clinical improvement. Gradually the cells adjust themselves to the changed condition and resume their secretory power. The amount of thyroxin is thus again increased and the toxic symptoms increase proportionately. iodin medication fails to alter the production of thyroxin, but does continue to stimulate colloid production. After prolonged iodin administration the cells become exhausted, can no longer produce colloid, and on continual iodin stimulation they degenerate. However, even in the stage of exhaustion, they are still quite capable of carrying out their pathological function, i.e., production of excessive amounts of thyroxin. microscopic picture, which is usually interpreted as a specific effect of iodin on the thyrotoxic producing properties of the cells, is in reality the effect of prolonged and excessive colloid production."

Treatment,-Since the introduction of Lugol's solution as a pre-operative medication, it is generally conceded that a thyroidectomy will restore these patients to a normal state of health with the shortest period of disability and the greatest chance of a permanent cure.

Malignant Tumors of the Thyroid,-Malignant tumors of the thyroid are from 90 to 95 per cent carcinoma so my remarks will be confined to carcinoma. Graham2 has given us a clear clinical and microscopic description of carcinoma of the thyroid and my remarks will follow his teaching. There are three types of carcinoma of the thyroid: First, Scirrhous; second, Papillary adenocarcinoma; third, Malignant adenomatous goiter.

Scirrhous carcinoma is rarely seen and usually arises in a thyroid without any pre-existing goiter, and the history is of short duration. Microscopically it resembles a scirrhous carcinoma of the breast. This type of malignancy does not invade the blood vessels and does not metastasize to distant organs, but spreads by direct extension, and is usually found invading the trachea, larynx and esophagus. Due to its invasion of the adjacent structures there is no clinical cure in this type of carcinoma.

Papillary adeno-carcinoma is the type of carcinoma which usually is associated with a pre-existing adenomata and usually metastasizes to the adjacent lymph nodes through the lymphatics, and does not invade the blood vessels or metastasize to the distant parts of the body.

The following case, a female 38 years of age, married and with three children, 13, 11 and 8 years of age, was first seen February 4, 1928. She stated that after the birth of her last child eight years ago she noticed an enlargement of her neck, being 30 years of age at the time. Three years later she went to a hospital where a basal metabolism test was done and she was given medicine to take. She did not show any improvement and discontinued treatment. About one year ago she noticed difficulty in breathing and sale indicated in oreatining and inability to sleep lying prone, and was forced to sleep propped up. Patient was operated upon thalmic Goiter. Archives of Surgery, September, 1926

agreed .

on February 17, 1928, at Post-Graduate Hospital. Low collar incision was made, skin flaps dissected back, muscles divided in midline and found adherent to a firm mass which involved the isthmus and entire left lobe of the thyroid. Clinically the mass was a definite carcinomatous growth involving the entire left lobe. The left lobe was dissected off the carotid sheath and the trachea. A complete lobectomy with the removal of the isthmus was done. The right lobe was normal. Pathological report revealed a papillary adeno-carcinoma of the thyroid. The patient is receiving radium therapy and is alive 18 months following operation,

Malignant Adenomatous Goiters,-Graham<sup>2</sup> states malignant adenomata constitute 85% of carcinoma of the thyroid. Chief mode of metastasis is through the blood stream with or without the capsules being in tact. When the diagnosis of malignant adenomatous goiter can be made clinically the condition is hopeless. In the early stages, when the adenomatous mass is removed, it is not possible to state whether it is or is not malignant, Microscopically there is very little difference between the section of a malignant adenomatous goiter and a benign adenomatous goiter. The one point of difference is the invasion of the blood vessels in the malignant type of growth, and not the character or arrangement When the microscopic diagnosis between a malignant and benign growth is so difficult it would seem all the more reasonable to remove an adenomatous goiter in the early stages of the disease.

#### BIBLIOGRAPHY

- 1. Graham, Allen: Exophthalmic Goiter and Toxic Adenoma. Journal of the American Medical Association, August 28, 1926.
- 2. Graham, Allen: Malignant Tumors of the Thyroid. Annals of Surgery, July, 1925.
- 3. Hellwig, C. Alexander: Morphological Changes in Exophthalmic Goiter Following the Use of Lugol's Solution. Surgery, Gynecology and Obstetrics, August, 1928.
- 4. Hertzler, Arthur E.: Pathogenesis of Goiter Considered as One Continuous Diseases Process. Archives of Surgery, January, 1928.
- 5. Marine, David, and Williams, W. W.: The Relation of Iodin to the Structure of the Thyroid Gland. Arch. Int. Med., 1:349-384, May, 1908.
- 6. Mosser, W. B.: The Effect of Iodin and Thyroid Feeding on the Thyroid Gland, Surgery, Gynecology and Obstetrics, August, 1928.
- 7. Plummer, H. S., and Boothby, W. M.: The Value of Iodin in Exophthalmic Goiter. *Journal Iowa State Medical Society*, 1924, XIV, 66-73.

# KOILONYCHIA REPORT OF A CASE AND A REVIEW OF THE LITERATURE\* By ANTHONY C. CIPOLLARO, M.D., NEW YORK, N. Y.

From the Department of Dermatology and Syphilology, New York Post-Graduate Medical School and Hospital.

TTENTION was first called to koilonychia by Ball who presented a patient afflicted with this condition before the Society of Biology of Paris in 1879. He failed to give the disease a name. Crocker, in 1896, reported the second recorded example of the affection, to which he applied the term spoon nails. Heller, in 1900, suggested the name koilonychia. A search of the literature reveals twenty-six recorded cases of probable koilonychia. Some of the reports contain insufficient information for an unequivocal diagnosis of bona-fide koilonychia. Also, it is probable that some recorded cases were not found because of misleading titles. MacKee21 said that koilonychia was considered a rare disease. He had seen numerous examples of flat and even concave nails associated with diseases such as onychomycosis, psoriasis, eczema, etc., but he had encountered very few cases of true koilonychia during an experience of twenty-five years. He thought it possible that the condition might be fairly common but that patients failed to seek medical advice unless it was important for them to have cosmetically perfect nails.

### Case Report

E.R., female, thirty-one years of age, born in the United States, a nurse in St. Luke's Hospital, New York City, was referred to Dr. MacKee, by Dr. Francis Carter Wood, on February 19, 1926 and was transferred to the writer for investigation and treatment.

Family History. The mother and one sister had always had spoon nails. The father and three other sisters had normal nails. The patient thought that none of her relatives, other than those mentioned, had abnormal nails. The mother died of pneumonia at the age of fifty, and the father of cancer at the age of fifty-six.

Past History. With the exception of the usual diseases of childhood, the patient had always enjoyed perfect héalth. She had had one operation, tonsillectomy, during adolescence. There had been no serious accidents. The patient had never suffered from rheumatism, and there had never been any skin disease.

The nail condition had been present since birth, but while being annoying cosmetically, it never caused pain until a few weeks before she consulted Dr. MacKee. The affected nails had always been flat, concave, curved upward at the terminal extremities and loose at the lateral margins. A few weeks before the consultation, she was assigned to the operating room where it was necessary to frequently immerse the hands in

strong antiseptic solutions. The nails soon became markedly concave and very painful. Improvement occurred soon after she was transferred from the operating room to duty in the private wards; in other words, as soon as she discontinued the frequent use of strong chemical solutions. For a time, the pain was so severe that it was necessary to wear thimbles. The thimble pressed on the elevated edges and hence raised the depressed portion of the nail thereby relieving the pain. It was necessary to wear the thimbles at night in order to obtain sleep.

With the exception of the operating room work, the fingers had never been subjected to traumatism or to strong chemicals. She always gently manicured the nails herself. She had not been in the habit of biting or irritating the nails in any way.

Physical Examination. The patient is a well-developed, well-nourished, healthy adult female, whose height is proportional to her weight. The head is negative. Vision is normal. The pupils react properly to light and accommodation. There is no pathology in the mouth except an unerrupted tooth revealed by roentgenographic examination. The heart, lungs, abdominal and pelvic viscera, the nervous system and all physiological functions are normal. Blood pressure, 110/70. In fact a thorough physical examination reveals nothing of interest.

Clinical Laboratory Examination. specific gravity, 1022; reaction, acid; sugar, negative; albumin, negative; acetone and diacetic acid, negative; microscopic examination, few squamous epithelial cells. The blood Wassermann reaction is negative. Blood count—hemoglobin, 95%; erythrocytes, 4,940,000; leucocytes, 7,200. Differential count — polymorphonuclear leucocytes, 68%; large and small lymphocytes, 28%; transitional leucocytes, 3%; eosinophiles, 1%. Blood chemistry-sugar, 0.094; urea, 9.5; uric acid, 2.1; calcium, 11.8. Scrapings from the nails and from the subungual hyperkeratosis were examined microscopically and cultured for fungi with negative results. From the foregoing it is seen that the clinical laboratory findings are normal.

With the exception of the nails, the ectodermal structures are normal. The skin over the entire body is of fine texture and normally pigmented. Lanugo hair is normal in amount. The sebaceous glands and the sweat glands appear to function properly. The scalp hair is brown, abundant, of fine texture, soft and glistening. There is no eruption on any part of the body. The teeth are normal except, as previously stated, for an unerupted tooth above the superior central incisors.

<sup>\*</sup>Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 5, 1929.

The Nails. All the finger nails are involved. The toe nails are normal. The affection is most marked on the nails of the thumb and become progressively less conspicuous from the thumb to the little finger of each hand. The condition is symmetrical. When first seen, the thumb, index, middle and ring fingers of each hand were painful at the point where the nail was depressed. There was no visible evidence of inflammation. The nails that were markedly deformed were concave. That is, the nail as a whole was depressed with the lateral and terminal extremities everted or turned upward, producing a spoon or cup appearance. There was a pronounced backward or upward bend at the terminal extremity while the lateral margins were either flat or slightly everted. The nails of the little fingers were flat rather than concave. Those of the ring fingers were slightly concave. The greatest depression was noted on the right thumb nail which had a capacity of 0.25 cc of water. This nail showed a double depression, the anterior one being about thrice the size of the posterior one. The two depressions were separated by a transverse ridge. Dr. MacKee21 said that this interesting detail might be due to intermittent normal and abnormal growth, somewhat as occurred in monilithrix. The left thumb nail held 02 cc of water. Pressure on the nails produced pain.

The normal color of the nails was absent. The color and luster suggested mother-of-pearl or abalone. Here and there were red and gray spots which probably represented variations in thickness and pressure. Except at the ends, where the nail was somewhat thinned, it appeared to be of normal thickness while translucency seemed to be slightly increased. There were no fissures, cracks, ridges (other than the one mentioned) brittleness, striations, pits, or leuconychia. The rate of growth was normal. There was slight but definite subungual hyperkeratosis at the distal

ends of the nails.

Treatment and Subsequent Condition. patient was seen occasionally until October, 1928. The principal treatment was prophylactic. has refrained from frequently immersing her hands in strong chemical solutions such as used by physicians and nurses-mercury, oxalic acid, lime, etc. She washes the hands with castile soap when necessary and disinfects with alcohol or a weak solution of carbolic acid or lysol. Physical therapy was not employed. Each night she rubbed into and under the nails a mixture of equal parts of lanoline and vaseline. Within a few weeks after leaving the surgical room pain and tenderness disappeared, and in a few months the nails had assumed their original condition. At the present writing, almost three years after the first visit, koilonychia is still present but less conspicuous. The depression and eversion are less marked. The color is more that of a normal nail. The subungual keratosis has disappeared. There is no pain or tenderness. The nails are now as they always were before working in the surgical room.

#### Review of the Literature

In 1879, Ball<sup>1</sup> presented the first case of koilonychia before the Society of Biology of Paris. The patient worked in a drug store and washed bottles almost daily with a solution of one of the potassium salts. Ball believed that the nail changes were due to the action of the chemical. No definite name was given to the disease at the time by the author.

The second case on record was described by Crocker2. His patient had lichen planus and a peculiar nail condition to which he gave the name "spoon nails." Whereas the patient presented by Ball was a man whose hands had been exposed to a strong irritant, the case described by Crocker had no such history of exposure to chemicals. The patient was a woman fifty years of age, who had patches of lichen planus which appeared at about the same time as the nail changes. She was a thin, worn looking woman, with no organic disease. Her son had had a severe attack of lichen planus. Crocker did not believe that spoon nails and lichen planus were etiologically related; but he thought that there was some probability that a relationship between spoon nails and rheumatism existed and that some cases were hereditary.

In all, there are twenty-six cases of koilonychia (including the present one) recorded in the literature. Some were associated with organic diseases; some with congenital skin defects, and others with no disease of any kind. Therefore it is important to analyze all these cases to ascertain if etiological deductions may be made.

Crocker\* in his text book cites seven authors whose patients presented afflictions associated with spoon nails. A brief description of these cases, taken from the original reports, follows:

Eddowe's patient was a woman whose brothers and sisters and her father's brothers and sisters had keil only of the ton all such a field were slightly affected. Eddowe and Mackenzie are the only investigators who found the condition present on the toes. The important etiological factor here is heredity.

Mackenzie presented a patient who had koilonychia on only those toes that were affected with rheumatism. Baker's case had no assignable cause. Collan reported a case of spoon nails that had also acanthosis nigricans. Weber and Krieg's' patient had both koilonychia and leuconychia. The patient had valvular heart disease. James stated that there was no discoverable cause for the ungual alterations in his patient. Coleman and Taylor could find no cause

for the nail condition in their patient. There was one brother who had Raynaud's disease.

Now we turn our attention to perhaps the greatest contributor to disease of the nails, namely, Heller. In his first book, in 1900, he suggested that the disease be called koilonychia, certainly a more scientific name than spoon nails. For the sake of uniformity and simplicity koilonychia should be the only term used. To have English speaking dermatologists use the expressive term spoon nails, the Germans aushohlung der nagel and the Italians, French, Spanish and other nationalities still other terms, makes a more complicated literature.

Heller's patient was a woman twenty-five years of age who had had the condition for two and one-half years. The nails lacked the normal translucency. The terminal extremities were notched. Two of the nails were so markedly concave that they could hold eight or ten drops of water. She was completely cured with tar plaster bandages.

Heller cites six additional examples. In order they are:

Rille's patient was thirty-five years old, female, with a negative family history. The condition was present since childhood. Wilson reports that seven members of a family had koilonychia in three generations, definite evidence of a familial tendency for the disease. Riecke also encountered a familial group. His patient was a woman, who had had the disease since childhood. There was no other skin disease. In her family there were four children afflicted with koilonychia. Heller's case in a chimney sweep showed very marked deformity. Some of his nails would hold seventeen drops of water. Heller contends that occupation was not the causative fact—or because all the nails were not involved. Another of Heller's patients had both Basedow's disease and koilonychia. Both conditions disappeared as a result of injections of "Basedow's serum." He does not believe, however, that the spooning of the nails was caused by the overactivity of the thyroid gland.

Forcheimer<sup>6</sup> is the next contributor and we learn that his case was in a girl seventeen years of age, who had had the condition since her sixth year. Besides koilonychia the patient had leuconychia and was anemic. There also was another ectodermal defect, in the shape and color of her teeth. The upper incisors showed a grayish black discoloration and lateral arching. Treatment with mercury plaster produced no improvement in the deformity of the nails.

In 1914, Balban presented before the Vienna Dermatological Society, three cases of koilonychia. All were in males, doing the same kind of work in the same establishment. The first patient was a male adult who had had flattening

and slight concavity of the nails for one year. On the nails were longitudinal striations and the edges of the nails were friable and easily broken. No eczema or hyperkeratosis was present. This is contrary to Heller's opinion. In both his books, that of 1900 and that of 1927, Heller maintains that with koilonychia, there is an associated eczema.

The second patient had had his disease since the beginning of his present occupation which is five years. At first, the disease was most marked on the thumb nails. Here, too was an absence of eczema. Subungual hyperkeratosis was present however, lifting the distal portions of the nails and giving them a plate-shaped appearance. The nail substance itself was unaffected.

The third patient also had had the condition for five years. Absence of eczema was a feature as in the two previous cases. Treatment did not relieve the koilonychia, but with change of occupation, improvement followed.

A summary of the important points in these three cases is instructive: 1. The disease occurred in three men doing the same work in the same printing shop. They were exposed to copper vitriol and sulphuric acid. 2. Therapy with salicylic acid plasters produced no improvement and as soon as the occupation was changed the nails began to improve. 3. There was no eczema in any of the cases. 4. The condition was due, as far as could be ascertained, solely to the chemicals to which the patients were exposed.

Forcheimer's patient presented multiple anomalies and similar examples are in the literature. Ormsby<sup>8</sup> in 1917 presented a case of koilonychia in a boy of fourteen years of age before the Chicago Dermatological Society. The patient was in good health with a negative family history. The teeth were pegged and serrated. There was alopecia and the hair resembled monilethrix. The nails were markedly concave. Some of them had a capacity of ten drops of water. This case was discussed two years later at which time Varney<sup>19</sup> said that it was necessary to exclude syphilis as an etiological factor.

About nine years later, Ormsby<sup>11</sup> presented another case before the same society. The patient was a man of sixty-one years of age who had had the disorder for twelve years. The physical examination was negative. There was thinning and concavity of the nails in addition to the separation of the nails from their beds.

A sailor thirty years of age with a negative Wassermann reaction was presented at the Section on Dermatology and Syphilology of the New York Academy of Medicine by Wise. The finger nails had a well-defined central depression giving them a distinct basin or cup-like appearance, with raising of the distal ends of the nails. In addition the nails were crumbly, pitted, rough

and moderately discolored Scrapings for tinea were negative. The toe nails were not involved. Pollitzer suggested that koilonychia has a smooth surface and that in this case a complication was present, possibly onychomycosis.

Fox's¹o case of koilony chia had syphilis, he indulged freely in alcohol, and he had the habit of biting the nails. There was a definite sub-ungual hyperkeratosis. The lesions were symmetrical involving the thumb, index and middle fingers of each hand. There was no marked change in color but there was a lessening of the luster. Paronychia was absent. Ochs¹o presented a patient with koilonychia before the Manhattan Dermatological Society. The patient later developed psoriasis.

#### ETIOLOGY

The subjoined table gives the suggested etiologic factors in the cases found in the literature; also associated conditions.

also associated cond	litions.		,
Author	Assig	gnable Cause	,
Baker	No assigna	able cause	
Balban	Occupation	n—Sulphuric	Açid.
_ "	"	"	**
Ball	Occupation	n—(İye).	
Cipollaro	.IIeredity—	-Sister and 1	nother
		e condition	
C-1		soda and lin	
Coleman and	nava'e	able cause	mily
Taylor	Lichen nl	anus (sor	also
Grocker	had lich	en planus)	
Eddowe	Hereditary	y—(from f	ather's
	side).		_
Forcheimer		able cause	Leu-
<b>17</b>	conychia	a Traumatism	(most
Fox	biting).		i (nan
Heller	. Eczema		
"	.Chimney	Sweep. O	ccupa-
	tion not	causative, b	ecause
ıı.	_ all nails	were not inv	olved.
	· Basedow's	disease.	
James	No assim	oluisiii.	
Mackenzie	. Rheumati	sm.	
Ochs	No assign	able cause.	Psoria-
	sis		
Ormsby		— Ectoderini	al de-
"	fects.		
" Riecke	Horodity	d children	- OT:4
	od.		
Rille	. No assign	able cause	
Varney	Syphilis		
Weber and Krieg.	. Heart dis	ease Leucor	ny chia
Wilson	. rrereuny-	-/ cases in a	gene-
337°	rations.		

.No assignable cause.

About 35% of the cases have no assignable cause.

About 35% of the cases have heredity and occupation as assignable causes

About 30% have associated diseases with koilonychia,

Heller was of the opinion that koilonychia was caused by the same factors that were operative in eczema. This opinion can now be disregarded as only one in a total of twenty-five patients had eczema. One of Crocker's patients had lichen planus and the patient's son also had lichen planus but Crocker did not believe that the koilonychia was etiologically related to the lichen planus Mackenzie's patient had rheumatism and Crocker thought that rheumatism might be one



Figure 1

Koilonychia Note concavity and eversion of free margins of nails

of the causative factors. He concludes that spoon nails represents a trophic change which occurs with various associated conditions, the common cause of which is unknown. He thought that heredity might be an important factor. Och's patient subsequently developed psoriasis, Coleman and Taylor's patient gave a family history of Raynaud's disease, one of Heller's patients had hyperthyroidism and Collan's patient had acanthosis nigricans. All of the associated conditions thus far mentioned are probably concurrents and have no etiological hearing on koilonychia, otherwise they should be encountered more frequently. One of Heller's patients had Basedow's disease and it is stated that both diseases were cured by the administration of a

for the nail condition in their patient. There was one brother who had Raynaud's disease.

Now we turn our attention to perhaps the greatest contributor to disease of the nails, namely, Heller. In his first book, in 1900, he suggested that the disease be called koilonychia, certainly a more scientific name than spoon nails. For the sake of uniformity and simplicity koilonychia should be the only term used. To have English speaking dermatologists use the expressive term spoon nails, the Germans aushohlung der nagel and the Italians, French, Spanish and other nationalities still other terms, makes a more complicated literature.

Ileller's patient was a woman twenty-five years of age who had had the condition for two and one-half years. The nails lacked the normal translucency. The terminal extremities were notched. Two of the nails were so markedly concave that they could hold eight or ten drops of water. She was completely cured with tar plaster bandages.

Heller cites six additional examples. In order they are:

Rille's patient was thirty-five years old, fe-male, with a negative family history. The condition was present since childhood. Wilson reports that seven members of a family had koilonychia in three generations, definite evidence of a familial tendency for the disease. Riecke also encountered a familial group. His patient was a woman, who had had the disease since childhood. There was no other skin disease. In her family there were four children afflicted with koilonychia. Heller's case in a chimney sweep showed very marked deformity. Some of his nails would hold seventeen drops of water. Heller contends that occupation was not the causative fact—or because all the nails were not involved. Another of Heller's patients had both Basedow's disease and koilonychia. Both conditions disappeared as a result of injections of "Basedow's serum." He does not believe, however, that the spooning of the nails was caused by the overactivity of the thyroid gland.

Forcheimer<sup>6</sup> is the next contributor and we learn that his case was in a girl seventeen years of age, who had had the condition since her sixth year. Besides koilonychia the patient had leuconychia and was anemic. There also was another ectodermal defect, in the shape and color of her teeth. The upper incisors showed a grayish black discoloration and lateral arching. Treatment with mercury plaster produced no improvement in the deformity of the nails.

In 1914, Balban' presented before the Vienna Dermatological Society, three cases of koilonychia. requently moistened with an incompatient with a patient with a substance. This possibility is mentioned patient with a nails of the writer's patient were in a most frequently with strong solutions of

and slight concavity of the nails for one year. On the nails were longitudinal striations and the edges of the nails were friable and easily broken. No eczema or hyperkeratosis was present. This is contrary to Heller's opinion. In both his books, that of 1900 and that of 1927, Heller maintains that with koilonychia, there is an associated eczema.

The second patient had had his disease since the beginning of his present occupation which is five years. At first, the disease was most marked on the thumb nails. Here, too was an absence of eczema. Subungual hyperkeratosis was present however, lifting the distal portions of the nails and giving them a plate-shaped appearance. The nail substance itself was unaffected.

The third patient also had had the condition for five years. Absence of eczema was a feature as in the two previous cases. Treatment did not relieve the koilonychia, but with change of occupation, improvement followed.

A summary of the important points in these three cases is instructive: 1. The disease occurred in three men doing the same work in the same printing shop. They were exposed to copper vitriol and sulphuric acid. 2. Therapy with salicylic acid plasters produced no improvement and as soon as the occupation was changed the nails began to improve. 3. There was no eczema in any of the cases. 4. The condition was due, as far as could be ascertained, solely to the chemicals to which the patients were exposed.

Forcheimer's patient presented multiple anomalies and similar examples are in the literature. Ormsby<sup>8</sup> in 1917 presented a case of koilonychia in a boy of fourteen years of age before the Chicago Dermatological Society. The patient was in good health with a negative family history. The teeth were pegged and serrated. There was alopecia and the hair resembled monilethrix. The nails were markedly concave. Some of them had a capacity of ten drops of water. This case was discussed two years later at which time Varney<sup>19</sup> said that it was necessary to exclude syphilis as an etiological factor.

About nine years later, Ormsby<sup>11</sup> presented another case before the same society. The patient was a man of sixty-one years of age who had had the disorder for twelve years. The physical examination was negative. There was thinning and concavity of the nails in addition to the separation of the nails from their beds.

A sailor thirty years of age with a negative Wassermann reaction was presented at the Section on Dermatology and Syphilology of the New York Academy of Medicine by Wise. The finger nails had a well-defined central depression them a distinct basin or constitution of the presented by

flat or slightly concave nails and not particularly noticed until aggravated by alkalis.

#### PATHOLOGY

No record of histological study has been found. The writer's patient refused to permit the removal of a nail for this purpose, or for experimental therapy. The gross pathology appears to consist of a thinning of the entire nail. There is no softening nor friability. Paronychia is absent. The color changes may be due to a variation in the refractive index. In only one instance was pitting of the nails present. A slight subungual hyperkeratosis was present in several cases. Heller states that the mechanism by which spooning of the nail is produced depends on two factors: 1, the subungual hyperkeratosis at the distal end of the nail raises it; 2, the production of atrophy in the center of the nail completes the Another possible explanation is that the nail is attached to the center and unattached at the distal and lateral extremities, permitting warping and eversion at these points, a defect of nail growth (MacKee).

#### DIAGNOSIS

Typical examples of koilonychia are readily recognized. The affection is usually symmetrical as pointed out by Howe15, and Fox. There are but two recorded instances of koilonychia on the toe nails. The constant features are everted distal ends and flat or everted lateral extremities. Usually there is at least a slight concavity of the central portion of the nail: this is often very There is usually some color change. The nails are likely to be less red. They may be very pale or pink. The luster may be reduced or increased. A mother-of-pearl appearance may be Subungual hyperkeratosis is sometimes present. Usually, the nail is smooth, but at times there may be pits, roughness, fissures; or notches at the distal extremities. As a rule there is no pain nor tenderness.

MacKee21 has emphasized the advisability of differentiating between koilonychia, a congenital defect, and pseudokoilonychia due to other causes such as traumatism, onychomycosis, psoriasis, paronychia, constitutional affections, etc. suggests that there may be two types of koilonychia-congenital and acquired, but until a larger number of carefully studied cases have been reported, he prefers to employ the terms koilonychia and pseudokoilonychia.

#### Prognosis

The prognosis is bad regarding the deformity. Heller is the only one to report a complete cure. The deformity (if marked) can be greatly reduced, and pain or tenderness (if present) made to disappear by avoiding strong alkalis and by the use of circular bandages. As a rule the affection is only of cosmetic importance, but it may seriously interfere with occupation and vocation.

#### TREATMENT

Heller cured a case of koilonychia with tar plaster bandages. Forcheimer failed to obtain improvement with mercury plasters and Balban had the same experience with salicylic acid plaster. In fact most of the authors were unable to materially influence the affection with topical remedies. By using ten parts of stannic oxide and one part of carmine, Forcheimer was able to improve the color of the nails. Ormsby reports improvement following the administration of arsenic. One of Heller's patients had exophthalmic goitre. When the symptoms of hyperthyroidism disappeared (following the use of "Basedow's serum") the koilonychia also disappeared. When koilonychia is accompanied by other local or general diseases such diseases should be attacked in the hope of curing or improving the koilonychia. However, the best treatment appears to be prophylactic. Patients should not allow their nails to come in contact with strong chemicals.

#### BIBLIOGRAPHY

1. Ball: Affection singulaire des ongles causee par l'action de la lassive de potasse, Gazette medicale de Paris, 563, 1874.

2. Crocker; Radcliffe: Atlas, Plate XC, Fig. 3, ii, 1896, Fasciculas XVI.

3. Crocker; Radcliffe: Diseases of the Skin, 3rd Edition, 1257, P. Blakiston's Son & Company, Phila.

Weber, Parkes and Krieg: Leuconychia, British Jour. Dermat., XI, 120, 1899.

Heller: Krankheiten der nagel, 1900.

Heller: Krankheiten der nagel, 1927.

Forcheimer: Ein falle von Leukonychia verbunden mit Koilonychia, Dermat. centralbl., ii, 33-37, 1898.

7. Balban: Drei falle von Koilonychia, Arch. f. Dermat. u. Syph., CXIX, 516, 1914-1915.
8. Ornsby, Oliver S.: Alopecia Congenita, Kotlonychia, Iour. Cutan. Dis., XXXV, 856, 1917.

9. Wise, Fred: Spoon Nails, Jour. Cutan. Dis., XXXVII, 467, 1919.
10. Fox. H.: Koilonychia, Arch. Dermat. and Syph., . ii, 265, 1920.

11. Ormsby, Oliver S.: Onychoschizia, Koilonychia, Arch. Dermat. and Syph., XIII, 257, 1926.

12. Sutton, Richard L.: Diseases of the Skin, 6th

Lidition, 103, C. V. Mosby Co., St. Louis.

13. Wilson: Three Cases of Hereditary Hyperkeratosis of the Nail Bed, British Jour. Dermal., 13, 1905.

14. Riecke: Koilonychia, Neisser's Stereoskpischer Atlas, Plate 595.

15. Howe: Koilonychia, Jour. Cutan, Dis., XXI, 432. 1903.

16. Ochs: Koilonychia, Jour. Cutan. Dis., XXXVI.

17. Jackson: Diseases of the Skin, 6th Edition, 390,

Lea & Febiger, Phila. 18. Ormsby, Oliver S.: Diseases of the Skin, 3rd Edi-

tion, 1193, Lea & Febiger, Phila.

19. Varney, H. R.: Koilonychia, Jour Cutan. Dis. XXXII, 261, 1919.

20. Varney, H. R.: Spoon Nails, Sutton: Diseases of the Skin, 3rd Edition, 914, 1919; Photograph, C. V. Mosby & Co., St. Louis.

21. MacKee, George M.: Lecture (unpublished) given at the New York Post-Graduate Medical School and Hospital, March 12, 1928.

# ALFRED FOURNIER, THE MASTER SYPHILOLOGIST\* By PAUL E. BECHET, M.D., NEW YORK, N. Y.

N this mechanistic age when to many the term syphilis suggests merely a disease in which various chemicals are used intravenously and intramuscularly, it is difficult to realize the deep impression made on sypilology in both its social and clinical aspects by the mind of a master who devoted to the study of that disease fifty-four years of a full and superlatively useful life. When his brain and hand ceased to function forever on the 25th day of December, 1914, the soil of his beloved country was resounding to the tramp of the heavy boots of the invader; it was at its lowest ebb of suffering. He himself must have felt deeply grieved over the physical inability to do his part in this early stage of the war which, even at his death, thwarted the desire of his friends and co-workers to testify to their great love by their presence on his last journey. Most of them were with the Tricolor, many had died beneath its folds, others were doing double duty at the hospitals; hence this great man went to his grave accompanied by only a modest company of mourners.

### THE MAN

Jean Alfred Fournier was born in Paris on May 12, 1832, of humble parentage. He apparently chose medicine of his own accord. for there is no record of any physician as a member of his family. He early showed marked aptitude as a scholar at the Institution Jauffret, soon becoming proficient in Greek and Latin. In 1855, after a rigid examination, he obtained fifth place for an interneship in a Paris hospital, and was assigned to Ricord's service at the Hôpital du Midi, which is now an integral part of the Hôpital Cochin. This assignment must have done much to determine his subsequent career as a syphilologist. He soon became Ricord's favorite pupil, and joined a famous coterie of students, among which were his fellow-internes Mauriac and Panas, both of whom became well known. He alsò served as an interne under Chassaignac, Germain de See, Bergeron, and Boucher de Ville Jouy. In 1860 he received his degree in medicine from the University of Paris. The thesis for his doctor's degree was entitled, "On the Contagiousness of Syphilis."

Fournier was tall, erect, and broad-shouldered. His eyes were blue, his forehead broad, and his bearing military. He wore the usual moustache and goatee, so characteristic of his time. He had a very pleasing, sonorous voice, and spoke clearly and incisively. His didactic lectures were usually given on Fridays at the Hôpital St. Louis. Seated at a long table, surrounded by his chiefs of clinic,

internes, students, and visitors, he delivered his lectures in almost an extemporaneous manner, now and then glancing at a small note book for verification. His notes were written by himself, with many sentences underscored with red and blue lines, thereby serving to emphasize the more important points he had in mind. He liked to use synonyms, gradation, and superposition of analogous terms. His lectures were frequently interspersed with humorous anecdotes. He was very fond of telling stories, his favorite being that of the demimondaine whom he examined in order to protect her clients. "Doctor," said she, "I cannot become accustomed to paying a louis to have you look at me, for in such cases it is always I who am paid." The material for his lectures was in large part derived from his constant custom of taking voluminous notes in both hospital and private practice. He said of himself, "I made myself a collector of syphilitic data, just as a fad or special interest invites others to become collectors of paintings, books, Japanese articles, autographs, etc. Thanks to these notes I was able first, to convince myself, and later to convince my colleagues of the pathogenetic relationship which attaches tabes, general paralysis, leukoplakia, and the specific hereditary dystrophies to syphilis,"

Fournier was an indefatigable worker, his world renown brought him an enormous practice, yet he found time to write more than one hundred and sixty-five articles on syphilis, and fifteen books. Such work is a monument to his industry. His private offices were filled with patients from all parts of the world. All strata of society was represented. He however, kept separate waiting rooms for physicians, men, women, and prostitutes of high and low degree. No matter how stressed with work he was always kind What a fund of sociological and considerate. data must have been furnished him in the secrecy of this consulting room! As his fame spread, he was overwhelmed with honorary degrees, titles, and other honors. His family life was especially happy. A touching devotion existed between him and his wife; she delighted to serve as hostess to his many friends and favorite pupils, to whom their home in Neuilly was always open. His son Edmond was a great satisfaction to him; not only did he help to edit many of his father's works, but contributed on his own account many splendid original articles to the medical literature of his time.

Happiness long reigned over his home, but unfortunately it was not permanent; his last years were full of sorrow and grief over the long and serious illness of his wife. Infirmities inevitably appeared; as the date of his retirement drew near

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

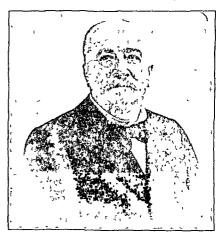
he appeared less often at the hospital. He would often pause in the midst of his rounds complaining of cardiac pain and difficulty in carrying on His last official act was to contribute to the election of Gaucher as his successor at the hospital. He soon thereafter gradually gave up his practice, little by little, and eventually retired to his beautiful home and garden in Neuilly, of which he was passionately fond. His former robust health was a thing of the past, and what was left gradually faded away; his mind and faculties were weakened. Little by little, the vital spark glowed lower and lower, until on December 25th, 1914, it was extinguished forever. Four days later his remains were placed in their last resting place, while the guns of the world, bent on human destruction, belched forth the requiem of a man who had devoted a lifetime to saving life.

#### HIS WORK

Fournier was an exhaustive writer. An examination of his bibliography reveals about one hundred and sixty-five articles, and fifteen books. The wide and varied range of the articles is amazing. His very first work was written two years before receiving his degree in medicine; it was entitled "Leçons sur le Chancre. Par le Docteur Ricord, redigees et publices par A. Fourmer (1 edition, 1858: 2 edition, 1860)." This was followed by "Cephalic Chancre" (1860) and his graduation thesis "On the Contagiousness of Syphilis" It would be too time-consuming to enumerate all the titles of his articles books, the best known are "Syphilis and Marriage," (1880), which was translated into six different languages, and "The Treatment and Prophylaxis of Syphilis" (1893), which went through many editions. His communication to the Academy on the influence of syphilis in infantile mortality in 1885, not only demonstrated to what extent syphilis contributed to infantile mortality, but proposed new methods in preventing it. New and important views were expressed in his "Syphilis Hereditaire tardive" (1886). His "Syphilis Vaccinale" (1889) contributed greatly to the substitution of animal vaccine in place of human vaccine. The first part of his "Treatise on Syphilis" in collaboration with his son Edmond appeared in 1898. To my mind, however, Fournier's most amazing contributions to the literature of syphilis were his "Locomotor Ataxia of Syphilitic Origin" (1876), in which he described thirty cases of tabes in which syphilitic antecedents were proved in twenty-four, and his "Pre-Ataxic Stage of Tabes of Syphilitic Origin" (1885). No doubt exists that these two books were pioneers in establishing the relationship between tabes and syphilis; an astonishing fact when one considers that his conclusions were reached by means of clinical observation alone, long before the cause of syphilis was

known. While the credit for definitely establishing the relationship between tabes and syphilis belongs to Fournier, however, it cannot be gainsaid that as early as 1863 Eisenmann and Topinard both expressed the opinion that syphilis was probably the cause of tabes

Fournier, with an energy almost superhuman, gave of his best to syplulitic prophylaxis. He founded in March, 1901, the "Société Française de Prophylaxie Sanıtaire et Morale," a veritable league against syphilis. His eloquent and urgent appeals drew a membership in this society comprising some of the leading men in France. He wrote many pamphlets on the subject, and one book, "The Prophylaxis of Syphilis" (1903). As a diversion this human dynamo took up the translation of ancient works of syphilis, principally



Alfred Fournier 1832-1914

those of Fracastor, Jean de Vigo, and Jacques de Bethencourt. His hospital work and teaching were equally arduous; the following chronological table best exemplifies it.

1863. Physician of the Central Bureau of Hospitals.

Professeur agrégé de la Faculté de Mèdecine.

1866-67. Instructor in Medical Clinic at Hotel

Diett. 1868-70. Physician and Instructor in Syphilis

at the Lourcine Hospital 1876 Physician to the Hôpital St. Louis.

1880. Professor of Dermatology and Syphilis at the Faculty of Medicine.

Fourmer was made a Commander in the Legion of Honor and became an honorary member of

practically every foreign dermatological Society. He was elected to Honorary Membership in the New York Dermatological Society in 1870, one year after its inception.

Fournier was a great clinician, an acute observer, and a lucid writer. His enduring work based upon the study of a single disease for fifty-four years will forevermore hold the admiration of thinking men.

May we, in closing, reverently salute this medi-

cal pioneer of a past generation—Alfred Fournier, the Master Syphilologist.

In conclusion, I wish to acknowledge my indebtedness to Milian, Jean Darier's splendid biographical sketch in the Annales de Dermatologie et de Syphilographie, Vol. V, p. 515, John E. Lane's admirable translation of Darier's article, and B. Barker Beeson's "Alfred Fournier, his Life and Works." Archives of Dermatology and Syphilis, Vol. X, No. 3, September, 1924, which have aided me in this brief sketch.

# CONGENITAL ABSENCE OF FALLOPIAN TUBE, TUBAL INSUFFLATION By HELEN W. SPENCER, M.D., NEW YORK, N. Y.

From the service of the New York Infirmary

Congenital abnormalities of the Fallopian tube are by no means uncommon. Accessory ostia are frequently seen by gynecologic surgeons. Absence of one or both tubes is less common but has been frequently reported in medical literature. Doubtless many other cases are seen and not reported.

Since the possibility of testing the patency of the Fallopian tube by per-uterine insufflation with various gases was pointed out by Dr. Rubin, the condition of the tubes has been of increased interest. The degree of patency of the tubes is now easily determined in a patient without recourse to operation. When the gas passes through at a higher than normal pressure the question often arises whether both tubes are partially involved or whether one tube is wholly occluded and the other patent.

This case is reported as being of interest because insufflation showed a normal pressure although one tube was congenitally absent:

Age, 26. Married one year. Chief complaint, backache. Two months previously had a spontaneous miscarriage at three months. Pelvic examination showed the uterus retroverted to the third degree, but otherwise negative. Although the uterus was movable, postural exercises failed to bring it into normal position, and so a laparotomy was done. On

opening the abdominal cavity the uterus was found to be normal in size, in third degree retroversion, but easily brought up into position. The left tube and ovary appeared normal; the right tube consisted only of a stump one centimeter long, smoothly rounded on the end, with no evidence of an opening. There was no ovary to be found on that side. The round and broad ligaments were normal.

Both round ligaments were shortened by Simpson's method, the appendix removed, and the abdomen closed by the usual tech-

uque.

Thinking it would be of interest to determine the patency of the one normal Fallopian tube when it was definitely known that the other was entirely without an opening, I did a per-uterine insufflation two months later by Dr. Rubin's method. Using carbon dioxide gas under a pressure of ten pounds in a continuous flow of a rate sufficient to create 100 mm pressure in 20 seconds, the pressure in the tubes rose to a maximum of 100 mm and dropped to a minimum of 80 mm. With this rate of flow this is a normal pressure when both tubes are considered normally patent. Typical shoulder pain was present when the patient sat up.

For a year measures were taken to avoid pregnancy. When contraceptive measures were discontinued, the patient promptly became pregnant, and after due term was

normally delivered of a normal child.

#### THE MANAGEMENT OF BREECH PRESENTATIONS\*

By KARL M. WILSON, M.D., ROCHESTER, N. Y.

(From the Department of Obstetrics and Gynecology, University of Rochester School of Medicine and Dentistry.)

tations are associated with a high foetal mortality, and this foetal mortality is generally recorded as averaging 10 per cent. This would seem to be a high figure for what, after all, is a fairly frequent type of presentation, and is higher than the general foetal and neo-natal mortality.

A number of questions naturally arise in this connection:-What are the reasons for the high foetal mortality? What can be done to decrease it? Are we sufficiently impressed with the dangers to the foetus associated with breech presentation, and are our methods of handling these presentations adequate, or are they in need of revision? I shall attempt to formulate at least partial answers to these questions.

Among the common causes of foetal death are injuries to the tentorium, as pointed out by Eardley Holland. These may result from too active efforts at extraction, but are also sometimes observed in babies born spontaneously. Again, the child may perish from intra-uterine asphyxia as a result of delay in the delivery of the after-coming head. Sometimes the cervical vertebrae are dislocated or again, abdominal viscera may be ruptured as a result of forcible efforts at extraction. Occasionally foetal death is caused by premature separation of the placenta. These possible causes of death do not tell the whole story, so far as the child is concerned, and numerous children are born alive who, on examination, reveal fractures, dislocations, Erb's palsies or cerebral injuries.

The first difficulty in connection with a breech presentation may come with the diag-Usually this is easy and the first manoeuver of palpation will reveal the hard, round, ballottable head occupying the fundus of the uterus. On the other hand, the head may be overlooked or palpation may be quite unsatisfactory, and I can recall my own vivid embarrassment on more than one occasion when the supposed vertex presentation proved, at the end of the second stage of labor, to be a frank breech. In doubtful cases an x-ray picture, when this is available, at the end of the pregnancy will clear up the diagnosis and give the attending physician the necessary forewarning, in order that proper steps may be taken.

In connection with the question of errors

LL authorities agree that breech presen- in diagnosis, I would like to present two examples of another type of error which came under my observation. Several years ago I was called to see a patient in consultation, the doctor informing me that he was attempting to dilate the cervix manually and that, after half an hour's effort, he was able to introduce only one finger in the external os. Urging him to desist in his efforts, I hastened to the spot and was amazed to find on my arrival, a half hour later, that the patient was obviously in the latter part of the second stage of labor, with the perineum bulging, and before any preparations could be made she was delivered spontaneously of a normal sized baby presenting by the frank breech. The child was alive but inspection of its anus and perineum revealed a deplorable state of affairs, the sphincter and perineal body being completely torn through. The child was a male, so obviously one mistake made was that of supposing the anus of the child to be the external os, while the second mistake, assuming the external os to be correctly recognized and found closed, was in attempting a forcible dilatation of it.

Last year I operated on a thirteen year old school-girl who came to my clinic complaining of rectal bleeding. Examination revealed an old complete perineal tear. Further history obtained from her mother revealed the fact that this had been present from birth. It was also learned that at birth this child had presented by the breech and that interference had been resorted to before dilatation of the cervix had been attained. Presumably the same mistake was made in this instance as occurred in the first patient mentioned. A colleague recently informed me that he has a similar patient under observation.

I do not present these patients in a tone of facetious criticism of those who made these mistakes, but rather to emphasize the fact that there are sometimes very real difficulties in the way of making an accurate diagnosis, particularly for the inexperienced person. After all, those of us who are responsible for the teaching of obstetrics must share a fair proportion of the blame when such mistakes are made.

Having made a diagnosis of breech presentation, what should be our procedure? In this connection I would like to say a word in regard to external, or cephalic version which I fear is on the verge of becoming a lost art. I

<sup>&</sup>quot;Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

recognize the fact that this procedure has very distinct limitations and will very often be unsuccessful. Furthermore, that it is not unassociated with danger when improperly employed. On the other hand, the results are so very satisfactory when it is successful that it seems to me to be always worthy of the attempt. The procedure is limited to those patients seen at the end of pregnancy or at the very beginning of labor. After labor is well established the procedure will be futile and likely to do more harm than good. All manipulations must be most carefully carried out and no undue force used. The Trendelenberg position is sometimes of great help in facilitating the manoeuver. If under these conditions, the position of the child cannot be changed by gentle manipulation, the attempt must be abandoned, as the exercise of undue force might well bring about a premature separation of the placenta or a still more undesirable presentation than the original one.

The occurrence of a breech presentation in a primiparous woman deserves attention from the standpoint of possible pelvic contraction. True, the pelvis may be normal and if that be true, so much the better, but on the other hand, a contraction of the pelvic inlet may be a factor in the causation of the breech presentation, the inlet being too small to permit proper engagement of the head. When a breech presentation is discovered in a primiparous woman at the end of pregnancy, very particular attention should be paid to the pelvic measurements. If an inlet contraction is found to be present, it becomes a matter of extreme nicety of judgment to decide, in cases of moderate contraction, whether the degree of contraction present is sufficient to prevent the passage of the head-a much more difficult matter to decide than in vertex presentation when the disproportion, if any, may be estimated by the method of impression. As a rule, in these circumstances, I feel safe in asserting that delivery should usually be by Cæsarean section when the child is at term and the diagonal conjugate measures 11 cm. or less.

The most serious danger to the child arises, of course, during the second stage of labor and particularly during the latter part of the second stage, if there be delay in the delivery of the after-coming head. It is at this time that the obstetrician must be constantly on the alert.

It is not my practice to subject all breech presentations to a manual extraction, but at the same time, one should always have the necessary preparations made so that interference may be resorted to at a moment's notice should the indication arise. Time will not permit of a detailed discussion of all the

possible complications which may arise or the conditions that may go wrong during a breech delivery. I shall content myself with presenting what I believe to be the most satisfactory methods of procedure in a typical case of frank breech presentation in a primiparous woman in the second stage of labor.

Care should be taken to avoid any manipulation which might result in rupture of the membrane before complete dilatation of the cervix has been attained or even longer, in order that the upper portion of the birth canal may become properly dilated. During the second stage, nitrous oxide and oxygen is administered with each uterine contraction to the point of analgesia. When the breech reaches the pelvic floor, the patient is brought to the edge of the delivery bed or operating table, placed in the lithotomy position and every preparation made ready for interference should it become necessary.

As the breech distends the outlet, a midline episiotomy is done; this being carried out while the patient is still in an analgesic state. If progress continues, the anesthesia is gradually deepened until the body of the child is almost completely born, no attempt being made to free the arms until the scapulae are well in view. When freeing the arms becomes necessary, free first the easier one, usually the anterior arm. Moderately firm pressure is now made over the fundus and, with the head in the pelvis, complete anesthesia is inthe head either being allowed deliver spontaneously or extracted by the Mauriceau manoeuver. I would emphasize the value of episiotomy, lateral or median, according to the operator's preference, in this type of delivery. The resistance of the pelvic floor is overcome, this resistance, even after expulsion of the body of the child, so often causing undue delay to the after-coming head, and furthermore, if interference does become indicated, the manipulations incident to it are facilitated to a great degree.

Other procedures have been suggested to overcome the resistance of the perineum. Couvelaire, Caldwell and others for example, recommend the use of the hydrostatic bag, while others recommend the "ironing out" of the perineal muscles manually. Both, no doubt, are procedures of value, but my personal preference is for episiotomy as being quicker and offering less likelihood of introducing infection. It must be remembered that the episiotomy should be deep enough to permit passage, not only of the breech, but also of the head, which will require more room than the breech.

For the delivery of the after-coming head, Piper recommends the application of forceps as a routine procedure, and has devised a special instrument for this purpose. Piper himself reports excellent results from this procedure. While in his capable hands this is no doubt true, I hesitate to recommend it as a routine procedure, as usually being unnecessary, and for the occasional operator, often quite difficult of execution. At the same time, it has an undoubted place in effecting delivery of the head in the difficult cases and particularly when the head has been arrested at a high level.

From my own experience, as well as from observation of numerous young men undergoing their hospital training, I cannot escape the conviction that very often the obstetrician creates his own difficulties in treating breech presentations, and that very often he unconsciously converts what would have been a comparatively simple procedure into an extremely difficult one. As I see the situation, these difficulties often arise from the following causes:

- Beginning the extraction too soon and allowing the head to become extended.
  - 2. Trying to free the arms too soon.
- 3. Failure to follow the normal mechanism of labor when an extraction is performed—rotating the body too soon and bringing the head into such a position that it can only enter the superior strait with difficulty, or not at all.
- 4. Beginning an extraction through a cervix which is dilated sufficiently to permit the passage of the breech but which will not permit the passage of the head—a not infrequent stumbling block.
- 5. The exercise of too great force, or the application of that force in a jerky manner with resultant injury to the head or neck.

May I present a few results which have followed this conservative line of treatment. In the past year and a half, there have been thirtytwo full term breech presentations delivered in my service. In this small series, there were no foetal deaths. I hesitate to present such a small group of cases, and while uniformly excellent results were obtained, I fully realize that such a small series does not justify any sweeping conclusions. On the other hand, perhaps some significance may be attached thereto, if I remind you that with two exceptions, these women were all delivered by the resident staff-young men undergoing their hospital training, in whom I have tried to instill the principles of conservatism. In addition to these full term deliveries, there were four premature babies delivered, one macerated, two non-viable, weighing 1200 grams or less, and two premature living children. In these three foetal deaths the breech delivery obviously played no part in the causation of the death.

The outline of treatment offered will not, of course, be applicable to all cases, and we all know that urgent maternal or foetal indications may arise which call for interference. and this possibly at a time in labor when conditions are far from suitable for immediate delivery. We may then be face to face with an extremely difficult problem. These less frequent, and the unusual complications, however, I shall not touch upon at this time, as I believe if greater deliberation and care be exercised by the physician, that it is the other group of patients that offers the best opportunity for improvement in our results. As I said before, I cannot escape the conviction that the attending obstetrician often creates his own difficulties.

To sum up, I feel that the following are the points to emphasize in the care of the ordinary type of breech presentation:-Careful diagnosis of the presentation and accurate pelvimetry. Gentle attempts at external version, which may fail. Avoid unnecessary examinations for fear of rupturing the membranes prematurely. During labor, an attitude of watchful waiting, with an anesthetic, preferably nitrous oxide, administered to the point of analgesia only, preparations being made in the meantime for immediate interference if necessary, and careful watch kept on the patient's general condition and the rate and rhythm of the foetal heart. Episiotomy as the breech distends the vulva—complete anesthesia for the delivery of the head, either spontaneously or manually-assisted by steady but moderate pressure from above. These presentations should not be subjected to manual extraction as a routine. If extraction becomes necessary, simulate the normal mechanism of labor as closely as possible. Do not attempt to free the arms too soon and be sure the cervix is fully dilated.

I have presented no new procedures to overcome the difficulties incident to this type of presentation, but on the other hand, I believe it possible to materially improve our results by careful and deliberate attention to the wellknown methods already available—another obstetrical situation in which conservatism is distinctly preferable to more radical measures.

### NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication, WILLIAM H. Ross, H.D., Chairman......Brentwood Charles Gordon Heyd, M.D.....New York DANIEL S. DOUGHERTY, M.D......New York

Editor-in-Chief-Orrin Sage Wightman, M.D......New York Executive Editor-Frank Overton, M.D............Patchogue Advertising Manager-Josuph B. Tufts......New York

Business and Editorial Office-2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056 The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the JOURNAL. Views expressed in the various departments of the JOURNAL represent the views of the writers.

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### **OFFICERS**

#### TRUSTEES

Grant C. Madill., M.D., Chairn	nsn
James F. Roomey, M.DAlbany Arthur W. Booth, M.DElmire	HARRY R. TRICK, M.DBuffalo NATHAN B. VAN ETTEN, M.DNew York

### CHAIRMEN, STANDING COMMITTEES

Arrangements-Walter A. Calinan, M.D	Rochester
Legislative-HARRY ARANOW. M.D	New York
Pub. Health and Med. Education-T. P. FARMER, M.	D., Syracuse
Scientific Work-ARTHUR J. BEDELL, M.D	
Medical Economics-Benjamin J. Slater, M.D	Rochester
Public Relations-James E. Sadlier, M.D	Poughkeepsie
Medical Research-Frenzeic E. Sondern, M.D	New York

### CHAIRMEN, SPECIAL COMMITTEES

### PRESIDENTS, DISTRICT BRANCHES

First District-George B. STANWIX, M.DYoukers	
Second District-CHARLES H. GOODRICH, M.DBrooklyn	
Third District-EDGAR A. VANDER VERR, M.DAlbany	
Fourth District-William L. Munson, M.DGranville	

Fifth District—Paige E. Thornhill, M.D. Watertown Sixth District—Larue Colegrove, M.D. Elmira Seventh District—Austin G. Morris, M.D. Rochester Eighth District—Thomas J. Waler, M.D. Buffalo

### SECTION OFFICERS

Medicine—A. H. Aaron, M.D., Chairman, Buffalo; John Wyckoyf, M.D., Secretary, New York.
Surgery—William D. Johnson, M.D., Chairman, Batavia; Charles W. Werd, M.D., Secretary, Clifton Springs.
Obstetrics and Gynecology—Grozge M. Gelske, M.D., Chairman, Rochester; Onslow A. Gordon, Jr., M.D., Secretary, Brooklyn.
Pediatrics—John Airman, M.D., Chair, Rochester; M. C. Praye, M.D., Vice-Chair., New York; B. C. Doust, M.D., Sec., Syracuse.
Eye, Ear, Noise and Throat—Edwin S. Ingersoll, M.D., Chairman, Rochester; Conrad Breens, M.D., Secretary, New York.
Public Health, Hygiene and Sanitation—Janes S. Walton, M.D., Chairman, Amsterdam; Arriva T. Davis, M.D., Secretary, Riverhead.
Neurology and Psychiatry—Janes H. Huddleston, M.D., Chairman, New York; Noble R. Chambers, M.D., Secretary, Rochester.
Dermatology and Syphilology—Walter J. Highman, M.D., Chairman, New York; Albert R. McFarland, M.D., Secretary, Rochester.

### LEGAL

Office at 15 Park Place, New York. Telephone, Barclay 5550

Counsel-Lorenz J. Brosnan, Esq.

Attorney-Maxwell C. Klatt, Esq.

Consulting Counsel-LLOYD P. STRYKER, Esq.

Executive Officer-Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4 4214. For list of officers of County Medical Societies, see this issue, advertising page xxxvi

### THE ANNUAL MEETING

Preparations are well under way for the Annual Meeting of the Medical Society of the State of New York on June 2-4, 1930, in Rochester. The next issue of this Journal, that of April 15th, will contain the scientific programs, and descriptions of the commercial exhibits. The issue of May 1st will contain the annual reports of the programs and the reports.

officers and committees. Both issues will therefore be of great importance to all the members of the State Society,—and that includes every member of every county society whether or not he expects to attend the annual meeting. Watch for next two issues of your Journal and read the

### THE CHANGING ORDER OF MEDICAL PRACTICE

A change in the practice of medicine has occurred not only among physicians who bring knowledge and skill to their patients, but also among the people in their acceptance and appreciation of medical services. Changes and extensions of medical knowledge have always found the physicians adaptable; and a group of modern doctors would feel entirely at home among the medical men of half a century ago. Physicians have been complacent as they have seen the diseases on which they were principally dependent for a living disappear under the increased skill of their ministrations; while at the same time the extension of medical discoveries has developed new forms of practice. The loss of malaria cases, for example, has been balanced by the increased practice in the field of metabolism, especially diabetic and cheumatic affections.

Doctors have not been greatly disturbed by the change in the forms of sickness which they treat, unless one excepts the older men who think in terms of quinine instead of insulin; but physicians have been deeply affected by the changed attitude of the people toward the acceptance of medical services, and they are now in the process of adjustment to the new

temper of the community.

The modern developments of society along economic and social lines have resulted in a multitude of organizations being formed to uplift men and women morally, mentally, and Since bodily ailments are more physically. tangible and are more readily corrected than those of mind and soul, non-medical workers have invaded the peculiar field of the practicing physicians and have developed new methods of contact between the patients and the The argument of the non-medical doctors. workers was that medical problems of the community should be settled by community action, including giving medical service impersonally as one would deal out money to the The crude proposition of State medicine which they first proposed has been discarded: but in its place have come "demonstrations" in order to induce governments, local, state and national, to take over and carry on the work which the organizations originate and promote. Reform organizations have also entered the fields of morals and culture, but the minister of the Gospel and the school teacher have always made their contacts through groups of persons rather than individuals. On the other hand the physician has given his ministrations as an individual doctor to an individual person; and he has not adjusted hmself to the newer idea of his responsibility as a member of a group called the medical profession to persons as a group called the community. Neither

have the health organizations, either voluntary or official, provided for the remuneration of the individual physicians who give their services to the community. It is still customary for communities and organizations to expect individual physicians to give their services to them and their wards without expectation of pay. They seem to think that their advertising of the physicians who serve under them will bring the doctors enough new practice to reward them for their free services.

However, physicians recognize the justness of the intentions of the health organizations to make medical service available to all classes of people. Approximately one-third of all persons needing medical attention are unable to pay for the service which they need; and yet many families of such persons are on the visiting lists of their physicians in private practice. Doctors practice philanthropy beyond the members of any other profession, but they are dissatisfied when reform workers create a further demand for an increased amount of service without also providing the means for paying the doctor for that work. The organizations pay administrators, clerks, social workers, and visiting nurses, and yet expect doctors to work for nothing. Current medical literature is full of complaints of physicians that they are unfairly treated by health organizations and governmental bodies.

The situation today is that there is an incompleteness in the adjustment of family doctors to other groups engaged in health work, yet great progress has already been made in the readjustment. Health organizations have created the demand for remunerative medical service beyond all expectations of a quarter of a century ago; and the doctors have responded to a greater degree than is accredited to them. The readjustment has received the serious consideration of every State medical society and of a constantly increasing number of the county medical societies. Out of the most active standing committees of the Medical Society of the State of New York is that on Public Relations, whose principal object is to bring about active cooperation of physicians with other health groups. Also, nearly every county medical society in New York State has a committee on Public Relations which is assuming the leadership in the practice of civic medicine in its own county. If it is true that "A work well begun is always half done," then the medical profession of New York State is well advanced in its readjustment to the modern conditions of the practice of medicine. But diagnosis is always far in advance of treatment, and the recognition of defects is far easier than their

with syphilitic bubo. The fact that several quite dissimilar conditions can simulate one another is held by the author to be the result of peculiar allergic conditions, the reaction of the lymphnodes to certain irritants giving rise to a common picture. Thus a differentiation based purely on pathological histology seems impossible, for the pictures are sometimes identical.—Klinische Wochenschrift, February 22, 1930.

Treatment of Pernicious Anemia with Desiccated Hog's Stomach.-Arnold Renshaw reports a case of pernicious anemia in a man aged 52 years, in whom blood transfusions, liver diet. and liver extracts did not appear to bring about the improvement so frequently seen in other cases. The patient's condition became desperate; he was extremely anemic, the lips were blanched, the conjunctive pale. The spleen was enlarged two fingerbreadths below the costal margin, and the liver was firm and enlarged. The pulse rate was 120, with the patient at rest in bed, and there was a fair amount of edema in the feet. It was then decided to try desiccated hog's stomach. At first 7.5 grams were given daily. After a few days the dose was increased to 15 grams, and at the end of two months it was further increased to 20 grams. Under this treatment there was marked improvement in the patient's general condition; the pulse rate returned to normal and the symptoms above enumerated practically disappeared, though albuminuria was still present. The blood count at the time desiccated hog's stomach was first administered showed red blood cells 830,000, white blood cells 2,000, hemoglobin 20 per cent.; at the end of a little over two months' treatment the red blood cells had increased to 3,600,000, the white blood cells to 6,200, and the hemoglobin to 64 per cent. (Haldane). There was a corresponding improvement in the other blood elements.—British Medical Journal, February 22, 1930, i, 3607.

Pre-existence of Antitoxin in the Blood.-The prevalent idea of antitoxins is that they are reactionary bodies produced in response to the entrance into the blood of an antigen. The fact that some children are naturally immune to diphtheria has never militated against this view. Drs. F. K. Kleine and H. Kroo of the Robert Koch Institute, however, while on a journey in East Africa tested 101 natives, nearly all children from 6 to 15 years old, for the Schick reaction with practically negative results although the test on the African skin is difficult to execute. The blood of 11 of the subjects was then tested for the actual presence of diphtheria antitoxin, using the Römer method. Not only was antitoxin found but the amount was large. The same subjects tested with the Schultz-Carlton method for scarlatina antitoxin also gave positive results. These finds are astounding for there is no evidence that these aborigines had ever undergone any sort of visitation of either disease and the entire subject of natural and acquired immunity may have to be revised to meet these facts. It can only be conjectural whether these natives are immune to actual epidemics of these diseases. Scarlet fever is rare all through the tropics and diphtheria is not regarded as a serious menace.

—Deutsche medizinische Wochenschrift, January 10, 1930.

Joint Affections of Endocrine Origin-H. J. Lauber and Ch. Ramm contribute a study of arthropathy from defect of ovarian secretion, and G. Riebold publishes in the same issue of the Münchener medizinische Wochenschrift, (Jan. 17, 1930) an article of broader scope on the endocrine arthropathies in general. Climacteric joint troubles have long been recognized and find their counterpart in analogous affections due to suppression of other endocrine functions. The joints involved in the ovarian type are those of the fingers, wrist, and knee and exposure to cold, especially cold water, seems to be a contributory The mechanism is obscure and the authors accuse a vascular spasm. Objectively the small joints of the fingers and wrists are seen to be thickened, while active and passive motion is restricted and painful. The radiographic finds are not characteristic. The nature of the disare not characteristic. order is shown in the beneficial action of ovarian extracts, combined or not with potassium iodide and hydrotherapy. Riebold also gives space to the ovarian type, which may be due to underfunction or dysfunction. In the artificial röntgen climacteric the knee is often involved and less frequently the shoulder and fingers. The women are often unduly corpulent and thyroid feeding seems indicated, although some have seen only negative results from both ovarian and thyroid feeding. Patients who show marked hypofunction of the thyroid may benefit from the latter, and evidently the success or failure of the gland treatment depends on the accuracy of the diag-Mere corpulence at the menopause is not evidence of thyroid underfunction, but if the thyroid has been removed for goiter or if the picture of mild myxedema is recognizable, extracts from this gland may give remarkable results. Riebold sums up by isolating two types of joint disease. One of these tends to attack large joints and to appear at the menopause, but the other occurs when the ovary is in full activity and may be associated with anomalies of ovulation and menstruation, the small joints being prone to suffer.

Present Status of the Chemistry of Vitamins and Hormones.—F. Laquer says there are six separate vitamins of which three are fat soluble and three water soluble. The former comprise A, a growth factor; D, antirachitic, and E, antagonistic to sterility in rats and mice. The water soluble are B<sub>1</sub>, which is antineuritic, B<sub>2</sub>, a growth factor which prevents pellagra, and C, antiscor-

butic. Vitamin A is chemically closely allied to the coloring matter carotin while D is a transformation product of ergosterin. Vitamin B, has been isolated in crystalline form. Less is known of vitamins E, B2, and C so far as their chemical status is concerned. In like manner the hormones are tabulated. The following have a chemical status: The hormone of the medulla of the suprarenal gland, which has been isolated in crystalline form and made synthetically. The same is true of the hormone of the thyroidnatural and synthetic thyroxin. Insulin has been isolated from the pancreas as a crystalline body but is complex and its status chemically is still in abevance. The same may be said of the crystalline body isolated from the ovary. In regard to the two hormones from the anterior and posterior lobes of the hypophysis the author, despite the pioneer work of the Americans, Abel and Kamm, does not regard the chemical status as settled. Each of these hormones is composite, made up of two or more bodies with separate physiological action. As for the hormone of the parathyroid, the author holds, we know of it only through the behavior of extracts of the gland, while hormones of the male gonad, thymus, and pineal body simply do not exist. The author's paper was evidently written before the publication of the reports of the new vascular hormone extracted from the pancreas and distinct throughout from insulin .- Klinische Wochenschrift, Jan. 18, 1930.

Psittacosis.-G. Grunwald and Fr. Meyer trace the history of our knowledge of this subject as far back as 1876 (Jürgensen) and since that time cases have continued to accumulate. Now and then small epidemics develop, as in 1892 in Paris when 49 cases were recorded by Nocard, who also isolated a microorganism, although this is not commonly regarded today as the true cause of the disease. In 1898 there was a newspaper scare in Berlin over parrot disease and the medical men gave the opinion that the latter was closely allied to typhoid fever, while 10 years later paratyphoid bacilli were found in at least one bird. In 1900, however, the cause of the pneumonic complication so constantly present was given as a streptococcus. Since that period many reports of cases and epidemics have been without bacteriological finds of any kind. The authors were possibly the first to take röntgen pictures of the chests but the alterations were extremely slight considering the severe grippe-like early symptoms and subsequent pneumonia. The bacteriologists are very pessimistic at present and give no aid or encouragement but the authors tried some sera, including a polyvalent influenza serum, and later, when streptococci were found in the blood, streptoserum. Aside from this they also treated some of the patients for grippe-pneumonia, giving quinine derivatives. One patient had virulent hemolytic streptococci cultured from

his blood. Both ordinary streptococcus serum and scarlatina serum were given to this patient who seemed to respond to it. Nine histories in all are given with two deaths. Not all of the patients had pulmonary lesions and in some cases the involvement of the lungs was not marked. The authors sought especially to ward off pneumonic complication in the early stages where the picture is that of simple influenza. Study of the authors' cases shows nothing suggestive of clinical typhoid or paratyphoid.—Deutsche medizinische Wochenschrift, January 31, 1930.

The Bacteriology of Parrot Disease.—G. Elkeles gives a much needed summary of this subject. All of the secretions of several sick human beings and birds were carefully examined. There are some adherents of the original Nocard bacillus (Salmonella psittacosis), while others incline to the streptococcus first isolated by Selter. The Nocard microorganism is regarded as closely related to the Breslau type of the paratyphoid bacillus, but not identical with it. This group has members which are highly pathogenic to birds and small animals and different varieties or species have been made responsible for a variety of diseases. Now and then a modern observer finds an organism of the Nocard type which agrees quite with the earlier finds. Among these is the author himself who cultivated one from the intestine of a Brazilian parrot. The bird was apparently healthy at the time but became ill later. Others found the organism in the heart's blood. But such positive funds are highly exceptional, nor is there any evidence that cultures of this organism can be made to cause a general infection. The streptococcus of Selter may be brought into relationship with the pneumonia of parrot disease and this bacteriologist once succeeded in aspirating it in pure culture from the lung of a living patient. He assumed for the time being that the organism was the specific cause of parrot disease but gave way in this view as no one has succeeded in reproducing the disease with cul-An experimental psittacosis is in fact quite unknown. The author is skeptical as to our knowledge of the causes of the affection and states that we must begin our research anew. In the meantime we can advance no rational treatment and no prevention save ordinary quarantine.—Münchener medizinische Wochenschrift. January 24, 1930.

Endarteritis Obliterans of the Extremities.—A. P. Cawadias discusses the etiology and physiopathology of endarteritis of the extremities and shows that it is not a special disease differing from thrombo-angiitis obliterans, or Buerger's disease. He emphasizes the importance of early diagnosis through the application of the oscillometric method of exploring the circulation. Treatment should be directed to the basic meta-

bolic disturbances. The most important measure consists in the use of pancreatic preparations directed against the pancreatic element. A number of authorities have shown remarkable results from insulin treatment. After insulin has been tried, various shock preparation should be used. During the past four years the author has employed yatren-casein, which acts probably through the same mechanism of shock, though there is a special action of the iodine on the metabolic disturbances of the arteries. Spa treatment and adrenalectomy are also helpful. The second objective in the clinical management of endarteritis obliterans consists in the diminution of the vascular spasm and the fostering of dilatation of the vessels. The various methods advocated should be used alternately, and followed with the oscillometer. The nitrites, aspirin, and acetylcholin will yield good results. Nitrites may be given by mouth or in the form of injections of sodium nitrite, twenty 1 c.c. injections of a solution containing 0.01 gm. of sodium nitrite per cubic centimeter. Acetylcholin is given in a series of daily injections of 0.05 to 0.10 gm. Of the physiotherapeutical methods diathermy is best. Balneotherapy is very important. Massage is strictly contraindicated, as is also any undue strain (exercise). Leriche's operation enhances vasodilatation, but must be applied only as a last resort. -British Medical Journal, Feb. 8, 1930, i, 3605.

Danger from Intravenous Injections of Glucose in the Ketonuria and Coma of Diabetes.— I. St. Lorant and E. Froehlich refer first to the common custom of injecting glucose in diabetic coma, the reasons alleged varying with the medical man. It is true that these injections tend to antagonize the danger of hypoglycemia, but the antiketonic action is open to some question. one continue to inject glucose there is also the obligation to inject more and more insulin. it be admitted that glucose possesses an antiketonic action there is no reason to conclude that it can ward off coma. The authors have tested a number of patients with ordinary diabetes and diabetic coma with reference to the full action of glucose. A comatose patient after venesection received 8 grams of glucose dissolved in 20 cc. of water and the blood was then tested for ketone bodies with Van Slyke's method. One hour after the injection the blood ketone bodies had notably increased, and the same result was obtained in precomatose patients. Moreover injection of insulin did not antagonize or ward off this result. The finds are given in a number of cases and it was seen that the blood concentration did not return to the pre-injection level until 2 or 3 hours had elapsed. Others have ascertained that adrenalin injections given subcutaneously can increase the concentration of blood ketone bodies. authors do not mention that the patients were damaged critically by the glucose injections-in fact there is complete silence as to the fate of the parients. But they are opposed, perhaps on theo-

retical grounds, to injecting glucose in coma or precoma. They are non-committal as to the injection of glucose in simple diabetes. One of the possible sources of danger is that collateral injection of large doses of insulin in these cases will expose the patient to an alarming degree of hypoglycemia.—Klinische Wochenschrift, February 1, 1930.

Indications for the Use of Insulin.—Walter R. Campbell arranges diabetics who need insulin temporarily or permanently into five groups: (1) acidosis cases; (2) coma cases; (3) infection cases; (4) pre-operative cases; (5) low carbohydrate cases. With adequate treatment no patient with acidosis need go into coma. patient should be put to bed, kept warm, urged to take all kinds of warm drinks liberally, and, most important, he should receive 20 to 40 units of insulin, accompanied by orange juice, grape juice, or diluted corn syrup, this treatment being repeated every three or four hours until the symptoms disappear. Forty units of insulin a day will keep most patients out of danger until the diet and insulin can be more suitably adjusted. In coma the loss of an hour is an inexcusable delay; 100 units of insulin, with 1,000 c.c. of 10 per cent. glucose, should be given intravenously as soon as possible. Ketone production should be inhibited by adequate provision of the required calories in food other than fat. Coma can usually be overcome by 200 units, though larger amounts may be given, if properly balanced by carbohydrates. In the diabetic with infection, the caloric intake should be increased above that ordinarily required at rest, it being often desirable to resort to milk, cream, and egg mixtures with orange juice, and much more insulin is required. It is useful to cut down the size and increase the number of doses, according to the indications in the individual case. The diabetic requiring operation needs additional insulin as a safeguard against post-operative acidosis; if possible a week should be spent in preparation. In an emergency operation, 25 units of insulin and a glass of orange juice, or 25 gm. of glucose, should be given before the operation, and postoperatively, the patient should be treated as a case of acidosis. The most important indication for insulin is in diabetics with low carbohydrate tolerance, following in its use the principles laid down by the author. No patient should receive insulin on anything but a weighed diet suitably constituted. The uses of insulin in nondiabetic cases are extremely limited. In intractable anorexia from various causes hunger may be induced with insulin when other measures completely fail. Beginning with 10 units, increasing amounts of insulin are given until hypoglycemia is induced and hunger experienced. With a little care a daily intake of 4,000 to 5,000 calories is readily attained.—Canadian Medical Association Journal, February, 1930,



### LEGAL



### MR. STRYKER RESIGNS AS GENERAL COUNSEL-MR. BROSNAN APPOINTED

By LLOYD PAUL STRYKER, ESQ. Counsel, Medical Society of the State of New York

At a meeting of the Executive Committee held on the 13th day of March, 1930, the writer resigned as general counsel of the Medical Society of the State of New York to take effect on March 31st of this year. His resignation was accepted with regret and Mr. Lorenz J. Brosnan, the present attorney of the Society, was appointed general counsel as of March 31st.

The writer took occasion at the time of his resignation to assure the Executive Committee, and now takes this opportunity to inform the entire profession, how deeply he has appreciated the cordial cooperation, good-will and kindness displayed to him by the State Society, its officers, committeemen and members. It has been a pleasure and an honor to represent your most worthy organization and to defend those of your members who have been unjustly accused of malpractice. This work has brought the writer into every section of the State, to all of the cities, and most of the county seats, and has brought him in close personal contact with innumerable members of the profession. The work has been onerous, but has given that pleasure which comes from a consciousness of an endeavor to perform well a worthy undertaking. It is, therefore, with genuine and sincere regret that the writer now severs his connection with the State Society as its general counsel.

What actuated this resignation was stated by the writer in his letter to the Executive Committee as follows:

"The reasons which prompt my resignation are-based upon my desire to enlarge my professional life and to avail myself of the increasing opportunities which have come to me to act as trial counsel in other kinds of litigation. My duties as your general counsel have so preempted my time as to make it impossible for me to devote myself as fully as I should like to do to other fields."

It is a genuine pleasure to congratulate the Society upon its choice of the new general counsel. Mr. Lorenz J. Brosnan is a lawyer of outstanding ability and character, and brings to the performance of his new duties a proven record of achievement in which he may well take a just pride. For the past four and one-half years and more, he has been actively engaged in trying malpractice cases, and has been opposed by some of the ablest lawyers in this field and has succeeded in defeating all of them. In addition to his actual work in

court, he has long participated in all our counsel and legislative work, and is fully familiar with all your problems, your policies and your aims. As the writer's successor, he will have his cordial good-will and his most loyal good wishes.

In his letter to the Secretary on the occasion

of his resignation, the writer stated:

"Although I have devoted the best of my ability and endeavor to the performance of my duties in court and in conference, in reviewing the past years I feel that perhaps the largest contribution which I have made to the Society is in the development of an able and a worthy successor. I am, of course, referring to Mr. Lorenz J. Brosnan, the present attorney for the Society and who has been associated with me since the fall of 1920. \*\*

"There are now pending in this office upwards of five hundred cases, all of which are prepared or are in the course of preparation, and with all of which Mr. Brosnan is personally familiar. He is, therefore, able to step at once into the place which I am about to leave and is equipped in every way to fill it admirably. Not only do I express the unqualified opinion that your interests will be secure in his hands, but I will go even further and state that were I asked to name any lawyer as competent and as trustworthy for this position whom it would be possible for you to secure, I should say without reservation that there is no one whom I would prefer to this gentleman. He will be able to continue at the above address (as I am moving to 40 Wall Street) and will retain practically the entire staff, whose long familiarity with the details of this work is in itself quite indispensable to the successful handling of your legal affairs.

"May I say also that from my long personal, close and friendly contact with Mr. Brosnan, I have come most warmly to appreciate his fine personal traits, his sensitive honor and his possession of those qualities which make for confidence and friendship."

It is also a pleasure for the writer to assure the entire profession, as he has already assured the Executive Committee, that his high estimate of Mr. Brosnan's character and ability is fully shared and endorsed by Mr. George W. White-side, the writer's predecessor and for many years his partner.

Upon Mr. Oliver's retirement as the attorney

for the Society in 1928, Mr. Brosnan was appointed attorney in his stead. The work which largely fell to Mr. Oliver's hands has been handled most satisfactorily, by Mr. Maxwell C. Klatt, a lawyer of ability, who has been with this office for nearly ten years. The Executive Committee therefore most wisely, upon its elevation of Mr. Brosnan to the position of general counsel, appointed Mr. Klatt as the attorney for the Society.

As an evidence of reciprocal good-will, the

Executive Committee requested the writer to accept the honorary post, without compensation, of consulting counsel to the Society, and this position was accepted.

In closing this, the last of the editorials which will come from this pen, it gives genuine pleasure to send this message of good-will to every member of your Society, and sincere appreciation for all of the manifold kindness and cooperation which you have accorded without stint.

## CLAIMED NEGLECT IN TREATING CONDITION OF PAN-SINUSITIS AND OTITIS MEDIA

In this case the plaintiff consulted the defendant physician bringing with her certain x-ray pictures showing a condition of pansinusitis of the nose sinuses. The physician under a local anesthesia inserted a trocar into the antrum, and removed the inner wall and also the ethmoid cells. He then used suction for the purpose of cleaning out the sinuses. On this occasion the patient remained in the doctor's office for approximately seven hours, when she was permitted to return to her home.

She continued to call at the doctor's office every day for a period of two weeks, on which occasions suction was applied and the sinuses cleaned out. Approximately two weeks after the original visit, the plaintiff developed an otitis media which was cleaned out by suction and peroxide applied. The patient returned to the doctor's office every day for a week for

treatment of this condition, on each of which occasions the same treatment was rendered.

At the end of one week, it was found that the patient was developing a mastoid condition, and she was advised to get an x-ray. The following day the attending physician received an x-ray report indicating a mastoid involvement.

The patient had only paid for half of the professional services rendered, and inquired of the physician as to what his fee would be for the performance of the mastoid operation. Thereafter the patient never returned to the defendant, and subsequently instituted an action for malpractice. The plaintiff however failing to serve a complaint in the case, the action was duly dismissed on motion for failure to prosecute the action with due diligence, thus terminating the action in the doctor's favor.

### TONSILLECTOMY—CLAIMED UNAUTHORIZED REMOVAL OF UVULA

The plaintiff, a young woman, had been suffering for some time with chronic laryngitis and chronic pharyngitis. On the occasion which forms the subject-matter of this action, she requested the doctor to examine her tonsils and adenoids, which he did. He found them diseased and recommended that they be taken out. At this time he also told her that it might be necessary to have her uvula removed. She consented to this, authorizing the doctor to perform such surgical operation under an anaesthetic as he, in his judgment, should deem necessary. Under a general anaesthetic the doctor removed the tonsils and adenoids. The operation was uneventful. At

the operation the doctor saw that the woman's uvula, which was enlarged, was hanging down too low and was obstructing her breathing and passage. He removed the entire uvula at once. There were no complications of any kind, and the patient seemed satisfied and paid the doctor's bill.

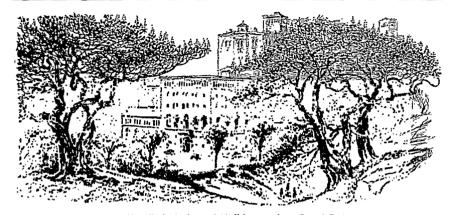
The patient subsequently sued claiming that the doctor had removed the uvula without authorization.

After the case had appeared on the calendar, the plaintiff failed to proceed with the action, and on our motion the complaint was dismissed, thus terminating the case in the doctor's favor.



### NEWS NOTES





The New York Academy of Medicine seen from Central Park.

A Sketch by Dr. R. L. Dickinson, New York, N. Y.

#### PHYSICIANS' ART CLUB

The New York Physicians' Art Club held its fourth annual exhibition of works done by physicians in the plastic and graphic arts from February 15 to March 15, in the building of the New York Academy of Medicine. There were 54 exhibitors from Greater New York and 9 from out-of-town, and a total of 241 pieces were listed. Dr. John A. Hartwell, President of the Academy, in the introduction to the catalogue says:

"A productive avocation is the hall mark of the cultured man. Culture argues a broad outlook on all problems and such an outlook is particularly demanded at the present time for a wise guidance in the trend of advance which the profession is just now called upon to furnish. The Academy takes great pleasure in extending its facilities to the Art Club in the belief that these Exhibitions are one means of elevating the standards of medical practice, an avowed function of the Academy."

Dr. Henry A. Bancel, President of the Club, showed pleasing water colors of scenes on Nantucket.

Dr. Robert L. Dickinson showed sketches done with a fountain pen, and also studies for a new seal of the Academy of Medicine.

Dr. Hermann Fischer showed landscapes printed from linoleum plates.

Dr. Alpheus Freeman showed water colors of scenes on Long Island, including Walt Whitman's home at Huntington.

Dr. I. Seth Hirsch exhibited his own portrait done as a plaster cast.

Dr. Theron W. Kilmer showed photographs of Drs. F. J. W. Greeff, Commissioner of Hospitals of New York City, and Dr. Linsly R. Williams, Director of the Academy of Medicine,

Dr. James A. McCreedy showed a white elephant done in ivory soap, and a woodcarving of a cat called "The Thinker."

or a cat called "The Thinker."

Dr. Charles Jaeger showed gum prints of views of Columbia University.

Dr. Frank Oastler showed photographs of Rocky Mountain sheep and bear.

· Dr. H. S. Patterson exhibited water color views of Arizona deserts.

Dr. J. E. Sweet showed bracelets and brooches fashioned from silver.

Dr. Orrin S. Wightman exhibited photographic portraits.

	PAGE		PAGE
Physicians in Ohio, Distribution of	124	Registration of Hospitals, Conference on	237
Physicians' Relation to Other Health Agencies		Relation of Physicians to Other Health Agen-	
(Ed)	337	cies, Discussion in Tri-State Conference Feb-	
Popular Appeal of Maine Medical Journal	311	ruary 8	352
Popular Health Education Week in Georgia	311	Round-up of Pre-School Children in California	374
In Illinois	182	Rural Districts of Wisconsin, Doctors in	307
In Minnesota	184	School Children in Burlington, New Jersey	123
In Wisconsin	251	School of Child Welfare in Kentucky	374
Preventive Medicine & Family Physician	218	Secretaries' Conference in Iowa	129
Prize for Medical Article in Tennessee	374	Secretaries' Conference in New Jersey	48
Prosecution for Illegal Practice in New Jersey		Services to Members of Minnesota Medical	
Providence, National Better Health Bureau,		Society	181
Inc.	365	Sickness, Cost of	120
Public Activities Committee in Nebraska	118	Society Activities in Iowa	298
Publicity in Bergen County, New Jersey	48	Societies Activities in Wisconsin	302
Publicity in Indiana, Ethics of	371	State Medical Journals, Value of	118
Publicity, Medical, in Texas	186	State Medical Society, Who is it?	62
Public Health and Medical Education Com		Specialists in New Jersey, Law Proposed	354
mittee Meeting, Jan. 18		Stimulating Society Activity in Louisiana	249
Report of Committee	36	Student Apprentices in New Jersey, in 1776	176
Public Health Committee, Dutchess-Putnam		Surveys of Public Health in Counties	100
Counties	158	Surveys of County Public Health: No. 9	100
Public Relations Committee, Dutchess-Putnam		Rensselaer	102
Counties	158	No. 10, Ulster	105
Public Relations Committee, State Letter No. 1		No. 11, Sullivan	235
No 2	291	No. 12, Albany	348
No. 2	-/-	Surveys, County, Cartoon	111
· January 18	229	Tenure of Office in County Societies in New	111
Public Relations Committee Meeting, Decem-		T .	52
ber 12, 1929	100	Tri-State Conference 13th on December 7	32
Meeting, January 18, 1930	229	Tri-State Conference, 13th, on December 7, 1929	41
Public Relations Surveys—See Surveys		14th, on February 8, 1930	352
Public Relations Committee, Report to Council,		Tri-State Conference, Value to New Jersey	41
Dec. 12, 1929	100	To Pennsylvania	362
Public Relations of Doctors in Ohio	126	Tuberculosis Control (Ed.)	149
Public Relations Committee in Maine	180	Tuberculosis, State Care in Virginia	121
Public Relations Committee in New Jersey		Vivisection in Illinois	189
Questionnaire on Doctors' Pay for Services in		Welfare Committee in New Jersey	58
Hospitals		Wisconsin Library	116
Radiograms, Eric County	236	Woman's Auxiliary, A. M. A., Education Out-	110
Records of Society Activities (Ed.)	217	line	164
Registration of Doctors in New York State		Woman's Auxiliary in Iowa	164 188
		Troman a runmary in rowa	700



### THE DAILY PRESS



#### MEDICAL MOVIE FILMS

The New York Herald Tribune of March 21 contains the following description of a new series of moving picture films for teaching surgery:

"The first of a series of twenty-five talking films which will be produced by the College of Physicians and Surgeons of Columbia University for use in instruction was shown at Lloyd's Projection Parlors, 729 Seventh Avenue, yesterday afternoon.

"The picture records how Dr. Clay Ray Murray, assistant professor of surgery reduced a Pott's facture, or in plain English, set a broken ankle. Dr. Murray accompanied his demonstration with a running explanation of what he was doing and why he did it. The action was first shown by ordinary photography and then through the eyes of an x-ray machine. Some parts were represented in slow motion.

"It isn't always possible to show medical students the actual setting of fractures because fractures happen accidentally, at unexpected times," Dr. Murray said. "This talking picture, the first in the world showing the manip-

ulation of a fracture that did not necessitate an operation, will overcome the difficulty."

"He explained that the series of films will cost \$25,000 and represent many types of medicine, including maternity and nervous cases. The money for this work, he said, was

to be raised by popular subscription."

The importance of moving picture films in medical teaching is not to be denied, although it is not that usually supposed. The value of a moving picture is that it enables a student to visualize an operation or action. Much teaching in surgery, for example, is wasted because the student has no concrete mental picture of the parts undergoing operation, or of the succession of the movements in the operation. A student beginning the study of surgery and sitting in the back row of the operating room seats, sees nothing of the actual technique of the operation; but until his brain receives a mental picture which he can recall, he will never understand what a lecturer is talking about. The movie is of special value to the student-beginner in the study of surgery, physiology, and other branches of medical study. (See page 420).

#### CITY GARBAGE ON BEACHES

New York City dumps a large part of its garbage and rubbish in the Atlantic Ocean over twenty miles from land, but much of it soon comes back to the beaches of Long Island and New Jersey. One man discharged from a city hospital with the advice to take life easy and live in the open air as much as possible, occupied a shack on the ocean beach fifty miles out from New York and lived there in comfort the year around, picking up his fire wood and his food from city garbage washed ashore within a city block of his kitchen. He had a quarter of beef and a tub of fish which he had salted down, and plenty of fruit and vege-tables, especially onions. He was almost the last of his race of "Beach Combers" who lived longer and more happily than the sea gulls who contended with him for his table supplies.

There has been much controversy about the course taken by garbage after it is dumped at sea. On July 14, 1929, the Brooklyn Eagle prepared 400 scaled bottles, containing an offer of one dollar reward for the return of each, and

threw them overboard beside a city scow as it dumped its load of garbage. The Eagle of March 18 said:

"Two bottles were picked up on the South Shore of Long Island, and others were later picked up along the Jersey coast. In November the last previous three bottles were reclaimed, one off Selbyville, Del., and two by coast guard men off North Carolina, only a little north of Cape Hatteras.

"Eagle tracer bottle 68 made a "record trip," exceeding that of any other tracer bottle known to him, it was said today by Arthur S. Tuttle, chief engineer of the Board of Estimate.

"The bottle which made this long excursion was picked up in February by a Portuguese fisherman in the Azores, and the blue reward slip inside, offering \$1 for its recovery, was mailed to The Eagle by an American friend of the fisherman, arriving in Brooklyn last Saturday night."

### THE CURSE OF PHARAOH'S TOMB

It is an ancient belief that "Death shall come on swift wings to him that toucheth the tomb of a Pharaoh." An editorial in the Brooklyn Eagle of February 24, comments on the possible relation of the curse to Lord Westbury, who committed suicide after having been prominently connected with the discovery of the tomb of King Tut-ankh-Amen. The Eagle gives the following list of ten others who might have been under the curse of death:—

"He, (Lord Westbury) was the father of the Hon. Richard Bethell, Howard Carter's secretary, whose strange death in London had grievously affected the old peer.

"Carnarvon, who financed the Luxor excavations, is dead. So are Sir Archibald Douglass Reid, who x-rayed the mummy of 'Tut'; Aubrey Herbert, Carnarvon's half-brother, who was present when the tomb was opened; Ali Fahmy Bey shot right after a visit to the Valley of the Kings; Dr. Jonathan Carver, victim of an automobile wreck after such a visit; Jay Gould, whom pneumonia carried off quickly after his visit; Mrs. Evelyn Greeley, who killed herself in Chicago after seeing the mummy; Professor Lafleur of McGill University, who died suddenly after looking at the sarcophagus, and H. G. Evelyn-White, who committed suicide because he thought a curse was on him."

To this list the New York Times of February 26, adds two others. An eight-year-old boy, Joseph Green, was killed by the hearse of Lord Westbury, and Edgar Steele, a worker in the British Museum who handled the relics of the ancient king died after a surgical operation. However, the Times quoted Howard Carter, who opened the Tomb as saying:

"Thousands of people had been indirectly

connected with the Tut-ankh-Amen relics and that there was no record of any overwhelming outbreak of mortality.

"I've handled Egyptian relics myself many times, for years, and I'm still as well as ever."

Superstitious beliefs usually have their origin in facts. An editorial in the New York *Times* of March 14, suggests the following rational foundation for the belief in the curse of ancient Egyptian tombs:

"In a bulletin of the Museum of the University of Pennsylvania Mr. Alan Rowe describes the excavation of an Egyptian tomb dating from about 2800 B. C. A deep passage-way, choked with rubbish, led from the tomb to the outer air. The air in this passage was found to be so bad that workers could continue for only about an hour a day. A short stay in the bad air produced a violent headache, and, after an hour or so, candles went out.

"Lack of oxygen and the presence of monoxide gas, partly from the burning candles and perhaps partly from crevices in the long-scaled chamber, account for the foulness of the air. One who breathes such an atmosphere too long receives no warning of its ill effect, but simply collapses and dies."

When a man is found dead in his garage from carbon monoxide poisoning, there is never any question of a curse being on his automobile or the building that shelters it. But when a similar fate befell the robbers of Egyptian tombs, century after century, it was natural that a supernatural explanation was given for their deaths. A guilty conscience and a lively imagination combined to attribute the misfortunes of tomb robbers to a mysterious curse.

### GORILLA PRESERVES

Those who would understand man find help in observing the gorilla and other animals whose evolution parallels that of man the most closely. Two African sanctuaries have been created in which the gorilla may live unmolest-'ed. The New York Times of March 21 says:

"The time may come when visitors to the Parc Albert will find gorillas as tame as bears in the Yellowstone. Contrary to an early impression, the gorilla walks on all fours, seldom assuming an upright position. When alarmed it beats a hand on its chest to warn compan-

ions of danger. The large gorilla which Akeley "collected" in 1921 was five feet seven and a half inches in height, weighed 380 pounds, and had a chest measurement of sixty inches. "Normally the gorilla," wrote Carl Akeley, "is a perfectly amiable, good-natured creature." He could believe that when hungry and harassed, an old male might be a "bad gorilla." Dr. Derscheid had had thirty-three encounters with the beasts, and only once did he have to shoot. There may have been 650 mountain gorillas in the sanctuary in 1927.



### BOOK REVIEWS



THE PHYSICIAN THROUGHOUT THE AGES. A Record of the Doctor from the Earliest Historical Period. By ARTHUR SELWYN-BROWN, B.SC., M.A., Ph.D., LL.D. Two folio volumes. v. 1, 848 pages, illustrated, 2, 854 pages, illustrated. New York, Clapehart-Brown Company, Inc., 1928. Cloth, \$25.00 per set.

It is our understanding that this work is published in the interest of the Physicians' Home, Inc., the proceeds of sales going to the support of that worthy institution, The fact that these volumes are sponsored by Dr. Robert T. Morris is sufficient guaranty of their value and the validity of their claims upon the profession. The monumental character of the work impresses one, and the many experts who have collaborated with Dr. Sel-wyn-Brown have acquitted themselves ably. Medicine as a part of social development in relation to general historic backgrounds is well presented. It would be inexpedient in our limited space to attempt a detailed consideration of this work's contents, because of the vastness of its scope. Its intrinsic value and the motive for its publication are such that it should be generously supported by the profession, all the more so, perhaps, because of the failure of the American Medical Association to take over the Cancadea Home, not to speak of the I. A. M. A.'s dubious attempt to discredit The Physician Throughout the Ages in its Book Notices.

PRACTICAL HANDBOOK FOR DIABETIC PATIENTS, with 180 International Recipes (American, Jewish, French, German, Italian, Armenian, etc.). By Abraham Rudy, M.D. Octavo of 180 pages, illustrated. Boston, M. Barrows & Company, 1929. Cloth, \$2.00.

rightly, we think, betic patients needs most problem, for he has delieves of all. of text to food values, menus, and cooking recipes, and he might well have devoted the other third to the same subject. For the "didactic" portion, treating of diabetes and insulin, etc., is not so well done as in many a similar work. But with the help of Mrs. Rudy he has done a real service, in gathering the favorite recipes of Jewish, French, German, Italian, and Armenian peoples, and in addition to giving the rules for preparing these, he shows how they may be simply included in a diet expressed in grams

of carbohydrate, protein and fat. This is of far greater importance than a first glance might indicate. The fundamental treatment of diabetic patients rests primarily on a maintenance of morale, and morale is most easily maintained when the patient is disturbed as little as possible in his acquired habits. This manual gives some really new material, and will recommend itself particularly to doctors who are caring for foreign born diabetic patients. L. C. JOHNSON.

PATHOGENIC MICROÖRGANISMS. A Practical Manual for Students, Physicians and Health Officers. Ex Will-LIAM H. PARK, M.D., ANNA W. WILLIAMS, M.D., and CHARLES KRUMWIEDE, M.D. Ninth Edition, revised and enlarged. Octavo of 819 pages, illustrated. Philadelphia, Lea & Febiger, 1929. Cloth, \$6.50.

The 9th Edition of this work is sufficient evidence of its reception and demand as a textbook. The arrangement and presentation, as in previous editions, is simple and logical. The subject matter is presented as fully as possible without burdening the text with controversial material.

The long experience of the authors with their added opportunities of testing methods and technic make the work a valuable reference manual for the practical laboratory worker. The reviewer has advocated and used "Pathogenic Microorganisms" as a practical reference manual in clinical laboratories for the past eight years. The 9th Edition, if anything, is more useful in this field than the president additional to the field than the president additional to the president additional to the president additional to the president additional to the president additional to the president additional to the president additional to the president additional to the president additional to the president additional to the president additional to the president additional to the past eight years. this field than the previous editions.

Special attention may be attracted to the amplification of the section on immunity which presents an excellent

resume of the recent advances in that field.

As a manual for health officers the book is invaluable, the special experience of the authors in this connection being an obvious advantage in preparing the text and material.

The clear style, omission of unessential details and instructive illustrations should make the book useful to the practicing physician in refreshing his memory of bacteriology, microbiology and immunology in an easy and pleasant manner.

THE ROBERT JONES BIRTHDAY VOLUME. A Collection of Surgical Essays. Large octavo of 434 pages, illustrated. London and New York, Oxford University Press, 1928. Cloth, \$13.00. (Oxford Medical Publications.)

This volume is a collection of Surgical Essays in honor of Sir Robert Jones on the occasion of his seventieth birthday. It is of particular interest to the Orthopedic Surgeon and deals with most of the important subjects in Orthopedics. Each essay is well written and is the result of considerable experience. Each writer is a very definite authority of the subject which he has written for this Birthday Volume to Sir Robert Jones. This volume is worth reading by every member of the Medical Profession because of the diversity of the subjects and because of the allied interest to the various branches of Medicine and Surgery.

RADIUM TREATMENT OF CANCER. By STANFORD CARE, F.R.C.S. (Eng.). Octavo of 158 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$5.50.

This monograph of 153 pages is a summary of the experience of the personal work of the author, at the Westminster Hospital for five years. It does not pretend to be more and is chiefly valuable for its insistance upon and exemplification of a very practical point of view which is thus expressed in the preface:—"If the choice of treatment in a given case of cancer depends upon a surgeon, not conversant with the possibilities of radium, the choice will inevitably be that of surgery; the converse is true, and is applicable to the radiologist. Radium needs a surgery of access and surgery needs radium if the best is to be given to the patient."

The first 24 pages are devoted to discussion of radioactivity, methods of irradiation and the general prin-cipes of radium-therapy. The rest of the book discusses in a rather elementary manner the application of radium to variously situated neoplasms-the buccal cavity, the cervical lymphatic glands, the pharynx and larynx, the

breast, the rectum etc., etc.
The book is adorned with 13 colored plates which are expensive, decorative but not important and might well be replaced by careful and well selected histologic drawings which are lacking. On the other hand the line drawings are original and informative. There is no satisfactory discussion of x-ray therapy, which is only occasionally mentioned. The amounts of radium used are small, the case reports are undated. It is, however, an interesting primer from a British point of view.

J. E. J.

### THE CURSE OF PHARAOH'S TOMB

It is an ancient belief that "Death shall come on swift wings to him that toucheth the tomb of a Pharaoh." An editorial in the Brooklyn Eagle of February 24, comments on the possible relation of the curse to Lord Westbury, who committed suicide after having been prominently connected with the discovery of the tomb of King Tut-ankh-Amen. The Eagle gives the following list of ten others who might have been under the curse of death:—

"He, (Lord Westbury) was the father of the Hon. Richard Bethell, Howard Carter's secretary, whose strange death in London had grievously affected the old peer.

"Carnarvon, who financed the Luxor excavations, is dead. So are Sir Archibald Douglass Reid, who x-rayed the mummy of 'Tut'; Aubrey Herbert, Carnarvon's half-brother, who was present when the tomb was opened; Ali Fahmy Bey shot right after a visit to the Valley of the Kings; Dr. Jonathan Carver, victim of an automobile wreck after such a visit; Jay Gould, whom pneumonia carried off quickly after his visit; Mrs. Evelyn Greeley, who killed herself in Chicago after seeing the mummy; Professor Lafleur of McGill University, who died suddenly after looking at the sarcophagus, and H. G. Evelyn-White, who committed suicide because he thought a curse was on him."

To this list the New York Times of February 26, adds two others. An eight-year-old boy, Joseph Green, was killed by the hearse of Lord Westbury, and Edgar Steele, a worker in the British Museum who handled the relics of the ancient king died after a surgical operation. However, the Times quoted Howard Carter, who opened the Tomb as saying:

"Thousands of people had been indirectly

connected with the Tut-ankh-Amen relics and that there was no record of any overwhelming outbreak of mortality.

"I've handled Egyptian relics myself many times, for years, and I'm still as well as ever."

Superstitious beliefs usually have their origin in facts. An editorial in the New York Times of March 14, suggests the following rational foundation for the belief in the curse of ancient Egyptian tombs:

"In a bulletin of the Museum of the University of Pennsylvania Mr. Alan Rowe describes the excavation of an Egyptian tomb dating from about 2800 B. C. A deep passage-way, choked with rubbish, led from the tomb to the outer air. The air in this passage was found to be so bad that workers could continue for only about an hour a day. A short stay in the bad air produced a violent headache, and, after an hour or so, candles went out.

"Lack of oxygen and the presence of monoxide gas, partly from the burning candles and perhaps partly from crevices in the long-sealed chamber, account for the foulness of the air. One who breathes such an atmosphere too long receives no warning of its ill effect, but simply collapses and dies."

When a man is found dead in his garage from carbon monoxide poisoning, there is never any question of a curse being on his automobile or the building that shelters it. But when a similar fate befell the robbers of Egyptian tombs, century after century, it was natural that a supernatural explanation was given for their deaths. A guilty conscience and a lively imagination combined to attribute the misfortunes of tomb robbers to a mysterious curse.

### GORILLA PRESERVES

Those who would understand man find help in observing the gorilla and other animals whose evolution parallels that of man the most closely. Two African sanctuaries have been created in which the gorilla may live unmolested. The New York Times of March 21 says:

"The time may come when visitors to the Parc Albert will find gorillas as tame as bears in the Yellowstone. Contrary to an early impression, the gorilla walks on all fours, seldom assuming an upright position. When alarmed it beats a hand on its chest to warn compan-

ions of danger. The large gorilla which Akeley "collected" in 1921 was five feet seven and a half inches in height, weighed 380 pounds, and had a chest measurement of sixty inches. "Normally the gorilla," wrote Carl Akeley, "is a perfectly amiable, good-natured creature." He could believe that when hungry and harassed, an old male might be a "bad gorilla." Dr. Derscheid had had thirty-three encounters with the beasts, and only once did he have to shoot. There may have been 650 mountain gorillas in the sanctuary in 1927.

# HAY FEVER

### An Advertising Statement

HAY FEVER, as it occurs throughout the United States, is actually perennial rather than seasonal, in character.

Because in the Southwest—Bermuda grass, for instance, continues to flower until December when the mountain cedar, of many victims, starts to shed its pollen in Northern Texas and so continues into February. At that time, elsewhere in the South, the oak, birch, pecan, hickory and other trees begin to contribute their respective quotas of atmospheric pollen.

But, nevertheless, hay fever in the Northern States at least, is in fact seasonal in character and of three types, viz.:

TREE HAY FEVER—March, April and May GRASS HAY FEVER—May, June and July WEED HAY FEVER — August to Frost

And this last, the late summer type, is usually the most serious and difficult to treat as partly due to the greater diversity of late summer pollens as regionally dispersed.

With the above before us, as to the several types of regional and seasonal hay fever, it is important to emphasize that Arlco-Pollen Extracts for diagnosis and treatment cover adequately and accurately all sections and all seasons—North, East, South and West.

FOR DIAGNOSIS each pollen is supplied in individual extract only.

FOR TREATMENT each pollen is supplied in individual treatment set.

ALSO FOR TREATMENT we have a few logically conceived and scientifically justified mixtures of biologically related and simultaneously pollinating plants. Hence, in these mixtures the several pollens are mutually helpful in building the desired group tolerance.

IF UNAVAILABLE LOCALLY THESE EXTRACTS
WILL BE DELIVERED DIRECT POST PAID
SPECIAL DELIVERY

List and prices of food, epidermal, incidental and pollen proteins sent on request

THE ARLINGTON CHEMICAL COMPANY YONKERS, N. Y.



Something Entirely New

### A Combination Maternity Garment

Ready now for your approval. It embraces all therapeutic requirements and provides a perfect ensemble for the woman who prefers the "all-in-one" garment. Reinforced lower portions provide firm support to the lower abdomen. The cup-form brassiere, with inner sling, gives uplift to the breast. A flexible upper front gives softness and with side lacings allows for figure increase. Habit back, well down over gluteus muscles, with Camp Patented Adjustment for splendid sacro-iliac support. This design, the first of the kind on the market, will completely meet your idea of what a combination maternity support should be.

Sold by surgical houses, department stores, and the better drug stores

Write for our physician's manual



## Barrow Manor

New York's Most Attractive Suburban Convalescent Home

A Private Home for Convalescents, Semiinvalids and Elderly People. Mental Patients Not Accepted

Quiet, Restful, Exclusive, Accessible

Medical Service Exclusive Services of Nurse Semi-Private and Private Accommoda-

tions

Diets Laboratory Analysis Alpine Sun Lamp Physio-Therapy Massage Colonic Irrigations

Physicians are invited to supervise in care of their patients

Henry J. Barrow, M.D. Medical Director

Violet C. Smith Superintendent

No. 1 Broadway Dobbs Ferry N.Y.

Telephone Dobbs Ferry

Inspection invited Information upon Request (Continued from page 416)

agement of said contemplated activities of said health center, with this restriction, however, that there shall be two committees appointed. The first one as the committee on indigency, and the second as that as health center management, which committee shall be composed as follows, and have the following powers. Furthermore, that we as a society will annually establish a fee for the various types of work rendered by the profession to said health center, which shall be defrayed out of the funds collected from the Civic Organization or money received from the Board of Supervisors for cases properly falling within its jurisdiction and obligation.

"Furthermore, that all members of the Woodbury County Medical Society shall be entitled to have services in said health center prorated as to time and occurring according to their election, but all shall receive the same compensation based upon 60% of usual fee charged for like services in private practice. Furthermore, none shall be recommended to service unless the same is agreeable to them."

### DEFINITION OF MEDICAL PRACTICE IN KANSAS

The March issue of the Journal of the Kansas Medical Society has an editorial discussion on the interpretation and the definition of what constitutes medical practice. It says:

"It is now almost thirty years since the Medical Practice Act was adopted by the legislature of this State. There have been a considerable number of decisions by the Supreme Court as to the validity of its various sections and in the main it has withstood all of these tests. In the section which defines who are practitioners of medicine there are still some points to be authoritatively determined. One point that has been made to bear considerable weight in determining violations of the law is whether a fee is charged or not. One of the exceptions reads: 'Nor shall anything in this act apply to the administration of domestic remedies, nor to prohibit gratuitous services.' There is a decision that the law does apply to the administration of domestic remedies when a fee is charged, but the question now arises as to what constitutes a fee.

"The exemption of gratuitous services opens a wide field for the practice of medicine by those unqualified. And it also raises some questions of interpretation. For instance, it is reported that school nurses not only make diagnoses but administer drugs and vaccinate pupils for smallpox. They do not receive a fee

(Continued on page 420-adv. xx)

## FELLOWS' SYRUP

### ITS FORMULA

combines Mineral Foods and Synergistic Agents.

### ITS POSOLOGY

One to two teaspoonfuls after meals.

### ITS EFFICACY

is such that under its influence one observes a rapid increase of appetite and a marked elevation of tone.

FELLOWS MED. MFG. CO., INC. 26 Christopher St. New York, N. Y.

Samples on Request



POPULATE !

Digitalis

Leaves

Davira, Rose)
Ind at 1 h les 4
Estherischen no
01 Gran 1 hy
stans) Dr als

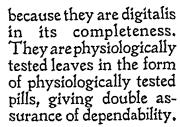
10 7coil

THE ROZEFED TH

Cardiologists prescribe



(Davies, Rose)



Each pill contains 0.1 gram, the equivalent of about 1½ grains of the leaf, or 15 minims of the tincture.

Convenient, uniform, and more accurate than tincture drops.

Sample and literature upon request.

DAVIES, ROSE & CO., Ltd. Boston, Mass. Pharmaceutical Manufacturers,

# As a General Antiseptic

in place of TINCTURE OF IODINE Trv

# Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein) 2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

It does not burn, irritate or injure tissue in any way.

## Hynson, Westcott & Dunning

Baltimore, Maryland

(Continued from page 418-adv. xviii)

from the pupils for these services but neither can it be classed as gratuitous service since they are under salaries. In a good many hospitals anesthetics are administered by trained nurses, and some of these are quite expert anesthetists. It has not been decided if administering an anesthetic comes within the acts specified as practicing medicine or surgery, but if so does the fact that the hospital charges a fee for the anesthetic, bring it within the provision of the law. It is not gratuitous service nor does the nurse do it for a fee. If the school nurse shall be considered as giving gratuitous service, then the employed medical attendants of industrial hospitals, and physicians and surgeons of insurance hospitals, are also exempt for the same reason.

"With the constant changes and the rapid progress in scientific medicine, preparing laws for the regulation of the healing art for future years is a hazardous undertaking. Forty-five years ago the law providing for the state board of health was adopted. In the section providing for the creation of the board will be found the following: 'But in no case shall the governor appoint a majority of the physicians that shall constitute such board of health from any one school of medicine practice, nor shall said board at any time be composed of persons a majority of whom shall be of the same school of medicine.'

"The law creating the board of registration and examination, passed by the legislature fifteen years later also provides, in the composition of the board, as follows: 'representation to be given to the different schools of practice as nearly as possible in proportion to their numerical strength in this state, but no one school to have a majority of the whole board.'

"It is practically impossible for the governor to comply with either of these laws under the present conditions, but by giving a very liberal interpretation to the term 'school of medical practice' and 'school of practice' he has succeeded in maintaining the high character of the board. No one has raised the question as to the legal standing of these appointees and it is doubtful if any one will, but these laws should be amended to conform to present circumstances at least."

### MEDICAL MOVIES IN ARKANSAS

The March issue of the Journal of the Arkansas Medical Society describes the attractions of the program of the annual meeting to be held on May 6-8, in Fort Smith and continues:

"In addition to the foregoing, there has been arranged a new and very attractive addition to

(Continued on page 421-adv. xxi)

(Continued from rage 420-adv. xx)

the program, consisting of five motion picture films on medical and surgical subjects. Dr. Davis of Chicago will present an obstetrical film; two films on cancer as part of the report of the Cancer Control Committee, by courtesy of Dr. Dewell Gann, Jr., Chairman; two films prepared by the Eastman Kodak Company for the American Col-lege of Surgeons. The latter two will be on 'Infections of the hand,' and 'The Technic of Blood Transfusion,' here has also been arranged for some twenty odd papers by some of the best talent the State has to offer. In regard to the motion pictures that we have arranged for, it is truly a new, attractive and educational feature. The American College of Surgeons says, 'The value of motion pictures for medical instruction, as produced by the Eastman Film, Inc., is gradually becoming more appreciated. For the medical student they can never replace experience gained from personal contact with disease; nor can they supplant well established methods of teaching medicine. But as an adjunct to the methods in vogue at present by facilitating the instruction, conserving the time of students and teachers and by economy of materials are of inestimable value. No one will pretend to claim that surgery can be taught by motion pictures, but motion pictures of certain operations, carefully selected for their adaptability to photography, can demonstrate successfully many of the fundamentals of surgical technic as practised by leading surgeons. Comparisons of differences in the details and mechanics envolved can serve as an introduction to the beginner and lead to a broader and more comprehensive understanding of the subject. By this method the best work can be available to all present and in the future, aside from all historical and sentimental considerations, such records will have a very practical value for posterity." (See page 413).

#### THE MICHIGAN JOURNAL

A report of Dr. J. H. Dempster, Editor of the Journal of the Michigan State Medical Society to the Council is contained in the March issue of the Journal. Dr. Dempster believes in the use of fillers or brief articles inserted on the bottom of pages for the purposes of filling space as is shown by the following abstract.

"The so-called 'fillers' have been selected so as to be not only authoritative but of timely interest. The main source has been the abstracts of articles furnished by the American Medical Association and the scientific summaries furnished by Science Service, Washington. I have endeavored to edit and eliminate any features or phraseology in the Science Service material that would seem perfectly ob-

(Continued on page 422-adv. xxii)

### There has been nothing before like this:

Here is an ethical preparation, pharmaceutically sound with an extensive and successful clinical background-

> Yet it looks and tastes like Creamy Chocolate Fudge!

A reconstructive agent prescribed in malnutrition, asthenia, convalescence, particularly valuable (according to past clinical experience) for undernourished and backward children.



is of unusual interest, first because of the rapid assimilation of its mineral salts. and its tonic action-and-of no less importance - because children like it. Taken off a teaspoon, or on a cracker, it makes the "dose" a treat instead of an ordeal.



Olajen contains

Calcium lactate ..... 12 er. Iron phosphate .....12 gr. Sodium phosphate .... 12 gr. Potassium Bi Tartrate,

Lecithin ..... .435 gr. in a colloidal, nutritive base.

By all means send for a full sized complimentary jar-for clinical trial.

Olajen, Inc.

451 W. 30th St.

New York City

OLAIFN, INC. 451 West 30th Street, New York City You may send me a full sized comple mentary jar of Olajen.

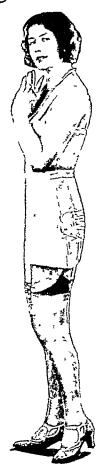
.....City and State

The

# "Pomeroy Supporting Corset

A good corset, properly made and fitted, not only gives needed support to the vital organs, but moulds the figure to correct and graceful lines.

The Pomeroy is ideal for this purpose, for it is so designed that the uplift is given by the corset itself with no need for additional belt or other contrivances. The intersecting laces give an extra upward and backward lift which further helps the muscles of the abdomen to give the necessary support.



MADE and FITTED

by

### Pomeroy Company

SURGICAL APPLIANCES

16 EAST 42ND STREET, NEW YORK

AND

ROGERSBLDG. Fordham Rd at Webster Ave BROOKLYN NEWARK

SPRINGFIELD BOSTON

NEW YORK DETROIT CHICAGO

WILKES-BARRE

(Continued from page 421-adv. xxi)

vious to medical readers since the Science Service is intended for cultured readers in all professions and walks of life. These selections are as a rule summaries of papers of a medical interest or near-medical interest that are read at various scientific meetings held throughout the United States and Canada, as well as reports of the results of research.

The New York State Journal of Medicine following the example of an increasing number of Journals of all kinds, does not use fillers, but the editors try to adapt the articles to the pages.

The comparative cost and receipts of the State Journals is always interesting. financial report of the Michigan Journal is found in the same issue and is as follows:

### JOURNAL BUDGET

Income Subscriptions ...... \$ 8,625.00 Advertising Sales ...... 8,000.00

Total .....\$16,625.00

Expenditures:

Printing and Mailing ......\$12,000.00 Wrappers ..... 200.00 Editor's salary and Stenographic 4,250.00 Contingent .....

Total .....\$16,625.00

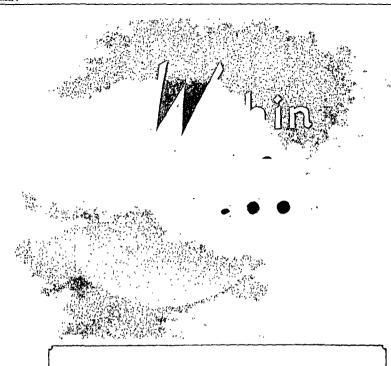
The subscription money is the sum set aside from State dues to make up the deficiency incurred from publishing the Journal. There are 3,463 members of the Michigan State Society and so the subscription charge per member is \$2.50, or one quarter of the annual dues of ten dollars. The editor receives \$2,829.00 as his salary.

### POLITICS AND PHYSICIANS IN THE KNOXVILLE GENERAL HOSPITAL

The control of the medical staff of the General Hospital of Knoxville, Tennessee, is an acute problem according to the following article in the March issue of the Journal of the Tennessee State Medical Association:

"There seems to be some trouble in Knoxville between the management of the General Hospital and the Medical Staff. We print herewith a letter explaining the position of the doctors. Eightyeight doctors have signed this letter as individuals. Most of them or probably all of them are members of the Knox County Medical Society.

(Continued on page 424-adv. xxiv)



ON EMINENT authority, in his treatise on rickets, states that in recent years fully three-fourths of the infants in large cities showed some signs of this disease. Nowadays, the prospects for efficient prevention and cure of rickets are far more promising. This much brighter outlook is due to the discovery of irradiated ergosterol.

Clinical tests on an extensive scale during several years have demonstrated that Vigantol an irradiated ergosterol—is a highly potent antirachitic. In small doses, it prevents the occurrence of rickets, while in developed cases it rapidly establishes normal bone formation and improves the general nutrition. During pregnancy and lactation, its administration is advisable to maintain normal calcium metabolism.

How Supplied: — Vigantol is available in a standardized oily solution. This has 100 times the vitamin D (antirachitie) potency of cod liver oil, two drops being equivalent to one teaspoonful of the latter. Supplied in bottles of 5 cc, and 50 cc, with standard droppers.

Sample and literature on request



VIGANTOL



Brand of VIOSTEROL

WINTHROP CHEMICAL COMPANY, INC., NEW CANADA: WINDSOR, ONT.

Winthrop Quality has no Substitute

115-H

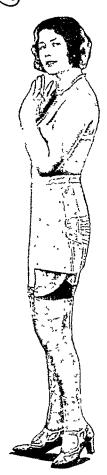
Income

The

# "Pomeroy Supporting Corset

A good corset, properly made and fitted, not only gives needed support to the vital organs, but moulds the figure to correct and graceful lines.

The Pomeroy is ideal for this purpose, for it is so designed that the uplift is given by the corset itself with no need for additional belt or other contrivances. The intersecting laces give an extra upward and backward lift which further helps the muscles of the abdomen to give the necessary support.



MADE and FITTED

by

# Pomeroy

SURGICAL APPLIANCES

16 EAST 42ND STREET, NEW YORK

AND

BROOKLYN NEWARK

ROGERS BLDG. Fordham Rd. at Webster Ave. SPRINGFIELD

NEW YORK DETROIT **CHICAGO** 

BOSTON WILKES-BARRE (Continued from page 421—adv. xxi)

vious to medical readers since the Science Service is intended for cultured readers in all professions and walks of life. These selections are as a rule summaries of papers of a medical interest or near-medical interest that are read at various scientific meetings held throughout the United States and Canada, as well as reports of the results of research."

The New York State Journal of Medicine following the example of an increasing number of Journals of all kinds, does not use fillers, but the editors try to adapt the articles to the pages.

The comparative cost and receipts of the State Journals is always interesting. financial report of the Michigan Journal is found in the same issue and is as follows:

### JOURNAL BUDGET

111COIIIC	
Subscriptions	.\$ 8,625.00
Advertising Sales	. 8,000.00
Total	.\$16.625.00
Expenditures:	, ,
Printing and Mailing	.\$12,000.00
Wrappers	200.00

Editor's salary and Stenographic 4,250.00 Contingent ..... 175.00

Total .....\$16,625.00

The subscription money is the sum set aside from State dues to make up the deficiency incurred from publishing the Journal. There are 3,463 members of the Michigan State Society and so the subscription charge per member is \$2.50, or one quarter of the annual dues of ten dollars. The editor receives \$2,829.00 as his salary.

### POLITICS AND PHYSICIANS IN THE KNOXVILLE GENERAL HOSPITAL

The control of the medical staff of the General Hospital of Knoxville, Tennessee, is an acute problem according to the following article in the March issue of the Journal of the Tennessee State Medical Association:

"There seems to be some trouble in Knoxville between the management of the General Hospital and the Medical Staff. We print herewith a letter explaining the position of the doctors. Eightyeight doctors have signed this letter as individuals. Most of them or probably all of them are members of the Knox County Medical Society.

(Continued on page 424-adv. xxiv)



N EMINENT authority, in his treatise on rickets, states that in recent years fully three fourths of the infants in large cities showed some signs of this disease. Nowadaya, the prospects for efficient prevention and cure of rickets are far more promising. This much brighter outlook is due to the discovery of irradiated ergosterol.

Clinical tests on an extensive scale during several years have demonstrated that Vigantol an irradiated ergosterol—is a highly potent antirachitic. In small doses, it prevents the occurrence of rickets, while in developed cases it rapidly establishes normal bone formation and improves the general nutrition. During pregnancy and lactation, its administration is advisable to maintain normal calcium metabolism.

How Supplied -- Vigantol is available in a standardized oily solution. This has 100 times the vitamin D (antirachitic) potency of cod liver oil, two drops being equivalent to one teaspoonful of the latter. Supplied in bottles of 5 cc. and 50 cc. with standard droppers

Sample and literature on request



VIGANTOL



Brand of VIOSTEROL

WINTHROP CHEMICAL COMPANY, INC., NEW YCANADA WINDSOR, ONT

Winthrop Quality has no Substitute

‡15 M

# THYMOPHYSIN

(Tomestary)

A reliable oxytocic (Posterior-Pituitary and Thymus) which safely shortens labor

Send for Reprint from

The American Journal of Obstetrics and Gynecology of Dr. Julius-Jarcho's paper:

"The Use of Thymophysin for Weak Pains in the First and Second Stages of Labor"

### American Bio-Chemical Laboratories, Inc.

27 Cleveland Place

New York

(Continued from page 422-adv. xxii)

"The Society voted to take no action on the question, leaving each individual free to act for himself.

"'Inasmuch as the Mayor of the City of Knoxville, and some of the members of the council have given their opinions in public session of the physicians, and as such expressions were unbecoming to men who should occupy such offices, and as the Director of Public Welfare states his lack of confidence in the profession's ability to govern itself to the best interest of the profession and those to whom it administers, we, the undersigned physicians do hereby refuse to serve at the Knoxville General Hospital under the present existing conditions prescribed by the Director of Public Welfare.'

"In further explanation of the stand taken by

may fully underthe physicians of ishes to make the icians with the rvices free, Havhey staff and other officers including executive officers to make their own assignments and to adopt their own by-laws and constitution governing the proceedings of that body and the disciplings of that body and the discipling its own members. We, furthermore, wish to make plain what are the duties of the executive officers chosen by the staff. It is their duty to make assignments and see that all services are taken care of, to make recommendation to the Superintendent in regard to the nursing and care of patients in the hospital. The executive committee has nothing whatever to do with the finances, the hiring of the personnel or the administrative affairs. In short, it should be their duty to see that adequate surgical, medical, nursing and hospital care be given to the

"'Suppose the charter does give the Director of Public Welfare the power to choose his own executive committee. Is it necessary that he assert that authority? Up to the present time we had three directors of public welfare. The first two officials consider the dignity of the medical profession and the qualifications of its members. It is quite evident that a director may be chosen for political purposes, as often as every two years, and if chosen for political purposes, he must favor his friends. His friends may not have the

(Continued on page 426-adv. xxvi)



# What about taste?

Do you have to apologize for the taste of the medicines you prescribe? Or do your patients still believe innocently that the medicine must be bitter to be efficacious?

Agarol the original mineral oil and agaragar emulsion with phenolphthalein, is for that up to date generation that wants its medicines in the proverbial "sugar coating."

No excuses are needed for its taste anymore than for its effectiveness. Agarol is exceptionally palatable without artificial flavoring. It flows freely from the bottle, and can be mixed with any liquid or soft food.

Just enough mineral oil to carry unabsorbable moisture to the intestinal contents, keep them soft, and so make evacuation easy and painless. By gentle stimulation of peristalsis, Agarol makes the result certain, and aids in reestablishing regular habits.

One tablespoonful at bedtime

—is the dose

Final decision on the true worth of Agarol rests with the physician. We will gladly send a twin package, withliterature, for trial.

# AGAROL for Constipation

WILLIAM R. WARNER & COMPANY, Inc. 4 113 West 18th Street, New York City





#### DOCTOR-

Druggists recently interviewed tell us that between 60 and 70% of those calling for Cod Liver Oil mention no specific name or brand.

May we suggest the advisability of recommending or prescribing by name Nason's Palatable Norwegian Cod Liver Oil to your patients! Doing this, you assure their securing Cod Liver Oil of absolute purity and clarity, pleasantly flavored, and of high vitamin potency.

Your patients are not likely to know of Nason's Cod Liver Oil except through your recommendation or prescription, since this Cod Liver Oil is advertised and marketed solely through professional and

ethical channels.

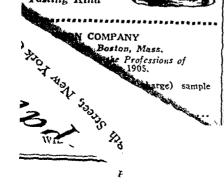
## High Vitamin Potency Plus + Palatability

The vitamin potency of Nason's Palatable Norwegian Cod Liver Oil is warranted to be not less than 800 vitamin A units per gram and not less than 100 vitamin D units per gram. Each lot is biologically tested.

Accepted by Council on Pharmacy and Chemistry, A. M. A.

Nasons Palatable Norwegian

Jiver Oi



(Continued from page 424—adv. xxiv) personal qualifications and training to make good executive officers. The staff is displeased and disorganization results.

"'Can'the people of Knoxville afford to have the physicians who administer to charity disorganized every two years? If the doctors who have gone to schools, colleges, medical school, taking interne work and post-graduate work, are not capable of governing themselves and knowing how to administer to sick, pray tell us, O Aesculapius, where did a layman with much inferior education and qualification get his wisdom?"

## ANNUAL REGISTRATION IN WYOMING

The Wyoming State Medical Society uses the pages of Colorado Medicine as its official organ. The Wyoming Legislation passed an annual registration law similar to that in New York State which was sponsored by a majority of the doctors themselves. But the Wyoming doctors are mad clear through,—or at least one would gain that impression from reading the following abstracts from the Wyoming section of Colorado Medicine for March:—

"Many a poor youngster has had his heart broken by the dog catcher in the loss of a scrub pup that meant everything in the world to him so far as a pal and companion could mean.

"Last year our all wise State Legislature passed a dog tax, on doctors. This action was engineered through and signed.

"Certainly the members of the medical profession were not informed of this undesirable and annoying tax and it was rushed through the legislature and signed by the governor. He would not for one moment favor such a law applying to his own profession, that of a civil engineer. No, but the doctors must pay one dollar a year to be granted a renewal of their license after paying fifty dollars for them, to practice medicine; like a cigar store to sell cigarettes. Of ye gods! Why did not his all wise bunch see the point and remember their childhood days and make the tax a little more by making the rate five dollars for females as it applies in the case of the dogs? They certainly overlooked a great point in this matter. Perhaps they considered our lady doctors would be less amenable to discipline, but of all the diabolical taxes this is certainly the bunk.

"How do you think the attorneys would swallow such a penny wise and pound foolish policy? They would not stand for it one mo
(Continued on page 427—adv. xxvii)

(Continued from page 426-adv. xxvi)

ment. No, you can't put a pup tax on lawyers, or bankers, judges or even the meek tillers of the soil who generally have to stand anything, but the fool doctors stand for such a graft. And why the tax? Answer: to keep the records in the office of the State Board of Medical Examiners up-to-date. They are so valuable for the insurance companies.

"Here we are, a little poorly populated state, with a county health officer in each county who knows at once when a new doctor arrives. Our state health officer is also the secretary of the State Board of Medical Examiners. He can and ought to get all this information from the county health officers without a dog tax of one dollar on every doctor in the state.

"It is not the amount of the tax, but the principle of the unfair thing that gets under our skins. In the great centers of population such a measure might be needed but out in Wyoming it's the bunk. Everyone will admit that the State Board of Medical Examiners is not worked to death and the secretary has plenty of time to look after unregistered doctors in our state.

"Pay your dog tax April 1st and next fall vote for the spine adjusters for the legislature and quack-loving officers."

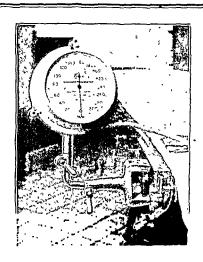
#### "THE BOARD OF HEALTH"

The local boards of health of Nebraska are made up in a peculiar way that is described in the Nebraska State Medical Journal of March.

"The Nebraska law governing boards of health makes specific provision for certain individuals in the membership. The Chairman of the Board of Health is responsible for the performance of the duties imposed on said Board. The Sheriff is Chairman of the County Board of Health. The Mayor is Chairman of the City Board of Health.

"The Quarantine Officer is in each instance the Police Member of the Board of Health. This is essential because quarantine is an exercise of the police power of the state. Not infrequently (and partly as a result of an obsolete law) some physicians attempt to assume authority to establish quarantine—even procuring a card some place and posting it on the premises. A physician could be utilized to post a quarantine card or notice legally by the proper authority deputizing him to do so and the Board of Health supplying the correct card for the time and place, but there is no provision for indefinite deputization or delegation of such authority. It is the duty of the police member of the Board to investigate

(Continued on page 428-adv. xxviii)



## Tycos Surgical Unit

#### For Blood Pressure Determination in the Operating Room

For the convenience of anaesthetists and surgeons, who are finding that accurate blood pressure readings are invaluable during anaesthesia and surgery, we have designed this Tycor Surgical Unit.

It consists of a large easy reading type
The Sphymoner and a universal
the Sphygmo-

convenient for the anaesthetist and out of the way of the surgeons and assistants. The adjustments can be made instantly, but once made the instrument is firm as the table itself. If it is inconvenient to have the instrument attached to the table, the clamp will accommodate it to the anaesthesia equipment or instrument stand.

Modern trends make it extremely important for hospitals to include the Tycos Surgical Unit in their operating room equipment.

Your dealer can supply you with this equipment. Complete unit \$52.50. Clamp only \$15.00. Write today for additional information.

## Taylor Instrument Companies ROCHESTER, N.Y., U.S.A.

Canadian Plant Tycos Building Toronto Manufacturing Distributors In Great Prisain Short & Mason, Ltd., London

# PHILLIPS Milk of Magnesia

# THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz., 12 oz., and 3 pt. Bottles.

# THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London

# HAY FEVER

has been prevented in thousands of cases with

> n Antigen *Lederle*

ded evidence to the value

(Continued from page 427—adv. xxvii) and prosecute violators of the Rules and Regulations.

"The Medical Adviser is the technical member of the Board. Therefore, it devolves upon him to perform the epidemiologic work required: To personally investigate and examine persons to establish, or when necessary confirm, the diagnosis of contagious disease; to take cultures from suspected individuals for the Board, and such additional duties as circumstances indicate for the purpose of being enabled to advise the Board upon the basis of personal knowledge, whereby intelligent action can be taken toward safeguarding the health of the community. Diagnosis is practice of medicine.

"All reports of reportable disease will be made to the Secretary of the Board of Health having jurisdiction—in the county this means the County Superintendent, whereas the Secretary in cities or towns is the Chief of Police or Marshall."

## PRESS SERVICE OF THE WISCONSIN STATE SOCIETY

The Wisconsin Medical Journal has a new department called "Press Service" with the motto "No serum does so much for public health as printer's ink." Each issue will contain the press releases for the previous month. These weekly articles have been sent for three years to four hundred newspapers. As a sample of the releases the following of January eighth on Fresh Air may be quoted:—

"Fresh air is not the cause of colds and sneezes. No matter how cold it may be, there should be some ventilation in the sleeping room. Too much coddling of the body gives rise to

more colds than any other element.

"These are among the statements contained in a bulletin issued by the educational committee of the State Medical Society of Wisconsin today. The bulletin urges people, however, not to sleep in drafts and stresses the importance of sufficient bed clothing underneath the body.

"There is more health in winter air than in any other single medical prescription, declares the bulletin of the medical society. With the first drop of the temperature and the first chilly blasts that precede winter weather don't lose your nerve and slam down your bedroom windows.

nerve and slam down your bedroom windows.

"Every night spent in the out-of-doors adds hours to your life if kept up habitually, and if you have a warm place to dress. Many a man who has never slept in the open, who has never experienced the big thrill that results from outdoors sleeping in the fresh air, wakes from his first experiment in amazement. The et and the cowboy sing of the wonder of nights spent in the open, sleeping under the

(Continued from page 428-adv xrvm)

ever, is not alone for those who live in the country and in the open spaces. It is yours to experience almost as well, wherever your home may be, if you will make some balcony or some porch into a sleeping apartment. It may be that you are not fortunate enough to possess such a porch or balcony that can be transformed into sleeping quarters. In that case, you can still avail yourself of some of the benefits that come from sleeping outdoors if you open wide the windows of your sleeping room so that the fresh air of the night can swoop over you.

"All that anyone needs to get from outdoor sleeping is fresh, moving air. It is not necessary that you shiver. It is not necessary that you ondergo discomforts. It is not necessary or advisable to sleep in a draft. The process of adjustment from indoor to outdoor sleeping should be a gradual one; care should be taken always to avoid exposure. Every beginner should take precautions to see that provisions are made for perfect comfort, and it is well for you to see your family physician and have him check up your resistive powers by a thorough physical examination before you start.

"If your head is sensitive to cold, it should be covered with a warm cap. This cap should be loosely knit and so porous as to permit the free

circulation of air. If your feet are sensitive to cold you should provide yourself with woolen bed socks.

"Another important point for the outdoor sleeper to remember is that it is as important to have enough bed clothing underneath the body as it is to have enough over the body."

## HEALTH EDUCATION WEEK IN GEORGIA

The Journal of the Medical Association of Georgia has an editorial on Health Education Week, May 5-10, promoted by the State Association and gives the following suggestions to the County Societies:—

"The purpose of Health Education Week is to teach the public the simple elementary facts about health through practical demonstrations (health examinations) and public lectures

"The President of our Association has appointed local committees in all those counties where the county societies have expressed a desire to co-operate in this work. All details and arrangements will be left entirely in the hands of the local committees.

"Each local committee will decide whether or not clinics will be held in connection with the

(Continued on page 430-adv. rxx)

100 PULVOIDS NO.373

NATRICO

# Hypertension always means Danger!

It is an early warning whose recognition, estimation and treatment, are of great prophylactic importance. Pending the determination and treatment of its cause, Pulvoids Natrico are valuable in reducing the blood pressure, as has been proved in thousands of cases. Because of their enteric coating, they do not disturb digestion or renal functioning, so that their use may be continued to maintain the blood pressure within safe limits.

When intestinal toxensia or chronic constipation is a causative factor, Pulvods Taurophen will be found of value in conjunction with Pulvoris Natrico.



Please send samples of Pulsordt Natrico and new brochuse on H, perten 10 1.

I dispense and would like

Address

City...

Please mention the JOURNAL when writing

# PHILLIPS Milk of Magnesia

# THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz., 12 oz., and 3 pt. Bottles.

# THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London

# HAY FEVER

has been prevented in thousands of cases with

# D- 11 en Antigen

Lederle

led evidence to the value

and each hysicians Hay (Continued from page 427—adv. xxvii) and prosecute violators of the Rules and Regulations.

"The Medical Adviser is the technical member of the Board. Therefore, it devolves upon him to perform the epidemiologic work required: To personally investigate and examine persons to establish, or when necessary confirm, the diagnosis of contagious disease; to take cultures from suspected individuals for the Board, and such additional duties as circumstances indicate for the purpose of being enabled to advise the Board upon the basis of personal knowledge, whereby intelligent action can be taken toward safeguarding the health of the community. Diagnosis is practice of medicine.

"All reports of reportable disease will be made to the Secretary of the Board of Health having jurisdiction—in the county this means the County Superintendent, whereas the Secretary in cities or towns is the Chief of Police or Marshall."

## PRESS SERVICE OF THE WISCONSIN STATE SOCIETY

The Wisconsin Medical Journal has a new department called "Press Service" with the motto "No serum does so much for public health as printer's ink." Each issue will contain the press releases for the previous month. These weekly articles have been sent for three years to four hundred newspapers. As a sample of the releases the following of January eighth on Fresh Air may be quoted:—

"Fresh air is not the cause of colds and sneezes. No matter how cold it may be, there should be some ventilation in the sleeping room. Too much coddling of the body gives rise to more colds than any other element.

"These are among the statements contained in a bulletin issued by the educational committee of the State Medical Society of Wisconsin today. The bulletin urges people, however, not to sleep in drafts and stresses the importance of sufficient bed clothing underneath the body.

"There is more health in winter air than in any other single medical prescription, declares the bulletin of the medical society. With the first drop of the temperature and the first chilly blasts that precede winter weather don't lose your nerve and slam down your bedroom windows.

"Every night spent in the out-of-doors adds hours to your life if kept up habitually, and if you have a warm place to dress. Many a man who has never slept in the open, who has never experienced the big thrill that results from outdoors sleeping in the fresh air, wakes from his first experiment in amazement. The tand the cowboy sing of the wonder of nights spent in the open, sleeping under the ir. This kind of life, how-

uge 429-adv. xxix)

A well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially if

# Joland Water

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York City

# STUDENT HEALTH — AN OPINION FROM WISCONSIN

Student Health service is receiving an increasing amount of attention in colleges throughout the land. The subject is discussed editorially in the March issue of the Wisconsin Medical Journal.

"Columbia University taken the physical examination of 500 incoming freshmen out of the hands of the Department of Physical Education and put them into the hands of sixteen physicians, who will conduct the physical and mental examina-It is planned subsequently to follow the subject's health through college and use the data secured in the physical examinations in advising scholastic work, athletics, and outside activities. Looking forward still further, the physical findings will be used in connection with vocational guidance,

"This is a significant step-by no means original but particularly impressive because the plan will be backed by an endowment of at least \$2,000,000,00. And it is high time that our great educational institutions take into account the fact that 'the whole child goes to school' and that physical health is no less a matter for concern on the part of educators than high grades in Latin, the Romance Languages, and Mathematics. And while great credit is due to Athletic Departments for what they have done in the past in the way of examining their subjects, health is far more than a matter of musculature

"What Columbia is doing on a two million dollar scale, other educational institutions from kindergarten to college grade can do on lesser scales and according to their means. And large sums of money do not constitute the only, nor the principal means." In Cases of Calcium Deficiency

# CALCIUM FITCH

(Calcium Gluconate c.p.)

For Intravenous and Intramuscular Injections.

List Nos. 170 (10cc. +) and 171 (5cc. +)

Samples on request

W. A. FITCH,

Manufacturing

100 West 21 New Y

Specialists C. P. tions j



## "INTERPINES"

GOSHEN, N. Y.



PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-QUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt.

DR. C. A. POTTER

DR. E. A. SCOTT

## ROSS SANITARIUM, Inc.

Brentwood, L. I., N. Y. Telephone, Brentwood 55

The Ross Sanitarium is for convalescents, the aged, chronic invalidism, and for those needing rest and relaxation. Resident medical and nursing stay. The Sanitarium is homelike, with close attention to diet and comfort of the patient. The number is limited, thereby making it possible for the medical and nursing staff to give individual attention. Physicians sending patients may direct their management and treatment. Rates \$35 to \$100 per week. Established 32 years.

W. H. ROSS, M.D., Medical Director

## WHITE OAK FARM

PAWLING, DUTCHESS COUNTY. **NEW YORK** 

Located in the foothills of the Berkshires, sixty miles from New York City. Accommodations for those who are nervous or mentally ill. Single rooms or cottages as desired.

Flavius Packer, Physician-in-Charge

Telephones: Pawling 20

New York City-Caledonia 5161

HERNY W. ROGERS, M.D., Physician in Charge HELEN J. ROGERS, M.D.

## DR. ROGERS' HOSPITAL

der State License

at 150th St., N. Y. C.

cases received on mitment. Treat-

### Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases. Also Cases of General Invalidism. Cases of Alcoholism Accepted.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country. Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City. Frequent train service.

For terms and booklet address

F. H. BARNES, M.D., Med. Supt. Telephone, 1867 Stamford, Conn.

## WEST HILL

HENRY W. LLOYD, M.D.

West 252nd St. and Fieldston Road Riverdale, New York City

B. Ross NAIRN, Res. Physician in Charge

Located within the city limits it has all the advantages of a country sanitarium for those who are nervous or mentally ill. In addition to the main building, there are several attractive cottages located on a ten acre plot. Separate buildings for drug and alcoholic cases. Doctors may visit their patients and direct the treatment. Under State License.

Telephone: KINGSBRIDGE 3040

## The Westport Sanitarium

WESTPORT CONN.

A Private Institution for the Care and Treatment of Nervous and Mental Diseases

Large private grounds. Home-like surroundings. Modern appointments. Separate buildings for Patients desiring special attention. Single room or suite. Hydrotherapoutic apparatus. Terms reasonable. New York Office, 121 East 60th St., 1st readays only, from 1 to 3 P. M.

uland, Medical Superintendent

Phone Westport 4 I

## **BRIGHAM HALL** HOSPITAL

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiene

Founded in 1855

Beautifully located in the historic lake region of Central New York. Classification, special attention and individual care.

Physician in Charge Henry C. Burgess, M. D.

## BREEZEHURST TERRACE DR. HARRISON'S SANITARIUM

For Nervous and Mental Diseases and Alcoholic Addiction

Beautiful surroundings. Thirty minutes from Pennsylvania Station, New York

For particulars apply to

DR. S. EDWARD FRETZ, Physician in Charge Whitestone, L. I., N. Y. Phone: Flushing 0213

## **HALCYON REST**

JOSEPHINE M. LLOYD 105 Boston Post Road, Rye, N. Y.

Henry W. Lloyd, M.D. Hulda Thompson, R.N. Attending Physician Supervisor

TELEPHONE RYE 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted. Special attention to Diets.

Hydro-therapy, Ultra Violet and Alpine Sun rays, Diathermy, Massage, Colonic irrigation. Inspection invited. Send for illustrated booklet.

66 Advertisers have taken space in this issue of your Journal. Give them your business when possible.

## To get the identical product,

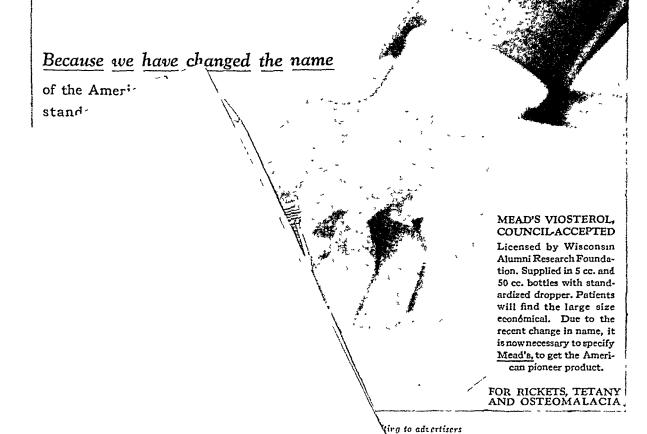
originally called Acterol, specify MEAD'S Viosterol in Oil, 100 D. It is made in the same laboratories under the same conditions by the same longest-experienced personnel with the same clinical background of the five fellowships that established potency and dosage. Specify MEAD'S Viosterol to get the same identical product.

MEAD'S VIOSTEROL, COUNCIL-ACCEPTED

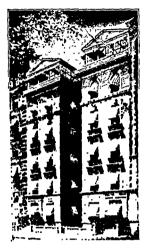
Licensed by Wisconsin Alumni Research Foundation. Supplied in 5 cc. and 50 cc. bottles with standardized dropper. Patients find the large size economical. Due to the recent change in name, it is now necessary to specify Mead's to get the American pioneer product

FOR RICKETS, TETANY AND OSTEOMALACIA

MEAD JOHNSON & CO., EVANSVILLE, IND.



## For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

## CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770

## Announcement\_

## THE RADON COMPANY, Inc.

is now conducting the Radon business of the

STANDARD CHEMICAL COMPANY

at No. 1 East 42nd Street, New York.

Orders for Radon in gold implants, needles and tubes will receive prompt attention and the clients of the STANDARD CHEMICAL COMPANY are assured the same efficient service as has been rendered them in the past.

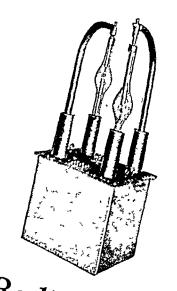
~െയ~

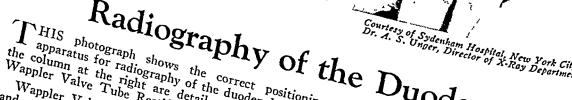
RADON COMPANY, Inc., 1 East 42nd Street, NEW YOP

Telephones: Vanderbilt

MEAD' COUNC License Alumni tion Su 50 cc 1 ardized find econ rec

ie nov 1000 ¢





Radiography of the Duodenal Cap THIS photograph shows the correct positioning and accessory column at the right are details of the proper technic, used with photograph shows the correct positioning and accessory of the dundenal can of the stomach. In the column at the right are details of the proper technic, used with

Wappler Valve Tube Rectifier Apparatus is notable for its silent results can Wappler Valve Tube Rectifier Apparatus is notable tor its silent and rapid operation, ample power and the case with which results can distinguishing characteristics of be duplicated. These are distinguishing characteristics of The Wappler Monex, for radiography and fluoroscopy—also widely used by dermatologists for superficial skin therapy.

The Wappler Diex, for radiography, fluoroscopy and intermediate therapy.

The Wappler Quadrex, for ultra-rapid radiography and fluoroscopy. The Wappler Quadrocondex, for massive dose deep therapy. Whatever your X-Ray requirements—a single piece of apparatus he inter-

Whatever your X-Ray requirements—a single piece of a complete installation for hospital or laboratory, you will be inter-Apparatus. Write for it now.

w

ELECTRIC COMPANY, Inc. retal Offices and Factory: Long Island City, N. Y.

New York City

# TECHNIC

Subject: Stomach (Duo-

POSITION OF PATIENT:

Prone, posterior anterior with face turned towards left.

LANDMARK: Umbilicus.
FILM: 10x12 safety, double intensifying screens.

Accessoning screens.
with serial stomach film
Tunnel, No. 2 cone.

20 No. 2 cone. Tube: 30 Ma. Radiator

DISTANCE: 25".

KILOVOLTS: 85.

MILLIAMPERES: 30.

Time: 1/2 second (150.

DARKROOM FACTORS:





# ournal of Medicine

MARCH 1

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 193rd St., New York 6.

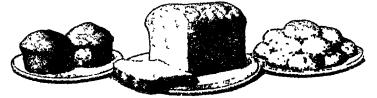


Entered as accond-class matter July 5, 1907 at the Post Office, at New York, N. Y, under the act of March 3, 1809. Acceptance for maining at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized om July 8, 1918. Copyright, 1930, by the Medical Society of the State of New York.

#### TABLE OF CONTENTS PAGE IV

and a fill a light and a light

# Starch-Free Food Variety IN DIABETIC DIET



These and many other appetizing, starch-free foods are easily made in the patient's home from

## LISTERS DIETETIC FLOUR

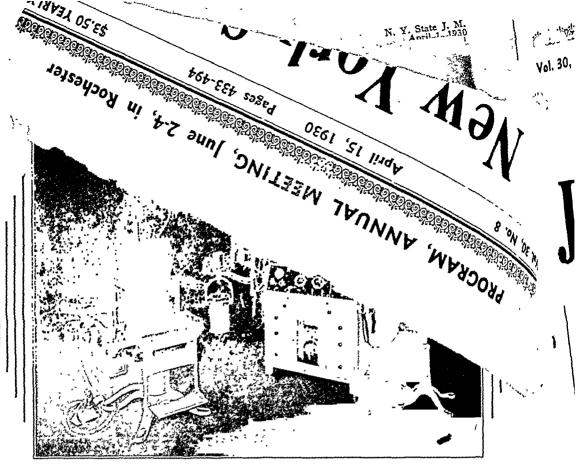
Strictly Starch Free

Self-rising

Carton Listers Flour (one month's supply, enough for 30 bakings) \$4.85

Ask us for the name of the Lister Depot near you. Advertised only to the physicians.

Lister Bros., Inc., 41 E. 42nd St., New York



# six feet square and complete

MAGINE working efficiently, comfortably and so conveniently in a space 6 feet by 6 feet. Everything within easy reach and placed in the most orderly arrangement possible.

The Sorensen DE LUXE Equipment has been built to serve the busy specialist with thorough consideration for every detail. The finest cabinet obtainable has been used as a base and the best of modern appliances built in and around it.

Just think! Wide monel metal (stain-

less) top, bakelite fittings, suction and pressure pumps working independent of each other and under very sensitive instantaneous control, 8 roomy drawers of heavy

These units are constructed for the personal needs of the specialist and any appliance not needed may be left off and full credit allowed.

steel enameled throughout, cautery outfit, sterilizer, sterile water heater, vibratory ear massage, and irrigation for antrum, sinuses, etc. These are some of the many, many features.

As to the chair—The same completeness in every detail is present as in the DE LUXE. Every part is adjustable to fit any patient that may come to you,—seat, arms, foot-rest, head-rest, backrest, etc. Truly, an appropriate chair for the specialist. It is finished to match the DE LUXE and with fabri-

coid upholstery in a color to suit your taste.

Let us send you full particulars, prices and our very convenient terms of payment.

C. M. SORENSEN CO., Inc.

444 JACKSON AVENUE

LONG ISLAND CITY.N.Y.

# New York State Journa! of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E. 103rd St., New 'ork City.



Entered as second-class matter July 5, 1907 at the Post Office, at New York, N. Y., under the act of March 3, 1879. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized on July 8, 1918. Copyright, 1930, by the Medical Society of the State of New York.

Table of Contents Page iv

# Starch-Free Food Variety IN DIABETIC DIET



These and many other appetizing, starch-free foods are easily made in the patient's home from

## LISTERS DIETETIC FLOUR

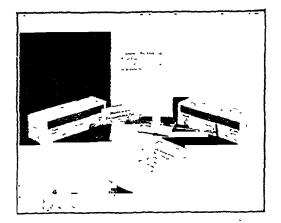
Strictly Starch Free

Self-rising

Carton Listers Flour (one month's supply, enough for 30 bakings) \$4.85

Ask us for the name of the Lister Depot near you. Advertised only to the physicians.

Lister Bros., Inc., 41 E. 42nd St., New York



## DNEUMONIA

## and its treatment with

## Antipneumococcic Serum Lederle

Refined and concentrated as prepared by FELTON

## **ADVANTAGES**

#### Smaller Bulk-

Average volume is about one tenth that of the original serum.

### Minimized Serum Reactions—

Serum reactions are minimized due to the elimination of inert foreign proteins.

### Standardization in Units-

This makes it possible to use the product with more certainty of adequate dosage.

### Procedure

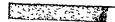
10,000 to 20,000 units should be injected at the earliest possible moment after diagnosis.

Repeat every 8 hours until the temperature falls and beneficial effects are evident. If the disease is severe and the patient very toxic, double the unit dosage at 4 hour intervals.

Antipneumococcie Serum (Lederle) is supplied in syringes containing 10,000 and 20,000 units each of Type I and Type II.

A Treatise on Pneumonia will be sent upon request

# LEDERLE ANTITOXIN LABORATORIES NEW YORK



# In the Treatment of the Affections of the Upper Respiratory Tract

correction of the internal systemic abnormalities is aided by local applications. By supplying continuous, moist heat over a considerable period, together with the osmotic, antiseptic and synergistic action of its components

# Antiphlogistine

when applied to the affected area, increases the blood and lymph circulation, promotes the comfort of the patient and aids in the restoration of normal function.

> Antiphlogistine does not supplant other forms of therapy but, rather, should be coordinated with them.

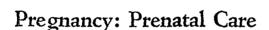
Write for sample and literature, quoted from standard sources.



THE DENVER CHEMICAL MANUFACTURING COMPANY 163 Varick Street, New York, N. Y.

#### TABLE OF CONTENTS-MARCH 15, 1930

ORIGINAL ARTICLES	LONDON LETTER
The Kidney in Hypertension—By Alfred M. Wedd, M.D., Clifton Springs, N. Y	The Tuberculosis Village Settlement at Papworth
Common Disabilities of the Foot—Their Diagnosis and Treatment—By Armitage Whitman, M.D., New York, N. Y 319	NEWS NOTES
Case Report—Syphilis of the Liver—Negative Wasserman—By Clara L. Davis, M.D., Philadelphia, Pa	Public Relations County Survey No. 13—Albany.       348         Legislation: Legislative Bulletins No. 4, 5, 6       349         Tri State Conference.       352         Legislation on Specialists in New Jersey.       354         Broome County       355         Schuyler County       355         Compkins County       350
EDITORIALS	THE DAILY PRESS
Finding Leaders	Blustering March
MEDICAL PROGRESS	Books Received
Hyperthyroidism and Angina Pectoris	Book Reviews 360
Kneumatic Heart Disease	our neighbors
Sex Hormones in the Female       340         Treatment of Hemiplegia       341         Aortic Aneurysm       341         Dilated Aorta       342	The Tri State Conference, Its Value to Pennsylvania
Sweating in Therapeutics	National Better Health Bureau, Inc., of Providence
Sign in Acute Appendicitis. 343 Saline Catharsis and Cholesterin 343 Abdominal Operations and Respiration. 343	Care of the Indigent Sick by County Medical Societies in Iowa (adv. page_xvi) 368  Ethics of Publicity in Indiana
LEGAL	Child Walfare School by Scott County Medical Society, Ken-
Compensation for Automobile Accidents	tucky (adv. page xxii) 374 Prize for County Society Paper (adv. page xxii) 374
Claimed Failure to Treat Osteomyelitis Properly	Parent-Teachers Round-up of Children in California (adv. page xxii) 374



As a prophylactic from date of declaration to term, the use of Kalak Water affords the patient a dependable defense against abnormal conditions that may be manifested as a result of mineral depletion.

Presenting a fully saturated solution of calcium as the bicarbonate, Kalak Water helps to supply the need of the patient for this essential base.

Kalak Water Company
6 Church Street New York City

## THYMOPHYSIN

A reliable oxytocic (Posterior-Pituitary and Thymus) which safely shortens labor

Send for Reprint from

The American Journal of Obstetrics and Gynecology of Dr. Julius Jarcho's paper:

"The Use of Thymophysin for Weak Pains in the First and Second Stages of Labor"

## American Bio-Chemical Laboratories, Inc.

27 Cleveland Place

New York

Sole Agents for Canada: NATIONAL DRUG & CHEMICAL CO., of Canada, Ltd , Montreal

## Constipation in Infancy

TILE fact that Mellin's Food makes the curd of milk soft and flaky when used as the modifier is a matter always to have in mind when it becomes necessary to relieve constipation in the bottle-fed baby; for tough, tenacious masses of casein resulting from the coagulation of ingested milk, not properly modified, are a frequent cause of constipation in infancy.

THE fact that Mellin's Food is free from starch and relatively low in dextrins, is another matter for early consideration in attempting to overcome constipation caused from the use of modifiers containing starch or carbohydrate compounds having a high dextrins content.

THE fact that Mellin's Food modifications have a practically unlimited range of adjustment is also worthy of attention when constipation is caused by fat intolerance, or an excess of all food elements, or a daily intake of food far below normal requirements, for all such errors of diet are easily corrected by following the system of infant feeding that employs Mellin's Food as the milk modifier.

## Infants fed on milk properly modified with Mellin's Food are not troubled with constipation

A pumphlet entitled "Constipation in Infancy" and a liberal supply of samples of Mellin's Food will be sent to physicians upon request.

ty samples of meann's room will be sent to physicians upon 1944

# As a routine sedative

(alphabromisovalerylurea)

Council Accepted





A quickly acting somnifacient, inducing a refreshing sleep. It is an efficient sedative in general nervous conditions. Useful as a stronger sedative than the bromides, or where a mild, yet effective hypnotic is (in place.

DOSE: A Sedative, 5 grains (or 1 tablet) everal times a day. In Sleeplessness, 10 to 20 grains.

Samples and literature from

E. BILHUBER, Inc., - 25 West Broadway

### INDEX TO ADVERTISERS

RULES-Advertisements published in the Journal must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

PAGE	PAGE	Pag
ABDOMINAL SUPPORTERS, ETC.	Brigham Hall Hospital xxvi	E. Bilhuber, Inc v
S. H. Camp & Co xiv	Charles B. Towns Hospital xxix	G. W. Carnrick Co
K. L. Storm, M.Dxvi	Crest View Sanatorium xxvi	Denver Chemical Mfg. Co ii
ARTIFICIAL EYES	Halcyon Restxxvi	Davies, Rose & Co xi
Mager & Gougelmann, Inc xx	Interpines	Mutual Pharmacal Co., Inc xxv
COLLEGES AND SCHOOLS	Riverlawn xxv	Niketol, Inc.
Columbia University xxiv		Nonspi Co.
Sydenham Hospital xxiv	Ross Sanitarium, Inc xxvi	
University of Buffalo xxiv	Shannon Lodge xxvii	E. R. Squibb & Sons vii
CORSETS	West Hill Sanitarium xxvi	Upsher Smith Cox
Barnum Van Orden xxi	White Oak Farm xxvi	William R. Warner & Co., Inc xvi
DIETETIC FLOUR	LABORATORIES	
Lister Bros., Inc i	Cheplin Biological Labs., Inc xiii	RADIUM
	Crookes Labs., Incxxvii	Radon Co., Inc.:xxi
ELECTRICAL APPARATUS	Lederle Antitoxin Labsii-xviii	
AND X-RAY	1	SURGICAL APPLIANCES, INSTRU-
Wappler Electric Co xxx	MISCELLANEOUS	MENTS, SYRINGES, THERMOM- ETERS, ETC.
FOODS	Classified Advertisements xxiv	
Battle Creek Food Co ix	McGovern's Gymnasium, Inc xii	Robert Linder, Inc xvii Taylor Instrument Companies xi
Mead Johnson & Co xi	The same and the s	1 -
Mellin's Food Co v	The state of the s	George Tiemann & Coxv
HEALTH RESORTS AND	Vitaglass Corp vii	WATERS, BATHS
SANITARIUMS	PHARMACEUTICAL PREPARATIONS	l ·
Barnes' Sanitarium xxvi	1	Kalak Water Co i
Barrow Manor xii	American Bio-Chemical Labs., Inc v	Poland Spring Co xxi

Permanency Tests: Accelerated weathering tests by many competent physicists in this country and in England have confirmed the power of seasoned Vita glass to transmit an effective volume and quality of vital ultra-violet

# OVER 250 Institutions are wholly or partially equipped with



Vita glass windows in Post Graduate Hospital, N. Y. City

More than 250 institutions for the treatment of disease are wholly or partially equipped with Vita glass. And from those in the latter class an impressive number of orders for repeat installations is being

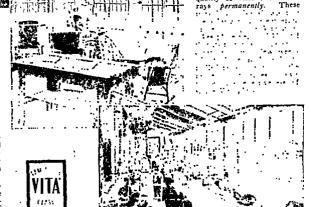
The biological tests made with seasoned Vita glass all indicate that its use will produce anti-rachitic results and normal growth on rats and chickens. Most of these tests have been carried on during winter months and in large cities.

There are two ways to test the transmission of health window glass — the physical method and the biological methods. One method demonstrates the quantity and the other both the quantity and quality of transmission and its effectiveness.

Vita glass has been subjected to accelerated weathering tests many times by the Bureau of Standards, Professor Stockbarger of Massachusetts Institute of Technology and many other physicists. These physicists all confirm that the solarization (weathering or seasoning) of Vita glass takes place very quickly and

that within a few weeks in actual use its transmission of the health ultra-violet becomes stable and permanent without further change.

But more important during the past five years that Vita glass has been in general use, its effectiveness has been tested and proven by many competent medical authorities. Among these are: The Council on Physical Therapy, American Medical Association; Dr. Roger H. Dennett, Post Graduate Hospital, New York City; Dr. Walter H. Eddy, Teachers



Sunlight streaming through Vita Glass accelerates the recovery of child patients at the Peabody Home at Newton Center, Mass.

College, Columbia University, New York City; United States Army Medical Corps, Washington, D. C.; University of Wisconsin, Madison, Wis. and Pennsylvania State College, Pennsylvania. All these tests have shown positive results.

We will gladly send you a summary of these tests or any of the actual reprints, upon receipt of the coupon below.

VITA GLASS

VITA GLASS CORPORATION, 50 East 42nd St., New York Kindly send me summary of Biological Tests Kindly send me reprint of Yest(s) noted below

## IN PRODUCT SQUIBB'S VITA

Since the earliest research on vitamins, E. R. Squibb & Sons has been actively engaged in studying the importance of these factors to the physician. Squibb was among the first to develop products which contained these factors for prophylactic and therapeutic uses. Squibb Vitamin Products are available for almost all professional needs. Here at a glance are given their content and use.



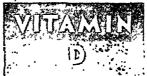
## **SQUIBB'S** VITAVOSE DEXTRO-VITAVOSE

palatable maltose-dextrin preparation, exceedingly rich in Vitamin B and assimilable iron salts. Stimulates the appetite. For modification of milk in infant feeding, and as a diet supplement.



# **SQUIBB'S**

A sweetened and readily soluble form of Vitavose in which the carbohydrate (dextrose) content has been materially increased. For the modification of cow's milk for very young infants, especially those with gastrointestinal disturbances.



## SQUIBB'S VIOSTERO

IN 01L-100 D

A specific for rickets, tetany, osteomalacia. Irradiated ergosterol in Oil, guaranteed to contain 100 times the Vitamin D potency of Cod-Liver Oil, as defined by the Wisconsin Alumni Research Foundation.



## **SQUIBB'S COD-LIVEROIL** WITH VIOSTEROL 5D

Squibb's regular Vitamin-Tested and Vitamin-Protected Cod-Liver Oil with the Vitamin D content increased by the addition of Viosterol so that it has five times the antirachitic strength. of standard codliver oil.

Serenium Squibb — A new product for the oral treatment of Genito-Urinary Infections. Combines low toxicity and high bacteriostatic activity.

All Squibb Vitamin Products are accepted by the Council on Pharmacy and Chemistry of the A. M. A.

# MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

Please mention the JOURNAL when writing to advertisers

# After Seven Years of Iletin (Insulin, Lilly)

 $\Gamma^{ ext{HERE}}$  are records of many patients who have been treated with Iletin (Insulin, Lilly) throughout all or a major part of the seven years in which it has been available.

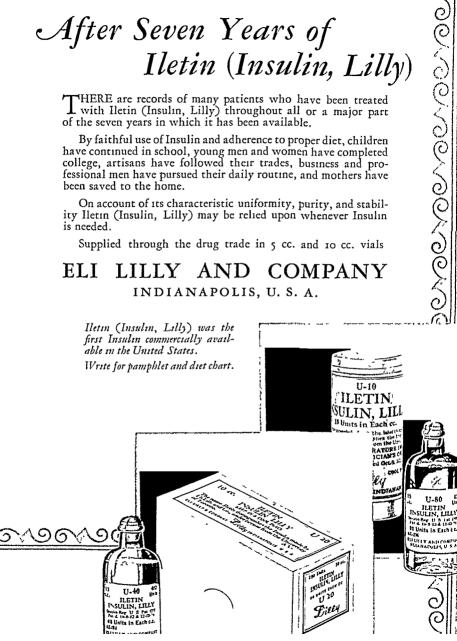
By faithful use of Insulin and adherence to proper diet, children have continued in school, young men and women have completed college, artisans have followed their trades, business and professional men have pursued their daily routine, and mothers have been saved to the home.

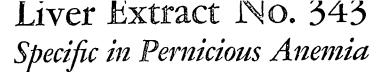
On account of its characteristic uniformity, purity, and stability Iletin (Insulin, Lilly) may be relied upon whenever Insulin is needed.

Supplied through the drug trade in 5 cc. and 10 cc. vials

#### AND COMPANY LILLY

INDIANAPOLIS, U.S.A.





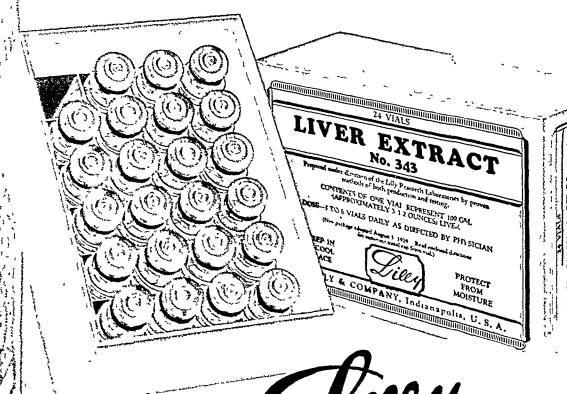
(A Highly Potent and Uniform Product)

Clinically on a patient with primary pernicious anemia who has not received treatment and whose red blood-cell level is 2.5 million or below. This test provides the only known method for observing the response of the reticulocytes (young red blood-cells) and the rate of red bloodcell production, which determine the potency of the extract.

Liver Extract No. 343 is supplied through the drug trade in boxes containing two dozen vials of powdered extract. The content of each vial represents material derived from 100 grams, or about 3½ ounces, of fresh raw liver.



Write for furthe information.



PROGRESS TH

ELI LILLY AND COMPANY, I



# A Normal Colon in a



## HEALTHY BODY

NTESTINAL poisons and disease-producing putrefaction do not flourish in a normal colon.

In infancy Nature provides protective agents in the form of benign friendly germs, notably the B acidophilus and bifidus

Under normal conditions in the adult the presence of these organisms in the intestinal tract helps to suppress putrefaction and protect against disease

And now recent research shows how normal conditions can be restored by changing the intestinal flora

According to the experiments of Distaso, Torrey and others, this can best be accomplished by feeding certuin carbohydrate foods notably lactose and dextrin

The good qualities of lactose and dextrin without their objectionable features have been combined in the therapeutic food—

## Lacto-Dextrin

The book, 'The Intestinal Flora," tells how to use Lacto-Dextrin, and how to combine its use with the plant seed Psylla (plantago psyllium) in certain types of obstinate cases

Let us send you a copy of this book and also clinical trial packages

Mail Us This Coupon Today

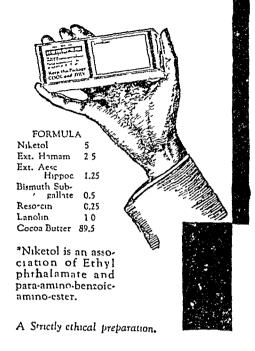
## The

#### BATTLE CREEK FOOD COMPANY

Dept Ni M 3, Battle Creek, Michigan

Send me, without obligation trial tins of Lacto Dextrin and Psylla, also copy of treatise, The Intestinal Flora

NAME (Write on margin below) ADDRESS

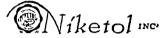


# HEMOREM SUPPOSITORIES

arrest rectal pain and discomfort

HEMORRHOIDS—PRURITUS ANI—AFTER EXPLORATORY OR SURGICAL INTER-VENTION IN THE ANAL REGION

The rapid and prolonged analgesic effect of Hemorem is due to the presence of 5% Niketol\*—a new local anesthetic of very low toxicity and particularly effective by absorption through the mucous membranes. Its other ingredients exert a palliative and antiphlogistic action.



NIKETOL, Inc. M. You may send me literature and professional Hemorem suppositories.	samples of
	M. D.
Srreet	City
37 West 47th Street, New York, N. Y.	



# AMENORRHEA DYSMENORRHEA MENORRHAGIA

# HORMOTONE

which is a combination of tonic hormones from thyroid, pituitary, suprarenal and gonads, has been used with success as a glandular aid in menstrual conditions.

G. W. CARNRICK CO.

20 MT. PLEASANT AVENUE

NEWARK, NEW JERSEY

## NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 6

NEW YORK, N. Y.

March 15, 1930

#### THE KIDNEY IN HYPERTENSION\*

By ALFRED M. WEDD, M.D., CLIFTON SPRINGS, N. Y.

THE purpose of the present communication is to consider the status of the kidneys in hypertension. Many individuals who are found to have elevated blood pressure are told that they are suffering from Bright's disease, with the implication that the trouble is essentially renal. However, careful study will show that what is so often called Bright's disease is really Gull and Sutton's disease, and the renal involvement is merely one phase of a general vascular affection. Exact classification of individual cases from clinical data in a large series of hypertensive patients is not always possible, but the largest single group will be found to include those suffering from the disease which the late Sir Clifford Allbutt called hyperpiesia. This is also commonly known as essential hypertension. By Huchard it was called pre-sclerosis, and by Mahomed, pre-albuminuria, to indicate later developments in the course of the disease.

A new era in the study of renal pathology may be said to have begun with the appearance in 1914 of the now classic monograph of Volhard and Fahr, Die Bright'sche Nierenkrankheit. authors divided the nephropathies into three main The degenerative diseases, or B. The inflammatory diseases, or various forms of glomerulonephritis. C. The arteriosclerotic diseases, the nephroscleroses. The essential feature of their classification and subsequent modifications of it offered by others is the sharp differentiation of primary injuries to specific renal tissues from those of vascular origin. The relative importance of the vascular group may be indicated by the statement made by Romberg in 1925 that for a given period there were seen in his clinic 656 cases of arteriosclerotic kidney disease and only 58 cases of glomerular nephritis.

Concerning the inter-relations of hypertension, nephritis and arteriosclerosis three definite facts may be stated: (1) Either arteriosclerosis or true nephritis may occur without previous hyper-

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 4, 1929.

tension. (2) Hypertension may be present with slight renal or vascular change. (3) There is no quantitative relation between the degree of hypertension and the extent of the renal lesion. As to arteriosclerosis, there is much experimental and pathologic evidence that it can be produced by hypertension. And to these considerations, in any study of hypertension, there must be added that of the functional state of the myocardium because of the inter-relation between myocardial and renal function.

To illustrate some of the questions involved I have analyzed the records of 200 patients whose common attribute was high blood pressure. The age and sex incidence for these are shown in Table 1. The figures for age incidence are of significance only in a general way for they give the ages when these patients were first seen by the writer. Although such figures tell nothing of the duration of the hypertension, they do indicate the periods when active symptoms are most frequently encountered. The period of known duration of elevation of blood pressure varied from two to twenty years. The actual duration of hypertension is known in only a few instances. Examples will indicate the variation in individual cases: The youngest patient was 26 years old when first observed; his condition was good at that time although the presence of hypertension had been known for 12 years. In another, the entire course of the disease was run in 12 years, with death from cardiac failure at the age of 38 years. One woman died from coronary occlusion whose pressure had been elevated for two years. Two patients, a man and a woman, died from cerebral hemorrhage at the age of 71, and in each the pressure was known to have been high for 17 years. The sex incidence of the series shows that 60 per cent were males and 40 per cent were females. No patients have been listed unless several blood pressure determinations were available, and each patient at some time had a systolic pressure of 180 mm., or higher. The first reading was usually the highest. Except in terminal cases a fall in pressure always occurred during

TABLE I						
SHOWING	AGE	AND	Sex	INCIDENCE		

	20-	29	30-	-39	40-	-49	50-	-59	60-	-69	70-	-79	80-	-90
	M	F	M	F	М	F	M	F	M	F	M	F	M	F
SERIES A	1	0	2	1	8	0	9	9	10	6	1	3	0	0
SERIES B	1	0	0	3	12	15	32	19	37	19	8	3	0	1
	. 2	0	2	4	20	15	41	28	47	25	9	6	0	1
Total	2	} }		3	3	5	6	9	7	2	1	5	]	l

SERIES A. 50 cases from a general hospital service. SERIES B. 150 cases from the Clifton Springs Clinic.

the period of observation. This varied in individual cases, the range being from 20 to 100 mm. in the systolic, with a relatively smaller fall in the diastolic.

When attempting to evaluate observations on renal function in hypertensive patients, one must constantly take into consideration the question of the adequacy of myocardial function at the time of making the tests. Myocardial insufficiency may at times be responsible for what appears to be purely renal failure, and this results the more readily when there is extensive vascular change in the renal bed. The presence of albumin and casts in the urine is not pathognomonic of true nephritis; the presence, as well as the quantity of these substances, may be conditioned by passive congestion of the kidney. The renal function tests used in this study, in addition to examination of the urine, were the two-hour excretion of phenolsulphonphthalein (intramuscular injection) and the determination of the urea or of the total non-protein nitrogen in the blood. A two hour output of the 'phthalein of less than 40 per cent indicates relative renal impairment. A definite increase above normal values for non-protein nitrogen in the blood means absolute renal insufficiency.

Important information is obtained from the usual routine examination of the urine. With few exceptions, specimens of urine from these patients showed a specific gravity of at least 1.015. The urine of 28 patients was entirely negative during the period of observation, and that of 20 patients contained merely a trace of albumin but no casts. Of these 48 patients, several were known to have had hypertension for 5 years or more. For the majority of patients the usual urinary findings were a trace of albumin and a few casts. Albumin increased when myocardial insufficiency appeared. Hyaline casts were most common; in many urines there were granu-

lar casts as well. The urine specimens of three patients contained large waxy casts, the so-called renal failure casts. One of these was clinically a definite case of essential hypertension who died within a few months from cardiac failure. Necropsy was performed in the other two and the renal lesion was that of arteriolar sclerosis. Red blood cells were found in some cases, later proved to be of vascular origin. The two-hour phthalein test was not done in all cases; it was omitted in some office patients who were quite well, and in some in whom the degree of cardiac failure was so marked that the figures would not have been significant. In 89 patients the output of the dye was over 40 per cent for two hours, and in 36, it was over 30 per cent. It must be emphasized that the 'phthalein test may be as much a test of myocardial as of renal function, for the excretion of the dye is governed by the blood flow through the kidney due to the pumping action of the heart, as well as by the available vascular bed of the kidneys; an increase in the output of dye amounting to as much as 75 per cent may occur after treatment directed to improving myocardial function. Definitely high blood nitrogen figures were seldom found when the 'phthalein excretion was more than 30 per cent for two hours. Blood nitrogen values also fluctuate with the condition of the myocardium. Certainly, nitrogen retention is more common and higher values are found in cardiac failure secondary to hypertension than in that secondary to rheumatic valvular disease or coronary artery disease not associated with high blood pressure. This results from the greater degree of renal involvement in the hypertensive cases. As a rule the degree of nitrogen retention seen in the terminal stages of hypertension with cardiac failure is not as great as that encountered in the end stages of true nephritis. Reduction of blood nitrogen values may result from treatment in the hypertensive cases such as seldom occurs in nephritis. For the present group of cases it may be said with certainty that 75 per cent of the patients had adequate renal function at the time they were observed, and that was, for the most part, after at least 5 years of definitely high blood pressure.

The differential diagnosis between nephrosclerosis and chronic glomerulonephritis may be difficult or even impossible. This is particularly true when the early history of the disease is not known, or when patients are seen for the first time in the terminal stage. This difficulty may be as great for the pathologist as for the clinician. Chronic glomerular nephritis is always a sequel to acute nephritis. However, as a result of the "obligatory hypertension" (Volhard and Fahr) that follows, considerable vascular change may result, and, depending on the duration of life, varying degrees of arteriolar sclerosis will be seen in the histologic picture. On the other hand, probably as the result of terminal ischemia, the true hypertensive kidney may show some of the exudative and proliferative changes characteristic of true glomerular nephritis. In true nephritis the urine usually contains larger amounts of albumin and blood cells, and the non-protein nitrogen of the blood shows higher values than are met with in the nephroscleroses. Also, anemia is more marked in nephritis. However, the blood examination may err in either of two ways. Secondary anemia may be exaggerated by the toxic action of retained nitrogen products; this has been seen in cases later proved to have been of vascular origin. Or, high values for both haemoglobin and erythrocytes may result from concentration of peripheral blood due to myocardial insufficiency. The most important criterion for differential diagnosis seems to be definite knowledge of long standing hypertension. If this has been present for five years or more, the probability increases that the condition is the result of a vascular lesion which has been caused by high blood pressure, although the clinical picture may be that of true nephritis. This is not to deny that glomerular nephritis may run a course as long as ten years. In the present series there were seven patients whose haemoglobin was 66 per cent or less. Of these, four were centainly examples of hyperpiesia. In the entire group there were only nine cases for which a diagnosis of chronic glomerular nephritis could be justified, but in only two of these was necropsy performed. Three were women in whom it appeared that chronic glomerular nephritis had followed pregnancy. Even erring in favor of nephritis, of these 200 patients with hypertension probably not more than 5 per cent were suffering from primary renal disease.

The manner in which death occurred is known for 57 patients, and necropsy was performed on more than half of these. Cardiac failure dominated the end picture in 21 instances. For

23. death was the result of vascular accident: there were 10 cases of coronary occlusion and 6 cases of cerebral hemorrhage; seven cases of sudden death were probably due to either coronary or cerebral apoplexy. In ten cases the terminal state was apparently that of renal insufficiency, In most of these the lesion was a true nephrosclerosis; one patient had choked discs and blindness before death. From the study of a large series of cases in which the clinical picture and chemical examinations of the blood are correlated it seems quite certain that the clinical syndrome described by the term "uremic coma" is caused by cerebral edema, and not directly by retained nitrogenous metabolites. One patient died suddenly and necropsy failed to reveal the immediate cause of death; this patient had had auricular fibrillation and it is not unreasonable to assume that death resulted from fibrillation of the ventricles. Two patients, one of whom had had a coronary thrombosis, met death by their own hands.

Five case histories that illustrate the points that have been emphasized are appended.

#### Conclusion

In any large series of patients suffering from hypertension the incidence of primary renal dis-The preponderant ease is comparatively low, renal lesion is a vascular one. As result of the teaching that high blood pressure is only a symptom, too much stress appears to have been laid on the kidneys in seeking the etiology. In reality, the renal lesion is more often a result than a cause of high blood pressure. Although in the late stages, the differential diagnosis of nephrosclerosis from glomerulonephritis may be impossible or of no moment, in the early stages of hypertension the differentiation is of more than academic importance. The too common practice of labelling a patient who has hypertension, with albumin and casts in the urine, as a case of Bright's disease and advising him to stop the use of red meat, means, in most instances, to recognize only one phase of the problem.

Exact classification of individual cases of hypertension is not always possible, but the largest single group comprises those suffering from hyperpiesia or essential hypertension. The almost countless theories that have offered to explain this malady on the basis of physico-chemical, disturbed endocrine, or neurogenic factors, or hereditary influence, have been found wanting. Until specific knowledge has been obtained it is necessary to adopt a concept of blood pressure disease and continue the search. And, until a specific controlling agent has been produced it is only by modifying the activities of these patients so as to obtain the greatest possible number of hours of relatively low blood pressure that their lives can be prolonged. G. Fahr (of Minneapolis).

from a study of American mortality statistics has estimated that at the present rate 140,000 persons will die annually from the various manifestations, cardiac, vascular, or renal, of hypertensive disease. No one can doubt that this question of essential hypertension presents one of the outstanding problems of individual preventative medicine of today.

#### CASE REPORTS

Case 1. The majority of patients, who have long suffered from hypertension, present in their final illness a clinical picture which is a combination of cardiac and renal insufficiency. This case is unique in the complete absence of signs of congestive heart failure. The patient was a man 59 years of age. For ten years his blood pressure had been high, but he had continued in good health until four months before death. His illness began in February, 1928, with nausea, vomiting and delirium. He improved after two weeks' rest in bed and returned to work. He came to the hospital on May 26th, 1928, again suffering from severe nausea and vomiting. The eyelids were The skin was generally sallow. In the fundi, the disc margins were obscured; the arteries were very tortuous and there was a recent hemorrhage in the left eye. The heart was large but there were no signs of myocardial insufficiency. The peripheral vessels showed marked sclerosis. The blood pressure was 225/142. The haemoglobin was 65 per cent and the erythrocyte count was 4,250,000. The specific gravity of the urine varied from 1.014 to 1.017; albumin was 2 plus; there were hyaline and granular casts, many leucocytes, and a few erythrocytes. On admission, the blood urea nitrogen was 26.7 mgs. Two days later the blood pressure was 260/160 and the urea nitrogen had risen to 32.2 mgs. Nausea and vomiting continued. On May 28th, following a collapse convulsive seizures and finally coma occurred, which ended in death the next day.

Necropsy was performed at once. There were small quantities of free fluid in the abdominal, left pleural, and pericardial cavities. The viscera did not show passive congestion. weighed 700 grams. The wall of the left ventricle was 3 cm. thick. The coronary arteries showed considerable calcification. The aorta throughout was quite smooth. Each kidney weighed 150 gms. The capsule stripped rather easily, leaving a gray granular surface. Numerous cysts were present. The average width of the cortex was 4 mm. There was a large amount of fat in the kidney pelvis. Microscopically, the outstanding lesion was arteriolar sclerosis. There were areas of fibrous connective tissue with round cell infiltration and in which numerous obliterated glomeruli could be found.

Case 2. This case is believed to be similar to

the first but anatomical studies are wanting. The case is cited to show the fluctuations in the non-protein nitrogen which occurred during the period of observation. Such changes are usually seen only with renal damage which is secondary to obstruction, as in prostatism. They are seldom encountered in glomerular nephritis. The fall in urea nitrogen is offered as the principal evidence that the renal lesion in this case was primarily vascular. The patient was a man of 49 years. The duration of hypertension is not known. For six months he had suffered from headaches which usually occurred in the after-

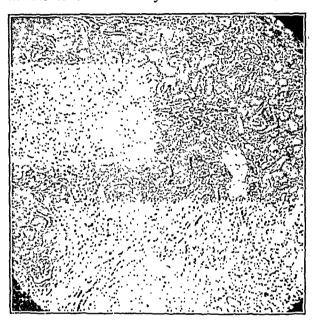


Figure 1
A section of the kidney of Case 1.

noon, but he had continued at his law practice. The heart was greatly enlarged. The cardiac rhythm was that of auricular fibrillation which had not been controlled and the apex rate was 122 when the patient was admitted to the hospital. There were, however, no signs of congestive failure. There was moderate sclerosis of the palpable vessels. The haemoglobin was 86 per cent and there were 5,060,000 erythrocytes. The specific gravity of the urine varied from 1.009 to 1.015; albumin was 2 plus. There were coarse and fine granular, and waxy casts, together with a few leucocytes and erythrocytes. The blood pressure readings and the renal function tests are given in Table II.

At no time did this man seem as ill as one would expect with this degree of urea retention. By the end of six weeks his improvement was as striking as it was unexpected. In October he caught a severe cold following which he failed rapidly and died early in December, 1928.

Case 3. The patient was an unmarried woman 45 years of age. She had known that her blood

TABLE II

	BLOOD	Nitrogen	Phthalein	Blood Pressure	
Date	Urea	Creatinin	Excretion		
7- 7-28. 7-10-28. 7-10-28. 7-14-28. 7-19-28. 7-23-28. 7-28-28. 8- 3-28. 8- 4-28. 8-11-23. 8-18-28. 8-20-23. 8-28-28. 9-15-28. 9-17-28.		4.4 7.1 6.7 7.1 6.7 6.7 6.7 6.7 3.7	6 7% 10 7 6 9 10.2	235-150 236-155 215-135 216-130 203-122 190-115 216-136 214-130 210-145 240-145 235-130 215-146	

pressure was high for five years. Four years before the final illness she suffered from a cardiac breakdown. Following that her usual blood pressure was 220 mm., systolic. Five days before admission to the hospital, May 31st, 1927, she began to have nausea and vomiting; not even water could be retained. It was said that for eight months, following a cold, her kidneys had been bad. The course was one of progressive cardiac failure, of which extreme engorgement of the liver was the outstanding sign. Death occurred on June 30th, 1927, after the patient had been for four days in typical "uremic coma." The peripheral vessels showed marked sclerosis. retinal arteries were tortuous and there was a small hemorrhage in the left fundus. The haemoglobin of the blood was 76 per cent and there were 4,630,000 erythrocytes. The specific gravity

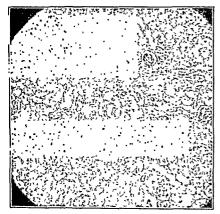


Figure 2
A section of the kidney of Case 3.

of the urine varied from 1.009 to 1.010; the albumin was reported 2 plus; there were always a few red cells, many leucocytes and casts, both hyaline and granular. The blood pressure and the renal function studies are given in the accompanying table. (Table III)

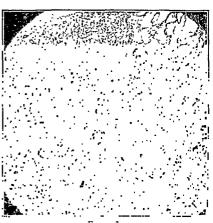


Figure 3
A section of the kidney of Case 4.

At necropsy the principal findings were in the heart and kidneys. There was extensive passive congestion of the viscera. The heart weighed 400 gms., and the muscle appeared normal. The left ventricle was 15 mm. thick. The aorta and

TABLE III

	Blood Pressure	Broop :	NITROGEN	0.77	
Date		Urea	Creatinin	2-Hour Phthalein	
May 31st June 2nd. June 6th. June 26th. June 27th. June 28th. June 29th.	210-160 235-164 220-146 230-164 248-166 230-155 216-146	36 4 34.6 25 0 36.4 46 0 66 0	1.8 2.5 2.94 4.8 6.0	75 cc-10.7% 215 cc-28.0%	

the coronary arteries were practically normal. The left kidney was of about normal size. The right one was quite small. The capsule stripped with difficulty, leaving a dark mottled granular surface. Microscopically, the increase in fibroust tissue was not great. The larger vessels showed intimal sclerosis and there was extensive arteriolar sclerosis. There were many obliterated glomeruli. The tubules were irregular in size and many contained debris. But on the whole there

appeared to be many units capable of function and there was much less damage than was seen in the kidney of the first case.

Case 4. The patient was a man of 50 years who had been well until six months before admission to the hospital. At the beginning of his illness he suffered from substernal pain, referred to the arms, and constriction in the chest. When first seen his principal complaint was weakness. Slight muscular twitchings were constantly pres ent. The first blood pressure reading was 175/95 (Dec. 26, 1927); two days later the pressure was The haemoglobin was 56 per cent and the erythrocyte count was 3,030,000. The specific gravity of the urine varied from 1.006 to 1.012; albumin was reported as one or two plus; there were many red blood cells, leucocytes and hyaline, granular and waxy casts. Only a trace of 'phthalein was excreted. On Dec. 28th, 1927, the blood urea nitrogen was 154 mg: per 100 cc. By Jan. 3rd, 1928, this had risen to 263 mg. and it stood at this level ten days later. There were no signs of myocardial insufficiency. The periph-



Figure 4
A section of the kidney of Case 5.

cral arteries were sclerosed. The retinal vessels showed marked sclerosis and there were recent hemorrhages in each fundus. An x-ray film showed a high degree of calcification of the arteries of the pelvis, and also of the superficial and deep femoral vessels. Death occurred on Jan. 20th, 1928, three days after a sharp fall in blood pressure which marked the onset of coma.

At necropsy there was a mild grade of passive congestion of the liver, spleen and stomach. The

heart showed hypertrophy of the left ventricle. There was an area of calcification at the root of the aorta just above the sinus of Valsalva which greatly reduced the orifice of the left coronary artery. The left kidney weighed 160 gms. and the right, 175 gms. Structurally they were similar. The capsule was stripped with difficulty and left a finely granular surface. The cortex was thin. Microscopically, there was a great increase of fibrous connective tissue, especially in the cortical area. Tubular damage was extensive. Many glomeruli were obliterated and had become hyalinized. Few intact glomeruli remained. The larger vessels showed medial sclerosis and there was widespread arteriolar thickening. So diffuse was the process that it seemed as though a large part of the glomerular damage had occurred at one time. The histologic picture, however, was not typical of chronic glomerular nephritis. From sections of the kidney alone it was not possible to tell whether there had been a superimposed inflammatory glomerular lesion or whether the entire picture was the result of arteriolar and arterial sclerosis. view of the advanced changes elsewhere in the body, the latter interpretation seems preferable.

Case 5. This patient was a woman 63 years old. She states that at 28 years of age she had suffered from acute nephritis following pregnancy. Her blood pressure had been 180 mm. systolic, or higher, for the past thirteen years. In May 1924, her principal complaint was nervousness and the blood pressure then varied from 250 to 180 mm., systolic, and from 120 to 100 mm., diastolic. The specific gravity of the urine was as high as 1.020. Traces of albumin and casts were always present. The two-hour 'phthalein excretion was 52 per cent and the blood urea nitrogen was 13.3 mgs. In September 1925, she made a second visit to the clinic. The range of systolic blood pressure was then from 220 to 160 mm. and from 110 to 90 mm. for the diastolic. The haemoglobin was 79 per cent and the erythrocyte count 4,370,000. The specific gravity of the urine varied from 1.006 to 1.021; a trace of albumin and casts was still present. On Octo-Ler 7, 1925, the blood urea nitrogen was 30.8 mgs. On October 10th, the 'phthalein excretion was 28 per cent for the first hour. These tests were not repeated. On December 2nd, the blood pressure was 160/100 and the patient's general condition was much improved. Two days later she died from a cerebellar hemorrhage in the left hemisphere, which had spread into the fourth, third, and lateral ventricles. The kidneys were small and granular and microscopically showed lesions typical of arteriolar and arterial sclerosis. Many apparently normal glomeruli remained.

Volume 30 Number 6

## COMMON DISABILITIES OF THE FOOT. THEIR DIAGNOSIS AND TREATMENT

By ARMITAGE WHITMAN, MD, NEW YORK N Y

O regard the various disabilities of the foot in their true relation to the individual, one must take into consideration the traditional and social influences which litherto have militated against their proper treatment

Nothing infurities an orthopedic surgeon more than to be taken for a foot specialist. The term orthopedic is derived from the Greek—"Orthos" and "Pais"—meaning respectively "straight" and "child". The latty, and indeed many others, confuse it with the Latin "pes" for foot. The orthopedic surgeon who has devoted years to the mastery of bone and joint surgery is naturally annoyed at being confused with that low her product of education, the chiropodist. There is, however, an undeniable implication that there is something faintly disreputable in any connection with the foot.

This springs from the earliest days of Roman The foot in those days had two functions, useful and ornamental Society was divided along these lines The term for knight or aristocrat was 'equester," a man who rode a The term "chivalry" with its vast impli cations and ramifications into all aspects of so ciety, means "chevalerie," or horseback riding To the aristocrat, who rode a horse or was carried in a litter, the feet were simply a neat finish to a gentleman, and were clad in shoes whose shape was dictated solely by fashion, as may be seen by inspecting the armor in the Metropolitan Such a man rarely had trouble with Museum his feet because they were never used for working purposes Thus foot troubles being confined solely to the "vulgus" or mob, very shortly be come associated with the adjective "vulgar," which has up to the present remained attached to them

Originally an offshoot of the priesthood and consequently the second most dignified and mysterious of professions, during the middle ages the medical profession sink into complete ignorance and obscurity, a stite from which it has only comparatively recently emerged. In England, for instance, it was only about 1550 that the surgeons separated from the birbers. Thus they too are sensitive about their lowly origin and shrink from association with anything remotely connected with the vulgar

When I was a House Surgeon, sixteen years ago, all injuries and infections of the hand were regarded as minor injuries and were treated by the House Surgeon in the Accident Room, to be referred next day to the Out Patient Department Under that system it would have been possible though not probable, for Kreisler or Paderewski

\*Real at the meeting of the Lifth District Branch at Water town N Y on October 17 1929

to have suffered a complete division of the ten dons, blood vessels and nerves to his right hand and have received his initial operation and treat ment at the hunds of a member of the House Staff. Under the same system the humblest negro laborer presenting humself at the door of the hospital with the unromantic complaint of haemorrhoids was received into the wards, carefully prepared for operation the next day, and was operated on in the main operating amphithentre with full aseptic precautions, if not by the Attending Surgeon himself, at least under his sipervision

A year or two before that time a book was published called 'Infections of the Hand" by Dr Kanvel of Chicago The various possibilities of infections and injuries of the hand were pointed out and in a comparatively short time surgeons began to see that to a man in al most any walk of life a disability of the hand was a serious matter. The result has been that in the most advanced hospitals hand injuries and infections are now regarded as major surgical conditions.

A disabled hand a person may still put in a sling, or in his pocket and get about to earn his hiving. If inflammation shows signs of sprending and if his doctor tells him to he may even go to bed in order properly to take care of it, because everybody knows that hand infections are serious things.

A person with a disabled lower extremity cannot get about at all If his disability is not complete and all he suffers from is pain, the effect upon his or her disposition is immediate and severe. Ask anyone who has ever disputed with a fat and angry cook or a peevish traffic police man.

The fashion of the privileged class—the eques trians—of clothing the foot according to the momentary dictates of fashion rather than according to the purposes for which the foot was used—his been aped by all classes. The result is that we now see sales girls and elevator operators in department stores standing all day in the same pointed toes and high heels that ladies of the more privileged clases were to dine and dance

As more people of all classes are becoming engaged in more and different occupations it may come to be recognized that the foot is important. If the Rotary Clubs were to take it up and start a slogan such as "Teeble feet make futile people" the revolution might be instantaneous.

Regarded from a business point of view the man or woman whose feet are one long ache and who cannot move from place to place without a dreaded effort, is no asset to my organization. sales girl who is comfortable is likely to have such a smiling face that one forgets to look to see that her feet are fashionably clad. Under such a happy change disabilities of the foot might become complaints that patients would not be ashamed to have, or the doctor be ashamed to treat.

In such an unaccustomed atmosphere of optimism let us then consider in the simplest possible terms the major disabilities that affect the foundation of the body—the foot.

These are (1) the weak, or flat foot, (2) depression of the anterior arch, contracted toes, anterior metatarsalgia or Morton's toe, (3) Hallux valgus, or bunion. Paralytic or congenital deformities and fractures and dislocations of the foot are readily recognized and are referred to the specialist. They therefore do not come within the scope of this paper.

At the Hospital for the Ruptured and Crippled the term "flat foot" has been abandoned. For it is substituted the term "weak foot." We no longer believe that the height of the arch is of great importance in relation to the efficiency of the foot. A perfectly flat foot may give the patient no discomfort, while a high arched, racehorse type of foot may cause its owner agony.

Considering the foot as the foundation of the body and considering it in its proper relation to the general posture of the body we may say that it has two attitudes, the attitude of activity and the attitude of fatigue. In the first the feet are held parallel, the toes pointing neither in nor out, in line with the leg. The body weight thus falls downward through the leg, through the center, or slightly to the outer side of the foot. The body balances upon the center of the foot, held in position by muscular activity. The tibialis anticus and posticus and the flexors of the toes actively support the arch in conjunction with the passive support of the ligaments.

In the attitude of fatigue we may assume that the muscles, exhausted, have given way and the arch of the foot is supported by the ligaments alone. In this attitude the toes are turned out, in the familiar position demanded by the dancing teacher, and by our grandmothers who brought our mothers up to "turn their toes out like a lady." The body weight then falls on the inner side of the foot, the weak side. The astragalus, the pivotal bone around which all the movements of the foot take place, rolls downward and inward off the ososcalcis and rests upon the long plantar ligament. If this attitude becomes habitual, not only in standing but in walking, the ligament progres-A bulge, representing the sively gives way. head of the astragalus, appears upon the inner aspect of the foot. What should be the hollow arch becomes bulging and flattened, and if the deformity persists unchecked the foot eventually becomes flat.

The symptoms to which this gradual deforming process gives rise are many and various. Their name may truly be said to be legion. If I may impress this one point upon this audience I may be said to have done a real service to Northern New York. If an orthopedic surgeon in consultation with a general practitioner suggests that a weak foot may be responsible for a backache, his suggestion is likely to be met with a more or less polite raising of the eyebrows—the inference being that the feet are too far away from the back to be responsible for any of its disabilities

Suppose, however, that for no known cause a crack appeared in the ceiling of the top story of a house. A plasterer who had been brought up in an earthquake country would look first at the foundation of the house to see whether or not it was out of plumb. Anyone can appreciate that a shifting of the foundation would explain a crack in the ceiling. If I succeed in impressing on the profession that the feet are the foundation of the body and that their inspection should be part of the routine physical examination I shall have begun to do for the foot what Dr. Kanavel by his book did for the hand.

In general, weakness of the foot is accompanied by a slow and usually unremarked change in the patient's habits. Where once he ran he now walks. Where once he walked he now takes a car. Where he stood he sits. Where he smiled he snaps. His wife, instead of anticipating his return, dreads it. These general symptoms are more likely to be encountered in women than in men as their occupation is usually more sedentary. As their years advance they tend to grow fat, as their weight increases their feet hurt. The more their feet hurt the less they exercise. The less they exercise the fatter they get, and so the vicious circle goes.

Remarks upon diet in a paper on the feet may seem somewhat out of place, but the public in general does not recognize the very direct effect that overweight—plain fat—has upon the feet, and general condition. Habits of eating are formed young. A man who rowed upon the crew in college and accordingly habitually ate large quantities of beefsteak and potatoes carries that dietary habit to his office in Wall Street, where his exercise consists in walking from his desk to the ticker. Then he wonders why his waist line bulges, why he puffs on stairs, and why his feet hurt, and his wife wonders why he fell dead in his early forties on the threshold of a brilliant One useful lesson that experience with career. the British army taught me was the importance of, and the feasability of, rationing. Troops in the front line got all the food they could eat. Those in the zone of the advance a little less. Those at the Base much less. I often wondered morosely whether civilians in England ate anything at all. If men and women were rationed

according to the amount of their physical activity their general constitutional improvement would be amazing

Aside from these generalities what are the chief complaints of the patient suffering from weak feet? First, a general sense of fatigue, of disinclination to effort, of unwillingness to move from place to place. Pain in the calves of the legs, usually increased by walking or standing Continuous aclung, severe pain in the region of the longitudinal arch of the foot, intensified by standing. Pain in the back, most frequently in the lumbar region. Awkwardness and slouchness of gait and general posture. Frequently pain in the heels, caused by the heavy, jarring lied walk. I have already referred to the profound changes which may be effected in the patient's disposition.

The question of diagnosis may be greatly simplified if we regard the foot as a machine, and make the diagnosis from the pragmatic stand point of function. The first consideration is not —"does a given foot conform to what we conceive of as ideal' because no two feet are alike—but "does the foot work to its owner's satisfaction?"

Observe the patient's gait. Is it heavy, slouchy? Do the toes turn out and the heels bang upon the ground? When the patient stands bare footed how does the body weight fall in its rela tion to the center of the foot-to the inner or Is the normal range of motion restricted in any way? There should be at least 45° of plantar flexion, 15° of dorsal flexion, 15° of adduction and 10° of abduction For the last two terms inversion and eversion, supination and pronation are often used The most frequently restricted motion is adduction, and attempts at forcible adduction are painful. Frequently lateral motion may be completely restricted by pain and Limitation of dorsal due to contraction of the tendo Achillis, either from prolonged use of high heels, or from the persistence of the abducted attitude of the foot in its relation to the leg is fairly common I do not, however, believe, as is sometimes taught, that, except in rare instances, a short tendo Achillis is the primary cause of weak feet. There is usually tenderness to pressure over the head of the astragalus Examination of the pulsation in the posterior tibial and dorsalis pedis arteries should be made a part of the routine to exclude early cases of thrombo angutis obliterans, arterio sclerosis, Raynaud's disease and intermittent claudication One must remember, however, that in the case of a weak foot the muscles are always flabby, and that flabby muscles always in themselves make for poor circulation

Having made the diagnosis, what is the treat ment? There again I wish to make a point which,

if I could sufficiently impress it, would be revolutionary. The treatment of the feet begins in the head. The feet are the machine, the head is the chuffeur. The running of the feet—the way in which they are used—is of paramount importance. A poor foot properly used is better than the best used badly.

The ideal of treatment constitutes a return to the use of the foot in the attitude of activity— as an active, propulsive member, rather than as a passive pedestal. The feet should be held parallel, toes turned neither in nor out. The whole foot should be placed upon the ground lightly and softly, in contrast to banging on the heels. The feet should be placed practically one in front of the other, as if walking a tight rope. The steps should be shorter, and if necessary the knees may be slightly bent. This gait necessitates balance and balance is only attained by use of the muscles of the entire body, particularly of course those of the leg and trunk.

If the patient could be persuaded or hyp notized into the immediate and constant employ ment of such a gait, resting when his muscles became fatigued from the unaccustomed exercise, that would be all the treatment necessary. It seems simple, until we reflect that all we are asking him to do is to take conscious control of an automatic act, and instantaneously after the labits of a life time. One might equally expect to reform a drunkard by pointing out the exils of cirrhosis of the liver. Nevertheless, such treatment is the ideal, and ideals should never be lost sight of

Practically, what is usually necessary? If any imitation of motion is present the foot must be manually stretched and strapped with adhesive plaster in the adducted attitude until all such stiffness has disappeared and motion is free in all directions. Sometimes in subjects such as policemen and cooks this stiffness is so great and the pain so severe that the stretching must be done under an anaesthetic and the correction maintimed by plaster of Paris in which the patient wilks about. In the very worst cases division of the peronei tendons or lengthening of the tendo Achillis may be necessary, but I must emphrisize that such cases are exceptional

The patient must be given a proper shoe, which he must were when using the feet for working purposes. I divide the feet into two categories useful and ornamental. I explain to women patients that they must separate these categories sharply and that a working foot must be clad in a working shoe. When going to dances or dining out their foot gear may be as absurd as they please. If they insist on wearing their dancing slippers all day long they have no more right to complain of pains in their feet than they would have to complain of being cold if they went sleighing in a ball dress.

There are now so many types of good shoes that a detailed description is unnecessary. points to consider are (1) a fairly low, fairly broad heel, (2) a narrow shank so that when the shoe is laced tight the waist of the foot has a comfortable feeling of support—the same feeling of being held in that a Sam Brown belt used to give, (3) a straight inner border, so that the great toe may function properly, (4) a toe broad enough to allow all the toes to touch the ground. Never attempt to take a woman out of a 21/2 inch French heel and put her in Ground Grippers. It stretches her contracted calf muscle too sud-She will complain that she feels as if she were falling over backwards, and her agony in the calf of her leg will be heartrending. Let her down easily a half-inch at a time.

If a support is necessary we must distinguish sharply between two varieties. The first is passive support—illustrated by the innumerable forms of so-called "arches" now on the market, all designed to bolster up the arch by direct pressure from below. The second is the Whitman brace, designed by my father, Dr. Royal Whitman, whose prime object is to force the use of the foot in the correct attitude. The support afforded to the arch is of secondary importance.

A plaster cast is taken of the foot with the foot on its side, the body weight off it—in other words, with the foot held in its best possible shape. Great care must be taken to see that the foot is held so that its three weight bearing points, the heel, the head of the first metatarsal and the head of the fifth metatarsal bone are in the same horizontal plane, so that when the positive cast of the foot is made it will stand erect.

The positive mold is then trimmed, as much plaster, representing soft tissue, being cut away from the inner side of the heel and the inner side of the arch as the surgeon thinks the patient can stand. At the same time plaster is added to the outer side of the heel where it comes in contact with the ground, so as to allow for expansion when the weight is put upon the foot. The cast is then marked and sent to the brace-maker.

When the brace is applied the patient is warned that he must accustom himself to it by degrees—that the habits of a life time are not changed over night—and that any process of reform is painful. In other words, if the braces hurt him he is to take them out, put them in again the next day and wear them a little longer, and so forth. At the end of a week he is to return to the doctor's office wearing the braces whether they hurt him or not, so that on their removal the docor may see what they do to his foot and adjust them accordingly. Once they are comfortable he may wear them all day. Except in the case of policemen, fat cooks, elevator oper-

ators and motormen, small. Those whose occupations may be said to be artificially sedentary; patients should be exhorted to change their habits, so that the braces may be discarded as soon as possible. They should also be warned to discard them gradually.

The second great disability of the foot is depression of the anterior arch of the foot, anterior metatarsalgia, or Morton's toe. Except in rare cases of residual paralysis or equinus deformities from other causes this condition is almost invariably found in women, and is caused by high heels and pointed toes. The body weight is thrown forward on the ball of the foot, the toes are so cramped together that they entirely lose any active function, and actual deformity soon results. The toes are plantar flexed and displaced practically onto the dorsal surface of the foot. Callouses and corns develop over the The normal concavity of the plantar knuckles. surface of the anterior portion of the foot is replaced by a bulging convexity and rapidly becomes the seat of a painful callous. Dorsiflexion of the foot is usually limited at a right angle by contraction of the tendo Achillis, active plantar flexion of the toes is impossible, passive plantar flexion is limited and painful.

The symptoms vary from itching and burning sensations to continuous pain and discomfort. The patients say they feel as if they had a stone in their shoe. Anyone who wishes to find out how they feel has only to hold his hand in the corresponding position and bang his palm against a wall.

Morton's toe is a particular form of this condition in which the interdigital nerve, usually that between the 4th and 5th toes, is pinched between the heads of the metatarsal bones. An excruciating, cramp-like pain results, so that the woman even if at the theatre, or dining out, will kick off her shoe, seize her foot and rock to and fro literally in an agony of pain and embarrassment.

In cases in which the deformity is fixed forcible correction of the toes, sometimes necessitating division of the dorsiflexor tendons is indicated. In such cases of course an anaesthetic is necessary. The feet are then placed in plaster in the overcorrected attitude, with a bar beneath the heads of the metatarsal bones, and the toes plantar flexed over it, as nearly as possible in the attitude of a bird sitting on a perch. In these plaster bandages, covered by a leather covering or felt slipper, the patients walk about for from three to six weeks. The plaster bandages are then removed, and massage and passive stretching of the toes is started supplemented from the first by a proper support.

Here again there are two types of support. The usual commercial type of leather pad, or spring, attempts to relieve pressure on the anterior arch by taking the weight further back

on the foot. Such measures are usually effective only for a short time. To make a Whitman plate a cast is taken of the sole of the foot with the toes in as much plantar flexion as possible. The cast is then trimmed away behind the toes until the bulge of the depressed arch is replaced by a flat surface. The supporting plate is carried out as far as the base of the toes, so that every time weight is put upon the foot the heads of the metatarsal bones are forced up and the deformity thus actually corrected. From time to time the end of the plate is pounded slightly upward until at length the actual concavity of the arch is restored. It should go without saying that such support must be supplemented by passive stretching of the toes by the patient herself until the normal range of plantar flexion is restored, and by constant conscious effort on her part to grip the ground with the toes. Needless to say any treatment must be preceded by the purchase of a fairly lowheeled shoe with sufficient room in the front to allow the toes to get upon the ground.

The third most frequent of these common curses is hallux valgus-an inward deviation of the great toe toward the median line of the foot. . This results in great prominence of the metatarso-phalangeal joint, and is usually the forerunner of a bunion—which is simply a protective bursal sack that forms over the bony prominence. One must be careful not to confuse hallux valgus with the general enlargement of the margins of the joint that result from the proliferative bony changes of osteoarthritis. In such cases there may be no deviation of the toe, and the enlargement of the joint may be as evident on its dorsal as on its lateral surface.

The condition is almost always primarily due to the wearing of high heels and pointed toes. This initiates the deformity. It is then increased by the patient's habit of walking with the toes turned out, in which position the body weight falls upon the sensitive articulation with every step and with every step the great toe is pushed still further out of line. The toe entirely loses its propulsive power, and the gait becomes shuffling and inelastic. The patients' sufferings steadily increase. They spend fortunes, always vainly, upon the quest for a comfortable shoe. I say always vainly because in any shoe large enough to accommodate the painful toe the heel will be so wide that the shoe practically falls off. From discomfort and pain on walking their activity may be completely restricted. Finally, from the itching, burning sensations that keep them awake at night their lives may be literally, as they will say themselves, "ruined by these feet." Here again most commonly do we see that vicious circle-painful feet, lack of exercise, obesity, failing health, more painful feet, poor general muscle tone, progressing to total disability. When one considers seriously these mental and physical changes that so profoundly influence the patient one wonders why bunions have always been regarded as a subject for low humor.

Early cases may be relieved by proper support for the weak foot that accompanies them, by manual manipulation and by proper shoes. More severe cases call for operative treatment. In regard to operative treatment, if I may be allowed a paradox, my only positive statement would be a negative one. "Never, if you can possibly avoid it, do a Mayo operation-the removal of the head of the first metatarsal bone." This removes the most important bearing point of the foot, and shortens the toe so that it is entirely robbed of its propulsive power. The gait becomes heavy, shambling and awkward, and the patient is frequently as badly off as if his too had been amputated.

Numberless operations have been devised. The objects one wishes to accomplish are removal of the bunion, removal of the prominent portion of the head of the first metatarsal bone and correction of deformity. The particular means by which these ends are accomplished are comparatively unimportant. The proper after-care however, is of extreme importance. It consists in proper weak foot braces, building up the inner border of the sole of the shoe and systematic daily manipulation of the toe and reform of the patient's gait. Without these adjuncts the deformity will promptly recur after any type of operation.

I hope that you will all join me in lifting the three most common disabilities of the foot. have tried to explain the mechanics of their development, for if we understand the mechanism of a change its correction becomes simple. I am not an advocate of standardization, and I do not believe that many cases can ever be adapted to a given method of treatment. Nor do I believe that treatment that in one man's hands gives satisfactory results will of necessity give them in the hands of another. If we are agreed upon the broad aspects of a subject we need not bicker about details.

I was much pleased to be asked to address a meeting of physicians and surgeons upon this subject, for it seemed to me that they must be interested in it, and heaven knows that what this subject needs is interest. I hope I have convinced you that aching feet are more than the staple of the comedian's low humor-that they are a complaint of the gravest importance, and that their effect upon the general mental and physical condition may be incalculable.

I hope that I have covered in a broad way the foot out of the slough of neglect in which it has lain for centuries and join in my attempt to put its disabilities where they belong-at least on a

level with those of the hand.

There are now so many types of good shoes that a detailed description is unnecessary. points to consider are (1) a fairly low, fairly broad heel, (2) a narrow shank so that when the shoe is laced tight the waist of the foot has a comfortable feeling of support-the same feeling of being held in that a Sam Brown belt used to give, (3) a straight inner border, so that the great toe may function properly, (4) a toe broad enough to allow all the toes to touch the ground. Never attempt to take a woman out of a 21/2 inch French heel and put her in Ground Grippers. It stretches her contracted calf muscle too suddenly. She will complain that she feels as if she were falling over backwards, and her agony in the calf of her leg will be heartrending. Let her down easily a half-inch at a time.

If a support is necessary we must distinguish sharply between two varieties. The first is passive support—illustrated by the innumerable forms of so-called "arches" now on the market, all designed to bolster up the arch by direct pressure from below. The second is the Whitman brace, designed by my father, Dr. Royal Whitman, whose prime object is to force the use of the foot in the correct attitude. The support afforded to the arch is of secondary importance.

A plaster cast is taken of the foot with the foot on its side, the body weight off it—in other words, with the foot held in its best possible shape. Great care must be taken to see that the foot is held so that its three weight bearing points, the heel, the head of the first metatarsal and the head of the fifth metatarsal bone are in the same horizontal plane, so that when the positive cast of the foot is made it will stand erect.

The positive mold is then trimmed, as much plaster, representing soft tissue, being cut away from the inner side of the heel and the inner side of the arch as the surgeon thinks the patient can stand. At the same time plaster is added to the outer side of the heel where it comes in contact with the ground, so as to allow for expansion when the weight is put upon the foot. The cast is then marked and sent to the bracemaker.

When the brace is applied the patient is warned that he must accustom himself to it by degrees—that the habits of a life time are not changed over night—and that any process of reform is painful. In other words, if the braces hurt him he is to take them out, put them in again the next day and wear them a little longer, and so forth. At the end of a week he is to return to the doctor's office wearing the braces whether they hurt him or not, so that on their removal the docor may see what they do to his foot and adjust them accordingly. Once they are comfortable he may wear them all day. Except in the case of policemen, fat cooks, elevator oper-

ators and motormen, small. Those whose occupations may be said to be artificially sedentary; patients should be exhorted to change their habits, so that the braces may be discarded as soon as possible. They should also be warned to discard them gradually.

The second great disability of the foot is depression of the anterior arch of the foot. anterior metatarsalgia, or Morton's toe. Except in rare cases of residual paralysis or equinus deformities from other causes this condition is almost invariably found in women, and is caused by high heels and pointed toes. The body weight is thrown forward on the ball of the foot, the toes are so cramped together that they entirely lose any active function, and actual deformity The toes are plantar flexed and soon results. displaced practically onto the dorsal surface of the foot. Callouses and corns develop over the knuckles. The normal concavity of the plantar surface of the anterior portion of the foot is replaced by a bulging convexity and rapidly becomes the seat of a painful callous. Dorsiflexion of the foot is usually limited at a right angle by contraction of the tendo Achillis, active plantar flexion of the toes is impossible, passive plantar flexion is limited and painful.

The symptoms vary from itching and burning sensations to continuous pain and discomfort. The patients say they feel as if they had a stone in their shoe. Anyone who wishes to find out how they feel has only to hold his hand in the corresponding position and bang his palm against a wall.

Morton's toe is a particular form of this condition in which the interdigital nerve, usually that between the 4th and 5th toes, is pinched between the heads of the metatarsal bones. An excruciating, cramp-like pain results, so that the woman even if at the theatre, or dining out, will kick off her shoe, seize her foot and rock to and fro literally in an agony of pain and embarrassment.

In cases in which the deformity is fixed forcible correction of the toes, sometimes necessitating division of the dorsiflexor tendons is indicated. In such cases of course an anaesthetic is necessary. The feet are then placed in plaster in the overcorrected attitude, with a bar beneath the heads of the metatarsal bones, and the toes plantar flexed over it, as nearly as possible in the attitude of a bird sitting on a perch. In these plaster bandages, covered by a leather covering or felt slipper, the patients walk about for from three to six weeks. The plaster bandages are then removed, and massage and passive stretching of the toes is started supplemented from the first by a proper support.

Here again there are two types of support. The usual commercial type of leather pad, or spring, attempts to relieve pressure on the anterior arch by taking the weight further back

At the end of three weeks the patient was symptom free The liver decreased in size, the spleen was not palpable, ascites had not recurred Despite the fact that mixed treat ment will relieve the symptoms and arsenic may cause a toxic reaction in the liver, it was decided to give him the advantage of one course of neo arsphenamine intravenously The first dose was 0.1 gm this was gradually increased weekly to 06 gm a total of 24 gm was given. In about four months he was discharged with a final note as follows Mucous membrane pink, no jaundice present, no fluid in abdomen, liver edge beneath the costal margin-smooth and not tender-the spleen not palpable, occasional hyaline and granular casts in the urine, Van den Bergh reaction slight, delayed, and Ichterus Index

In the latest report on Tertiary Syphilis of the Liver, published by McCrae and Caven, 1926 it is stated that out of 41 cases of liver syphilis successfully diagnosed and treated, eight had a negative Wasserman Dr McCrae believes that alcohol is the chief concomitant factor in invasion of the liver by syphilis

Symmers in 1917, and LeDuc in 1929 minimized the importance of alcohol in the production of Laennecs cirrhosis and emphasized the close relationship of syphilitic to atrophic cirrhosis as based on a large series of autopsy findings in conjunction with clinical records

In conclusion, I believe that the diagnosis of syphils is warranted in this case by the following events in the course of the disease—concomitant enlargement of the spleen and liver with ascites and jaundices without as signable cause, fever and apparently complete response to antiluetic treatment

#### BIBLIOGRAPHY

Thos McCrae and W R Caven Tertiary Syphills of the Liver Am Jr Med Sci 172 781 1926 Douglas Symmers Syphilis as an Etiologic Factor in

Douglas Symmers Syphilis as an Etiologic Factor in Laennec's Atrophic Cirrhosis of Liver Int Clin Series 27 58 1917

Don M LeDuc A study of Atrophic Cirrhosis of the Liver in Relationship to Syphilis Annals Int Med 2 932 1928 29

## RHEUMATIC FEVER IN CHILDREN, ITS CLINICAL ASPECTS\*

By ALBERT D KAISER, MD ROCHESTER, N Y

HEUMATIC fever has been generally This conconsidered a joint disease ception is based on its occurrence in adolescent and adult life In a child however, it is now conceded, the articular phenomena of rheumatism become a matter of secondary importance, indeed judging from clinical evidence one would say that a child may suffer severely from rheumatism who has never in its life had a pain in its joints. Some of the most severe cases of endocarditis, cases in which the rheumatic nature of the lesion has been confirmed by the presence of rheumatic nodules, have not at any time had joint pains whatever so far as can be ascertained. The term acute rheumatism though not synonomous with rheumitic fever would better describe the disease as it manifests itself in children Probably it is correct to say that acute rheumatism is a general systemic infection, comparable in many ways to the infection tuberculosis or syphillis. It is a chronic slowly progressive disease characterized by intervals of calm simulating complete recovery and periods of activity which entail further damage to the organism Up to the age of puberty the brunt of the infection usually falls upon and abides in the heart. Just before

\*Read at the Annual Meeting of the Medical Society of the State of New York at Ut to N Y June 5 1929

and at puberty, especially, in the female child, there is a special liability of the central nervous system to infection. After puberty the brunt of infection tends gradually to fall rather less upon the heart and rather more upon the synovial membrane of the joints, although the heart is still affected in more than half even of adult patients. So that in childhood, carditis occupies the center of the stage and is that upon which our gaze must be fixed throughout the whole rhematic act.

In this discussion the clinical aspects of acute rheumatic infection in children will be considered rather than the polyarthritis that typifies the usual attack of rheumatic fever. The major manifestations such as carditis, polyarthritis, and chorea cannot be definitely separated from the lesser manifestations as nodules, tonsillitis, growing pains and the skin lessons.

Acute rheumatic infection in children is by no means uncommon Including all types of acute rheumatic manifestations in children, it was found in public elementary schools in England that from ten to fifteen percent had been afflicted with this infection. A similar classification in the schools of Rochester showed the incidence to be from eight to ten percent. Acute rheumatic fever occurred in

3.5% of the English school children; while the Rochester survey revealed that 2.5% had a similar involvement. Growing or joint pains were more common, being reported in seven percent of the Rochester school children and more frequently in England. A survey made in the County of Middlesex, England, brought out the fact that twenty-five percent of the children were reported to have growing pains. Chorea occured in .5% of the school children in Rochester, and in about one percent of the English school children. Heart disease was reported in 2.6%, Rochester school children including the high school, while in the London schools it was found in 2.7% of the children.

It is well known that acute rheumatism occurs commonly in certain countries namely, Great Britian, North America and North Europe. The Chinese, Japanese and natives of India are seldom infected. The disease is less common in the southern states than the north Atlantic States. In tropical areas with abundant sunshine as the island of Porto Rico, the disease is almost unknown. This would seem to suggest that climatic conditions play some part in the frequency of the disease.

Racial susceptibility has been suggested as a factor in the incidence of rheumatism. No definite conclusions have been reached but Lucy Porter Sutton recently showed from a survey of 506 children in the cardiac clinic at Bellevue Hospital that Italian, Irish and native born Americans are somewhat more susceptible to rheumatism than certain other races.

Studies have centered about predisposing causes in this disease and a search for the etiological factor in the field of bacteriology. Surveys made in various parts of Europe and America have demonstrated that powerful predisposing factors are climate, age, social status, damp dwellings and tonsillar infections. Nutrition and diet have not yet been proved to have a definite rheumatic predisposing power. Contact with a case of rheumatism in the household is a predisposing factor but no known factor is responsible for any considerable number of infections.

In the field of bacteriology search has gone on for some years to find the causative agent. Though a streptococcus has been suspected for many years as being a causative agent, it was not until recently that Small and Birkhaug demonstrated a close relationship between a specific non-hemolytic streptococcus and rheumatic fever. It is not within the province of this paper to discuss the validity of these claims. Suffice it to say that there is a gradual acceptance on the part of the investigators of some streptococcus origin. Skin tests made with the toxin from non-hemolytic

streptococci taken from rheumatic individuals shows a preponderance of positive tests in rheumatic children. The therapeutic use of antitoxin and vaccine as developed by Small further strengthens the assumption that a particular strain or strains of a non-hemolytic streptococcus is responsible for the rheumatic infection. Additional data will be necessary before the bacteriology of this disease is settled.

One can sum up the factors relating to rheumatism by stating that there is no defi-nite evidence of heredity. There is however a definite relation of rheumatism to family incidence. Evidence has been collected to show that there are so-called rheumatic families. These rheumatic families are not necessarily among the very poor though the chances of recovery are not as good among the poor. This condition suggests the infectivity of the disease. No social conditions have been found in various investigations to be directly or indirectly associated with the incidence of this disease. Nor does any condtion in the particular child seem to predispose him to this infection with the possible exception of an unhealthy Investigations in London showed a higher incidence of so-called unhealthy throats than among the non-rheumatic children. our own investigations, though there was a uniform history of recurrent sore throats in the rheumatic children, the appearance of the throat was not different from the control groups. The relation of the tonsils, healthy or unhealthy may be a factor and will subsequently be discussed. (See Table I.)

From the standpoint of the clinician the disease must be attacked by early recognition of rheumatic manifestations. The well known picture of swollen, tender joints associated with fever must not be expected to appear in all children suffering from this disease. The major manifestations of polyarthritis. chorea and heart disease frequently occur, but it must be remembered that there are mild manifestations which have not in the past been associated with a rheumatic infection. these early mild evidences of rheumatism and what indication is there that they bear any relation to the more serious symptoms well known in this infection? For sometime it has been recognized that rheumatic carditis occurs in children in whom no history of rheumatic fever or chorea could be elicited. In these children the rheumatic manifestations either were so mild that they were overlooked or the rheumatic infection began as an endocardial involvement. In a recent survey of 105 children whose only complaint bearing on rheumatism was growing pains, 19 or 18% were found to have rheumatic endocarditis.

TABLE I
GENERAL INCIDENCE OF RHEUMATISM IN
TONSILLECTOMIZED AND CONTROL GROUPS

	20,000 Children Tonsillectomized	20,000 Children Untreated
Rheumatic Fever	399	630
Growing Pains	1267	1530
Chorea	85	75
Carditis	450	595
Scartet Fever	1524	3270

Both groups represented school children from 5 to 15 years of age. The average period since tonsillectomy was five years. The infections developed over the same period of time.

Among 260 children whose only rheumatic complaint were joint pains 49 or 19% had carditis. The incidence of rheumatic carditis among 160 children who had one or more attacks of classical rheumatic fever was 73%. It would seem that there is a type of articular involvement that causes discomfort, but which is much less severe than the acute tender swollen joint. If this involvement is strictly limited to the joint it is spoken of as joint pains. If more indefinite and involving the shaft of the bone or giving muscle pain it has been designated as growing pains. The significance of growing pains has been discredited by some authors and no pathological meaning has been

attached to the complaint. It is true that any symptom as vague as growing pains might be merely fatigue pains. However, the constant relationship that exists between children who have had growing pains and rheumatic endocarditis makes it appear more than a mere coincidence. In reviewing many histories of children who had severe rheumatic fever or chorea, it was noted that mild manifestations, such as joint and growing pains existed for The child who frequently years previous. complains of pains in the joints or indefinite muscle pains commonly described as growing pains should be looked upon as a rheumatic child. Frequent attacks of sore throats may occur in non-rheumatic children, but if these attacks are accompanied by a rapid pulse and perhaps a murmur over the precordia, a rheumatic sore throat should be considered. If indefinite pains in the extremities are associated with these sore throats one can be reasonably sure that the child has a rheumatic infection. (See Table II.)

Rheumatic infection in children may have an insidious onset. There is a type of child who may have no specific complaint except lassitude, slight elevation of the pulse rate, and pallor. These children are not unlike the pretuberculous child or one who has a peri-bronchial gland envolvement. A slight elevation of temperature frequently is associated with this syndrome. Such children usually improve with complete rest in bed but ultimately some of them develop the major manifestations of rheumatism. The recognition of the minor

TABLE II

INFLUENCE OF TONSILLECTOMY ON RHEUMATISM

Tonsillectomized Children	Acute Rheumatism	Untreated Children	Acute Rheumatism
5-15 years	Occurring for First Time	5-15 years	Occurring for First Time
20,000	112 Children .56%	28,000	291 Children 1.%

#### APPEARANCE OF FIRST ATTACK OF ACUTE RHEUMATISM IN RELATION TO REMOVAL OF TONSILS IN 439 CHILDREN

Age of Children	Before Tonsillectomy	Tonsils in. Not Removed Later	After Tonsillectomy	Tonsils In	Tonsils Out
Less than 5 years	5	27	2	36	2
From 5 to 10 years	44	60	22	104	22
From 10 to 15 years	94	57	88	151	88
More than 15 years	12	13	11	25	11
TOTAL NUMBER	159	157	123	316	123

manifestations in rheumatic children is highly desirable for the removal of any foci of infection offers greater relief then than when the major manifestations are established. Assuming that the manifestations of rheumatism both major and minor can be recognized what procedures should be followed to remove any focus of infection? The tonsils have long been incriminated as a focus for this infection. It has also been shown that infected teeth and sinus infections might be a factor in the causation of rheumatic symptoms. At least obvious infection in these locations is looked upon as possibly related to rheumatism. Infected teeth can readily be treated and with the aid of x-ray even obscure dental infections can be found and removed. Infections of the maxillary and frontal sinuses likewise can be relieved if they are found. The tonsils furnish the real problem for mere inspection of them will not decide whether or not they are harboring the exciting agent of rheumatic infection. The problem of the tonsil and its relation to rheumatic infection represents one of vital interest to the clinician. When once a specific method of therapy and prevention is established in this disease, the tonsils' importance may fade out of the picture but at present it must be considered and the decision when the tonsils should be enucleated must rest with the physician. (See Table III.)

Recent critical studies to show the value of tonsil removal to prevent recurrences of rheu-

matic fever have given more definite information on the value of the operation than the impressions clinicians held which were not based on control studies. Opinions differ on the re--sults of the operation. In some reports no control or improper controls have been used. Results are therefore inconclusive. Most reports available however agree that tonsil removal does not assure protection against repeated attacks of rheumatism. In endeavoring to . determine the value of tonsillectomy in rheumatism one cannot decide by studying only cases of rheumatism. One must determine the incidence of this infection in similar groups where tonsillectomy was performed on some and not on others before the rheumatic manifestations were evident. The controls must represent children in the same age groups and the same social The period of observation must be alike for treated and untreated children.

In a recent survey made in Rochester it was found that in a group of 20,000 tonsillectomized children between the ages of 5 and 15 years 399 children developed acute rheumaitc fever. These children had been tonsillectomized for an average period of five years. In a like group, of 20,000 untreated (tonsils not removed) for the same period 630 children developed acute rheumatic fever. From the same groups it was learned that 1,267 children of the operated group had growing pains while in the control group 1,530 had the same complaint. Chorea occurred in 85 children among

TABLE III

INFLUENCE OF TONSILLECTOMY ON RECURRENT ATTACKS OF RHEUMATIC FEVER
Incidence of Recurrent Attacks of Acute Rheumatism With Reference to
Removal of the Tonsils in 439 Children

AGE OF CHILDREN	Before Tonsillectomy	After Tonsil- lectomy (First Attack before Tonsillectomy)	After Tonsil- lectomy (First Attack after Tonsillectomy)	No Tonsil- lectomy
Less than 5 years	3	1	2	6
From 5 to 10 years	10	10	14	18
From 10 to 15 years	19	19	13	18
More than 15 years(16 to 17 years)	3	4	2	3
TOTAL NUMBER	35	34	21	45

## SUMMARY:

Out of 316 children who had their first attack before the tonsils were removed 80 children had one or more recurrent attacks before their tonsils were removed, 56 children had their second attack after tonsil enucleation. There is only a slight difference in the number of recurrent attacks in the two groups.

Recurrences in children who had their first attack after tonsil removal:

Out of 123 children who had their first attack after tonsil removal 31 had recurrences. Out of 159 children who had their tonsils removed after the first attack 34 had recurrences.

the operated group and in 75 children not treated. Carditis was found in 450 of the ton-sillectomized children and in 595 of the untreated children. Scarlet fever was reported in 1,524 tonsillectomized and in 3,270 untreated children. It would seem from these control studies that there is a definite lessened incidence of rheumatic infection except chorea in like age groups where the tonsils have been enucleated. One is however impressed with the fact that even in tonsillectomized children rheumatic manifestations do commonly occur.

Once some form of rheumatic manifestation has been established what benefit may be expected from tonsil enucleation. In a recent study of 439 rheumatic children it was found that recurrent attacks were only slightly influenced by tonsillectomy. There were 10% fewer recurrences among those operated after the first attack of rheumatic fever than among those unoperated after the first attack over a period of three years. The period of observation is too short for a final decision but in the age groups of 5 to 15 it would seem to offer only a slight benefit in reducing the incidence of recurrences. These results are quite in accord with a recent controlled survey made by Dr. May Wilson.

The influence of tonsillectomy in chorea has been studied. The incidence among 20,000 tonsillectomized children was .4% while among as many untreated children .5%. Removal of tonsils after the first attack seemed no guarantee against subsequent attack for recurrent attacks occurred equally in treated and untreated children. It is interesting to note however that the incidence of carditis was 62% among the children who developed chorea while the tonsils were in and 47% among those who developed chorea after tonsillectomy, one must conclude from the data that tonsil re-

moval offers very little in the control or prevention of chorea. (See Table IV.)

Based on examination of 40,000 school children in Rochester it was found that 450 children whose tonsils had been removed showed evidence of rheumatic heart disease. This represented 2.2% of the entire operated group. Among the 20,000 whose tonsils had not been enucleated the incidence of cardiac disease was 2.9%. It must be remembered that the 2.2% includes many children whose rheumatic infection antedated the tonsil operation. These were all children between 6 and 14 years of age. When however a group of children who have had rheumatic fever is studied, it is found that cardiac disease occurs as commonly in children whose first attack of rheumatism occurred after tonsillectomy as in those whose tonsils are still in. In chorea as mentioned before the incidence of carditis was somewhat less. The inference would seem justified from these studies that once a rheumatic infection is established tonsil enucleation offers no protection against cardiac involvement except in the case of chorea. The lessened incidence of carditis in children whose tonsils have been enucleated is probably due to the lessened incidence of rheumatic infection in general in children whose tonsils are removed.

The recognition of early rheumatic manifestations has been stressed What influence does tonsillectomy have in changing the frequency of sore throats, growing pains and febrile attacks, associated with sore throats? No observing clinicism has failed to recognize the association of sore throat attacks previous to rheumatic symptoms. Among 1200 children whose tonsils were removed the incidence of repeated sore thoats was reduced from 56% to 7% in a three-year-period. Among as many controls unoperated the incidence of sore throat was 52% at the beginning of the three-

TABLE IV
RELATION OF CARDITIS TO TONSILS IN RHEUMATIC MANIFESTATIONS

Incidence of Carditis in 439 Rheumatic C	hildren	
	Number	PER CENT
Developed before removal of tonsils	126	40
Developed after removal of tonsils	48	39
General Incidence of Carditis in 20,000 operated Children		2.2
General Incidence of Carditis in 28,000 unoperated children.		2,9

Lessened incidence due to less rheumatism in tonsillectomized group.

year-period and 48% at the close. It is true that only a small part of sore throat attacks are rheumatic, but with such a reduction in the incidence rheumatic sore throats would also benefit. The children's clinician has had repeated experiences where tonsil removal was practised at the first indication of minor rheumatic manifestations. No further evidence appeared for years afterwards. The problem at hand is to find a more specific test than clinical observation to know what child is infected with the rheumatic etilogical organism. A skin test dependent upon a local reaction with the toxin made from a non-methhaemoglobin forming streptococcus isolated by Birkhaug has been used extensively for this purpose. Its use brought out the fact that children with a history of rheumatic infection showed a much higher susceptibility to a positive reaction. Its reliability is not however assured as it failed to give a positive reaction in some well established rheumatic children. A reliable skin test designating either infected or susceptible children will greatly aid in selecting the early rheumatic children. At that time they should receive the benefit of tonsil enucleation rather than after the disease is well established. One might argue that a universal tonsillectomy at an early age before rheumatic symptoms usually appear would prevent more cases of rheumatism. might be the case but unless its value can be more positively demonstrated than up to the present such a universal procedure with its recognized dangers is not justifiable. An accurate skin test however might change the selection of candidates for tonsil enucleation. The problem at present is not to operate on more children but to find reliable ways of selecting those that might be called potentially rheumatic children.

312

The evidence based on these studies as well as those of other observers seem to be accumulating that tonsillectomy is not the solution of the rheumatic problem. It is hoped that specific therapy as already outlined and practised by Small may solve this problem. Tonsillectomy may then be entirely abandoned. Until such time comes its use should be encouraged in early minor manifestations of rheumatism.

#### Conclusions

1. Occurrence of rheumatic manifestations vary greatly in different countries.

- 2. There is no known outstanding social factor responsible for rheumatic manifestations. Some factors, such as housing, dampness, clothing and sanitation may play a small part in the incidence but not striking.
- 3. Rheumatism occurs in families—one or more members of a family may be affected.
- 4. The minor manifestations of rheumatism must be recognized early, recurrent tonsillitis, malaise, rapid heart, growing or joint pains, skin eruptions.
- 5. First attacks of rheumatism occurred nearly twice as often in children whose tonsils have not been removed at a given age group.
- 6. Recurrent attacks of rheumatism occurred only slightly less often in children whose tonsils were removed.
- 7. Carditis associated with rheumatic fever occurs with equal frequency whether the tonsils were in or not.
- 8. Carditis occurred less frequently in operated children 2.2% than in unoperated children 2.9%, due probably to lessened incidence of rheumatic infection in tonsillectomized children.
- 9. Tonsillectomy should be practised in children manifesting minor manifestations of rheumatism. In this group its value can be established.

### BIBLIOGRAPHY

Acute Rheumatism in Children in Its Relation to Heart Disease, Ministry of Health, London, 1927.

Observations on Certain Etiological Factors in Rheumatism, Lucy Porter Sutton, M.D., The American Heart Journal, Vol. 4, No. 2, p. 145, Dec., 1928.

Incidence of Rheumatism, Chorea and Heart Disease in Tonsillectomied Children, Albert D. Kaiser, M.D., J.A.M.A., Dec. 31, 1927, Vol. 89, p. 2239.

Tonsillectomy in Its Relation to the Prevention of Rheumatic Heart Disease, May G. Wilson, M.D., Claire Liugg, M.A., Geneva Croxford, A.B., The American Heart Journal, Vol. 4, No. 2, p. 197, Dec., 1928.

The Relation of the Tonsils to Acute Rheumatism During Childhood, Albert D. Kaiser, M.D., Am. Ir. Dis. Child., March, 1929, Vol. 37, p. 559.

Bacteriological Studies of a Non-Methemoglobin-Forming Streptococcus with Special Reference to Its Soluble Toxin Production, Konrad E. Birkhaug, *The Journal of Infectious Diseases*, Vol. 40, No. 5, May, 1927, pp. 549-569.

Bacterium Causing Rheumatic Fever and Preliminary Account of Therapeutic Action of Its Specific Anti-Serum, J. C. Small, Am. J. M. Sc., 1927, 173, p. 101.

#### A REPORT ON THE PROGRESS OF THE UPSTATE DIPHTHERIA PREVENTION CAMPAIGN TO DATE\*

By HERMAN F. SENFTNER, M.D., ALBANY, N. Y.
From the New York State Department of Health

THE upstate diphtheria prevention campaign begun January 1, 1926, is now in its fourth year. In this report on its progress to date, there will be considered briefly, the reasons why the campaign was inaugurated, its aim, the extent of the problem involved, the results thus far attained and what remains to be accomplished.

A study of diphtheria mortality prior to 1926 disclosed that each year many deaths were reported attended by one or more of the following circumstances: delay in calling medical aid; errors in diagnosis; delayed, insufficient or improper administration of antitoxin, and sudden deaths due to overtaxing of the heart during early convalescence. The reasonable certainty that such parental and medical errors of judgment would continue, prompted the belief that little if anything more could be done to lessen diphtheria mortality by means of methods usually employed.

Active immunization appeared to be the only method which gave reasonable promise of ultimately eradicating diphtheria. These were the chief reasons for inaugrating the

campaign.

Its aim, is to reduce upstate diplitheria morbidity and mortality, by means of toxinantitoxin immunization of all children under ten years of age, especially of those under five. Also to urge that every child be actively immunized as soon as it reaches the age of six months.

It was estimated that to reach the desired goal, it would be necessary to administer toxin-antitoxin to over one million (1,000,000) upstate children under ten years of age. This perhaps gives some idea of the magnitude of the undertaking.

While seeking to secure the immunization of all susceptible children under ten years of age, the paramount objective of the campaign is to reach and immunize the children under five. The special reasons for this are, that of the children to be inoculated, one half are under five years of age; that the greatest number of deaths from diphtheria occur in children under five; and, as will be shown further on, a marked permanent reduction in diphtheria morbidity and mortality apparently can be obtained only through a marked and continued increase in the number of actively immunized children under five years of age.

During the greater part of the first two

Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y, June 6, 1929.

years efforts were confined largely to securing the immunization of children of school age. This, as a first step, was deemed advisable since in this way the immunization of the largest number of susceptible children could be secured without delay.

At the same time, however, it seemed vitally important that some direct method of reaching children under five years be adopted since even if all children of school age were made immune to diphtheria, the death rate would be reduced by less than one-half. Therefore, while the work was in progress in the schools, efforts to reach children under five were also made by direct approach through house to house canvassing. This method more than any other has proven effective in bringing in children under five years of age.

In considering the work thus far accomplished, it is yet too early to give even approximate figures covering that done in the present year due to unavoidable delay of one or two months in sending in reports. Official reports received covering immunizations done in the first three years are practically complete and therefore give a more accurate idea of progress made. For the first three years the total immunizations reported for all ages were 442,827. These figures include only those children who have been reported to the State Department of Health as having received three doses of toxin antitoxin. They do not include figures for Rochester, reports from which city are incomplete. In round numbers there were reported in 1926-111,000 immunizations; in 1927-204,250; in 1928-127,600.

To arrive at a figure which more nearly would approximate the actual number of immunization done in the three years, there should be added to the total, the number estimated to have been done in Rochester and by physicians in their private practice. The total then probably would be close to half a million.

An analysis of the total reported immunizations for the three years shows that in each successive year there has been a slight increase in the percentage of immunizations of children under five. And it also reveals what is decidedly more significant, that in the first three years only thirteen and one-half percent (13.5%) of children under five had been immunized.

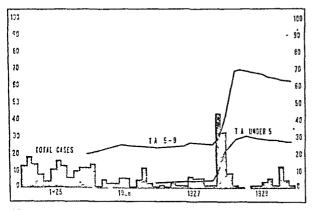
Allowing for graduation from one age group to another, it is estimated that there remains to be immunized over eight hundred thousand (800,000) children under ten years of age approximately in the ratio of three under five to two over five years of age.

It therefore requires little vision to perceive that it is vastly more important that efforts be made to immunize children under five years of age than older children. Practically all future efforts should be directed to securing the immunization of children under five, and to devising additional ways and means for accomplishing this.

The analysis further discloses that the total immunizations of children under ten years done in places of over 10,000 population were only slightly in excess of the number done in places under 10,000.

Considering the smaller extent of territory to be covered, the lesser difficulties of travel and of transportation, and the lesser expenditures of time and energy involved in reaching parents in urban districts, compared with rural, the slight recorded excess of urban over rural immunizations is disappointing.

According to reports received between January 1, 1926 and April 19, 1929 for places having a population of over 10,000, at the enumeration of 1925, only one-third reported having done immunizations of children under five, sufficient to warrant the belief, that a fair factor of safety had been established against the



Number of cases of diphtheria and percent of toxin-antitoxin immunizations according to months, by age groups: Albany, 1925-1928.

occurrence of a considerable increase or an epidemic of diphtheria in those communities.

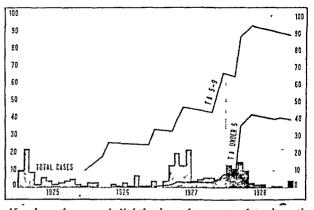
It seems, therefore, that in the more populous centers, with a few exceptions, the work either has not been properly planned or sufficiently stimulated or that a continuous follow-up has not been made after the first large scale effort. To secure the greatest possible number of immunizations of children under five the continuous follow-up is indispensable.

It is especially to be regretted that so poor a showing was made since it is known that both the diphtheria case and death rates in places of over 10,000 population have continued practically double those of places under 10,000.

## Diphtheria Rates\*

	Case 1	Rates	Death	Rates
	Places over 10,000	Places under 10,000	Places over 10,000	Places under 10,000
1926	 91	43	6.4	2.8
1927	 . 99	42	6.1	3.5
1928	 . 69	34	5.1	2.7

\*Exclusive of New York City and State Institutions.



Number of cases of diphtheria and percent of toxin-antitoxin immunizations according to months, by age groups:
Niagara Falls, 1925-1928.

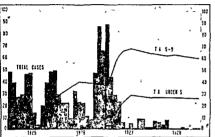
A number of types of local campaigns have been tried. That which seems to have produced the best results is the intensive drive, the preliminary stage of which is completed within not more than six weeks. The chief responsibility is vested in the local health officer. Cooperating with him is a committee made up of local representatives of the agencies affiliated with the State Health Department in the campaign, of semi-public and private organizations, of the press and of prominent lay persons interested in public health work. Sub-committees for organization, publicity, education, finance, transportation, clinics, etc., are appointed, the chairmen of which are chosen from the general committee.

The campaign is planned on a city-wide scale, the city being divided into districts but the immunization work is done simultaneously throughout the city on appointed days. Energetic efforts are made to arouse and to sustain public interest. Parents are urged to take their children to their family physician to have them immunized or to a public clinic.

Some of the cities which adopted this type of campaign with satisfactory results are Gen-

eva, Middletown, Mount Vernon, Ossining, Ogdensburgh, Port Chester, Niagara Falls and White Plains. Where the intensive type of campaign has been adopted, the number of reported immunizations under five has been gratifying. This has been especially so where subsequently there has been a consistent and continuous follow-up to secure the immunization of unimmunized children under five and of new born children at six months of age.

Another type of campaign is that tried as



Number of cases of diphtheria and percent of toxin-antitoxin immunizations according to months by age groups: Utica, 1925-1928.

an experiment by the Schenectady County Medical Society. The plan was to interest the medical profession of Schenectady in toxin-antitoxin immunization and to hold the profession responsible for the securing of the immunization of the preschool population. It was believed that the physicians would make toxin-antitoxin immunization a routine practice, thereby insuring its more permanent establishment. The belief was also entertained that the public preferred to take their children to their family physician to have them immunized and to pay him for such service and that public clinics, except for the indigent, were unnecessary.

The chief aim of the campaign was to reach children of preschool age. The city was divided into eight districts and nurses assigned to canvass each district to advise parents regarding immunization and to urge them to take their children to their family physician to be immunized. The nurses returned card reports covering visits and indicated thereon the name of the family physician. Those unable to pay after signing the card were offered two alternatives on certification of the card by the nurse-either to have their children immunized by their family physician gratis on presentation of the card or by the physician at the health centre. Publicity through the usual channels was also carried on.

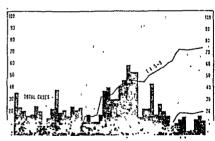
The Schenectady three year campaign terminated on January 1, 1929. In spite of earnest efforts it seems to have fallen short in certain respects. While it succeeded in securing practically twice as many immunizations of children under five as of children five to nine years, the total of immunizations is too small to insure that Schenectady as a community is sufficiently protected to prevent a considerable increase or an epidemic of diphtheria.

Whenever the nurses, for one reason or another, ceased to canvass, there followed a decline in the number of reported immunizations, indicating that the physicians of themselves apparently had not been securing any large number of immunizations.

From such data as is at hand for the first eighteen months, the cost of bringing a child to the family physician or to a clinic for immunization was two dollars, exclusive of the salary and expense costs of the nurses engaged in carrying on the canvass. This is greatly in excess of the usual cost.

The campaign seems to have failed to develop a community immunization consciousness, and to have secured the participation of unofficial organizations, in consequence of which the local health department at the end of the campaign faces the same situation which other communities faced at the beginning of 1926.

Now as to progress made in Buffalo during the first three years. In 1927 and 1928



Number of cases of diphtheria and percent of toxin-antitovin immunizations according to months by age groups: Yonkers, 1925-1928.

Buffalo's diphtheria case and death rates were twice as high as the upstate rates.

	eria

	Bu	Halo 100,000	Up: Rate per	100,000
	Case	Death	Case	Death
1927	 135	10.8	71	4.8
1928	 130	10.1	52	3.9

Although a total of forty-seven thousand (47,000) immunizations were secured up to the close of 1928, only seven percent (7%) were of children under five.

At the invitation of the Health Commissioner of Buffalo, the State Diphtheria Commitee held a meeting in that city in December last to review the situation and to suggest the best methods for securing the immunization of at least the greater portion of its child population, especially that under five years of age. The short duration intensive type of campaign was adopted and citywide immunizations begun on January 21, 1929.

During January and February, according to official reports received, over six thousand (6,000) children under five and five thousand (5,000) five to nine years of age were immunized. It should be stated, however, that the campaign was severely handicapped by an epidemic of influenza, which called for the services of the visiting nurses and caused them to cease for a time their canvass to secure toxin-antitoxin immunizations. While the number under five immunized is disappointing, the campaign nevertheless had the merit of having secured the immunization of more children under five and practically all immunizations were of children under ten. According to official reports of immunizations received the number of unimmunized children in Buffalo under five appears to be still too large to give promise of any great reduction in the near future, of its high diphtheria morbidity and mortality rates.

Unremitting efforts must therefore be made to secure their immunization and to follow-up all children under five for whom parents had requested immunization during the recent campaign but who failed to receive three doses.

A study of diphtheria morbidity in relation to the number of toxin-antitoxin immunizations under five done in any given place indicates that an epidemic of diphtheria will continue or a large increase in the number of cases is likely to occur just so long as the total of immunizations of children under five remains small. Conversely where one-fourth to one-third of the children under five have been immunized and a large number of children between the ages of five and nine have also been immunized, an epidemic stops promptly or diphtheria incidence remains quiescent.

In Johnson City, Binghamton, Geneva, Oneonta, Ogdensburg, Kingston, Glens Falls, While Plains, Port Chester, Ossining and Mamaroneck, over one-third of the child population under five and a large number of

children between five and nine years were immunized in the last three years. At the time of carrying on immunization these communities did not have an epidemic of diphtheria and diphtheria incidence in all of them either declined or remained quiescent.

The following analysis of diphtheria morbidity and of toxin-antitoxin immunizations in certain cities will further illustrate the probable involvement of this combined immunization factor.

Albany with a population under ten years of approximately eighteen thousand (18,000), had done, according to official reports received up to the close of 1926, a little over three thousand (3,000) immunizations of children under ten years of age. Of this number four hundred (400) were of children under five, that is three and one half percent (3.5%) of its population under five. In 1926 the case rate was fifty-one (51).

In the first ten months of 1927 the immunizations were increased by one thousand (1,000) but of these only two hundred seventeen (217) were of children under five, bringing its percentage of immunizations of children under five to five (5). In November an epidemic of diphtheria began in consequence of which an intensive immunization campaign was undertaken. By the end of February immunizations of children under five were brought to twenty-nine percent (29%) of its population under five and immunizations in the five to nine group to sixty-nine percent (69%) of its population in that group. The diphtheria epidemic ceased. In 1928 the case rate dropped to forty (40), that is to less than one-half of what it had been in 1927.

Yonkers having a population under ten years of age of approximately twenty-four thousand (24,000) had done, according to official reports received up to the close of 1926, over seven thousand (7,000) immunizations. Of this number four thousand (4,000) were of the five to nine group and only one hundred seventy five (175) under five; that is thirty-three percent (33%) of its five to nine population and one-half of one percent (0.5%) of its children under five.

In 1927 Yonkers immunized another forty-two hundred (4,200) of which twenty-six hundred (2,600) were of the five to nine group but only three hundred fifty (350) under five. At the close of 1927 its percentage of children under five immunized was only three and a half (3.5) and the diphtheria rate rose from two hundred fifteen (215) in 1926 to three hundred sixty-three (363) in 1927.

Early in 1928 a campaign was undertaken and by the close of the year immunizations in

the five to nine group were increased to seventy two percent (72%) of its total five to nine population and to eighteen percent (18%) of its children under five. The case rate in 1928 dropped to one hundred twenty-nine (129) a reduction of sixty four percent (64%) from that of 1927. For the same year the case rate for the State, exclusive of New York City was fifty-two (52). The relatively small percentage of immunizations of children under five done in Yonkers in the three years probably accounts for the marked difference in these rates.

Further intensive efforts should be made to largely increase the percentage of immunizations under five to avoid the likelihood of a considerable increase or possibly an epidemic of diphtheria

Utica has a population under ten of approximately twenty thousand (20,000) According to official reports received up to the close of 1926, it had reported a little over five thousand (5,000) immunizations of children under ten Of this number four thousand (4,000) were of the five to nine group and one thousand (1 000) children under five, that is thirty-eight percent (38%) of its children five to nine years of age and only nine percent (9%) of its children under five. In 1926 the diphtheria case rate was three hundred seventy four (374)

Diphtheria cases in considerable numbers continued but beginning February 1927 an intensive immunization campaign was carried on and by the end of July over six thousand (6,000) additional immunizations were done Of these twenty eight hundred (2,800) in the five to nine group and two thousand (2000) children under five These brought the immunizations in the five to nine group to sixty eight percent (68%) of the total population in that age group and to twenty-nine percent (29%) of its children under five. The diphtheria epi denue stopped promptly The case rate also dropped from three hundred seventy-four (374) in 1926 to two hundred fourteen (214) at the close of 1927 and continued to fall throughout 1928

Niagara Falls has a population under ten of thirteen thousand (13,000) According to

official reports received up to the close of 1926, it had done twenty-four hundred (2.400) immunizations under ten. Of this number twenty-three hundred (2,300) were of the five to nine age group and only one hundred (100) under five, that is thirty four percent (34%) of its total five to nine population and one percent (1%) of its total under five population Its diphtheria case rate for 1926 was forty-In 1927 twenty eight hundred five (45) (2,800) additional immunizations under ten were done Of this number twenty three hundred (2 300) were of the five to nine age group and five hundred (500) under five, that is the percentage of its total five to nine population was raised to sixty-seven (67) but that of children under five to only eight (8) The diph theria case rate rose from forty five (45) in 1926 to one hundred fifty six (156 in 1927

However, in March 1928 an intensive campaign was undertaken having for it main ob ject the immunization of children under five The net result was that by the end of May the immunizations under five had been increased to forty three percent (43%) of its population under five, and the immunizations in the five to nine age group to ninety-five percent (95%) of the population in that age Diphtheria incidence at once declined and the case rate was reduced from one hun dred fifty-six (156) in 1927 to ninety-one (91) in 1928 During the first five months of 1929 there have been only two cases reported. If this low incidence is maintained throughout the year, which is probable, the case rate for 1929 will be seven (7)

The results of the upstate campaign thus far, while not fully up to expectations, may perhaps be regarded as reasonably fair, when it is considered that this is the first attempt in this State to eradicate, on a state-wide scale, by means of active immunization a discase to which children especially are susceptible

However, further concerted and energetic action by the medical profession, the various public and semi-public organizations and the latty, in advancing the work of immunization, especially of children under five, should result in attaining the goal



# NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication, WILLIAM H. Ross, M.D., Chairman......Brentwood Charles Gordon Heyd, M.D.....New York DANIEL S. DOUGHERTY, M.D......New York

Advertising Manager-Joseph B. Tufts......New York

Business and Editorial Office-2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056 The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the JOURNAL. Views expressed in the various departments of the JOURNAL represent the views of the writers.

## MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### **OFFICERS**

President-James N. Vander Veer, M.D	Albany
First Vice-President-FLOYD S. WINSLOW, M.D	.Rochester
Secretary-Daniel S. Dougherty, M.D	
Treasurer-CHARLES GORDON HEYD, M.D	.New York
Speaker-John A. CARD, M.D	

President-Elect-WILLIAM H. Ross, M.D	.Bt intwood
Second Vice-President-LYMAN G. BARTON, M.D	Plattsburg
Assistant Secretary-Peter Inving, M.D	
Assistant Treasurer-James Pedersen, M.D	
Vice-Speaker-George W. Cottis, M.D	

#### TRUSTEES

CHAIRMEN, STANDING COMMITTEES	
Arrangements-Walter A. Calihan, M.DRochester Legislative-Harry Aranow, M.DNew York	Gro
Pub. Health and Med. Education-T. P. FARMER, M.D., Syracuse	Nu
Scientific Work-Aprilip I Report M D Albany	РL.

# Grant C. Madill, M.D., Chairman.......Ogdensburg James F. Rooney, M.D.....Albany Harry R. Trick, M.D......Buffalo Arthur W. Booth, M.D.....Elmira Nathan B. Van Etten, M.D.....New York CHAIRMEN, SPECIAL COMMITTEES

Arrangements-Walter A. Calinan, M.DRochest	er
Legislative-HARRY ARANOW, M.D	rk
Pub. Health and Med. Education-T. P. FARMER, M.D., Syracu	se
Scientific Work-Arthur J. Bedell, M.DAlban Medical Economics-Benjamin J. Slater, M.DRochest	пy
Public Relations—James E. Sadlier, M.DPoughkeeps	CI.
Medical Research—Frederic E. Sondern, M.DNew Yo	*IC
100000000000000000000000000000000000000	

### PRESIDENTS, DISTRICT BRANCHES

First District-George B.	STANWIX.	M.D	Vonkers
Second District-CHARLES	H. Goodet	ся. М.D	Brooklyn
Inite District—Engar A.	VANDED V	א סטע MTD	Athans
Fourth District-WILLIAM	L. Munson	, M.D	Granville

Fifth District—Paige E. Thornhill, M.D. Watertown Sixth District—LARUE COLEGROVE, M.D. Elmira Seventh District—Austin G. Morris, M.D. Rochester Eighth District—Thomas J. Walsh, M.D. Buffalo

#### SECTION OFFICERS

edicine—A. H. Aaron, M.D., Chairman, Bussalo; John Wykofoff, M.D., Secretary, New York.

Interpretable of Surgery—William D. Johnson, M.D., Chairman, Batavia; Charles W. Webb, M.D., Secretary, Cliston Springs.

Obstetrics and Gynecology—George M. Gelser, M.D., Chairman, Rochester; Onslow A. Gordon, Jr., M.D., Secretary, Brooklyn.

Pediatrics—John Airman, M.D., Chair., Rochester; M. C. Pease, M.D., Vice-Chair., New York; B. C. Doust, M.D., Sec., Syracuse.

Eye, Ear, Nove and Throat—Edwin S. Ingersoll, M.D., Chairman, Rochester; Conrad Berens, M.D., Secretary, New York.

Public Health, Hygicine and Sanitation—James S. Walton, M.D., Chairman, Amsterdam; Arthur T. Davis, M.D., Secretary, Riverhead.

Neurology and Psychiatry—James H. Huddleston, M.D., Chairman, New York; Noble R. Chambers, M.D., Secretary, Syracuse.

Dermatology and Syphilology—Walter J. Highman, M.D., Chairman, New York; Albert R. McFarland, M.D., Secretary, Rochester.

### LEGAL.

Office at 15 Park Place, New York. Telephone. Barclay 5550 Counsel-LLOYD PAUL STRYKER, Esq. Attorney-Lorenz J. Brosnan, Esq.

Executive Officer-Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4-4214. For list of officers of County Medical Societies, see this issue, advertising page xxviii

## FINDING LEADERS

The history of any movement is the biography of its leader. Progress in a county medical society is dependent on leadership more than any other factor. The principal problem in the promotion of any new activity of a county medical society is that of finding a leader. Physicians are progressive in the practice of public health and civic medicine when they are represented by a leader who understands the local problem and proposes a practical plan for its solution. While a major activity of the Medical Society of the State of New York is to educate its members, yet an equally necessary activity is that its officers shall make a quiet canvass of every county society in order to discover and develop a leader in each line of activity in that county.

#### PHYSICIANS AND OTHER HEALTH AGENCIES

The science of medicine is now developed to such a degree that medical service is available for every disease, defect, and condition, to every person, young or old, rich or poor, educated or ignorant, wise or superstitious. The science is not always applied efficiently because the art of medical practice, or the application of scientific discoveries, are in the hands of doctors who are subject to the limi-

tations of other human beings. Physicians do not constitute the only group giving medical service to the people. A multitude of other agencies are also active in health work, among them being hospitals, departments of health and mental hygiene, other governmental agencies-welfare, charitable, financial-and also volunteer health agencies, such as the State Charities Aid Association and Parent-Teachers organizations. While these health agencies have a diversity of composition and object, there is a unity and continuity in the service which they give. The medical conditions which are within their scope differ in degree rather than in kind. These conditions range from advanced sickness, through illness in its incipient stage, to that which is threatened as in an epidemic or accident, and also to that which is afar off with no prospect of its immediate appearance even as a threat. Looking backward from any advanced sickness, one may usually see its strong, just as curative treatment is needed for those who are sick in bed with a fully developed disease.

337

There are always two parties in every medi-

cal transaction:

The physician who gives advice.

2. The persons who receive the advice and are expected to act upon it.

The responsibility for carrying out the treatment rests on the patient. When a disease is in an advanced or crippling stage, the patient has a strong desire to carry out the doctor's advice. But when a health impairment is in its incipiency or is merely threatened, the affected person is likely to be indifferent or even opposed to the doctor's advice. Securing the cooperation of the people and providing the means for carrying out the advice given by the doctors, are necessary parts of health work. The workers in the health field, both curative and preventive, therefore fall into two groups:

1. Doctors who give medical advice.

2. Other workers to influence the people to accept the services of the physicians.

There is nothing inherently antagonistic in these two groups, but each is the complement of the other. The peculiar fields of these two groups are indicated in the accompanying diagram.

The peculiar field of the physician is that of

SICKNES5		HEALTH	
ADVANCED	INCIPIENT	THREATENED	PROMOTED (EDUCATION)

development beginning in a series of indiscretions, through the stage of impaired health, to that of pain, weakness, and actual crippling. There was a time in nearly every case of advanced sickness, especially that of slow development, when it was merely a threat which could be averted, or was in a mild form which could be cured. Preventive medical service is needed for those who are now vigorous and diagnosing and treating actual sickness or threats of illness. The doctor is accepted as the supreme director of advanced disease; but his influence declines in the stage of incipiency, and it often fades to nothing when the disease is merely threatening. On the other hand, the volunteer health workers have little or nothing to do with advanced disease except in hospital management; but they are

almost the exclusive occupants of the field when disease is far off and health is dominant. Physicians are willing that school teachers, welfare workers, and public health nurses should occupy the field of giving health instructions to well people; but they hold that this group of workers should not diagnose or treat sickness, for they lack the knowledge and skill for doing so.

However, there are intermediate stages in which an overlapping of the fields by the physicians and the volunteer health agencies occurs. Doctors have been known to accuse public health nurses of going too far in giving medical advice to patients in the incipient stage of diseases; and on the other hand, volunteers workers have accused doctors of neglecting to give medical advice when these workers thought it was needed. But while misunderstandings are regrettable, they do not affect the broad conception of the mutual helpfulness of the two groups of workers in their relation to disease and health.

Another source of misunderstanding between the two groups of health workers is their point of outlook upon their fields of activity. The doctor faces toward sickness. He looks upon every client as a possible case of illness, and is not especially interested unless the threat to health is immediate. On the other hand workers for volunteer organizations look toward health and often exaggerate the possibility of disease prevention. They are likely to be high-pressure salesmen who offer the impossible service of making every human being immune to sickness. Doctors would qualify the statement that "sickness is a crime"

and that any one can "purchase health" as if it were a commodity to be bought.

The great work of volunteer health organizations is to educate the people regarding the kind of medical service offered by doctors. and to inform them what facilities the people should provide in order that the medical advice may be carried out. The volunteer health organizations have prepared the field for the practice of preventive medicine by physicians, and the response of the doctors has been varied. Some physicians have seen the importance of practicing preventive medicine and public health, and have assumed the leadership in arousing their medical brethren to occupy the field before other organizations exclude them. Doctors constituting a larger group are in-different, since they feel that they are now busy with all the sick patients that they can

It must be remembered that the practice of public health is a new development in medicine. It is a striking fact that when the officers of medical societies consider the various forms of medical practice and the various needs of the people, they seek the leadership in giving all forms of medical service and at the same time they develop a spirit of cooperation with all other health organizations. They recognize health service to be a unit in which they are leaders and officers; but all other health agencies are as indispensable as physicians. This was the attitude of the officers of the Medical Societies of New York, New Jersey and Pennsylvania, meeting in a conference on February eighth to discuss a modern program of health work (page 352).

## ALL HOSPITALS TO BE LICENSED

New York City has a local ordinance which requires that every hospital in the city be licensed by the Department of Hospitals. The Commissioner of Hospitals is enforcing the ordinance. New Jersey, within the last two years, enacted a law to the same point.

In up-State New York only those hospitals accepting charitable funds or caring for children and maternity cases, are licensed. The Committees on Public Relations and Public Health, in a recent conference, agreed that it would be to the public's interest to have all up-State hospitals licensed by the State. The Department of Social Welfare was consulted, and it has agreed to prepare an amendment to the law which will

extend its authority of licensure and inspection to all hospitals.

Hospitalization has become such an important adjunct to the practice of medicine that it has been widely felt that the State should make some provision for regulating the smaller hospitals that would supplement the splendid work the College of Surgeons is conducting among the larger ones.

The Committee on Public Relations urges that each County Medical Society take a critical interest in the hospitals conducted in its county. At some future time the committee may prepare a constructive suggestion as to how this may be done.

#### NASAL INFECTIONS IN BATHERS

The January twenty-seventh issue of the IVeekly Health News of the New York State Department of Health contains a page of comment on the increasing menace of infections of the noses and ears of bathers in public waters. Family physicians will be especially interested in the subject as the summer season attracts great numbers of children to the bathing beaches and swimming pools.

The danger to the nose and car has a two-fold source:

- Chemical
- 2. Bacterial

Water, either fresh or salt, irritates the noses of many persons, causing the mucous membrane to swell and occlude the Eustachian tube. This in itself is unhealthful, but it becomes dangerous when pathogenic bacteria exist in the water There is difficulty in identifying nasal bacteria in water; but wherever colon bacilli are found, those from the nose and throat will be found also. The very preventive measure,—to inhale by the mouth and exhale forcibly by both the

and enter the noses and throats of the bathers.

by the mouth and exhale forcibly by both the mouth and the nose,—blows bacteria from in-flamed sinuses and this spreads infections

Sewage in water is also a potent cause of nasal infections, even when the sewage is "Purified" in settling tanks and the effluent is chlorinated. It is common knowledge among physicians in the rural districts of Long Island that certain beaches near sewer outlets are notorious for the number of sinus and ear infections among the bathers; while other beaches a mile or two away from possible sewer pollution are free from infection.

The best preventive against infections from bathing in public waters is to avoid beaches within

a mile or two of sewer outlets.

# LOOKING BACKWARD THIS JOURNAL TWENTY-FIVE YEARS AGO

Hospitals of New York: This Journal of March, 1905, contains a letter which has a modern sound. Referring to appeals for contributions to the hospitals of New York City, the letter says:

"A fact which is not generally known by the laity is that, with three exceptions, every hospital in Manhattan and the Bronx is a "trust" by itself. No physician or surgeon not a member of its staff, no matter of what repute, is permitted to attend a patient within its walls. If a private patient is in need of hospital care the unattached medical attendant is forced to send him to one of the three small hospitals mentioned, or to an expensive sanitarium where he may retain charge of the case, or to one of the large institutions, in which event his attendance perforce ceases.

"Appointments to the staffs of these hospitals, as is well known in the profession, are secured, first, because of a "pull" with the governing board, and second, because of a private practice of such size, numerically and financially, that the appointee may directly contribute to the support of the hospital by sending patients to occupy the wards and high-priced private rooms. It is natural under the circumstances that a constant effort should be made by the physicians to keep the quota of patients at as near the capacity of the hospital as possible; yet I venture the asser-

tion that, with the possible exception of the large hospitals under Jewish and Roman Catholic management, there is not one in which there are not empty wards and empty private rooms during practically the entire year. For instance, the annual report of one hospital, recently issued, shows a large deficit during the past year, and that two ward floors containing more than a hundred beds, cannot be used until sufficient income is forthcoming to increase the service. The deficit of the Presbyterian Hospital was \$72,936, and its annual report shows that it has vacant wards for the same reason.

"Scarcely a week passes that the daily papers do not chronicle an instance in which one of the great philanthropic institutions has refused admission to a needy patient, and has transferred one to Bellevue—not because of lack of room, be it known, but because his care will increase the deficit at the end of the year! Yet the wards at Bellevue are so overcrowded that many of the 859 patients are compelled to occupy mattresses on the floors. Surely the conscience of the pub-

lic needs quickening."

The letter which is unsigned closes as follows:

"I will add that this is not the wail of a disappointed physician, as my own hospital connections are sufficiently numerous to be entirely satisfactory."



# MEDICAL PROGRESS



Latent Hyperthyroidism Masked as Angina Pectoris.—Samuel A. Levine draws attention in the New England Journal of Medicine, Nov. 21, 1929, cci, 21, to a group of patients usually treated for heart disease, in whom the underlying cause is a latent unrecognized hyperthyroidism. These cases are generally overlooked, even by most competent internists, for in them the common signs and symptoms of typical exophthalmic goiter and toxic adenoma are not evident. The diagnosis is even more difficult if there is coexisting organic heart disease. Of special interest are those cases of typical anginal attacks, in which proper treatment of the latent hyperthyroidism results in a great reduction of the number of attacks, if not complete relief from symptoms. In making the diagnosis, in the absence of typical symptoms of hyperthyroidism, attention must be paid to minor features. There are periods of unexplained diarrhea, unexplained loss of weight, nervousness, tremor, sweating, and a feeling of warmth. More hopeful features from the diagnostic point of view are transient auricular fibrillation, a snapping sound at the apex with systolic murmur, and on auscultation one gets the impression of a hyperactive hart. These signs make one suspect mitral stenosis. The only distinctive feature is the absence of any diastolic murmur in hyperthyroidism. A sign of hyperthyroidism is failure of the heart rate to respond to digitalis. The most hopeful clue, however, is offered by the general appearance of the patient. The skin tends to have a salmon hue; it is warm, moist, hyperemic, and somewhat pigmented, especially the face, neck, and upper chest. The patient's movements seem to be quick and much more alert than are commonly associated with the degree of illness that exists. There is striking grayness of the hair, and sometimes transient or mild persistent glycosuria. Most dramatic improvement results from treatment with Lugol's solution, which serves also as a therapeutic test. It should be remembered that a metabolism rate of plus 40 or more cannot be accounted for by hypertensive heart disease. Circulatory insufficiency is not a contraindication for surgery in these patients, many of whom are relieved completely, and others much improved, by subtotal thyroidectomy.

The Diagnosis and Treatment of Rheumatic Heart Disease in Its Early Stage.—Carey F. Coombs, writing in the British Medical Journal, February S. 1930, i, 3605, relates his experience with 653 cases of rheumatic heart disease in children seen at the Bristol clinic during a period of two years. No definite lack or defect, such

as avitaminosis or endocrine shortage, could be held responsible for the infection. In order that an early diagnosis may be made, every sick child should be thoroughly examined; every child with tonsilitis should be examined early, thoroughly, and repeatedly, and every child with any definite manifestation of rheumatic infection should be regarded as a possible cardiac victim. The earliest phase of cardiac rheumatism can be diagnosed with confidence if there is a coincidence of increase in the area of impulse toward the left side, accentuation of the first sound at the apex, a systolic murmur limited to, or at all events maximal at, the apex, and an accentuation of the pulmonic second sound. It is unwise to make a diagnosis on a systolic murmur alone. In the treatment of the 653 cardiac children, two-thirds have been allowed to continue attendance at school, under restriction of exercise, not because of fear of over-strain of the heart, but so the child can devote as much as possible of his energies to combating the infection. Although it is impossible to lay down definite rules as to the duration of rest in bed, prolonged rest is indicated when there is continued pallor and wasting, fever, nodes, or recurring joint pains. Any febrile event of more than four days' duration indicates a subsequent rest of not less than four months. It is always safe to give salicylates in large doses, or, in the exceptional case in which these are not well borne, aspirin, 5 to 10 grains of the former or 10 to 20 grains of the latter. These doses seldom cause toxic symptoms even if given every hour or two for more than a day at a time. Cod liver oil and iron should be given, even while the child is taking salicylates. sils are removed if they are obviously diseased, or if by reason of their size they would be removed apart from the existence of rheumatic fever, but not during acute inflammation.

Sex Hormones in the Female.—In a review of the literature on female sex hormonal factors, J. B. Collip states that Marshall and Jolly, in 1906, first demonstrated that the ovary produced a hormone which caused the phenomenon of es-In 1923, Allen and Doisy developed an accurate method of biological assay of the ovarian hormone of estrus; with this method as a guide they were able to produce very concentrated extracts. Forty-eight hours after injecting the hormone into castrated adult female rats, and into young and immature female rats, and mice, the animals are found to be in a full state of estrus. Prolonged treatment with estrin injections is said to cause enlargement of the breasts and even the secretion of milk subsequent

to the withdrawal of the treatment. Smith and Engle and Zondeck and Aschheim have shown that the phenomenon of ovulation is in a large measure controlled by the secretion of the anterior lobe of the pituitary gland. Further evidence that the pituitary gland has a profound influence on the gonad is found in the fact that hypophysectomy causes cessation of ovarian development and activity. There is also presumptive evidence of additional endocrine activity. Corpora lutea have been shown to inhibit ovulation and estrus changes in the genital tract. The development of the mammary glands from the condition in which they are found at estrus to that at the end of the luteal phase is another function of the "yellow body." Pseudo-pregnancy is apparently entirely a corpus luteum phenomenon. It has been shown that the anterior lobe of the pituitary gland may produce a second hormone which has an inhibiting effect upon the ovary. Evans found that the injection of his alkaline extract of the anterior lobe, which contains the growth principle, caused rat ovaries to become almost completely luteinized, with concomitant cessation of periods of estrus. Teel was able with this extract to prolong the gestation period from two to six days beyond the normal. Zondeck and Aschheim found that implants of placenta produced similar effects to anterior pituitary implants or injection, and further investigations have shown that the placenta is rich in estrin, a pituitary-like ovarian stimulant, and possibly a third inhibitory principle.-Canadian Medical Association Journal, February, 1930, xxii, 2.

Treatment of Hemiplegia. - Professor O. Veraguth writes at great length on the subject of hemiplegia and its treatment. He calls attention to the fact that this affection in its ordinary intravascular form is almost unknown in the lower animals, while it is very common in mankind. The reason for this disparity is unknown but probably has to do with the many forms of vascular injury in human beings which have no counterpart in the brutes. Much of the author's space is devoted to prophylaxis, including such etiological factors as lues, valvular cardiac lesions, and arteriosclerosis. Regarding actual treatment after the stroke there is not much to be said, although the greatest differences of opinion are found. This applies to venesection, for which we have no adequate theoretical basis, while empirically there is a lack of analysis of results. However, in the gravescent type the author would aspirate the extravasation of blood after cranial puncture, although he is candid enough to state that he has no clinical data to uphold this indication. The consequences of the hemorrhage require immediate attention and even a few days after the stroke he would flex and extend the limbs for

Passive motion should be continued as long as there is a trace of contracture. This of course does not mean that prevention is bound to result. Active motion is indicated as soon as contractures cease to interfere with it. The author who is associated with an institution for physical therapeutics has an elaborate manual of exercises. The muscles are not really paralyzed, he says, but are wrongly inervated from the cortex. In regard to the role of the anterior motor cells of the cord the author opposes massage of the kneading type as tending to aggravate the contractures. Gentle stroking is indicated in place of this resource. For the same reason he is opposed to the faradic current, for we should avoid rousing spinal reflex action.-Schweizerische medizinische Wochenschrift, January 4, 1930.

Treatment of Aneurysms of the Thoracic Aorta and Innominate Artery by Distal Arteriovenous Anastomosis.-After reviewing the literature on aneurysms of the thoracic aorta and the methods employed in its treatment, Patrick A. McCarthy reports 10 cases of this affection, 8 of which he operated upon by anastomosis of the common carotid artery with the internal jugular vein, a procedure devised and successfully executed by W. Wayne Babcock in 1925. The operations in this series were performed in the same manner, through a transverse incision about 10°cm. long made 5 cm. above the sterno-clavicular joint. The anastomosis must be on the distal side of the aneurysm. The ten patients were all very poor surgical risks, all had definite myocarditis, all had nephritis, and some had associated hypertension. Of the two cases not operated on, one was moribund and the other refused operation and died. All of the patients had involvement of the aorta and four showed aneurysm of the innominate artery as well. The immediate mortality was 25 per cent. Two of the patients died some time after the operation. the other four cases there was marked relief of pain and of difficulty in breathing and swallowing. The fact that 50 per cent of these patients, whose condition was regarded as hopeless, were relieved and that two of them are already back to work, points to definite value in this procedure, and with earlier diagnosis it is safe to prognosticate that the operation will prove of immense value in hitherto hopeless aortic aneurysms. Babcock's patient has lived four years since the operation and has been able to return to work. Where, on account of the location of the aneurysm, its size, or technical difficulties which beset an operation of direct attack on the carotid or subclavian arteries, this procedure should be considered. The operation of distal ligation should be relegated to oblivion, as rupture of the sac following it is to be anticipated. Wiring has been useful in certain forms of ancurysm, but whether

judgment will decide.—Annals of Surgery, February, 1930, xci, 2.

Four Cases of Dilated Aorta Successfully Treated.-William Benham Snow reports remarkable results from electrotherapeutic treatment in four cases of dilatation of the thoracic aorta. All of these patients manifested the usual symptoms of this condition, and in all of them roentgenological examination demonstrated the existence of aortic dilatation. The treatment consisted in the application of vibration for two minutes daily to the cardiovascular centers between the seventh cervical and the first dorsal vertebræ, with moderate pressure from side to side, and the static wave current over the epigastrium. This treatment accomplishes two purposes. tones up the musculature of both the aorta and the heart, and through the wave current over the epigastrium restores vigor to the sympathetic nervous system and brings the whole mechanism of the heart and large vessels of the thorax into These four patients have been normal accord. completely restored to health and are engaging in their usual activities, three of them for periods of one, two, and seven years respectively, without recurrence. In the fourth case, treated more recently, there is every reason to believe that the complete recovery resulting from the treatment will be maintained. These cases serve to illustrate the effectiveness of electrotherapeutic application to the spinal reflexes in a very large class of cases that probably are not diagnosed or at least not treated by methods that are successful.—Physical Therapeutics, February, 1930, xlviii, 2.

Yoghurt in the Local Treatment of Nasal Sinus Disease and Ozena.—Dr. B. Griessmann, a nose and throat specialist of Nuremberg, tested yoghurt locally in these ailments on the theory that the bacterial flora of the milk product is a natural antagonist of putrefaction of albuminoid substances. He makes no reference to the alleged specific bacillus which has been made responsible for the highly peculiar odor of ozena but ascribes the formation of the offensive secretions to the ordinary bacteria of putrefaction, although conceding that we know very little of the nature of ozena. Trial of yoghurt was followed by such favorable results that the author commends his method to others. The chief flora of yoghurt consist of the Bacterium bulgaricum and Streptococcus lactis in symbiosis. Both of the organisms can curdle milk and the former splits lactose into lactic acid and glucose. author procures commercial yoghurt from any milk dealer, warms it a little on a waterbath and has the patient snuff it up, and if advisable it may also be applied on cotton pledgets. A second application is made a few minutes after the first and then a third, which is left in situ from

half an hour to an hour—that is, no attempt is made to dislodge it, as in the case of the first applications. So far as possible some of the remedy should remain in the nose through the Intensive treatment will cause the odor of ozena to vanish totally. The atrophic rhinitis which is secondary to nasal sinus disease yields quickly to the same treatment. In seeking to explain these results the author does not know how much credit to give to the bacteria and how much to the formation in the nose of nascent lactic acid. He has tested ordinary sour milk and weak solutions of lactic acid as controls of yoghurt and will report in due time, but at present clings to the belief that yoghurt has special virtues in these ailments,—Klinische Wochenschrift, January 15, 1930.

Composition of Sweat and the Therapeutic Role of Sweating .- Maurice Boigey, who is the director of a thermal establishment, alludes to the great importance of perspiration in the reestablishment of health and maintenance of the equilibrium of nutrition. The composition of the fluid varies greatly with the circumstances of the patient. Thus if there is renal insufficiency the proportion of urea increases. The author has made many qualitative analyses especially in patients with gout and hepatic and renal insufficiency, collecting the fluid on pledgets of absorbent cotton placed in the axillae. Since the patients were at the time under treatment with mineral spring water and exercise the excretory function was stimulated. In 11 subjects of urinary lithiasis from 50 to 55 years of age who exercised moderately the urea of the perspiration was so abundant that crystals formed where the sweat was most profuse. These subjects all suffered from a certain amount of nitrogen retention. Blood urea before exercise ranged from 0.42 to 0.61 and exercise at first provoked a transitory increase, but in half an hour after cessation it had fallen to the rest level. In 3 diabetics with from 21 to 110 gms. of sugar per liter of urine there was an increase in the glucose of the sweat. while in 8 gouty subjects crystalline uric acid was found in the meshes of the absorbent cotton used to collect the fluid. Cystine was similarly found in cystinuric patients. The sudotoxic coefficient varies considerably with the state of the perspiration and is much higher in the sweat provoked by muscular exertion. The total solids of exercise sweat exceed considerably those of resting Hence sweating eliminates considerable toxic matter from the blood when this accumulates as a result of muscular exertion, while ordinary resting sweat is much less toxic and this is true of the sweating incidental to heat externally applied. There is sweating which merely dehydrates and sweating which detoxicates.—Bulletin de l'Académie de Médecine de Paris, December 24, 1929.

An Important Sign in Acute Appendicitis.— F. S. Sumner calls attention to a sign that is invariably present in all cases of acute appendicitis, and which is not mentioned in the textbooks. It is the state of the abdominal wall covering the right iliac fossa, and is produced by the earliest reflex of the inflamed appendix. This reflex may result in nothing more than an increase of the normal tone of the muscle covering the right iliac fossa, which is definitely appreciable to careful palpation. In searching for this sign all voluntary contraction of the abdominal muscles must be obviated. The patient lies on his back, limp, his hands by his sides, breathing freely with mouth wide open, tongue protruding, and glottis open (making no noise on respiration). warmed hand of the surgeon is then placed on the lower abdomen, the metacarpo-phalangeal joints resting on the pubes and the fingers kept rigid, together, extended, and pointing first to the right clavicle, when examining the right side and to the left clavicle when examining the left side; by a gentle movement of the metacarpo-phalangeal joints, wrist, and elbow, and without any deep pressure of the phalanges, the muscle tone of the two sides is several times compared, and, if the sign is present, there will be a definite increase of tone on the right side. It is a delicate palpation, but worth cultivating. Sumner regards it as a definite deciding factor in doubtful cases, and says it has never yet failed him. The fact that it is an objective sign and not under control of the patient makes it of the utmost value. It is important always to treat a possibly inflamed appendix very gently, and not to palpate deeply, for if the appendix is distended with pus rough handling may cause perforation. This sign, however, does not rule out chest troubles, stone in the kidney or ureter, other bowel lesions, or a twisted pedicle of an ovarian cyst .- British Medical Journal, January 18, 1930, i, 3602.

Saline Catharsis and the Elimination of Cholesterin. - Various affections presumably due to excess of cholesterin in the blood, etc., should benefit by any remedial action which can increase the elimination of this substance. K. Imhäuser of Breslau, has been doing research work along this line including the incorporation of the results of others in collateral fields. Benefit from magnesium sulphate, Carlsbad water. etc., in gallstone disease may be due in part to increased excretion of blood cholesterin. author tested the question in a presumably sound individual-himself-by confining himself to a diet poor in cholesterin, comprising sice, flour, applesauce, and a dry fat-poor buttermilk. He kept this up for 20 days and the total daily cholesterin ingested was not over 80 mgms. Toward the end of the experiment he introduced into his duodenum 200 cc. of a 15 percent solution of

magnesium sulphate daily, for several days. The blood cholesterin was determined every few days and fell from 0.282 percent to 0.187 percent. Other determinations made of the stool cholesterin showed a fall after the saline had had time to assert its full effect. In the clinical application of these tests the possibility is borne in mind that any eliminative effect of the magnesium may involve an increase of biliary secretion and accumulation; but the author believes that the greater part of the stool cholesterin does not come from the bile and that the magnesium does not increase the elimination of cholesterin through stimulation of the biliary secretion. He draws no clinical conclusions but it is evident that on a diet poor in cholesterin nothing is gained by the use of magnesium sulphate. No statement is made as to the role of this salt in the care of a promiscuous diet although it is not denied that it is of benefit in gallstone disease, whether as Carlsbad salt or duodenal infusion .- Klinische Wochenschrift, January 11, 1930.

The Effect of Abdominal Operations on the Mechanism of Respiration.-By references to the literature and personally collected statistics D. H. Patey shows that thrombosis and embolism and massive collapse and inflammatory affections of the lung bases, are more liable to be met with after abdominal operations than after surgical procedures in other parts of the body. Starting with the assumption that the reason for the special frequency of the above complications after abdominal operations is a mechanical one, he has studied the effect of such operations on the vital capacity, tidal air, movements of the diaphragm, and the respiratory variations of intra-abdominal pressure. In all the cases investigated it is shown that there must have been a certain deficiency of expansion of the lung bases, and a certain amount of venous stasis after, as compared with before, operation. In no instance did collapse of the lung or embolic complications occur; hence the conclusion must be reached that any effect that respiratory sub-efficiency has in this connection is of a subsidiary or predisposing nature only. and that other factors of an exciting nature are necessary for the development of the complications. Although it has not been demonstrated that mechanical factors are the primary cause of pulmonary collapse and embolism, it seems reasonable, since abdominal operations are known to interfere with the efficiency of respiration, to endeavor to combat such interference. The results of this study especially emphasize the importance of combating postoperative distention of the abdomen, owing to its effect on the diaphragm; the value of firm support in "splinting" the injured abdominal musculature, and the theoretical considerations in favor of employing abdominal massage after operation .- British Journal of Surgery, January, 1930, xvii, 67.



# LEGAL



## COMPENSATION FOR AUTOMOBILE ACCIDENTS

By LLOYN PAUL STRYKER, ESQ.
Counsel, Medical Society of the State of New York

The calendars of our courts in the metropolitan district are congested to a degree that in many cases is tantamount to a denial of justice. At a recent dinner of the Brooklyn Bar Association, Mr. Justice Lazansky, the Presiding Justice of the Appellate Division, Second Department, stated that the calendars in the judicial district embracing the Counties of Kings, Queens, Richmond, Nassau and Suffolk contained some twenty-five thousand causes which were awaiting trial. Mr. Justice Lazansky made this statement in an endeavor to lay before the Bar the gravity of the situation in the Counties above mentioned.

There is now pending a bill in the Legislature for six additional judges to serve in the Counties above referred to. The condition is such that all partisan considerations should be laid aside in the interests of justice. It is to be hoped that the bill will pass. These addi-

tional judges are sadly needed.

Similar conditions exist in the Boroughs of Manhattan and Bronx where an enormous number of cases are on the calendars waiting to be tried. While it is undoubtedly true that additional judges are needed, an analysis of the cause for this calendar congestion will demonstrate that merely adding to the number of judges already on the Bench will not solve the problem of calendar congestion.

Although the figures are not before me, I think it is conservative to say that seventy-five to eighty-five per cent of the total number of jury cases on the calendars in the metropolitan district are personal injury actions, or "negligence cases" as they are commonly called. The vast majority of these cases arise from motor vehicle accidents. The result of this condition is, of course, that business men are more and more resorting to arbitration as a method of settling business disputes. Your counsel does not believe that arbitration is by any means thoroughly satisfactory as a method of settling commercial disputes, but it is obvious that business men cannot afford to wait two or three years for their cases to be reached for trial in our courts.

The problem thus stated is the subject of study by a voluntary committee known as the Committee to Study Compensation for Automobile Accidents. The funds for this work have been provided by the Rockefeller Foun-

dation, and the work is being conducted under the auspices of the Council for Research in the Social Sciences of Columbia University, with the aid of the School of Law of Yale University. This Committee will study the feasibility of providing compensation for those injured in motor vehicle accidents, along the lines of our present Workmen's Compensation Act which provides compensation for those injured in certain industrial pursuits.

The work of this Committee is the subject of a very interesting article by Arthur A. Ballantine, Esq. of the New York Bar, entitled "A Study of Compensation for Automobile Accidents," published in the February issue of the American Bar Association Journal.

On the proposition of a motor vehicle compensation plan as affording relief from court congestion, Mr. Ballantine says: "The possible desirability of a compensation plan as a means of relief from court congestion was brought out by the report in 1927 of the Special Calendar Committee appointed by the Appellate Division of the Supreme Court of New York, First Department, composed of judges and lawyers of wide experience. A committee of the New York County Lawyers' Association has favored a compensation plan, and legislation has been introduced in recent sessions of the New York Legislature looking towards its establishment."

It is recognized at the outset that many difficulties present themselves in the consideration of a compensation plan for automobile accidents. The article makes this point very clear:

"Desirable as a compensation plan may appear to be, there are obviously questions of the greatest difficulty as to whether the plan which has worked so satisfactorily in its own field is adaptable to the field of motor vehicle accidents. No one has yet formulated such a plan in detail or made an intelligent estimate of its cost or furnished a basis for determining whether the plan would meet constitutional requirements. These questions require extensive investigation and study before intelligent discussion of the merits of the plan is possible. Some of these problems may be briefly indicated.

"There is, of course, the underlying question as to whether there is an adequate juristic and social basis for extending the scope of liability without fault. Discussion of this must today turn largely on the facts relating to the need for such extension and its probable practical

operation.

"Efforts must be made, therefore, to determine the extent of the need for relief from the operation of the present system. This means trying to appraise the detailed results of the operation of the present system on persons injured, on owners and upon the public—a difficult statistical study.

"What the compensation plan would accomplish depends largely upon the actual relief it would afford. There is obvious difficulty in this instance. In the case of compensation for workmen this was comparatively easy because wages and salaries were always available as the basis of compensation. In the case of motor vehicle accidents a considerable number of the injured would be persons whose income could hardly be expected to be reflected in fixed statutory compensation. A major question is, therefore, whether a practicable basis of compensation can be worked out at all, and whether such a basis would be likely to be reasonably satisfactory to injured persons or their dependents.

"An intelligent estimate must be made as to the probable cost of the plan to automobile owners, for unless the cost can be reasonably foretold and worked out in insurance rates which are not unduly burdensome, the plan would fail at that point. Light must also be thrown on the difficult problem arising through requiring insurance of persons presenting different degrees of risk yet not readily susceptible of classification from the standpoint of risk.

"In the case of an industrial accident those concerned in it are always known and always at hand. Hit and run drivers, however, cause a considerable portion of automobile accidents, as do cars from outside of the state. Can a compensation plan take care of these difficulties?

"Can a compensation plan be effectively administered by the courts, or should it be administered by a special agency as in the case of workmen's compensation? If so, how are the constitutional requirements as to jury trials to be met? On the legal and constitutional side there are the fundamental problems as to whether injured persons can be required or induced to accept fixed statutory compensation and whether owners can be subjected to liability without fault and perhaps required to contribute to the indemnity of persons who may have been injured by others. There is also the question as to the bearing of a compensation plan upon the promotion of safety on the highways."

The article draws a most deadly parallel between the case of one injured in a motor vehicle accident, and one injured in industrial work who is entitled under the law to workmen's compensation. What a lawyer must tell a person who comes to him seeking relief in the courts from incapacity resulting from an automobile accident, is very well stated:

"'Perhaps you can recover something from the owner, possibly a large sum, but you can hardly hope to get anything through the courts for many months, perhaps not for two or more Your recovery in court will depend on many things. You must of course identify the car that struck you and its owner. You must bring a suit which probably will not be reached for trial for a considerable time. You must produce witnesses. You must prove that the accident was the fault of the driver of the car. You must be prepared to show that you were yourself entirely free from fault, for any negligence on your part will bar your recovery. You must establish in open court the exact nature of your injuries. It is impossible to say what the verdict will be, if you get one, for that depends upon how you and your case strike the jury, and how the particular jury estimates damages. When you get your verdict the defendant may appeal and it may take many months and will involve more expense to get the appeal disposed of. When your judgment becomes final you may find that the defendant is not financially responsible, and hence you may receive nothing.

"Of course, the defendant, or the company in which he may have held an insurance policy, may settle with you out of court. Such a settlement may be both fair and prompt—it is certainly the only method for securing prompt relief. In settlements, however, the defendant is in the best position, for you need relief and need it quickly, and have the burden of proving your case in every detail, while the defendant needs nothing and can take his time. You will understand that of any recovery either through court proceedings or through settlement, perhaps as much as half will be deducted for expenses and counsel fees."

Whereas, in workmen's compensation, as Mr.

Ballantine well says:

"There can be doubt that the thought of having liabilities for personal injuries caused by automobiles cared for in this way holds much attraction. What the lawyer in most states can say today to a factory or store worker injured in the course of his occupation is in very striking contrast to the advice he must give to the victim of an automobile accident. In the case of the workman, he says:

"You must notify the State Industrial Accident Board or other agency. They will look into your case at once and, unless you your-self caused the accident by wilful or gross negligence, you will have your medical bills promptly taken care of, and will receive a fixed compensation based on your wages. There need be no suit. There is little delay, merely nominal expense, and almost no uncertainty. What you will get is a limited amount but it will be prompt and sure."

This Committee is doing very important

work, and not only the Bench and Bar, but the public generally, are indebted to it for the careful study which is being given to the problem under consideration. Let us hope that some plan may be worked out which will at once aid those who have been so unfortunate as to have been injured in an automobile accident, and at the same time provide relief for our crowded court dockets.

## CLAIMED FAILURE TO TREAT OSTEOMYELITIS PROPERLY

In this case the doctor was called to treat an eight-year-old boy who upon examination was found to be suffering from the grippe. The child was seen each day for five successive days. On the third day the doctor's attention was called to an infection of the middle finger of the left hand which was due to an injury which the boy had sustained in a workshop in school. The child at all times was making satisfactory progress from his grippe condition. Hot boric applications were prescribed for the finger. Upon the occasion of the first treatment to the finger, the doctor advised the parents that the finger would require operative intervention after the pus had localized. The boric acid applications were continued for three days, at which time the doctor was advised that another physician had been called and his services were no longer required. Subsequently osteomyelitis developed in the finger and twelve days after the defendant's discharge the finger was amputated just under the knuckle.

An action was subsequently instituted in which it was charged that the injury to the finger was sustained on the day before the doctor was originally called to treat the grippe condition, but the complaint thereafter alleges that the doctor was not called until a date which agrees with the date upon which the doctor first treated the injured finger. It was claimed that as a result of improper treatment blood poison set in which required the amputation of the finger. It was ascertained that no physician was called to treat the finger for an interval of four days after the defendant's last visit.

After joinder of issue the plaintiff discontinued the action, thus terminating the action in the doctor's favor.

## CLAIMED NEGLIGENCE IN X-RAY DIAGNOSIS OF FRACTURE

In this case the plaintiff was referred to the defendant, a roentgenologist, by her family physician, for the purpose of having an X-ray taken of her arm and shoulder.

An X-ray was duly taken and a report rendered that the said X-ray did not reveal any evidence of fracture or dislocation. The patient, however, continued to suffer pain and was referred to another roentgenologist for a further examination. This second roentgenologist made additional X-ray photographs and therefrom made a diagnosis of backward dislocation of the forearm at the elbow. The family physician immediately advised the first roentgenologist of this diagnosis, whereupon

the first X-ray plates were again examined and found to sustain the first X-ray report.

It was established that between the first and second X-ray photographs an enormous effusion of blood or serum had leaked into the capsule of the elbow-joint, thus causing a spasm of triceps, thereby pulling the joint out of place.

Some time subsequent to the taking of the two sets of X-ray pictures the plaintiff commenced an action against the first roentgenologist for alleged malpractice, contending that the defendant-roentgenologist was negligent in the taking of the X-ray and in improperly reading the same. Prior to the trial, however, the plaintiff voluntarily discontinued the action, thereby terminating it in the doctor's favor without further proceedings.

# LONDON LETTER



Tuberculosis Village Settlement: The visit of Mr. Lansbury, First Commissioner of Works, to the Tuberculosis Village Settlement at Papworth near Cambridge has drawn attention to the need for providing for the subnormal man an occupation and an interest during the early period following Sanatorium treatment. The old idea that after the Sanatorium the patient should obtain a "light open air job" resulted in men finding themselves at the very bottom of the industrial ladder, and many of them had, for economic reasons, to take up their original work, with the inevitable tale of relapses. Farm work is generally too hard for these patients while a factory staffed by employés whose health renders normal working hours impossible cannot compete in the open market and it is difficult to pay the workmen a living wage. Many of these difficulties have been or are being surmounted at Papworth, where the idea is fostered that here is a community devoting itself to permanent work under hygienic conditions and skilled medical supervision. It is considered essential that the heads of departments should themselves be patients, able to understand and make allowances for a lower standard of concentration which would excite the outspoken contempt of a healthy foreman. This point was stressed in one of the earlier and most successful experiments by Dr. Jane Walker at Nayland where of a staff of 150 nurses, maids, porters, etc., over 100 were ex-patients. The financial difficulty must, of course, be faced, and, though the work done brings in a definite return, it is not enough to render the Colony self supporting. When we consider, however, the gain to that community in removing from its midst so many active tuberculous subjects, and, instead of the hopeless prospect of short recurring stays in the Sanatorium, providing permanent and interesting employment, the argument for a subsidy is overwhelming.

"What would you do if you were told you were suffering from an incurable disease which would lead to your early death?" This question might well be used as a starting point for a discussion at a debating society, and might be expected to produce some interesting suggestions. I doubt, however, whether any speaker would dare to suggest that he would write to the paper about it. But, some twelve months ago, a letter appeared in a daily paper from a correspondent who stated that at a consultation with an Eminent Physician he had been informed that he had but three months to live, and he then proceeded to

explain at some length his reactions to the dread His letter made but little impression, so callous are we to the suffering of an anonymous fellow creature; but when recently the same paper published a further letter from him saying that the sentence had not been carried out, but that "every day and in every way he was better and better", the correspondence column was flooded with letters giving details of parallel cases, and doubtless the editor's wastepaper basket was running over with similar if less happily phrased communications. Curiously enough, the reprieved one did not seem too content with his good fortune, for he was now obsessed with a constant fear of recurrence and "died a thousand deaths" in his own imagination. The problem as to whether the doctor should ever prophecy the certain death of a patient will, I suppose, never Medicine and Surgery are full of surprises, and all of us who have been long years in practice can remember instances where apparent recovery followed what we feared was an inevitably fatal condition. I have known more reputations made than unmade by a lucky prophecy-("He gave her three months and she died to the day")-but I have never dared to do it, from, I suppose, a subconscious feeling that surgery and minor prophecy are not allied professions, and require a different outlook and training. On the whole, the correspondence rather showed us up, and emphasized anew the truth of the adage of the creaking door.

Fee Splitting: A North of England newspaper has informed its readers that "dichotomy" or fee splitting has developed alarmingly in the Harley Street area, and that the London consultant is "confronted with a growing demand that he should return half the fee" to the general practioner who recommends the patient This comes as rather a shock to us consultants who thought that fee splitting was almost unknown in England. We had heard rumors of the practice from the Continent, and had even heard it whispered that it was not unknown in your fair country, a suggestion that seemed to gain confirmation from the action of the American College of Surgeons who expressly forbade it among their Fellows. My own experience is that this evil is almost unknown in England and let us hope that this is only one more newspaper "stunt" to be placed before a credulous public. II. W. CARSON, F.R.C.S.



# NEWS NOTES



## PUBLIC RELATIONS COUNTY SURVEY NO. 13-ALBANY

The Public Relations Committee of the Medical Society of the County of Albany report the following survey of public health and curative activities in the County of Albany, New York.

In the city of Albany:

5 Hospitals having 1,000 beds.

1 Hospital for incurables.

1 Certified Nurses' School and Hospital

3 Convalescent Homes.

Dispensaries for all manner of diseases.

5 Prenatal clinics.

1 Physiotherapy clinic.

The Albany Guild for public health nursing West End health centre, having a

a. Prenatal clinic.

b. Infant and pre-school clinic.

c. Dental clinic.

d. Mental clinic.

e. Tuberculosis clinic.

Three school physicians.

Twelve school nurses.

Three college physicians in the New York State College for Teachers.

Two health officers, and seven city physicians.

Two county physicians and two county hospitals.

Special mention may be made of:

Pavilion F. Albany Hospital—for mental cases.

Pavilion G. Albany Hospital—for contagious diseases.

Tuberculosis Camp, Albany Hospital.

Albany County Preventorium for delicate children.

Bender Hygiene Laboratory for any laboratory procedure.

In Albany we have The State Health Department with its laboratories:

The Red Cross Society.

The City Club work in County Health.

The cancer control society.

The Albany County Tuberculosis Society. In Cohoes, with a population of 23,000:

Tuberculosis clinic once a month.

Red Cross once a year.

Toxin antitoxin campaign, big success under Dr. Bell.

Prenatal clinic once a month—Dr. Keough. Two public health nurses.

One school nurse.

One school physician.

One baby clinic.

One venereal clinic.

Two city physicians.

Parent-Teachers Association.

One Hospital with general dispensaries.

One dispensary for eye, ear, nose and throat.

In the rural districts there are

13 health officers.

4 school nurses.

Toxin antitoxin campaigns are carried on Watervliet City, Population 16,000, which has

Tuberculosis clinic once a month.

City physicians—none.

15 physicians in city.

One health officer.

One school physician.

One school nurse.

One city nurse.

Two toxin antitoxin campaigns each year, with the physicians loyally participating and eighty to eighty-five per cent of school children inoculated.

No typhoid the past year.

Mental Hygiene.—It may be said that Albany County as a whole is probably doing as much mental hygiene work as the average county in this State, though not as much as might be expected of a county with so many advantages. But in order to meet the needs of the county at all adequately, an extension of activities in all fields covered by the survey would be necessary.

Interest in mental hygiene is everywhere apparent. The executives of many agencies visited expressed a desire to take advantage of increasing facilities, to add workers with psychiaric training to their staffs, and to do preventive work.

One of the most striking facts of the survey, however, was that present facilities, especially clinic services, are felt by many agencies to be fairly adequate. This is evidently because welfare agencies have not been educated to the point where they realize the importance of mental hygiene work. Doubtless another reason that the need for more extensive facilities has not been felt is that the local psychiatrists have been very generous about giving their services.

generous about giving their services.

While some of the "facilities" listed can hardly be considered mental hygiene activities, it is thought that even the simplest beginnings may serve as a foundation for building up a program.

In a district like Albany County it is undoubtedly better to build up a well-rounded program from existing resources than to wait for the perhaps non-existent time when ready-made facilities from outside may be introduced.

There are six physicians at four clinics engaged in this work of mental hygiene. There are nine societies doing welfare work.

- a. American Red Cross.
- b. Board of Child Welfare.
- c. Catholic Charities.
- d. Church Mission Help, Inc. e. County Department of Charities.

- f. Mohawk and Hudson Humane Society.
- g. Family Welfare Society.
- h. Jewish Social Service Committee
- i. Trinity Institution.

T. W. Jenkins,
Frances E. Vosburgh,
C. K. Winne, Jr.,
L. S. Poskanzer,
M. J. Keough,
Committee.

### LEGISLATION

#### LEGISLATIVE BULLETIN NO. 4

Senate Int. No. 17, Fearon—Allowance to incapacitated mother, has passed the Senate.

Senate Int. No. 46, Patric—Assembly Int. No. 81, Sheldon—Lewis County hospital bonds, has passed the Senate and reached third reading in the assembly.

Senate Int. No. 351, Hofstadter—Assembly Int. No. 468, Moffat—creates a commission to study the question of compensation for persons injured by automobiles, and appropriates \$40,000.00.

Senate Int. No. 396, Pitcher—Assembly Int. No. 464—Lattin, amends the Public Health Law with regard to the manner of administering State aid to counties for public health work.

Senate Int. No. 397, Pitcher—Assembly Int. No. 466—Lattin, is another bill prepared by the Department of Health relative to vital statistics and the revision of birth and death certificates.

Senate Int. No. 398, Pitcher—Assembly Int. No. 465—Lattin, amends the Public Health Law by increasing the authority of local health boards. Senate Int. No. 399, Pitcher—Assembly Int. No. 463, Lattin, amends the Domestic Relations Law by providing that affidavits, statements and consents given for marriage licenses shall be open to inspection for legitimate purpose, instead of to public inspection, and relative to reporting marriage records to State health department.

Senate Int. No. 431, Brown—Assembly Int. No. 120, Dominick—Mr. Brown has introduced in the Senate Mr. Dominick's sterilization bill.

Senate Int. No. 438, Wicks—Assembly Int. No. 567, Davis—Would revise the Public Welfare Law relative to tubercular poor residing in any town in Ulster County. Most of the counties in the Adirondack and Catskill mountainous areas have laws protecting themselves against invasion from other sections of the State by indigents suffering with tuberculosis. Ulster County is asking for similar protection.

Senate Int. No. 456. Hickey—Assembly Int. No. 608, Marcy—Creates a temporary commission to acquire a site for a new institution for the care, training and custody of mental defectives.

Senate Int. No. 531—Mr. Campbell has reintroduced one of the pharmacy bills of last year, which provides among other things that a druggist may dispense drugs, etc., during the temporary absence of pharmacist in New York City stores, as elsewhere in the State.

Senate Int. No. 532, Fearon—Amends the Public Welfare Law by permitting a town board to appoint an assistant town public welfare offi-

cer and other necessary employees.
Senate Int. No. 533, Shackno—Assembly Int. No. 722, Post—creates a commission to study the subject of maternity aid, and appropriates \$10,-000.00.

Senate Int. No. 547, Pitcher—Assembly Int. No. 646, Lattin, amends the Public Health Law so that the State Health Commissioner can have better control over carriers of disease when no hospital nor institution is available.

Senate Int. No. 549, Pitcher—Assembly Int. No. 647, Lattin—A bill introduced by the Department of Health amending the law so that boards of supervisors may refund public health nurses for expenses incurred in their course of duty.

Senate Int. No. 553, Hastings—Amends the Education Law to create in the Department of Education a division of medicinal liquor.

Senate Int. No. 587, Hickey—Assembly Int. No. 506, Hanley—Amending the Education Law by permitting optometrists to assume the tittle of "Doctor." This is the bill that Assemblyman Berg has sponsored in preceding years.

Senate Int. No. 608, Sheridan—Assembly Int. No. 792, Post—Creates in the State Health Department a division of control for aiding in the enforcement of prohibition, Art. 18, Constitution, and for protection of public health, and appropriating \$500,000.00.

Senate Int. No. 625, Mr. Brown-Introduces

a new chiropractic bill.

Assembly Int. No. 470, F. L. Porter—Amends the Public Welfare Law by providing cost of maintenance and care of children admitted to the New York State Reconstruction Home shall be determined by the State Department of social welfare, which shall fix a charge of not more

than one-half actual cost, to be borne by county

in which patient lives.

Assembly Int. No. 494, Doyle—Amends the Public Health Law, requiring those procuring donors of blood for transfusion to be licensed by local health officer.

Assembly Int. No. 573, Horn-Amends the

Workmen's Compensation Law relative to allowance of claims for medical and surgical treatment, by removing the time limit for notification.

Assembly Int. No. 738, Gimbrone—Amends the Workmen's Compensation Law by permitting injured employee to provide for his own treatment and care at expense of employer.

## LEGISLATIVE BULLETIN NO. 5

February 13, 1930.

Assembly Int. No. 159, Esmond—Mental Hygiene Law, establishing a board of psychiatric examiners for certification of qualified psychiatrists, has gone to third reading.

Assembly Int. No. 424, Cornaire—Workmen's Compensation Law, occupational diseases, has gone to third reading.

Senate Int. No. 587, Hickey—Education Law, optometrists' title, is reported out of committee.

Senate Int. No. 636, Lord—Assembly Int. No. 829, Whitcomb, amends the Public Welfare Law by providing towns with population of 10,000 or more in certain counties, shall have the responsibilities of a city in a county public welfare district and authority to maintain a town home.

Senate Int. No. 643, Kirkland—Assembly Int. No. 846, F. M. Smith—Excepts the licensing of dogs which are confined for purposes of research.

Senate Int. No. 700, Pitcher—Assembly Int. No. 894, Lattin—Amends the Public Health Law relative to county health districts, permitting the health officer to be called "Commissioner" and giving the county auditor authority to audit the expenses of the health district, and making provision for payment where there is no auditor. This bill will be sent to the chairmen as soon as it is printed.

Senate Int. No. 727, Knight—Assembly Int. No. 955, Stockweather—gives boards of supervisors authority to employ dental hygienists and clinic physicians. This bill will also be sent out within a day or two.

Assembly Int. No. 666, Foody—Provides that the hospital expenses incurred during the last illness of a deceased shall be among the first bills paid. We hope to have this amended so as to include nurses and physicians.

Assembly Int. No. 831, Coughlin—amends the Workmen's Compensation Law to permit the injured employee to recover reasonable amounts expended for medical or other attendance.

Assembly Int. No. 836, Cuvillier—provides for purchase and storage by State health commissioner of wines and malt beverages, for their sale to persons and corporations licensed therefor, and appropriating \$500,000.00.

Assembly Int. No. 854, Doyle—Is another radio bill, requiring approval by State health

commissioner of all statements broadcast concerning patent medicines, devices and remedies,

There is enclosed a copy of the "White book," and let us say again that the busy portion of the legislative season is beginning and you should by all means keep in touch with your legislators. licensed physicians being excepted.

Assembly Int. No. 855, Doyle—Is the cosmetic bill of last year, requiring that cosmetics be labeled, stating that formula does not contain arsenic, lead salts and other specified ingredients over a certain percentage.

Assembly Int. No. 871, Cuvillier,—Authorizing the State health commissioner to establish in each county one or more cancer clinics. This bill Mr. Cuvillier also introduced last year.

Assembly Int. No. 908, Streit—Establishes a State camp advisory board. Mr. Streit is doing this at the request of the editor of "Camp Life," who is engaged in developing a national interest in the conduct of camps, particularly from the health point of view. New York State is one of the most popular States for camping and the State Department of Health has endeavored in recent years to have them inspected by the bureau of sanitation and the local health officers. Mr. Streit aims principally to show the importance of this work so that the Department of Health might increase its staff.

Assembly Int. No. 938—Mr. Dominick has reintroduced his bill of last year for the creation of five infirmary districts, the object being to establish in each of these districts an infirmary to take charge of the hospital cases developing in the county homes. Frequently, in county homes, the number of infirmary cases is too few to warrant the expense of properly conducting an infirmary. He argues that his bill will result in a saving, especially to smaller counties.

Hearings

Feb 18.—Sen. Int. No. 187, Baumes (Assembly Int. No. 303, Esmond), establishment of psychiatric clinic in connection with probation Dept., general sessions court, New York County—2:00 P.M., before joint Committee on Codes.

Feb. 18.—Assembly Int. No. 157, Vaughan—Anti-vivisection bill; 2:00 P.M. before Assembly Committee on Codes.

#### LEGISLATIVE BULLETIN NO. 6

Senate Int. No. 587, Hickey—Optometrists seeking use of the title "Doctor," was advanced in the Senate to third reading. The Assembly bill-Int. No. 506-has not moved, and we hope to be able to keep it from moving. We have persuaded Senator Hickey not to advance his bill any further at present. Won't each chairman look up this bill and write Mr. Hickey immediately your objection to it?

Senate Int. No. 727, Knight-Assembly Int. No. 995, Stockweather-Which gives boards of supervisors authority to employ dental hygienists and clinic physicians, has been reported out in the Assembly and has reached third reading in the Senate. This bill will give boards of supervisors in the smaller counties where there is no county health unit, authority to pay physicians for services rendered in child welfare clinics, antidiphtheria clinics, etc. We think it a good bill and are urging its enactment.

Assembly Int. No. 212, Bernhardt-Amending the Public Welfare Law, permitting pregnant women in institutions to have their children outside the institution, has been reported out of

committee.

Assembly Int. No. 390, Eberhard-This is the optometry bill of several preceding years which would permit school boards to employ optometrists to make tests of children's eyes. have always opposed this bill, although we have never had probably as much support from the Department of Education-to whose law it is an amendment-as we had wished; and the same is true again this year. The bill has been reported out of the Education Committee in the Assembly. A copy of it will be sent to the chairman in a day or two.

Assembly Int. No. 400, Rice-The bill that makes it possible to take a four-year course of medicine in three years, has advanced to third

reading.

Assembly Int. No. 465, Lattin-Amending the

Sanitary Code, has been reported out.

Assembly Int. No. 466, Lattin-Amending the vital statistics section of the Public Health Law so as to provide for new birth and death certificates, has been reported out.

Assembly Int. No. 646, Lattin, providing that the State may assist in the payment of allowance to disease carriers, has been reported out.

Assembly Int. No. 647, Lattin-Amending the County Law so as to permit nurses to be paid their expenses at intervals between the times of the meetings of boards of supervisors, has been reported out.

#### Bills Introduced

Senate Int. No. 849, Mastick-Assembly Int. No. 1088, Bernhardt-One of the old-age bills submitted by the commission appointed by the legislature last year to make a study of the sub-

Senate Int. No. 850, Mastick-Assembly Int. No. 1087, Bernhardt-Provides an appropriation of \$100,000.00 for the operation of the old-age

Senate Int. No. 851, Mastick-Assembly Int. No. 1086. Bernhardt-Extending provision relating to out-door relief to all sections of the This embraces New York City, which was not included in the Public Welfare Law.

Senate Int. No. 852, Mastick-Assembly Int. No. 1064. Bernhardt-Relative to the procedure for closing a county, city or town home on order

of board of charities.

Senate Int. No. 878, Love-Creates a commission of seven, one to be a veterinarian, one a physician, and one a dairy farmer, to investigate tuberculin tests among cattle.

Senate Int. No. 893, Cheney-Assembly Int. No. 1159, Piper-Amends the Public Health Law by giving a registrar of vital statistics a fee of 50c for each birth or death certificate filed.

Senate Int. No. 896, Lord-Assembly Int. No. 1169. Whitcomb-Amends the Education Law by exempting the sale as merchandise in established place of business of spectacles fitted with frame

and spherical lenses.

Senate Int. No. 913, Fearon-Amends the Education Law by repealing the law enacted last year relative to master dental technicians. have an interest in this bill because we opposed the enactment of last year's bill on the ground that technicians were too limited in education to distinguish them as a particular class, and that bill provided that they should not only be licensed and set aside as having a particular degree of education, but also provided for an examining board to be composed of master technicians. We characterized the whole thing as similar to the efforts that were made by cultists, drugless therapists, et al to modify the medical practice act, and the dentists have since discovered that we were right in that and they are now endeavoring to have the law repealed.

Assembly Int. No. 960, Byrnes-Amends the Criminal Code by permitting a court to appoint two physicians on a board of referees to conduct examination into mental condition of defendant

in a criminal case.

Assembly Int. No. 972, F. L. Porter-Mr. Porter has introduced in the Assembly the chiropractic bill reported in a previous bulletin introduced in the Senate by Senator Brown; (Int. No. 625).

Assembly Int. No. 1053, C. P. Miller--Provides for the creation in the Department of Labor of a medical advisory council. Our bill of last year. Write Mr. Miller your approval.
Assembly Int. No. 1130, Lefkowitz-Making

it a misdemeanor for any person except a licensed physician or physiotherapist to sell therapeutical medicines, instruments or appliances. We have informed Mr. Lefkowitz that there is no need of making exception to physiotherapists in his bill, because they have no legal right to prescribe. Otherwise we have told him that his bill is good and we shall do what we can for its advancement.

### Comments

The chairman of the Committee on Labor and Industries in the Assembly advises us that Assemblyman Gimbrone's bill permitting free choice of physician by injured employee, should be amended by adding a "saver clause" so as to prevent violent abuse of the measure. We have taken the matter up with Assemblyman Gimbrone and he has it under consideration. We have grave doubts as to whether the bill can be advanced without the "saver clause," and we hope that the Assemblyman will agree with us.

Harry Aranow, Walter A. Calihan, John J. Rainey,

Committee on Legislation, Medical Society of the State of New York.

## TRI-STATE CONFERENCE

The fourteenth conference of the officers of the Medical Societies of the States of New York, New Jersey and Pennsylvania was held on Saturday, February 8th, 1930, in the Hotel Pennsylvania, New York City, with Dr. William H. Ross, President-Elect of the Medical Society of the State of New York presiding, owing to the sickness of Dr. James N. VanderVeer, President. There were present:

From New York, Dr. W. H. Ross, President-Elect; Dr. D. S. Dougherty, Secretary, Mr. J. S. Lawrence, Executive Officer, Dr. Frank Overton, Executive Editor, and Dr. George M. Fisher, Past-President.

From Pennsylvania, Dr. William T. Sharpless, President; Dr. Walter F. Donaldson, Secretary, Dr. Frank C. Hammond, Editor, and Dr. Arthur C. Morgan, Past President.

From New Jersey, Dr. Andrew F. McBride, President; Dr. J. B. Morrison, Secretary, Dr. George N. J. Sommer, First Vice-President, Dr. John F. Hagerty, Second Vice-President, and Dr. Henry O. Reik, Executive Secretary and Editor.

The meeting opened at 10:30 A. M. and continued through a noon luncheon and until 3:30 o'clock.

The subject of the Conference was the question, "How can the Medical Profession, through its units, most effectively cooperate in promoting the Modern Lay Public Health Program?" The question as discussed by the speakers might be more concisely stated as follows: "What should be the relation of the Medical Society to other agencies that are carrying on public health work in the county, such as Tuberculosis Associations and Parent-Teachers Associations; and toward public health movements, such as Anti-Diphtheria campaigns and the Medical Education of the public?"

There was a unanimous agreement among those present on two points:

1. Lay health organizations are necessary in every county.

2. County medical societies should take an active interest in all lines of public health work.

The plan of the program of the conference was that each president should write a paper on the subject and send a copy to each of the other members of the conference in order that all the conferees might come prepared. In accordance with this plan, papers were written by the three presidents, and by Drs. Ross and Hammond. Nearly all the other members made contributions drawn from their own knowledge and experience.

In closing the meeting, the Chairman expressed the wish that some one would sum up the vital points of the discussion in a statement of five hundred words. The publication of such a summary has been the policy of the New York State Journal of Medicine since the conferences were organized in 1925. Making a summary of the present conference is comparatively easy, because of the plan of a written preparation by each leading speaker.

The conference may be considered as a consultation of State Society officers over the condition of a patient,—the county medical society,—in its relation to other organizations working in the field of public health. Before the consultants came to the conference, each one had taken the history and made an examination of the patient. The consultants were therefore prepared to go directly to the next step,—that of diagnosis. They were unanimously agreed on the following diagnoses:

1. The primary and chief complaint was egocentrism, or self-satisfaction with conditions as they are.

2. The secondary and complicating condition was *malaphobia*, or fear of misfortune following a change in the method of medical practice.

In support of the primary diagnosis, the following opinions may be quoted: Dr. VanderVeer: "The medical profession has seemed to grasp the changes (in medical prac-

tice) more slowly than the public."

"In our county societies we find two opposed groups,—those who scoff at preventive or public health medicine, and those who are pioneering in it."

"We have lost our guidance and direction of their (lay organizations) efforts mainly through our own fault in being lazy in the past years."

Dr. Ross: "It is not unusual to find a county medical society that has not an understanding of

what a modern health program is."

"Some county medical societies, seeing only the mistakes of lay health organizations, have lost sight of the great good that these organizations have done."

"It is depressing to hear any society declare that public health work is already being done as

well as it can be."

"Let the profession define its policy toward modern public health service,—is it aloofness and opposition, or is it active cooperation with all other health forces?"

Dr. Sharpless: "Too frequently it (the medical profession) has very little interest in the general

question of disease prevention."

"It is humiliating to have to record that medical societies, as well as individual physicians in many places, have stubbornly resisted the earnest efforts of State and other health societies; and these organizations were obliged to go to lay organizations for assistance."

Dr. McBride: "Every organization that has voluntarily entered into public health work has at first met with the cold shoulder of the medical

profession."

Dr. Hammond: "The public is being educated to the problems (of public health) ahead of the

doctor.

"Many physicians have been practising curative medicine, having little knowledge of preventive medicine. Hence either the health department or a voluntary agency takes the initiative in the program of the prevention of disease."

Dr. Sommer: "The profession always seems to have a hundred reasons why a thing cannot be done, and no reason why it can be done."

"Another unfortunate thing in relation to these public health programs is our individualistic attitude. Every physician is interested in his own special problem, and does not care sufficiently about the problems of others."

Dr. Morgan: "Medicine was formerly taught entirely from the curative standpoint. There should be an attempt made by the organized medical profession to enlist teachers in the medical schools along the practical application of preventive medicine in presenting the subject to their students."

The following opinions support the diagnosis

of the secondary condition, and also the answer to the fear of loss of practice:

Dr. VanderVeer: "If the prevention of a disease and its eradication can be absolutely predicated, then it is the duty of the medical man to accept the scientific facts, and prepare himself to gain the same or a better livelihood in newer lines of similar work."

Dr. Ross: "Preventive medicine is opening the door of opportunity for the medical profession to engage in a form of practice which shall more than make up for the loss of practice of the curative form."

tive form.'

Dr. Hammond: "Fees that have been missed by the physician as a result of public health activities in the main arc his own fault, because he has not been willing to do the duties necessitated by public health measures."

The consultants also discussed the treatment of the conditions found in the County Medical Societies. The manner in which the therapeutics were applied in the different States was described

as follows:

Dr. McBride: "In New Jersey we have been making an extra effort to inculcate a definite policy of cooperation to our associations, within and outside of the profession."

Dr. McBride then enumerated a long list of agencies, both official and voluntary, with all of which the officers of the State Medical Society

keep on intimate terms, and said:

"It has become the established custom with us for the president, the secretary, and the executive secretary to attend at least one meeting per annum of each of the twenty-one county medical societies. We not only give them the news of the State and National societies, but we inquire about local conditions and assist any society that is in need of advice or help."

Drs. McBride and Morrison both referred to the work of Mrs. Taneyhill, field secretary in popular health education, in lecturing to school children throughout the State with the approval

of the State Department of Education.

Dr. Morrison told of a number of other public health activities carried on by the State Medical Society of New Jersey, among them being the following:

- (a) Cooperation with State Boards and other official agencies, such as the Departments of Health and of Education, the Department of Institutions and Agencies (which is like the Department of Welfare of New York State and the Board of Medical examiners.)
- (b) Securing the appointment of five physicians on the Public Health Council of the City of Newark.
- (c) Promoting a successful anti-diphtheria campaign throughout New Jersey.

(1-11

(d) Arranging that one entire session of the annual State meeting shall be given over to the several departments and boards of the State.

Dr. Sommer told of his experience in getting the staff of a Trenton Hospital to develop a plan to submit themselves to a physical examination in order to inspire the doctors to make the examinations of their patients.

Dr. Morgan described his efforts to have public health taught in medical schools with far greater emphasis than is now given to the subject.

Dr. Fisher described the activities of the organization of the doctors of the City of Utica in consulting with lay organizations in regard to the new tuberculosis sanatorium, and in the promotion of an anti-diphtheria campaign.

Dr. Donaldson described the anti-diphtheria campaign that was conducted in the City of Pittsburgh through the cooperation of physicians with lay health agencies.

Dr. Ross described the peculiar work of the Committee on Public Relations of New York State, and said:

"Physicians can best cooperate in public health through the county medical society. The work will begin by a few leaders whose leaven will influence man after man until it inspires the whole membership. The first step of the society will be the organization of a real Public Relations Committee, which shall survey the field and ascertain what public health work is now being done in each county and the organizations engaged in it. Twelve counties are now well organized, and have made surveys of their counties which have been published in the State Journal."

Dr. Sharpless, speaking of the cooperation of health agencies, said:

"All health organizations in a county should be brought together, or at least correlated under an administrative head, including social service and visiting nurse societies, neuro-psychopathic clinics, antenatal and postnatal clinics, well-baby consultations, child welfare and child guidance clinics, anti-tuberculosis and mental hygiene clinics, and recreational activities. The relation of the county medical society to this unified body should be advisory in character, and

the society should map out and supervise the work of the whole."

Dr. Sharpless then made an outstanding contribution to the conference as he described the organization of the Health and Welfare Society of the County of Chester,—his home county,—which has 120,000 inhabitants. The Pennsylvania law of 1925 authorized county officials to appropriate money for public health purposes, and under it the county appropriated \$4,000 annually. This money is combined with that of voluntary health organizations in the county, and with it a physician is hired to do the work of a county health officer, although he has no official standing. The county medical society will be the leader in the administration of the funds, and will furnish the medical inspiration and advice.

Other counties are planning to follow the example of Chester.

Dr. Sharpless also said that the State Society of Pennsylvania tries to have each county society devote one meeting to tuberculosis, one to cancer, and one to mental hygiene.

Many other subjects were discussed in an incidental, theoretical way, among them being the following:

1. Educating and inspiring physicians.

2. Securing pioneer leaders in public health.

3. Employing paid workers by county societies.4. Popular medical publicity and education by

radio, lectures, and newspaper articles.

5. Graduate courses.

6. Censorship of medical advertisements in daily papers and magazines.

7. Need of reaching individual members.

8. Sponsoring clinics and demonstrations by county societies.

9. The Woman's Auxiliary.

10. Payment for public health practice.

It was the consensus of opinion of the consultants that the trouble with county medical societies and their members was not sickness, but simply a lack of development. All were further agreed that development of the practice of preventive medicine, public health, and civic medicine has been rapid in those counties in which a few pioneer leaders have shown what methods are practical.

## LEGISLATION ON SPECIALISTS IN NEW JERSEY

A bill was introduced in the Assembly of the Legislature of New Jersey on February 3, entitled "An Act to regulate the practice of surgery and the specialties pertaining thereto, to license specialists, and to punish persons violating the provisions thereof." The bill covers eighteen printed pages, and at its end the following statement appears, and is here re-

produced verbatim, with its obscurities and uncertain grammar:—

"The purpose of this act is to protect the public from incompetent, inexperienced, and self styled specialists; to prevent overcharging of patients, and the needless operations by incompetent specialists who have had insufficient professional preparation. The fatal

disasters that have resulted from the hands of the tyro is causing the public to become restive as the result of the number of deaths and otherwise bad results occuring from operations that should, under proper conditions be without danger. That had brought discredit on the medical profession as a whole. And to provide ways and means to regulate the practice of surgery and surgical specialists, to license specialists, punish violators without interfering with the work of the legitimate and ethical practitioner."

Thirteen specialties are included in the bill.—surgery, gynecology, obstetries, urology, ophthalmology, othology, laryngology, rhinology, orthopedic surgery, proctology, roentgenology, pathology and anesthesia.

The bill sets up an examining board of fifteen members consisting of four surgeons, two gynecologists, two urologists, and one representative from each of the other specialties except that of proctology, while one person will represent both the opthalmologists and the otologists.

Candidates for examination and license must be graduates in medicine and licensed to practice in New Jersey, and in addition must have had experience as residents in a recognized hospital having at least sixty beds for periods ranging from four years in surgery, to one in anesthesia.

Provision is also made for the limited registration of internes, entitling them to practice the specialties as assistants to those fully licensed.

Those who pass the examinations are entitled to special degrees, consisting of a capital M., followed by a letter representing the specialty, as M.S. for a surgeon, and M.G. for a gynecologist, although the meaning of the M is not explained. It is interesting to find that the degree "M. Oalo" is assigned to anyone who is a specialist on the eye, ear, nose and throat.

The bill is exceedingly crude and obscure, and ungrammatical, and no information as to its origin is to be obtained. It is noticed in this Journal simply because it is the first of its kind to come to the attention of the editors.

#### BROOME COUNTY

The Broome County Medical Society met at the Hotel Arlington, Binghamton, Tuesday evening, February 4. New members were admitted to the Society and other applications received.

Dr. Joseph Lawrence of the State Health Department spoke on the Importance of the Immunization of Children of Pre-School Age against Diptheria with Toxin Antitoxin. Dr. John A. Conway, District State Health officer, also spoke on the same subject and showed the great benefit to be derived by this early immunization and urged that the parents be given every encouragement in bringing this about.

A committee was appointed on Public Health Education and Public Relations to aid in this matter and other matters of interest to the Public. Dr. Chalmer Longstreet was appointed Chairman of this committee.

Dr. Donald Guthrie of Sayre, Pa., gave a most able address upon the Surgical Treatment of Intestinal Obstructions. The paper was discussed by Doctors F. M. Dyer, W. H. Hobbs, and A. S. Chittenden. Many of the members followed actively in the general discussion.

H. D. WATSON, Secretary.

#### SCHUYLER COUNTY

A meeting of the Schuyler County Medical Society was held on May 21, 1929, at the house of Dr. Oakley A. Allen, President, who occupied the chair. There were present Doctors Allen, Bond, Burton, Ferris, Jackson, Holmes, King, Quirk and Stewart.,

A report on the finances was made by Dr. Quirk, who also reported on the last District

Branch Meeting which he attended.

Dr. Holmes stated the desire of the Roentgenologists of the State for the creation of an x-ray section of the State Society and asked that the delegates to be chosen from Schuyler County advocate the creation of such a section, at the next meeting of the State Society in June.

Dr. Ferris read the scientific paper of the meet-

ing, which was entitled "Aftercare Of Influenza Cases." Discussion followed in which several members took part.

The following officers were elected to serve for the ensuing fiscal year:—President, Dr. John W. Burton of Mecklenburg; Treasurer, Dr. John M. Quirk, of Watkins Glen; Secretary, Dr. Frederick M. Bond, of Burdett.

Election of a delegate to the State Society annual meeting, resulted in the choice of Dr. Ferris, with Dr. Holmes as alternate.

After discussion of a recent coroner's case by Coroner Allen and others, the Society adjourned to dine with Dr. and Mrs. Allen.

A. W. FERRIS.

## TOMPKINS COUNTY

The question of establishing a County Health Department was considered by the Tompkins County Medical Society three years ago and the project was promoted by lay organizations engaged in public health work. Dr. W. H. Ross, President-elect of the Medical Society of the State of New York, addressed a special meeting of the Society on February 4, and presented arguments in favor of a County Health Department based on the experience of Suffolk County, in which a Health Department has been in operation for a year.

The Tompkins County Medical Society met again on February 10, and adopted the follow-

ing resolution:-

Whereas: There is at present considerable discussion relative to the establishment of a

Health Unit in Tompkins County and,

Whereas: Much interest is being aroused in the county for securing more adequate facilities for the prevention of disease and the care of the sick, and,

Whereas: There is considerable misunderstanding relative to the means by which these

can be accomplished, 'and,

Whereas: This Society has, thru its committees first appointed in 1926, studied the health

needs of the county, and,

Whereas: These studies resulted in this Society recommending to the Board of Supervisors the establishment of a County Laboratory as the first important step toward the organization of efficient health work in the county, and,

Whereas: The Board of Supervisors approved the recommendations and established the Tompkins County Laboratory, the benefits of which have justified many times its estab-

lishment, and,

Whereas: The committee of this Society recommended that the second step toward the

improvement of public health in the county would be the construction of a suitable County Tuberculosis Hospital in or near the City of Ithaca, and,

Whereas: It is the opinion of this Society that the advance in preventive medicine as prescribed by the health regulations of the State are being well carried out by the health officers of the City and the Townships in the County and that the appointment of a full time County Health Officer at present would be an unnecessary expense, therefore be it,

Resolved: That this Society go on record as approving the county as the logical geographical area for health work; and further be

it,

Resolved: That this Society recommend as the next step in improving the health situation in the county, the building of a new County Tuberculosis Hospital in or near the City of Ithaca and increasing the facilities at the Ithaca Menorial Hospital in order that it may adequately care for the medical needs of the county; and further be it,

Resolved: That the County Health Unit, as generally understood with a full time health officer, would not be desirable or efficient until the above facilities are provided; and further be it,

Resolved: That the present laboratory and hospital facilities with those herein recommended would form a well equipped and accessible Medical Center for the county; and further be it,

Resolved: That a copy of these resolutions be sent the Board of Supervisors and the various health and welfare organizations in the county.

David Robb, M.D., President.

WILBER G. FISH, M.D., Secretary.



# THE DAILY PRESS



#### BLUSTERING MARCH

The unseasonably warm weather of the last week of February brought the robins and the red winged black birds to their northern homes, and even aroused the peeping frogs from their winter's sleep. But the New York Herald Tribune of February 26, gave a pictorial warning that Old Man Winter was still lurking around the corner, as every grandmother already knew.

March has always been notorious for its changeable climate from which warm April gave release with health. William Chaucer, at the close of the fourteenth century, describing a pilgrimage to the shrine of St. Thomas a Becket, opened his "Canterbury Tales" with the lines:

"When that Aprille with its showers swote The drought of March hath pierced at the root

Then liken men to go on pilgrimages
And specially from every shires end
Of England to Canterbury they wend,
The holy blissful martyr for to seek,
That them hath helpen when that they were
sick."

Winter now sees a continuous pilgrimage to the shrine of health as men create ideal April weather in their dwellings heated and ventilated with automatic stoves, supplied with stimulating light from vitaglass windows and ultraviolet lamps, and stocked with vitamines both known and unknown and imaginary.



How the record breaking warmth of the last week of February was victeed by J. N. Ding in the New York Hero'd Tribune of February 26, 1930.

### INFERIORITY COMPLEX OF THE BRIDGE PLAYER

The New York Times of February 26, described a lecture by Dr. Alfred Adler given in Columbia University on the interpretation of the psychological interpretation of the habit of bridge playing, and said:—

Dr. Alder held that most forms of unhealthy behavior are attempts to acquire superiority with the least effort. A member of the audience, evidently a bridge devotee, asked him to give his opinion of a person who spends most of his spare time at the game.

"Most people play cards to waste time," Dr. Adler answered. "Time, if a man is not courageous, is his greatest enemy. Bridge is

a great invention. A little of it is relaxation. But a lot becomes a mental habit, an attempt to satisfy a striving for superiority. It offers an opportunity to conquer others.

"If you see a bridge player who has won, you will notice a nice expression of superiority on his face."

"Nobody can bear to appear weak or inferior, and the person who is more interested in himself than in others usually develops a complex, the psychologist asserted. The superiority complex, he said, is only the mask with which the consciously inferior person conceals his weakness."

## UNBORN ASPIRATIONS

A brief poem may express a philosophical conclusion as clearly and vividly as a learned essay; and both may be founded on false premises and insufficient evidence. When James J. Montague considers those self-centered people whose object

"The alligator's skull contains A quarter of a pound of brains,

But these suffice to catch the prey Which in his maw he stows away,

And to enjoy the sun that beams Upon him as he basks and dreams.

His puny mind is never fraught With troubled and distracting thought;

Ambition's masterful behest Can never rob him of his rest; is to travel and sport and have a good time generally his verses in the New York *Herald-Tribune* of February 3rd, are not so unorthodox as they might at first seem to a serious minded philosopher or physician:

Nor does he ever speculate About the mystery of fate.

Although his intellect is crude, He always has abundant food

And room to swim and brood and bask—And that is all that he would ask.

Man battles hard for happiness, And place, and power and success,

But all his struggles are in vain, Despite his large and massive brain,

And I sincerely doubt if man Has got much on the saurian.

## SMOKE AND DUST IN THE AIR

The elimination of smoke and dust from New York City is receiving serious attention from the Department of Health and many analyses of the air have been made. An editorial in the New York Sun of February 6 says:—

"The wastrel who comes out of a night club at 4 o'clock in the morning and signals for a cab breathes in the few moments of waiting the city's purest air, with less than 1.1 pounds of dust particles to the million cubic yards.

"If a man is to enjoy in waking hours the purest air the city has to offer he must rise at 8 o'clock in the evening and go to bed at 6 o'clock in the morning. At 1 o'clock he can throw the covers back and take his fill of air until 3 o'clock. Once the home fires start burning he must close the windows until purity begins to steal over the city at 8 o'clock. It is confusing to those reared on Poor Richard."

The plans for purifying the air of New York City has recalled to an editorial writer in the New York Times of February 28, the pamphlet called 'Fumifugism' written by John Evelyn about 1661, and recently reprinted. The pamphlet described the pall of London smoke

and suggested ways of getting rid of it. The Times says:—

"He would have all 'Brewers, Diers, Sope and Saltboylers' forced to move five or six miles down the river. Butchers and chandlers he would also ban from the city 'because of their horrid stinks.'

"If these tradespeople refused to be ousted, he was ready with a second remedy. Sweet-smelling gardens were to be laid out in such profusion that their fragrance would mask the foul-smelling coal smoke. He particularly recommended the planting of rosemary, 'the flowers whereof are reported to give their scent above thirty miles at sea upon the coast of Spain.' His advice may be to some degree responsible for the large number of greens, gardens and open spaces in modern London.

"For the growing of flowers in public gardens the climate of London is more favorable than that of New York. But while our smoke and Summer heat may blight sweet-smelling flowers, we can still follow Evelyn's advice in the matter of abundant garden space. Even though our parks may not perfume the air, they can at least dilute its poisons."

# **1**

## BOOKS RECEIVED



- Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review as dictated by their merits or in the interests of our readers.
- TESTICULAR GRAFFING FROM AFE TO MAN Operative Technique, Physiological Manifestations, Histological Evolution, Statistics By Stence Vorknowf and George ALEXANDRESCUE Translated by Theodore C Merrill, M D Octavo of 125 pages, illustrated Brentano's Ltd., 1929
- THE MEDICAL MUSEUM Modern Developments Organization and Technical Methods Based on a New System of Visual Teaching By S H DAUKES OBE, M D Octavo of 183 pages, illustrated London, The Wellcome Foundation, Ltd., 1929
- METHODS AND PROBLEMS OF MEDICAL EDUCATION (Fifteenth Series) Quarto of 76 pages illustrated New York, The Rockefeller Foundation, 1929
- HEMORRHOIDS The Injection Treatment and Pruritus Ani By LAWERICE GOLDBACHER, M D Octavo of 205 pages, illustrated Philadelphia, F A Davis Company, 1930 Cloth, \$3 50
- CLINICAL OBSTETRICS By PAUL T HARPER, Ph B, M D Octavo of 629 pages, illustrated Philadelphia, F A Davis Company, 1930 Cloth, \$8.00
- RECENT ADVANCES IN MEDICINE Clinical, Laboratory Therapeutic By G E BEAUMONT MA, DM, and E C Dooms, MVO MD Fifth Edition Octavo of 442 pages, illustrated Philadelphia, P Blakiston's Son & Company \$350
- THE CARE OF THE NOSE, THROAT, AND EAR. By W STUART-LOW, FRCS., Eng Second Edition 12mo of 88 pages illustrated London, Bailliere Tindall & Cox 1929
- RESEARCH AND MEDICAL PROGRESS AND OTHER AD DRESSES By J SHELTON HORSLEY, M D 12mo of 208 pages St Louis, The C V Mosby Company, 1929 Cloth, \$200
- THE DIAGNOSIS OF HEALTH BY WILLIAM R P LMER SON, A B, M D Octavo of 272 pages illustrated New York and London, D Appleton & Company 1930 Cloth, \$300
- ELEMENTS D INTERPRETATION RABIOSCOPIQUE ET RADIO GRAPHIQUE DES POUMONS By Dr Léon Schenter Octavo of 88 pages Paris, Gaston Doin et Cie 1930 Paper, 12 Francs
- HANDBOOK OF BACTERIOLOGY FOR NURSES BY HARRY W CARRY, AB M D Third revised and enlarged Edition Octavo of 282 pages illustrated Philadelphia F A Davis Company, 1930 Cloth, \$2.25
- OTOLOGIC SURGERY
  F A C.S Second Edition, revised Octavo of 553 pages, illustrated New York, Paul B Hoeber, Inc, 1929 Cloth, \$8.00
- Hypertension and Nephritis By Arthur M Fishness M D Octavo of 566 pages, illustrated Philadelphia, Lea & Febiger, 1930 Cloth, \$650
- PHOTOGRAPHS OF THE TUNCUS OCULI A Photographic Study of Normal and Pathological Changes Seen with the Ophthalmoscope By ARTHUR J BEDELL M D Quarto of 317 pages containing 95 plates Philadelphia T A Davis Company, 1929 Cloth, \$25.00

- BERGEY'S MANUAL OF DETERMINATIVE BACTERIOLOGYS A Key for the Identification of Organisms of the Class Schizomycetes By David H Bergey Octavo of 589 pages Baltimore, The Williams & Wilkins Company, 1930 Cloth, \$600
- THE PENICILLIA By CHARLES THOM Octavo of 644 pages Baltimore, The Williams & Wilkins Company, 1930 Cloth, \$1000
- A Text Book on Orthofedic Surgery By Willis C. Campbell, M.D., F.A.C.S. Octavo of 705 pages, illustrated Philadelphia and London, W. B. Saunders Company, 1930 Cloth, \$8 50
- TREATMENT IN GENERAL PRACTICE By HARRY BECK-MAN, M D Octavo of 899 pages Philadelphia and London, W B Saunders Company, 1930 Cloth, \$10.00
- RECENT ADVANCES IN PREVENTIVE MEDICINE By J F C HASLAM, M C, M D Octavo of 328 pages, illustrated Philadelphia, P Blakiston's Son & Company, 1930 Cloth, \$3 50
- NURSING IN EMERGENCIES By JACOB K BERMAN, A B, M D, FACS 12mo of 160 pages, illustrated St Louis The C V Mosby Company, 1929 Cloth, \$2.25
- A TEXTROOK OF PRINSICHORY FOR NURSES BY WILLIAM GAY CHRISTIAN, M.D. and CHARLES C. HASKELL, B.A., M.D. Second Edition 12m of 153 pages, illustrated St. Louis, The C. V. Mosby Company, 1929 Cloth, \$2 00
- GETTING WELL AND STAYING WELL A Book for Tuberculosis Patients, Public Health Nurses, and Doctors By John Ports, M D Second Edition 12mo of 221 pages St Louis The C V Mosby Company, 1930 Cloth, \$200
- ESSENTIALS OF MEDICAL FLECTRICITY BY ELKIN P CUMBERBATCH, M A, B M Sixth Edition Octave of 443 pages, illustrated St Louis, The C V Mosby Company, 1929 Cloth, \$425
- SYMPTOMS OF VISCERAL DISEASE A Study of the Vegetative Nervous System in Its Relationship to Clinical Medicine By Francis Marion Pottenger, A.M., M.D. Fourth Edition Octavo of 426 pages, illustrated St. Louis The C. V. Mosby Company, 1930 Cloth, \$750
- THE MECHANISM OF THE LARYNX By V E. NEGUS, M S. London, F R.S C. England Octavo of 528 press, illustrated St Louis, The C V Mosby Company, 1929 Cloth, \$13 50
- MEDICAL INSURANCE EXAMINATION Modern Methods and Rating of Lives By J PATESON MACLAREN, WAA, BSc, MB Second Edition Octavo of 646 pages New York William Wood & Company, 1930 (10th, \$10.00)
- THE PRINCIPLES OF BACTERIOLOGY AND IMMUNITY BY W W C TOPLEY, MA, MD, and G S WILSON, MD Two octato volumes of 1300 pages. New York William Wood & Company, 1929 Cloth \$1500 net
- SURGERY OF THE LUNG AND PLEURA BY H MORRISTON DAYES MA, MD Octavo of 355 pages, illustrated London and New York, Oxford University Press 1930 Cloth, \$3.00 (Oxford Medical Publications.)



# BOOK REVIEWS



VARICOSE VEINS, with Special Reference to the Injection Treatment. By H. O. McPheeters, M.D., F.A.C.S. Octavo of 208 pages, illustrated. Philadelphia, F. A. Davis Company, 1929. Cloth, \$3.50.

This book is a text of two hundred pages devoted to a variety of subjects, the majority of which are germaine to the caption.

The first few chapters are devoted to anatomy, embryology, etiology and diagnosis. They are as complete

as needs be and contain nothing new.

The chapter which contains the facts and conclusions on the subject of the direction of flow in varicose veins is not convincing. The data submitted is not adequate and the entire conclusion, which is not new, is contrary to the laws of hydraulics.

The discussion of all aspects of the injection treatment is completely and satisfactorily described, and comes in good grace from one who has had a con-

siderable experience.

Under the chapter entitled, "Complications Coincident or Associated with the Injection Treatment," he gives three fatal experiences. Instead of fairly facing the possibility of responsibility of the treatment, an evident attempt is made to evade that fact.

Case I died of coronary thrombosis after the treatment. Did the sclerosing solution accelerate the onset

of this calamity? He says it did not.

Case II died from diabetic gangrene four months after injection, due to a post injection diabetes with arterio sclerotic gangrene, all of which occupied but four months for its development. The spectator inquires did the injection accelerate the arterial sclerosis in the diabetic? Is not four months a rather short period for acute diabetes to develop such marked arteriosclerosis?

Case III died from just "severe symptoms" developing a few months after treatment, due to an underlying thromboangiitis obliterans. The author is most fortunate to have seen a case of this disease in the female. Very few students of this disease have been so fortunate. He should report it in greater detail.

The handling of ulcer cruris is according to the usual methods and two final chapters on hemorrhoids and

elephantiasis are irrelevant.

In summarizing, it may be said that the text, despite the tendency to understress contra-indications and complications of the injection treatment and possible remote effects of sclerosing substances in the blood stream, gives an excellent account of the usual sclerosing agents and how to employ them.

ROBERT F. BARBER.

A STUDY OF MASTURBATION AND THE PSYCHOSEXUAL LIFE. By JOHN F. W. MEAGHER, M.D., F.A.C.P. Second Edition. Octavo of 130 pages. New York, William Wood & Company, 1929. Cloth, \$2.50.

This is the second edition of a work which since its appearance in 1924 has held a high place in its field. The progress of the last five years is taken account of. The book shows every evidence of scientific and human insight, understanding and authority. A small work on this subject of such high character should be serviceable to a very large group of readers.

STATE BOARD QUESTIONS AND ANSWERS.. By R. MAX Goepp, M.D. Sixth Edition, revised. Octavo of 754 pages. Philadelphia and London, W. B. Saunders Company, 1929. Cloth, \$6.00.

This is the sixth edition of a now widely known work, which first appeared in 1908. It has been revised and reprinted at intervals during that time. In addition to brushing up the candidate for the State Board Examinations, this work might be of considerable service and interest to practising physicians who want to refresh their memory on work that they have not had occasion to investigate for a long period of time. It would seem inevitable, in revising a work of this kind from the standpoint of the more recent questions found in the State Board Examinations, that there should be a bringing up to date of the text, as

The book is attractively set up; paragraphed and divided into sections in such a way as to make it comparatively easy to find any given subject. The demand for such a book must continue, otherwise the need for frequent reprintings and revising of the editions would not exist.

STERILIZATION FOR HUMAN BETTERMENT. A Summary of Results of 6,000 Operations in California, 1909-1929. By E. S. Gosney, B.S., LL.B., and PAUL POPENOE, D.S.C. 12mo of 202 pages. New York, The Macmillan Company, 1929. Cloth, \$2.00 (A Publica-tion of the Human Betterment Foundation.)

This small book summarizes our knowledge of human sterilization. Most of this work has been done in California—6,255 operations up to January 1, 1929. In the United States as a whole there had been 8,515 operations up to January 1, 1928. The book states the problem, recites the history of sterilization, describes its effects, and discusses the voluntary and criminal phases of the subject, etc. Conclusions are presented in Part II, and then follow nine appendices which list the literature, present statistics, and discuss the medical and legal aspects of sterilization, etc. In Appendix VIII a Roman Catholic view is presented by an accredited priest who thinks that sterilization is, in principle, to be approved in suitable cases, but that the operations which are being done do not meet the necessary requirements because of any State is yet meaced by the propagation of its psychopaths, the inheritance of mental disease is still obscure, the possibilities of segregation have not been tested sufficiently, and the present technic of sterilization is not perfect and in some cases (X-rays) may even do more harm than good. A. C. J.

PROCEEDINGS FIRST COLLOQUIUM ON PERSONALITY INVES-TIGATION: Held Under the Auspices of the American Psychiatric Association, Committee on Relations with the Social Sciences. Octavo of 102 pages. New York. City, December 1-2, 1928. Balt., Lord Baltimore Press, 1929. Paper, 60c; Cloth, \$1.00.

Here we have leaders in the fields of Psychiatry and the Social Sciences, discussing their various viewpoints. Anyone interested in Psychiatry, Sociology, and Psy-

chology, should read this pamphlet.

The various speakers having different attitudes do not always agree. For this reason there is much mental food for the student. One speaker, evidently bewildered by the opposing ideas, referred to the epigram about the philosopher as being one who knew everything about nothing; and the sociologist as one who knew nothing about everything. At least this pamphlet will give one an idea as to how deeply other people think; and by contrast will show how some people do not think at all.

JOHN F. W. MEAGHER.

SURGICAL CLINICS OF NORTH AMERICA Published every other month by the W B Saunders Company, Phila delphia and London Per Clinic Year (6 issues) Cloth \$16 00 net, paper, \$12 00 net Vol 9, No 2, April, 1929 (Chicago Number)

This issue coming from the Chicago hospitals lists many famous names and is accordingly a valuable con tribution to our current surgical literature The ever important question of the acute abdomen is discussed as ably as usual by Arthur Dean Bevan Kellogg Speed presents his views on the ununiting fracture of the neck of the femur in a very convincing way A number of other interesting articles with numerous case histories and illustrations complete a volume which makes profit able reading for any surgeon

Vol 9 No 3, June, 1929 (New York Number)

The June issue of the Clinic is the New York number The subjects selected for discussion are, as usual, prac-

tical and diversified

Riedel's struma is treated very completely by Dr Heyd Some aspects of lung surgery are described and discussed by Dr Lihenthal Bone grafting in ununited fracture of the neck of the femur is Dr Albee's contribution to this well illustrated and well edited issue Numerous other articles coming from the pens of other prominent New York surgeons complete a valuable and interesting volume

Vol 9, No 4 August 1929 (Mayo Clinic Number)

The August number is a true reflection of the clinical and experimental work being done at the Mayo Clinic In it the practical surgeon will find descriptions of operations and valuable technical advice. The anatomist, physiologist and scientist will find interesting theoretical and experimental material carefully developed and well presented

YOUTHFUL OLD AGE How to Keep Young By WALTER M GALLICHAN 12mo of 236 pages New York, The Macmillan Company, 1929 Cloth, \$2 50

This book bears the title of "Youthful Old Age" as well as a sub title—' How to Keep Young" As medical men we know that only through good health can any old man hope to keep young, and so this book really deals with how to keep well

The rules which Mr Gallichan offers would be just as applicable to the young as well as to the old, to the sick and to the well. He stresses the importance of a sine life a life that makes sensible use of both mind and of body, a life of happiness of hobbies, and of

human interests

The writer recommends certain measures which may not win favor with many practitioners. He advocates vaccinations once or twice yearly as a protective measure against emphysema and bronchitis He also feels that vasectomy will be the principal method of rejuvenation in the future"

He discusses the causes of infirm old age and among them he lists worry auto intoxication, dietetic indiscretion and other factors which could be equally applied to most of the chronic degenerative diseases

But in general this is an extremely interesting book one which eliminates the sordid aspects of old age and which may be well recommended to all

EMANUEL KRIMSKY

METHODS AND PROBLEMS OF MEDICAL EDUCATION (Thir teenth Series) Quarto of 130 pages illustrated New York The Rockefeller Foundation 1929

The thirteenth series of the Rockefeller Foundation brochures is given over entirely to Vanderbilt University Theor plans and photographs of various departments of the medical school are amplified by concise well written text The Department of Illustration makes one envious

INTERNATIONAL CLINICS Edited by HENRY W CATTELL, A.M., M.D. Thirty minth Series Volume II Octavo of 305 pages, illustrated Philadelphia and London, J P Lippincott Company, 1929

Most doctors know what the International Clinics are Presenting clinical lectures on various aspects of medicine and surgery, written usually by men of high rank in America and abroad they are always worth reading In a book varying in subjects from 'In-tracranial Congenital and Developmental Aneurysms' by F Parkes Weber of England to 'Manners and Morals," by Lewellys F Barker of Baltimore the doc tor, no matter what his taste in medical reading will find in this as in any one of the volumes much that will interest him They will interest not only the country physician far from medical centers who has perhaps not heard a clinical lecture since the time he graduated from medical school, but will interest with their descriptions of rare conditions even the attending physician at the large city hospital. Not every one of the lectures is a classic, but a few of them are and enough are of such high grade that the book well de serves its position as one of our best clinical quarterlies It is unfortunate, however, that so few of the papers are written by men outside of the United States For instance of the nineteen clinics in the present volume only two are by foreign contributors. One could well wish to find in a book labeled International Clinics more of the clinics given by men in foreign lands, thus enabling the American physician to get the viewpoints of medical authorities in other countries

ISRAEL H MARCUS

PHOTOGRAPHS OF THE FUNDUS OCULI A Photographic Study of Normal and Pathological Changes Seen By ARTHUR J BEDELL, res containing 95 plates ges containing 95 s Company, 1929 Cloth,

\$43 W

The importance of this work for depicting fundus details as they change from day to day, thus making them available for purposes of study, will be immedi ately appreciated by those who have learned to examine fundus photographs and by those who have attempted to make accurate drawings of the fundus. The superior photographs, produced by excellent technic and faith fully reproduced make it possible for a busy practitioner to have available a wealth of material for teaching others. Abstracts of the histories of the cases photographed also add materially to the worth of this atlas

The author is especially to be congratulated upon his technic in taking the stereoscopic photographs which produce the effect so difficult to obtain with colored drawings. The single photographs should be studied with slight magnification, and the stereoscopic photographs by fusing the pictures with or without the aid of prisms in a trial frame

To produce pictures of the type depicted in this atlas requires much painstaking labor and long practice with the Nordensen camera, besides a perfected technic However, photographs of value for purposes of record may be made after a few trials

Case reports in the future will be greatly enhanced in value by the addition of a series of fundus photo

This first atlas in English should be followed by others Although the absence of color is at first notice able, the possibility of seeing a series of photographs depicting changes from day to day the exactness with which details are reproduced the freedom from in accuracies inherent in drawings and the effect of depth obtained overshadow the importance of seeing the colors to which we are accustomed but which are seldom accurately represented CONRAD BERENS

# The Physician's Gymnasium

McGOVERN'S is often referred to as "the physician's Gymnasium" because so many doctors send their patients here. Through investigation, they have found that McGovern's is the one gymnasium that bases its exercises and athletics solely upon the physician's diagnosis of the patient's individual condition.

We'll be glad to send any physician a guest card so that he may see, for himself, our facilities for carrying out his orders.



# BARROW MANOR

New York's Most Attractive Suburban Convalescent Home

A Private Home for Convalescents, Semiinvalids and Elderly People. Mental Patients Not Accepted

Quiet, Restful, Exclusive, Accessible

Medical Service Exclusive Services of Nurse Semi-Private and Private Accommoda-

tions

Diets Laboratory Analysis Alpine Sun Lamp Physio-Therapy Massage Colonic Irrigations

Physicians are invited to supervise in care of their patients

Henry J. Barrow, M.D. Medical Director

Violet C. Smith Superintendent

No. 1 Broadway Dobbs Ferry

Telephone Dobbs Ferry 2274

Inspection invited Information upon Request (Continued from page 362)

in local hospitals, where such are available, or at places most convenient to the individual groups.

"It has been decided to have two groups of lecturers, one in the northern part of the State and one in South Jersey. In the southern group, the teaching staff has been selected from the faculty of the University of Pennsylvania School of Medicine and the University of Pennsylvania Graduate School of Medicine. The lecturers for the northern section include members of the faculty of the University and Bellevue Hospital Medical College and the Cornell University Medical College.

"In each section the curriculum will be identi-There will be eight lectures on General Medicine and eight upon Traumatic Surgery, to be given weekly during April and May. The registration fee has been placed at \$30 per person per course, and will be used for the payment of lecturers and other expenses required in the operation of the classes.

"The subjects to be considered have been announced as follows by the Educational Committee:

#### GENERAL MEDICINE

Diseases of the Blood—(1 lecture). Pneumonia—(1 lecture). Cardiac Diseases—(2 lectures). Renal Diseases—(2 lectures). Recent Advances in Therapy—(2 lectures).

#### TRAUMATIC SURGERY

(1)Treatment of Minor Injuries.

(2) Infected Wounds, Especially of the Hands.

(3)Common fractures.

(4) Head Injuries.

(5) Internal Injuries.

Joint and Tendon Injuries. (6)

Osteomyelitis.

Burns and Asphyxiation."

#### STATE MEMBERSHIP AND DUES

The February issue of Northwest Medicine contains the following information regarding dues in the States of Washington and Oregon:

"At the meeting of the American Medical Association in Portland last July, Dr. Olin West, secretary of the Association, in his annual report of the House of Delegates presented a table, showing the percentage in each State association of its membership to the licensed physicians of the State. (See this Journal, March 1, 1930, page 306.) New Hampshire appears at the head of the list with 87 per cent membership. Washington is twelfth with 72 per cent, while Oregon stands forty-seventh with 49 per cent and Idaho forty-

(Continued on page 365-adv. xiii)

(Continued from page 364-adv xu)

eighth with 45 per cent. One naturally inquires why this variation in adjacent States The explanation probably lies chiefly in the methods of financing the State organizations, which present an interesting field for speculation The Washington system provides for the payment through the treasurers of the county societies of five dollars per member as State association dues Each county society collects dues for its own purposes, ranging from a minimum of a few dollars per member to a maximum of twenty-five dollars in Kings County for those who have been in practice for more than six and less than twenty-six years, the fee for the two latter groups being sixteen dollars, this fee also including that for the State association.

"In contrast to this system the Oregon State society has annual dues of twenty dollars per member, which includes membership in the public health league and medical defense fund. This sum is paid directly to the treasurer of the State society without reference to the county societies, each of which collects dues for its own purposes. In the Idaho association where a similar plan is followed, the dues are forty dollars per year, all members likewise doing their share in supporting the public health league and medical defense fund. If all members in Washington had

membership in these two organizations, their dues would be increased by the sum of thirty dollars. At the present time these memberships are optional, so that all do not participate as in Oregon and Idaho. If these items were included in the annual dues, probably there would be a noticeable decrease in the Washington membership, as is noted in the other States"

#### NATIONAL BETTER HEALTH BUREAU, INC., OF PROVIDENCE

This Journal of August 15, 1929, page 1046, quoted an article from the Rhode Island Medical Journal of July, 1929, condemning the National Better Health Bureau, Inc, which had been organized within a year, with purposes similar to those of the Life Extension Institute, Inc, of New York City. This Bureau apparently went the limit in the use of spectacular forms of commercial lines, and thereby incurred the criticism of the medical profession of both Rhode Island and Massachusetts.

The Bureau is discussed in the New England Journal of Medicine of January 16, 1930, which contains the following report by Dr. David Cheever, Chairman, Committee on Ethics and Discipline, Massachusetts Medical Society:

(Continued on page 366-adv xiv)





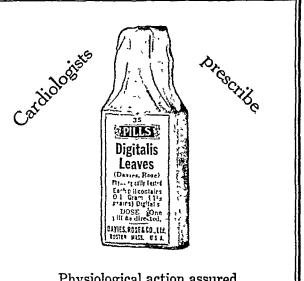
# A Combination Maternity Garment

Ready now for your approval. It embraces all therapeutic requirements and provides a perfect ensemble for the woman who prefers the "all-inone" garment. Reinforced lower portions provide firm support to the lower abdomen. The cup-form brassiere, with inner sling, gives uplift to the breast. A flexible upper front gives softness and with side lacings allows for figure increase. Habit back, well down over gluteus muscles, with Camp Patented Adjustment for splendid sacro-iliac support. This design, the first of the kind on the market, will completely meet your idea of what a combination maternity support should be.

Sold by surgical houses, department stores, and the better drug stores

Write for our physician's manual





Physiological action assured.

More accurate than tincture drops.

Sample and literature upon request.

DAVIES, ROSE & CO., Ltd.
Pharmaceutical Manufacturers Bosto

O., Ltd. Boston, Mass. (Continued from page 365-adv. xiii)

"Complaint was made to the Committee on Ethics and Discipline of the activities of an organization called "The National Better Health Bureau" of Providence, R. I., which described itself as "A Scientific Bureau, organized as a humanitarian, semi - philanthropic organization upon a business basis." Its Health Director was our justly respected Fellow Dr. William R. P. Emerson, (Dr. Emerson wishes to have his name used) of Boston, and with him were associated other (no less respected) Fellows of our Society, and certain physicians of Providence, members of the Rhode Island Medical Society. Severe criticism of the undertaking was expressed by the physicians of Providence; an invitation to Dr. Emerson to address the Providence Medical Association on the subject was withdrawn, and local physicians associated with the Bureau were urged to sever their connection on the ground that it was unethical.

"Investigation by the Committee on Ethics and Discipline showed that the National Better Health Bureau (let us call it the 'Bureau' for short) was organized by three business men, one of them lately in the insurance business, who conceived the idea of 'selling health diagnosis and health service at a fair cost.' A corporation was formed, quarters were secured and Dr. Emerson was engaged at a salary as Health Director. An aggressive advertising campaign for patients was launched, consisting of advertisements in the daily press, often pictorial in character, extolling the importance of health, offering 'First, a complete and thorough Health Survey . . . a Health Diagram, followed by a sound practical health program suited to the individual requirements of each youngster . . . and a special yearly health service at a special price,' and describing the spaciousness and conveniences of the Bureau's quarters. To most of these advertisements was suffixed the name of Dr. Emerson as Health Director. In addition, circulars were distributed. a house to house canvass conducted, an automobile sent about the streets of Providence and a radio broadcast established in which the Health Director's success in promoting the health of Dartmouth College athletic teams was noted. These details are given to show that scarcely any of the practices common to commercial advertising were omitted, and that the Bureau saw the wisdom from a business point of view of capitalizing Dr. Emerson's high reputation.

"Dr. Emerson believed that he could avoid possible criticism by not administering treatment of any sort and by not referring patients to any special group of consultants for treatment of any pathological conditions discovered, but counselling them to call in their regular advisers. As evidence of the actual benefits accruing to the phy-

(Continued on page 367-adv. xv)

(Continued from page 366-adv xiv)

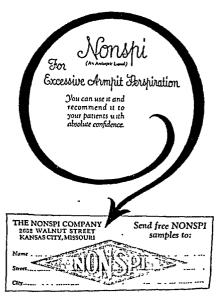
sicians of Providence through the activities of the Bureau, Dr. Emerson calculated that the first hundred patients applying for 'health diagnosis' may theoretically have paid fees totalling \$5,000 to their physicians, if they carried out the recommendations of the Health Director.

"In conferences with the Committee on Ethics and Discipline Dr. Emerson stoutly maintained that 'Health Diagnosis' is an activity quite distinct and apart from the functions of the practicing physician (which apparently should be confined to the treatment of disease) and declared that methods of publicity and self-advertisement intolerable if practiced by a regular physician are commendable and desirable if used by a physician who makes his living by practicing 'Health Diagnosis.' To quote him: 'The question of advertising in Health Diagnosis work is quite different from the question of advertising in medicine; . . . it seems to me that the whole matter rests on the question of what distinction there is between health work and medical work. And he adds: 'There seems to be a feeling

abroad that the physician resents health work. "The Committee on Ethics and Discipline unanimously reached the conclusion that the National Better Health Bureau was a commercial organization incorporated by business men for profit and securing patients by publicity and advertising methods which offered unfair competition to reputable physicians to whom the advertising columns of the lay press are not open. They were entirely unable to see any essential distinction between 'Health Diagnosis' and regular medical practice. They pointed out that every general practitioner is, or should be, not indeed a national but rather a local 'Better Health Bureau,' and that the Bureau's own definition of itself as a 'Scientific Bureau, organized as a humanitarian, semi-philanthropic organization upon a business basis' is justly applicable to the regular physician. They felt that every conscientious physician assays the health of his patients, considers their conditions of life, their habits and conditions of work, of play and of repose, their habits of eating, of thinking, of exercising, of resting, of emotional feeling, of defecating,-in short all those factors especially claimed by Dr. Emerson as the peculiar property of the health diagnostician. The Committee expressed their view to Dr. Emerson and his colleagues with every assurance of their realization of the single-mindedness and purity of their intentions. His colleagues have severed their connection with the Bureau but, if the Committee understands the situation correctly, Dr. Emerson has not yet done so:-very likely because he thinks it unnecessary inasmuch as the Bureau has closed its doors. It seems evident, however, that Dr. Emerson is unconvinced,

(Continued on page 368-adv. xvi)



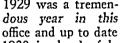


## Katherine L. Storm, M.D.

Originator, Owner and Maker of

#### The "Storm" Supporters

This picture shows "Type A." There are three distinct types and many variations of each. Please ask for descriptive literature. "STORM" belts are being worn in every civilized land. 1929 was a tremen-



1930 is ahead of last year's record. Nearly every town in New York State was reached by Storm belts last year. We heartily thank the New York doctors.

# Katherine L. Storm, M.D.

1701 Diamond Street

Philadelphia



(Continued from page 367-adv. xv)

"This problem is typical of those which are becoming more and more frequent at the deliberations of the Committee on Ethics and Discipline. The present age of publicity, advertising, of effort to promote the health of the people by public or quasi-public agencies such as Boards of Health, insurance companies, industrial clinics, school clinics, charitable hospital clinics, and by radio broadcast health talks, tend more and more to attract patients from the office of the regular general practitioner, and in some instances to advertise a physician or group of physicians who are the instruments of these agencies. As a whole these efforts appear commendable when directed by regularly organized charitable agencies. What shall be our attitude about Dr. Emerson and the National Better Health Bureau?

"The Committee on Ethics and Discipline is the servant of the organized regular physicians of Massachusetts, charged with the duty of interpreting the ethical professional standards adopted by those physicians. These problems are becoming acute. Let us have discussion and guidance."

# CARE OF THE INDIGENT SICK BY COUNTY MEDICAL SOCIETIES IN IOWA

The care of indigent sick by County Medical Societies in Iowa was discussed in this Journal of February 15, 1929, page 245. The plan was that the county medical societies should enter into a contract with the county officials to give medical service to the indigent poor at specified rates. The income pays the dues of the members in the county and state societies, and provides the means for carrying on all the activities of the local societies. Contracts had been made by four counties—Harden, Marion, Marshall, and Webster, while Waterloo county had a contract applying to the City of Waterloo only.

The Journal of Iowa State Medical Society of February has an article by Dr. J. I. Marker of Davenport, Iowa, describing a contract made in Scott County, which contains 70,000 inhabitants, and about fifty doctors. The article says:—

"It seemed desirable that the doctors as a business organization take over the entire responsibility for delivering medical care of all kinds to the part of the population dependent upon public charity.

"Fifty practitioners cannot act in accord from one motive, but they can find that different motives can make them act as one. To some, the words of the Secretary of the American Medical Association, Dr. Olin West, were the activating motive: 'The one great outstanding problem before the medicai pro-

(Continued on page 369-adv. xvii)

(Continued from page 368-adv. xvi)

fession today is that involved in the delivery of adequate scientific medical service to all the people, rich and poor, at a cost which can be reasonably met by them in their respective stations of life.' Others of the profession saw the need of the medical men taking hold and controlling the dispensing of free or semi-free medical service in the community while we can control it and before we reached such a problem as the profession in Chicago and elsewhere had on their hands in the past. To a number of the men there was the appeal of the opportunity to work together with other men on cases where jealousies would not be encouraged, and where we all would receive the inspiration and tempering of judgment which comes from professional contacts. But whatever the motives in our minds, fifty members of the Scott County Medical Society have signified their intention of working together in a contract with the County Supervisors, and have morally bound themselves to both give and take to the extent that our work be a success.

"It was necessary for the county medical

society to incorporate in order that we could do business as a group, and not necessitate the making of a contract by any one individual. In November 1929, the Scott County Medical Society voted to incorporate, and elected a board of nine trustees, who formed the Scott County Medical Society, Inc., and voted membership to all members of the society. The business affairs of this incorporated society are the function of the Board of Trustees. This board elected for three year terms has its own president, vice-president, and secretarytreasurer, and at present the business dealings of the corporation are kept separate from the functions of the unincorporated society, such as collecting dues, electing members and providing programs.

"Our contract with the Board of Supervisors provides that we 'furnish all medical and surgical care and treatment, as may be required during the calendar year 1930 for County patients of said Scott County, Iowa, arising within the City of Davenport, the City of Bettendorf, and of Davenport Township, in said County.' The balance of the County, where there is comparatively little poverty is to be

(Continued on page 370-adv. xviii)

When pneumonia is on the war path

Alka-Zane is a granular, effervescent salt of calcium, magnesium, sodium and potassium carbonates, citrates and phosphates. Dose, one teaspoonful ina glass of cold water.



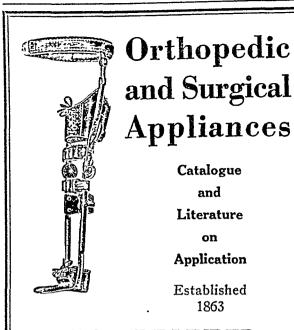
ACIDOSIS is its ally. In infectious diseases the tendency toward acidosis is now a widely accepted fact. And treatment has a far more difficult job ahead.

The remedy is simple. Alka-Zane will replenish and support the depleted alkali reserve. Alka-Zane may be dissolved in water and, if desired, added to milk or fruit juices to form a zestful, refreshing drink.

Final decision on the true worth of Alka-Zane rests with the physician. We will gladly send a twin package, with literature, for trial.

Alka-Zane

WILLIAM R. WARNER & CO., Inc. 113 West 18th Street, New York City for Acidosis



#### ROBERT LINDER

Incorporated

148 EAST 53rd STREET NEW YORK CITY

Telephone: { Plaze 7378 Plaze 7379

# HAY FEVER

has been prevented in thousands of cases with

# Pollen Antigen *Lederle*

Each year has added evidence to the value of this product in the prevention or relief from symptoms of Hay Fever, and each year an increasing number of physicians have familiarized themselves with the Hay Fever problem and are relieving patients of their seasonal attacks.

Full information upon request

LEDERLE ANTITOXIN LABORATORIES
NewYork

(Continued from page 369-adv. xvii)

cared for on order of the supervisors or their agents as in the past. The contract was made to cover all service of any kind usually expected of physicians, and the only exceptions were in the matter of certain expenditures for drugs, which might not be under the control of the physicians. For that reason charges for surgical appliances, trusses and serums, toxins and antitoxins are paid by the Board of Supervisors. All other treatments, drugs, x-rays, and other laboratory work is paid for by the county society, unless the patient becomes hospitalized when the Supervisors pay hospital charges.

"The plan includes a daily clinic of one or two hours held at the Visiting Nurses Cottage, which is referred to as the clinic; a system of referring patients for special work and consultation, and a system of assigning patients in the hospital for care. House visits and calls are made by a physician, who is paid a stated salary for this work. The work of the venereal disease clinic, which was established in war time is done by a physician hired by the society.

"The clinic is maintained by volunteer workers, who have a regular schedule for their hours spent there. These men of whom there are twenty, are given first preference in assignment of cases to be cared for in the local hospitals. All members of the Scott County Medical Society are welcome to visit any county patient, and note their observations on the hospital record, but the actual directing of the care of the patient is under one man to whom they are assigned. The Consulting Staff, of whom there are thirty men, is made up of those men who will be willing to take a case that has been worked up in the clinic, and make special examinations or give the benefit of their experience to the physician under whose care the patient is placed and who asks for the consultation. The different men who give their time in any capacity are permitted to designate the specialty or departments in which they wish to work. With out dictation or criticism of their choice of work the men are assigned alphabetically on any list on which they wish to be placed. It was felt to be the fairest manner of dividing the work, and one which would cause the least criticism.

"When any patient, not a county charge is sent to the clinic for diagnosis or treatment, that case is to be accompanied by a social history which was agreed upon by the different charitable organizations from which we might receive cases such as the Davenport Visiting Nurses Association, Ladies' Industrial Relief, Catholic Charities, etc. On the basis of this social history, the Board of Trustees can de-

(Continued on page 371-adv. xix)

(Continued from page 370-adv vviii)

cide as to the ability of the patient to pay a fee to their family physician or their eligibility to the clinic. This will in time, if kept up, give the Scott County Medical Society a basis on which to decide as to whether they are charity patients or not, and if later we take patients on part-pay plan, it will give us a standard of their ability to pay

"The hope of the active members of Scott County Medical Society, Inc., is that from this united effort will come an active united medical society in which the members can have confidence, and whose members will develop increased confidence in the ability and honesty of purpose of each other. By this plan and the changes which will come, we can control and direct the charitable efforts of our members and serve the community. If there is later a demand for a part-pay clinic, it can come when the profession is ready for it and we will have a working organization under the control of the medical profession, and not under control of a few men or a lay group."

The Journal also states that a similar plan has been adopted in Sioux City.

#### ETHICS OF PUBLICITY IN INDIANA

The minutes of the weekly meeting of the Bureau of Publicity of the Indiana State Medical Association held on November 22, 1929, contain the following entry as recorded in the January issue of the Journal of the Indiana State Medical Association.

"The question was put to the Bureau of Pubheity concerning the ethics of the following: An article, written by a physician, which commented upon certain medical uses of tomato juice, appeared in The Indianapolis Medical Journal. A canning company asked THE JOURNAL for the permission of making reprints of this article and sending them to physicians The editors of THE JOURNAL asked the Bureau of Publicity for its opinion concerning the ethics of doing this. The opinion of the Bureau was that reprints could be sent provided nothing was mailed with them which would give a direct or indirect tie-up between the article written and any commercial product sold by the company. It would be all right, according to the Bureau, to mail the article plain, without any letterhead, any accompanying letter or envelopes, or any accompanying literature, which would name the company in any way.



## The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

> 305 Lexington Avenue New York City Tel. Ashland 3563

DAY AND NIGHT SERVICE

Registered Nurses Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions

## Mager & Gougelman, Inc.

FOUNDED 1851

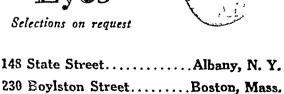
108 East 12th Street

New York City

Specialists in the manufacture and fitting of

# Artificial





1930 Chestnut Street....Philadelphia, Pa. Charitable Institutions Supplied at Lowest Rates

#### STUDENTS' LOAN FUND IN KENTUCKY

The proceedings of the House of Delegates of the Kentucky State Medical Association held on October 21, 1929, and recorded in the February issue of the Kentucky Medical Journal, contain a report of the Committee on Students' Loan Fund, which describes the loan funds administered under the auspices of the several women's organizations for the benefit of students in normal schools and colleges. The Committee of State Medical Association published an editorial setting forth its plans for loans to students in the Schools of Medicine and of Laboratory Technique. The Committee reported the following results:

"As soon as that editorial was published we received a letter from Henderson County Medical Society saying that they thought it was one of the best projects the Kentucky State Medical Association was doing, and they want to go on record as being the first society to endorse it and send a check for \$25. This fund is to be deposited with the usual fund of the Kentucky State Medical Association and to be dispensed by the House of Delegates and by the Council. We are to solicit funds from the members of the county society and from the members of the alumni of the University of Louisville. This student fund is to be given the Kentucky boys and girls for the Kentucky University.

"The Committee felt if we paid a sufficient sum to a boy or to a girl to give them their entire education they would have the privilege of asking that boy or girl to go to a community where there were no physicians and to stay there until they made money enough to refund the loan. I recently met a doctor from the eastern part of Kentucky and he told me he gave a boy \$4,000 to take a medical course. He said that boy went to a certain section of the state that he designated and in two years paid back the \$4,000.

"I said, 'Doctor, I hardly believe that.' He said. 'It is absolutely true. I am going to will \$50,000 to the student loan fund.

"I think this is really one of the forward movements that the Kentucky State Medical Association has taken part in. Dr. Moore said, that a medical student may be in some unfortunate circumstances, that may occur in his Junior or Senior year and he absolutely needs \$100 to finish the school, and he just cannot get it anywhere. By this fund we are aiming to help those worthy boys and girls, lending them \$50, \$100, \$200, or probably \$300, as the Committee thinks fit to do. I have had so much experience the last seven years with young boys and girls trying to get an educa-

(Continued on page 373-adv. xxi)

(Continued from page 372-adv. xx)

tion, that I have really become more and more favorably impressed with a loan fund.

"The question came up in a great many minds, 'Will these students pay it back?' Student loan funds have been made to 2,700 students in the Western State Normal School and not a nickel has been lost. I have given twenty-five girls and boys in my laboratory course student funds and I have never lost a nickel.

"We ought to appeal to those doctors who have no responsibilities in life, doctors who are bachelors, widowers, or something like that, who can give up this money to help educate some of these less fortunate students, so I am hoping that we can make a better report of this organization next year."

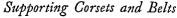
#### STUDENT HEALTH SERVICE

The Committee on Public Relations of the Medical Society of the State of New York is investigating the subject of health services in colleges. An article in the January issue of *Illinois Medical Journal* beginning on page 58, written by Dr. J. H. Beard, Urbana, Illinois, closes with the following paragraph:

"Student Health Service: A student health service is a health center within an institution of higher learning. It is dedicated to the conception that constructive dynamic living in the best environment that modern science can provide is the rightful inheritance of every individual. To attain this ideal, it teaches the student the principles of hygiene and sanitation as they relate to him, to his home, to his vocation and to his community. Its methods are classroom instruction, the periodic physical examination, the personal conference, demonstration of disease control and the maintenance of sanitary surroundings. It strives to reveal to the leader of tomorrow the benefits to be derived from hospitalization, public health and modern medicine because such knowledge will mean such to him, to his family, to his community, to diagnosis, to treatment, to the equipment and maintenance of hospitals, and to national vigor.

"It is not the purpose of health services to pauperize nor paternalize students nor to socialize medicine; but they do covet opportunities to do their part in putting the college graduate and the physician shoulder to shoulder to mutual advantage in serving the public, in advancing modern medicine and in making a better world."

#### BARNUM-VAN ORDEN



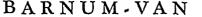
Specific support, well balanced to give correct uplift to abdominal walls. No elastic to stretch and destroy balance of support.

Made in both laced front and solid front designs but adjusted from the back with the upward backward traction necessary for correct uplifting support.

#### Service

Each patient sent to the Van Orden Shop constitutes an obligation to justify the physician's confidence in sending her and every effort is made to give her the support required with comfort. All supports made to measure to theet individual needs.

Demonstration on Request



ORDEN

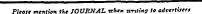
379 FIFTH\_AVENUE

NEW YORK

Bet. 35th and 36th Sts.

Telephone, Caledonia 3316





#### CHILD WELFARE SCHOOL BY SCOTT COUNTY MEDI-CAL SOCIETY, KENTUCKY

The January issue of the Kentucky Medical Journal has the following description of a school to be conducted by the Medical Society of Scott County, Kentucky

"The proposition of the State Health Department to make Scott County the center of Eastern Kentucky for a school of instruction in maternity and child welfare was formally accepted by the Scott County Medical Society at the regular meeting held December 5th, at the Garth City School, with a delightful dinner.

"The School will be under the direction of the state health department, represented by Dr. Veech and financed by the Rockefeller Endowment for Public Health. Assisting will be a woman physician, who will be a maternity and child specialist and an added nurse.

"The work will be done in cooperation with the Scott County Health Department. There will also be a committee of three appointed from each of the civic organizations in Georgetown and Scott County to assist in carrying out the program. The committee appointed last meeting from the Scott County Medical Society, by the president is composed of Dr. H. V. Johnson, Dr. W. S. Allphin and Dr. L. L. Cull.

"To this school health officers and nurses and other doctors and nurses and other doctors and persons throughout Eastern Kentucky, who are interested in child welfare, will come to observe the methods of the school and plans for constructive health measures along these particular lines."

#### PRIZE FOR COUNTY SOCIETY PAPER

The Journal of the Tennessee State Medical Association for February contains the following announcement of a prize:

"Blount County.—The annual meeting of the members of Blount

A well known Urological Journal says:

#### "If you must use a diuretic, try the best -water"

This recommendation is well worthy of adoption especially

# Voland

¶ Physicians have is used. commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



#### POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York City County Medical Society was held on December 26th, at which time the newly elected officers were installed.

"Beginning with the new year, the society is contemplating putting on a unique contest for a handsome prize to the member of the organization who during the year prepares and delivers the best scientific paper before the society. A committee has been appointed to work out the details of the contest and to select and award the prize at the end of the year 1930."

#### PARENT-TEACHERS ROUND-UP OF CHILDREN IN CALIFORNIA

The January issue of California and Western Medicine has the following description of a roundup of children of pre-school age after the plan of Iowa (see the N. Y. JOURNAL October 1, 1929,

page 1232).

Nearly thirteen thousand California children who entered school for the first time this fall, were given physical examinations by the Bureau of Child Hygiene of the State Department of Health, in cooperation with the California Congress of Parents and Teachers. Most of these children live in the rural districts of the State, where organized facilities for child care are not available. Forty-eight counties of the State were covered in the campaign. Examinations were conducted by competent physicians, many of whom donated their services. The examining physicians noted the condition of the heart, lungs, eyes, ears, nose, throat, teeth, and the weight and posture of the children. They recorded conditions which were necessary for correction and advised the parents to secure such corrections from local physicians before the child was permitted to enter school. The most commonly encountered defect was decayed The next most common defect encountered was diseased throat and nose. A large number of the children were found to be underweight and faulty posture was a commonly found defect."

## THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

#### =The list of advertisers in the 1929 edition follows:=

#### Abdominal Supports and Binders

Holmes Ambulances MacDougall Ambulance Service

Camp, Sherman P.
Donavan, Cornellus
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storna, Katherine L., M.D.
United Orthopaedic Appliance Co.

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

Ambulance Service

Artificial Limbs Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

Belts, Supporters

Braces

Corsets

Camp, Sherman P. Donovan, Cornelius Low Surgical Co., Inc. Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co..

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

Flour (Prepared Casein)

#### Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kajak Company

#### Orthopaedic and Surgical Supplies

Donovan. Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc. United Orthopaedic Appliance Co.,

#### **Pharmaceutical**

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Haleyon Rest Norris Registry Sahler Sanatarium

## Pomeroy Company United Orthopsedic Appliance Co.

Chemists, Druggists and Pharmacists Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

Linder, Robert, Inc.

#### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

#### **Publishers**

#### Radium

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Service Bureau
Official Registry
Psychiatric Bureau
Riversido Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace Central Park West Hospital Crest View Sanatorium Halcyon Rest Hough, Frank L. Hough, Frank L.
Interplines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Creat Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamlord Hell Sunny Red West Hill Westport Sanitarium

#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopaedic Appliance Co.

Service Com

#### Wassermann Test

Bendiner & Schlesinger

#### Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases. Also Cases of General Invalidism. Cases of Alcoholism Accepted.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country. Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City. Frequent train service.

For terms and booklet address

F. H. BARNES, M.D., Med. Supt. Telephone, 1867 Stamford, Conn.

#### River Crest Sanitarium

Astoria, Queens Borough N. Y. City Under State License

JOHN JOSEPH KINDRED, M.D., Consultant

WM. ELLIOTT DOLD, M.D., Physician in Charge FOR NERVOUS AND MENTAL DISEASES including committed and coluntary patients, alcoincluding committed and toluntary patients, alco-holic and narcotic habitues. A Homelike private retreat, overlooking the city. Located in a beau-tiful park. Thorough classification. Easily ac-cessible via Interboro, B.M.T. and Second Ave. "L." Complete hydrotherapy (Baruch), Electricity, Massage, Amusements, Arts and Crafts Shop, etc.

## Attractive Villa for Special Cases Moderate Rates

New York City Office, 666 Madison Ave., corner of 61st Street; hours 3 to 4 P. M. Telephone "Regent 7140." Sanitarium Tel.: "Astotia 0820."

By Interborough, B.M.T., and Second Avenue L

#### WEST HILL

HENRY W. LLOYD, M.D.

West 252nd St. and Fieldston Road Riverdale, New York City

B. Ross NAIRN, Res. Physician in Charge

Located within the city limits it has all the advan-tages of a country sanitarium for those who are nervous or mentally ill. In addition to the main building, there are several attractive cottages located on a ten acre plot. Separate buildings for drug and alcoholic cases. Doctors may visit their patients and direct the treatment. Under State License.

Telephone: KINGSBRIDGE 3040

JOSEPHINE M. LLOYD 105 Boston Post Road, Rye, N. Y.

Henry W. Lloyd, M.D. Hulda Thompson, R.N. Attending Physician Supervisor

TELEPHONE RYE 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted. Special attention to Diets.

Hydro-therapy, Ultra Violet and Alpine Sun rays, Diathermy, Massage, Colonic irrigation. Inspection invited. Send for illustrated

HERNY W. ROGERS, M.D., Physician in Charge HELEN J. ROGERS, M.D.

#### DR. ROGERS' HOSPITAL

Under State License

345 Edgcombe Ave. at 150th St., N. Y. C.

Mental and Neurological cases received on voluntary application and commitment. Treatment also given for Alcoholism and Drug addiction. Conveniently located. Physicians may visit and cooperate in the care of their patients.

Telephone, EDGecombe 4801

#### **BRIGHAM HALL** HOSPITAL

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiene

Founded in 1855

Beautifully located in the historic lake region of Central New York. Classification, special attention and individual care.

> Physician in Charge Henry C. Burgess, M. D.

## HALCYON REST | ROSS SANITARIUM, Inc.

Brentwood, L. I., N. Y. Telephone, Brentwood 55

The Ross Sanitarium is for convalescents, the aged, chronic invalidism, and for those needing rest and relaxation. Resident medical and nursing stay. The Sanitarium is homelike, with close attention to diet and comfort of the patient. The number is limited, thereby making it possible for the medical and nursing staff to give individual attention. Physicians sending patients may direct their management and treatment. Rates \$35 to \$100 per week. Established 32 years.

W. H. ROSS, M.D., Medical Director

#### WHITE OAK FARM

PAWLING, DUTCHESS COUNTY, **NEW YORK** 

Located in the foothills of the Berkshires, sixty miles from New York City. Accommodations for those who are nervous or mentally ill. Single rooms or cottages as desired.

Flavius Packer, Physician-in-Charge Telephones: Pawling 20 New York City-Caledonia 5161

### **CREST VIEW SANATORIUM**

GREENWICH, CONN.

(25 Miles from N. Y. City)

F. St. CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to. Charmingly located, beautifully appointed.

Fresh vegetables year round

Senility, Infirmities, Nervous Indigestion, \$25-85 weekly. No addicts.

Established 35 years.

Tel. 773 Greenwich

Syracuse, N. Y., March 15, 1930

Dear Doctor:

Every product of our laboratories is assayed or otherwise standardized.

We have a reputation for "low prices" but the foundation of our business is QUALITY.

Try our service and prices.

MUTUAL PHARMACAL CO., Inc.

#### Rheumatic Diseases

Arthritis, Sciatica, Lumbago, Neuritis, and Gout Treated Exclusively

Painstaking diagnosis and therapy as indicated; complete clinical laboratory and department of physiotherapy.

CHANNON LODGE is centrally located and fully equipped. Only rheumatic patients accepted. All treatments under the careful and constant supervision of the Resident Medical Director. Reports available to referring physicians, who may at all times retain contact with patients. A completely equipped pathological laboratory supplements diagnoses and treatments. Especially trained staff. Limited accommodations are carefully restricted. Reservations necessary in advance. Inspection cordially invited.

120 acres of woodland privacy; 800 feet elevation with 20-mile view. 42 miles from New York. Tastefully furnished and beautifully landscaped. Accommodations to meet the requirements of patients, single rooms or suites.



Rernardsville, NG

Complete information, rates. treatments, etc., gladly sent ubon request to the Medical Director

## CROOKES COLLOSOLS

The original colloidal and non-ionic preparations for medicinal use

A wide range of these important additions to therapeutic resources is now available. As upwards of 250 published references to the clinical efficiency of the products have appeared in authoritative British medical journals and text books, they merit close investigation by every practitioner.

The Collosols available include

COLLOSOL ARGENTUM COLLOSOL MANGANESE COLLOSOL TODINE COLLOSOL SULPHUR COLLOSOL KAOLIN COLLOSOL TRIMINE

Full particulars and clinical samples will be sent on application to

THE CROOKES LABORATORIES, Inc.

145-147 EAST 57th STREET NEW YORK CITY

TELEPHONES: VOLUNTEER 1182-83. London

TILEGRAMS: COLLOSOLS NEW YORK Paris

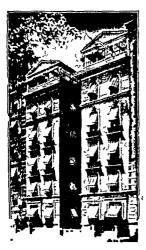
#### 1930

## PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ATRANV	E Corning, Albany	H. L. Nelms, Albany	F. E. Vosburgh, Albany
ATTEGANY	. H. K. Hardy, Rushford	L. C. Lewis, Belmont	G. W. Roos, Wellsville
RRONX	.H. Aranow, N. Y. City	I. I. Landsman, N. Y. City.	]. A. Keller, N. Y. City
BROOME	.J. J. Kane, Binghamton	.H. D. Watson, Binghamton.	.C. L. Pope, Binghamton
CATTARAUGUS	C. A. Lawler, Salamanca	R. B. Morris, Olean	I R Sisson Auburn
CAYUGA	F I McCulla Jamestown	. E. Bieber, Dunkirk	.F. J. Pfisterer. Dunkirk
CHEMING	I. S. Lewis, Elmira	C. S. Dale, Elmira	]. H. Hunt, Elmira
CHENANGO	.E. A. Hammond, New Berli	n.J. H. Stewart, Norwich	J. H. Stewart, Norwich
CLINTON	. A. S. Schneider, Plattsburg.	L. F. Schiff. Plattsburg	F. K. Ryan, Plattsburg
COLUMBIA	D. R. Robert, New Lebanon Ct	. L. Van Hoesen, Hudson P. W. Haake, Homer	L. Van Hoesen, Hudson
DELAWARE	I. M. Day Sidney	.H. J. Goodrich, Delhi	. H. J. Goodrich. Delhi
DUTCHESS-PUTNAM.	. A. Sobel. P'ghkeepsie	H. P. Carpenter, P'ghkeepsie	H. P. Carpenter, P'ghkeepie
ERIE	W. T. Getman, Buffalo	L. W. Beamis, Buffalo	A. H. Noehren, Buffalo
ESSEX	C. N. Sarlin, Port Henry	L. H. Gaus, Ticonderoga	L. H. Gaus, Ticonderoga
FRANKLIN	E. S. Welles, Saranac Lake.	G. F. Zimmerman, Malone	G. F. Zimmerman, Maione
CENESEE	b. E. Chapman, Broadalom.	A. R. Wilsey, Gloversville P. J. Di Natale, Batavia	P I Di Natale. Batavia
GREENE	D. Sinclair, East Durham.	W. M. Rapp, Catskill	C. E. Willard, Catskill
HERKIMER	V. M. Parkinson, Salisbury (	ct.W. B. Brooks, Mohawk	A. L. Fagan, Herkimer
JEFFERSON	F. G. Metzger, Carthage	W. S. Atkinson, Watertown.	W. F. Smith, Watertown
		J. Steele, Brooklyn F. E. Jones, Beaver Falls	
		E. N. Smith, Retsof	
MADISON	L. B. Chase, Morrisville	D. H. Conterman, Oneida	L. S. Preston, Oneida
		J. P. Henry, Rochester	
			S. L. Homrighouse, Amsterdam
NASSAU	L. A. Newman, Pt Washingt	onA. D. Jaques, LynbrookD. S. Dougherty, N. Y. City.	I Padarsan N V City
		W. R. Scott, Niagara Falls.	
		W. Hale, Jr., Utica	
ONONDAGA	H. B. Pritchard, Syracuse	L. W. Ehegartner, Syracuse	. F. W. Rosenberger, Syracuse
ONTARIO	C. W. Webb, Clifton Spring	s.D. A. Eiseline, Shortsville.	D. A. Eiseline, Shortsville
ORLEANS	D F. MacDonell Medina	H. J. Shelley, Middletown R. P. Munson, Medina	R P Munson Medina
OSWEGO	A. G. Dunbar, Pulaski	J. J. Brennan, Oswego	J. B. Ringland, Oswego
OTSEGO	G. M. Mackenzie, Cooperstov	vn.A. H. Brownell, Oneonta	F. E. Bolt, Worcester
QUEENS	E. A. Flemming, Rich. Hill	E. E. Smith, Kew Gardens.	J. M. Dobbins, L. I. City
RICHMOND	C R Kingsley Ir W N R'	J. F. Connor, Troy zt.I. F. Worthen Tompk'sv'le	E. D. Wisely, Randall Manor
ROCKLAND	J. W. Sansom, Sparkill	R. O. Clock, Pearl River	D. Miltimore, Nyack
ST JAWRENCE	S. J. Cattley, Ogdensburg	S. W. Close, Gouverneur	C. T. Henderson, Gouverneur
SARAICA	W. H. Ordway, Mt. McGrego	or.H. L. Loop, Saratoga Spring	W. J. Maby, Mechanicville
SCHENECIADY	F S Simpling Middlehurg	y. H. E. Reynolds, Schenectady H. L. Odell, Sharon Spring	J. M. W. Scott, Schenectady
SCHUYLER	John W. Burton, Mecklenbu	rg.F. B. Bond, Burdett	Leic. Becker, Cobieskiii
SENECA	A. J. Frantz, Seneca Falls.	R. F. D. Gibbs, Seneca Falls	s. R. F. D. Gibbs, Seneca Falls
STEUBEN	G. L. Whiting, Canisteo	R. J. Shafer, Corning	R. J. Shafer, Corning
SIII LIVAN	A. E. Payne, Kivernead	E. P. Kolb, Holtsville L. C. Payne, Liberty	G. A. Silliman, Sayville
110GA	F. Terwilliger, Spencer	W. A. Moulton, Candor	W. A. Moulton Candor
III STEE	D. Robb, Ithaca	W. G. Fish, Ithaca	W. G. Fish, Ithaca
WARREN	E. F. Sibley, Kingston	F. H. Voss, Kingston	C. B. Van Gaasbeek, Kingston
SUNGTON		W. W. Bowen, Glens Falls	P. C. Paris, Hudson Falls
THE LAND	R. G. Stuck, Wolcott	F. H. Voss, Kingston W. W. Bowen, Glens Falls n. S. J. Banker, Fort EdwardD. F. Johnson, Newark H. Betts, Yonkers	D. F. Johnson. Newark
	French, Pike	H. S. Martin, Warsaw	H. S. Martin, Warsaw
	Seattle Yan	H. S. Martin, Warsaw W. G. Hallstead, Penn Yan	W. G. Hallstead, Penn Yan

Total Membership, March 15, 1930—12,308

## For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

## CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770

# RADON

Gold Radon Implants for Interstitual Use

Description — Pure Gold (24 Karat)

Wall thickness 0.3 millimeter

Outside diameter 0.75 millimeter

Length 5 millimeters

Mechanically sealed

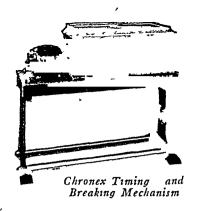
Radon content certified and guaranteed.
Suitable Radon Implanters loaned for each case
All orders and inquiries given prompt attention

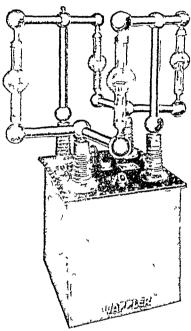
(Booklet furnished on request)

RADON COMPANY, Inc., 1 East 42nd St., New York

Telephones: Vanderbilt 2811-2812







Quadrex Transformer

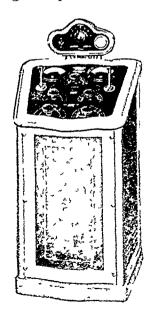
ODERN roentgenology demands speed in radiographing many body parts, because speed is the only means of overcoming lack of detail due to the natural movement of organs. This is particularly true in cardiac teleradiography, examination of the gastro-intestinal tract, and in cholecystography, and also in general radiography of children and neurotic patients, where immobilization is difficult.

The Wappler Quadrex, because of its enormous useful radiographic output obtained with negligible voltage drop, makes possible exposure of moving organs at speeds hitherto considered impossible.

To utilize this remarkable apparatus to its utmost capacity, a new type of timing and breaking mechanism—the Chronex—has been developed in the Wappler Research Laboratories. It makes possible the breaking of several hundred amperes without the least arcing at the making or breaking of contact which occurs at the "no-voltage" part of the alternating current cycle. It permits exposures of as fast as one impulse—1/120 of a second—and its range is up to ¼ of a second.

The time switch for the selection of exposure time is conveniently located at the top of the Quadrex control panel and remotely controls the timing and breaking mechanism, which may be located wherever convenient.

Quadrex Control Panel, swith Chronex Time Switch



Send for Bulletin 109-G, describing the Wappler Quadrex Apparatus and Chronex Timer.

# Wappler Electric Company, Inc.

General Offices and Factory, Long Island City, N.Y. Show Room, 173 East 87th Street, New York City Vol. 30, No. 5

MARCH 1, 1930

Pages 255-312 \$3.50 YEARLY

# New York State Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E 103rd St, New York City.



Fntered as second class matter July 5, 1907 at the Post Office, at New York, N Y, under the act of March 3, 1879 Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized on July 8 1918. Copyright, 1930, by the Medical Society of the State of New York.

TABLE OF CONTENTS PAGE IV

a tida di didina di dia kanana di didina di dia dia didina di didina di didina di didina di didina di didina d

# Where Cod Liver Oil is indicated

try

# Dewey's Emulsion

of

Pure Norwegian Cod Liver Oil Port Wine and Irish Moss

Irish Moss is used as the agent of suspension because it is non-irritating to the digestive tract.

#### SEND FOR FREE SAMPLE

We will be pleased to send you a complimentary sample upon request.

H. T. Dewey & Sons Co.

138 Fulton Street New York City

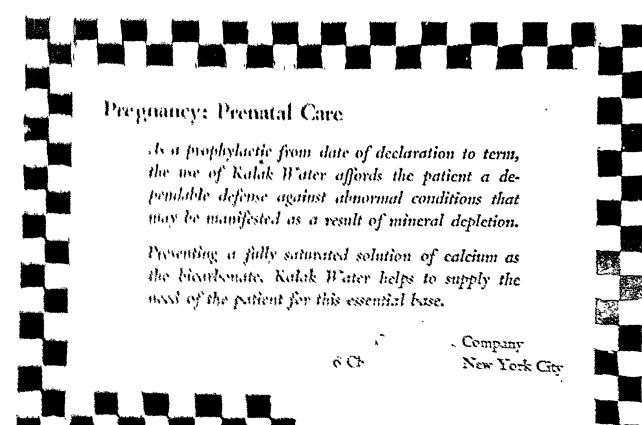
College For Harbor, N. L.

Cellarst Ess Harbor, N. J. Established 1857



#### THE A OF CONTROLL MINES IN THE

19012 1 4171 65	مد ای سای مید. معبد امریکان
att of the the new and	The same of the contract of the same of the contract of the co
The same taken by with	I see I say to proper the secretary of France & France of France o
the house the true by south	Market Center by the States Estimated Line 255
The second of th	THE PARTY OF THE P
the fitter that I have a found	the state of the same of the s
and the second second	The office our tree a regularized the house when we will
a the color of the	The percent to server & open to be a manual manual manual that
1 11 to 11 11 21 are 6/3/11	The your way of Programme and Institute
13 ret to grant land line replants	Morris Likery Comme to Fill to Healthing with the
The state dames of the state of the	DAILY PPEES
	Company of Commence management 228
#WWHIE	Marth Garden to Some York City
2. 2. 1. 10. 10. 10. 22. 22. 22. 22. 22. 22. 22. 22. 22. 2	Sugar Page Clase to Seen York City 235
and the same of th	Friedolica Consuppensibly
78.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I state to be tall the the term in some , 989	our neighbors
Middle Buldson	Season Success The Consession of the Consession
160 1 10 1 10 1 10 1 10 1 10 1 10 1 10	The Conservment's Fund to Indiana
17.87	fithillie of the from State Medical Society (edv. page xvi) 298
	Lettension of Letivities in Wiscomsin (adv. page zx) 302
	Health Legartment and the Medical Society
	in /hh/2
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Memberelily of State Medical Societies (adv. page xxiv) 306
77 773	Physicians in flural Districts of Wisconsin. (adv. page xxv) 307
777. 777	Centennial of the Society of Burlington County, New
	Jein'y(adv. page xxv) 307
	Graduata Courses in Indiana(adv. page xxvi) 308
and only a soul a fee and	Stantley Insurance in West Virginia (adv. page xxviii) 310
the determinant of the	Health Education Week in Georgia (adv. page xxix) 311
nere of smaller in Patter	Public Appeal of the Maine Medical Journal (adv. page xxix) 311



CAN GELATINE PUT MORE DIGESTIBILITY INTO MILK-AND MORE NOURISHMENT UNDERFED, UNDERWEIGHT BABIES?

> You undoubtedly know that many eminent physicians have written much on the value of gelatine as an aid to the digestibility of cow's milk for babies.

> The protective colloid in Knox Gelatine modi-fies the curdling of the milk by the natural acids and the enzyme rennin of the infant stomach—thereby tending to reduce colic, regurgitation, the passing of undigested curds, etc.

that the ad

the baby's to increase weight.

Knox Gelatine is an excellent protein-uncolored, unsweetened, unflavored, unbleached. It has been prescribed by the medical profession for more than 40 years in cases of infant malnutrition. Be sure you specify Knox Gelatine-the real gelatine-when you prescribe gelatine.

The following is the formula prescribed by authorities on infant feeding: Soak, for about 10 minutes, one level tablespoonful of Knox Sparkling Gelatine in one-half cup of milk taken from the baby's formula; cover while soaking; then place the cup in boiling water, surring until gelatine is fully dissolved; add this dissolved gelatine to the quart of cold milk or regular formula.

We believe the booklets listed below may prove helpful in your practice. Please fill out the coupon for

complete data.

w MITRIAL when writing to a freetisers

*******	******************	************	**********
KNOY	GELATINE LABORATORIES	:	

432 Knox Avenue, Johnstown, N Y

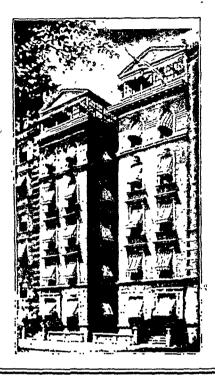
Please send me, without obligation or expense, the booklets which I have marked. Also register my name for future reports on clinical gelatine tests as they are issued.

□ Varying the Monotony of Liquid and Soft Diets. □ Recipes for Anemia
□ Diet in the Treatment of Diabetes □ Reducing Diet
□ Value of Gelatine in Infant and Child Feeding

Name	 
Address	 
City	 *

KNOX is the real.

# For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

# CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets

New York City

Telephone Schuyler 0770

#### INDEX TO ADVERTISERS

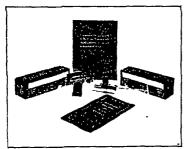
RULES—Advertisements published in the Journal must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

Charles B. Towns Hospital..... vi

Page
ABDOMINAL SUPPORTERS, ETC.
S. H. Camp & Co xvi
Pomeroy Co xx
COLLEGES, SCHOOLS & HOSPITALS
N. Y. Polyclinic Med. Sch. & Hosp iii
N. Y. Post Grad. Med. Sch. & Hosp xxiii
Sydenham Hospital xxxii
ELECTRICAL APPARATUS AND X-RAY
Victor X-Ray Corp x
McIntosh Electrical Corp xiii
FOOD
Knox Gelatine Labs
Sugar Institute, Inc xix
HEALTH RESORTS & SANITARIUMS
Aurora Health Farmsxxxiii
Dr. Barnes' Sanitarium xxxii
Barrow Manor xvi
Breezehurst Terrace xxxii
Brigham Hallxxxii
Crest View Sanatoriumxxxiii
Halcron Rest xxxii
Interpinesxxxii
Dr. Rogers' Hospital xxxii
Ross Sanitarium, Inc xxxii
-

Charles D. 101115 2200phartition 11
Twin Elmsxxxiii
West Hill Sanitarium xxxii
Westport Sanitarium xxxii
White Oak Farmxxxii
INSURANCE
Harry F. Wanvig iii
LABORATORIES
Bendiner & Schlesinger ix
Lederle Antitoxin Labs xxvi
MISCELLANEOUS
Medical Directorxxxvi
Classified Advertisementsxxxiv
PHARMACEUTICAL PREPARATIONS
American Bio-Chemical Labs., Inc xxii
Arlington Chemical Co xii
BiSolDoL Co xi
Davies, Rose & Co., Ltdxviii
Denver Chemical Mfg. Co ii
Drug Products Co xxxv
Eli Lilly & Co xiv
Fellows Med. Mfg. Co., Inc xvii
W. A. Fitch, Inc xxix
Haley M-O Co., Incxxviii

PAGE
Health Products CorpColor Insert
Hynson, Westcott & Dunning xviii
Mead Johnson & Co., Inc xv
Merck & Co., Inc xii
Wm. S. Merrell Co xxiii
H. A. Metz Labs., Inc xxi
Parke, Davis & Coxxxvii
Chas. H. Phillips Chem. Co xxvi
Petrolagar Labs., Inc xxxi
Sandoz Chemical Works, Inc xiii
Schering Corp viii
Tailby-Nason Co xxiv
William R. Warner & Co., Inc xxvii
RADIUM
Radon Company, Incxxxvii
Gold Radon Implant Corp. of Amxxxviii
SURGICAL APPLIANCES, INSTRU-
MENTS, SYRINGES, THERMOM-
ETERS, ETC.
Taylor Instrument Companies xxv
Holland-Rantos Co., Incxxxiii



## DNEUMONIA

and its treatment with

#### Antipneumococcic Serum Lederle

Refined and concentrated as prepared by FELTON

#### **ADVANTAGES**

#### Smaller Bulk-

Average volume is about one tenth that of the original serum.

#### Minimized Serum Reactions-

Serum reactions are minimized due to the elimination of inert foreign proteins.

#### Standardization in Units-

This makes it possible to use the product with more certainty of adequate dosage.

#### Procedure

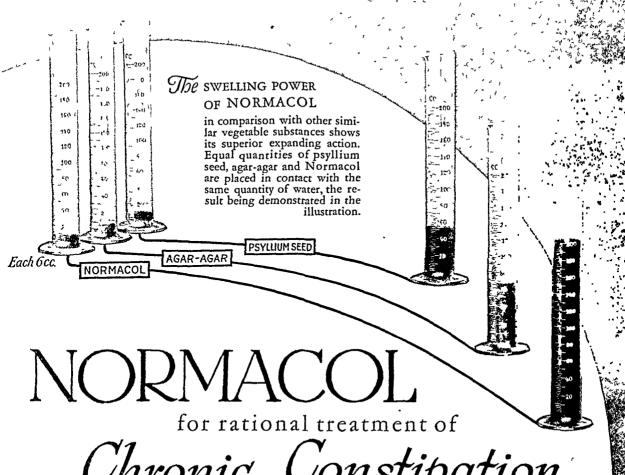
10,000 to 20,000 units should be injected at the earliest possible moment after diagnosis.

Repeat every B hours until the temperature falls and beneficial effects are evident. If the disease is severe and the patient very toxic, double the unit dosage at 4 hour intervals.

Antipneumococcic Scrum (Lederle) is supplied in syringes containing 10,000 and 20,000 units each of Type I and Type II.

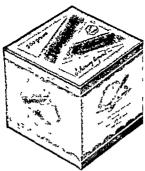
A Treatise on Pneumonia will be sent upon request

LEDERLE ANTITOXIN LABORATORIES
NEW YORK



# Chronic Constipation

is a harmless therapeutic agent which possesses extraordinary swelling properties.



NORMACOL

consists of the coated granules of a species of bassorin sap with about 1% cascara sagrada.

(One-fifth U. S. P. dose to one

It increases the volume of the residual matter in the bowels, thus establishing a soft and non-irritating bulky evacuation, without pain, griping or digestive disturbances. 30

DOSE: One to two teaspoonfuls, after meals, taken dry on the tongue and followed by a draught of water, without chewing.

Supplied in 100 and 200 gram packages.

Sample and literature upon requests

# SCHERING

110 William Str NEW YORK, ۱

# The Story of COD-LIV-X



HEN the history of the vitamins is written at some future day, no small part of it will deal with the cod-liver oil concentrates of which Cod-Liv-X is the forerunner and so notable an example. For, notwithstanding the universal recognition of the importance of cod-liver oil as the world's one practical source of supply for the fat-soluble vitamins, generations of physicians have signally failed to popularize it as a routine prophylactic in the home because of the public's antiputhy to its nauseous taste.

The value of the oil as an antirachitic, its ability to increase body resistance to many diseases and infections; even its effect upon longevity, with its other innumerable benefits to mankind cannot equal the objections in the public mind to the physical properties of a fish oil. Meanwhile we are living in an age which is making scientific history for it is just eighteen months since Cod-Liv-X was first offered and about three and a half years since the research was begun which ted to the perfection of this appendid prophylactic agent.

Willie world-wide confidence in cad-liver oil therapy in rickets, tetany, and the so-called "wasting diseases" has been the heritage of the physicians for more than a century, it is only within recent years that any scientific reason could be shown for its accredited virtues. Recognition of the existence of the two fat-soluble vitamins,—Vitamin A, the builder, the promotely of growth and well being, and increased resistance to infection; and of Vitamin D, the amirachie, supplied the raison d'etre.

Research has since shown that these two vitamins, representing practically the sum item of cod-liver oil values, are combined with but a small fraction of the oil that remains unchanged after its saponification. This unsaponifiable, vitamin-bearing fraction is separable through the use of suitable agents. Separation of Vitamin D from the oil by this method is perfectly practical, but the extremely unstable Vitamin A was almost

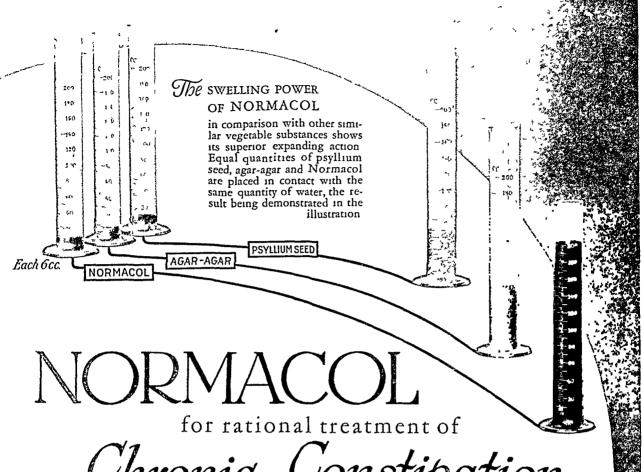
wholly lost until the improved

processes developed for Cod-Liv-X were perfected. Cod-Liv-X is the culmination of more than three years of intensive research in the Health Products Laboratories, supervised by research workers of national reputation in this field. To their efforts is afcredited the development of probably the first prefetcal method and apparatus for maintaining the potency of vitamin A, both throughout the maguifacturing process, and in the finished wafer.

manufacturing process, and in the finished wafer.
For practical purposes, Cod-Liv-X should be considered as representing the Vitamin A and D
potency of a rigidly tested cod-liver oil, but
free from the disagreeable characteristics
that have made the oil the bugbear it is.
Cod-Liv-X wafers are standardized to an

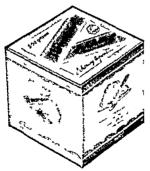
quivalent waters are standardized to an quivalent of not less than a teaspoonful of biologically tested U. S. P. oil. But it is not only at the time of manufacture that Cod-Liv-X wafers are so tested,—they are rested at intervals for potency and stability, so that vitamin potency and dependability are definitely assured.

COD-LIV-X is not only a dependable antirachitic,—it is a potent Vitamin A concentrate as well. It is the first cod-liver oil concentrate systematically sted over long periods of time for both Vitamin A potency and stability. Cod-X offers a greater degree of accuracy and stability than cod-liver oil itself-convenient to administer and as palatable as candy. The objectionable taste are eliminated without loss of value.



# Chronic Constipation

is a harmless therapeutic agent which possesses extraordinary swelling properties.



#### NORMACOL

consists of the coated granules of a species of bassorin sap with about 1% cascara sagrada. (One fifth U.S.P. dose to one teaspoonful) It increases the volume of the residual matter in the bowels, thus establishing a soft and non-irritating bulky evacuation, without pain, griping or digestive disturbances.

DOSE: One to two teaspoonfuls, after meals, taken dry on the tongue and followed by a draught of water, without chewing

Supplied in 100 and 200 gram packages.

Sample and literature upon requests

# SCHERING CORPORATION

110 William Street NEW YORK, N. Y.

# Know about COD-LIV-X

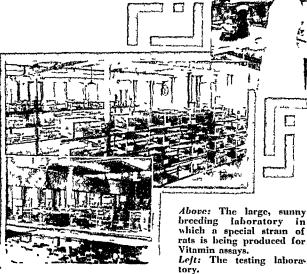
#### Vitamin D

VITAMIN D is the antirachitic, the controlling factor of the phosphorous-calcium equilibrium and the promoter of mineral metabolism. Diets deficient in Vitamin D lead to nervous instability and muscular weakness, with evidences of rachitic lesions or tetany. Its complete absence from the diet will certainly result in rickets and skeletal deformities. According to Eliot, after a survey made of the prevalence of rickets in New England, some evidence of rachitic lesions is almost universally present in the child population of that great commercial district. Vitamin D is the great rachitic prophylactic which should be a routine in every home with a child population.

Below A tech nician about to weigh rats A step in the Vitamin A assay

Repeated assays at intervals have been conducted on the first Cod-Liv-X concentrate since its production 18 months ago. In this chart is a running record of the results of these tests which shows that there is no evidence of Vitamin A loss since the concentrate was first produced.





OD-LIV-X is standardized by the generally accepted methods of biological assay. The McCollum line test is used for Vitamin D and the Vitamin A test is made both according to weight and the development and control of xerophthalmia. The latter is not specified in assays of oil according to the U. S. P. But we check with it to assure full Vitamin A potency. Further more, Cod-Liv-X tablets eighteen and there is no . The vitamins The

regularly and there is no ... concentrate is made in our own is received direct from the concentrate is the maximum yield

of vitamins. The of the oil to I lb of the off oil.

# COD-LIV-X

## A Dependable Safeguard Against Winter Ills

ISDAIL and Brown in Toronto, and Dorno in the Swiss Alps. found the prophylactic and therapeutic effect of summer sunshine to be from 8 to 10 times greater than that of winter sunshine. Sherman concluded that the level of intake of Vitamin A markedly influences susceptibility to colds and other respiratory infections. We may conclude that the prevalence of winter "colds" is in some way related to the observed deficiency of Vitamin A.

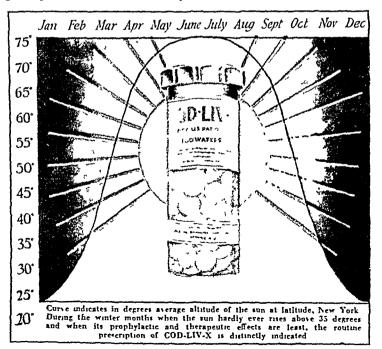
A supplementary supply of vitamins, both A and D, during the months of decreased sunlight, is thus clearly indicated. Cod-liver oil is the standard source of supply of Vitamins A and D. But it is frequently a problem to get the average child or adult to take the very unpalatable cod-liver oil, as such.

COD-LIV-X is concentrated cod-liver oil in tasty, attractive, palatable wafer form, each wafer embodying stable, measurable amounts of vitamins, both A and D. In COD-LIV-X the physician has available a routine prophylactic against the many diseases and infections common during the cold months of the year.

#### What Cod-Liv-X Is

- 1. It is as dependable an antirachitic both for prophylaxis and treatment as the carefully selected, biologically tested cod-liver oil from which it is made.
- It is biologically tested for vitamin potency both at the time of manufacture and at intervals subsequently to insure potency and stability.
- 3. It provides greater accuracy in vitamin unitage and assured potency in a convenient form.
- 4. It avoids exposure of the unstable Vitamin A to dust and consequent oxidation, rancidity, and loss of potency.
- Cod-Liv-X is as palatable as candy—and as readily administered.

Send for a free supply of buby weight charts.



HEALTH PRODUCTS CORPORATION
113 No. 13th Street
Newark, N. J.

## Announcement

BENDINER & SCHLESINGER desire to announce that their X-ray Staff has been augmented by the appointment of Edward E. Kaplan, M.D., former Director of the Radiological Laboratory of the Gallinger Municipal Hospital and Clinical Professor of Roentgenology in the George Washington University Medical School, both of Washington, D. C., as Director of their X-ray Laboratory.

The X-ray department is maintained for the service of physicians only and occupies the entire street floor of our new building specially erected, thus avoiding stairs or elevator, making it most convenient for your patients.

Visitors cordially welcomed. Correspondence invited.

# The Bendiner & Schlesinger Laboratory

Established Over 30 Years

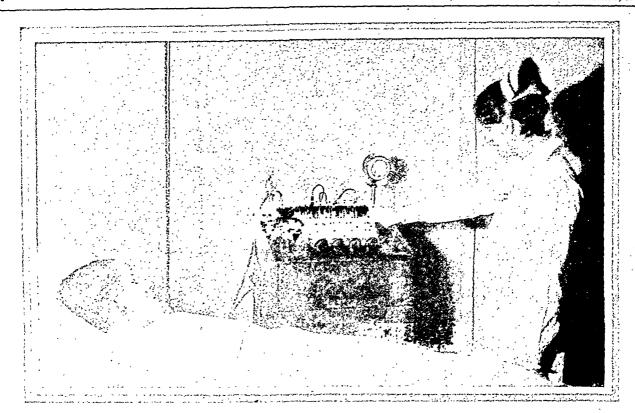
THIRD AVENUE AND TENTH STREET
NEW YORK CITY

One Short Block from Wanamaker's HENRY T. BROOKS, M.D., Director

Messenger Service

Telephone Algonquin 2300

This Laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association, also by the New York County Medical Society.



# An Effective Ally in the Treatment of Pneumonia

Anything short of major calibrein a diathermy machine for the treatment of pneumonia will prove disappointing. The Victor Vario-Frequency Diathermy Apparatus is designed and built specifically to the requirements. It has, first, the necessary capacity to create the desired physiological effects within the heaviest part of the body; secondly, a refinement of control and selectivity unprecedented in high frequency apparatus.

In the above illustration the apparatus proper is shown mounted on a floor cabinet, from which it may be lifted and conveniently taken in your auto to the patient's home.

A REPORT from the Department  $\bigcap$  of Physiotherapy of a wellknown New York hospital, dealing with diathermy in pneumonia and its sequelae, states as follows:

"As a rule diathermy is indicated in acute pneumonia, especially so when the symptoms are becoming or already are alarming: the temperature is high, the patient is delirious, the pulse is extremely rapid, cyanosis is deep, the respiration rate is high, the breathing is very shallow, and the cough remains unproductive. Not infrequently in a pneumonia case with such alarming symptoms, after a few diathermy treatments an entire change of the picture takes place: cyanosis lessens, respiration becomes deeper, the quality of pulse improves, the rate decreases, the

sent on request. Buffalo-1100 Electric Bldg. New York-205 E. 42nd St. 09 Rochester Gas & Electric Bldg., 89 East Ave. —Chimes Tower Bldg., 207 University Block Albany—75 S. State St., Room 508

medical science offers.

temperature is lowered, and the cough

becomes productive. Auricular fibril-

lation that develops occasionally in-

similar pneumonias or other types of

pneumonia where the toxemia is great,

has been changed to a perfect normal

thythm after a few diathermy treat-

ally in your battles with pneu-

monia at this season, aside from

the satisfaction derived from hav-

ing utilized every proved thera-

peutic measure that present day

above quoted, also reprints of other

articles on this subject, will be

A reprint in full of the article

You will value diathermy as an

# GENERAL MELECTRIC

Manufacturers of the Coolidge Tube and complete line of X-Ray Apparatus Physical Therapy Apparatus, Electrocardiographs, and other Specialties

2012 Jackson Boulevard Branches In all Principal Cities Chicago, Ill., U.S.A.

FORMERLY VICTOR WE X.RAY CORPORATION



THERE are many scientific reasons for the phenomenal success of BiSoDoL, the balanced antacid, so extensively used for quickly and effectively controlling the familiar symptoms of gastric hyperacidity—"sour stomach," acid cructations, heartburn, nausea and vomiting; and for systemic alkalinization in the prevention and treatment of colds and respiratory affections, cyclic vomiting and the morning sickness of pregnancy.

Perhaps the most outstanding factors in its favor, which make a strong appeal to physicians, are the combination of speedy relief with control and safety in use.

Massive doses of single alkalis may tend to set up a dangerous alkalosis, but in BiSoDoL the combined action of magnesium carbonate with sodium bicarbonate helps to prevent such untoward results.

In addition, BiSoDoL contains bismuth subnitrate, antiflatulents, and flavoring which enhance its value in dyspeptic conditions, and render it very acceptable to the patient.

BiSoDoL is advertised solely to the medical and allied profession.

Write for literature and sample

# **BiSoDoL**

The BiSoDoL Company

130 Bristol Street NEW HAVEN, CONN. Dept. N.Y.3 BiSoDol BiSoDol BiSoDol

The Base of Control

# LIQUID PEPTONOIDS WITH CREOSOTE

Combines the active and known therapeutic qualities of creosote and guaiacol with the nutritive properties of Liquid Peptonoids and is accordingly a thoroughly dependable product of definite quantities and recognized qualities as shown by the formula:

#### Each tablespoonful represents

Alcoнol (By Volume)				12%
Pure Beechwood Creosote .	•			2 min.
GUATACOL				1 min.
PROTEINS (Peptones and Propeptones)	•	•	•	5.25%
LACTOSE AND DEXTROSE		•		11.3%
CANE SUGAR		•		2.5%
Mineral Constituents (Ash)		•		0.95%

It acts as a bronchial sedative and expectorant, exhibiting a peculiar ability to relieve Bronchitis—acute or chronic. It checks as well a persistent winter cough and without harsh or untoward effect. It is agreeable to the palate and acceptable to the stomach—with merit as an intestinal antiseptic. Supplied in 12 oz. bottles.

Samples on request

# THE ARLINGTON CHEMICAL COMPANY YONKERS, NEW YORK

# In pneumonia Start treatment early

In the

# Optochin Base

treatment of pneumonia every hour lost in beginning treatment is to the disadvantage of the patient. Valuable time may often be saved if the physician will carry a small vial of **Optochin Base** (powder or tablets) in his bag and thus be prepared to begin treatment immediately upon diagnosis.

Literature on request

MERCK & CO. INC.

Rahway, N. J.

A great advance in Calcium Therapy

# CALCIUM Gluco-SANDOZ :

Per Os - Palatable Intramuscular - No Irritation Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

SANDOZ CHEMICAL WORKS, Inc.

61-63 Van Dam St. NEW YORK, N.Y.



Pneumonia, Pleurisy, Bronchitis Respond to

The d'ARSONVAL CURRENT

#### The McIntosh Portable Diathermy Apparatus

affords you the true d'Arsonval current from its true source-therefore for

#### DIATHERMY TREATMENTS

you procure deep heat penetration when and where you want it under complete control.

McIntosh Elec. Corp Gentlemen:

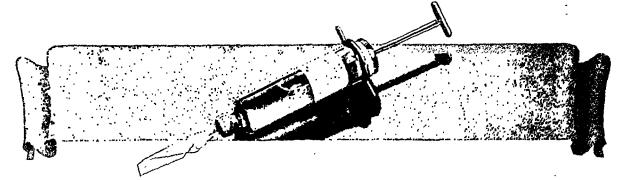
223-233 N. California CHICAGO, ILL.

**NEW YORK** 

303 Fourth Avenue Phone: Gramercy 7058

Please mention the JOURNAL when writing to advertisers

# SPECIFIC THERAPY ERYSIPELAS



# ERYSIPELAS ANTITOXIN LILLY & A90

ADEQUATE doses of Erysipelas Streptococcus Antitoxin, Lilly, when given early usually control the immediate attack. In the favorable responses there is prompt relief from the toxemia, improvewith arrest and fading of the lesion.

Erysipelas Streptococcus Antitoxin, Lilly, is a purified, concentrated globulin of high antitoxic potency. The dosage volume is small; the protein and solids content low. Supplied by the drug ment in temperature and pulse rate trade in convenient syringe containers of 5000 units.

Write for further information

# ELI LILLY AND COMPANY

INDIANAPOLIS, INDIANA, U.S.A.

Please mention the JOURNAL when writing to advertisers

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 5

New York, N. Y.

March 1, 1930

#### CANCER AS A WORLD PROBLEM\*

By JOSEPH COLT BLOODGOOD, M.D., BALTIMORE, MD.

Clinical Professor of Surgery, Johns Hopkins University

Cancer is a Problem of medical education of both physicians and laymen; of Research; of Worldwide cooperation; of Public Health; of the Medical, Dental, and Nursing Professions; of the Social Service Worker; of the Expectant Mother and the Mother of Children; of Children and Adults; of the Profession of Journalism; and of Educators.

If the present means of diagnosing and treating cancer were universally applied, at the earliest period, the actual incidence of cancer should be reduced from eighty to seventeen per cent, and the actual cure should be increased from ten to sixty per cent. The complete control of cancer rests upon research, which must discover a prevention or a cure.

Uncertain Origin.—The control of cancer, in the light of our present knowledge, is based upon the evidence that the great majority of malignant tumors are unicentric in origin—not that they necessarily arise in a single cell, but in a group

of cells in a single spot.

The majority view is that the cells in this single spot are not cancer cells. In a few instances the cells are displaced in embryonic life (part of Cohnheim's theory); but more frequently the group of cells in the single spot are normal cells of epithelial or connective-tissue origin, and differ, in no way which we are able to distinguish, from the surrounding cells. The change from the normal cell, or the cell of the Anlage (misplaced cell) to abnormal cell is brought about by some form of injury, called irritation, single or multiple, usually repeated over a long interval of time. The irritation may be of almost any form either physical or chemical.

We therefore consider a cancer to originate in a local group of cells, such as a congenital tumor—for example a pigmented mole; or a local group of normal cells changed by chronic irritation,—for example, a patch of leucoplakia, a wart, or a ulcer. These abnormal cells that were at first noncancerous, become cancerous.

As long as the lesion is noncancerous, it

should be curable, provided it can be completely removed and the part restored to normal,-for example the excision of an ulcer in a burn; or, provided the removal of the cause or causes will be followed by the restitution to normal in the abnormal area. This is clearly shown in leucoplakia in the mouth. If the irritating dirty teeth are smoothed and cleaned, and tobacco discontinued in all forms, with rare exceptions this white patch will disappear. In some instances the group of abnormal cells which are not cancer are more radiosensitive than the cells in which they are imbedded, and when radium or x-rays are applied, the abnormal cells are destroyed or return to normal. Many superficial epitheliomas not yet cancer are radiosensitive. Some subcutaneous and more deeply seated tumors disappear and do not reappear after radiation,—for example nerve-sheath tumors. The lesion in the cervix which precedes cancer, if removed or healed by operation or treatment, protects against cancer. Often a simple irritation of the nipple, if treated at once by cleanliness-soap and water and alcohol, and protection, vaselineheals, and the woman is protected from Paget's cancer of the nipple just as certainly as a woman nursing a child is protected from an abscess of the breast by keeping the nipple clean, or treating the irritated nipple properly at once.

Early Recognition. Whenever the noncancerous local area or spot is situated on the skin, or in the oral cavity, it should be recognized long before the cells change into cancer. For this reason proper education should make cancer of the skin and oral cavity preventable diseases.

If women who have borne children receive the proper attention after the birth of their

Summary of a lecture in the Friday afternoon series of the New York Academy of Medicine, January 10, 1930.

children and submit to periodic examinations, the noncancerous area of irritation should be discovered before the stage of cancer and the woman protected from cancer, just as periodic visits to a dentist should protect one from cancer of the mouth.

When the noncancerous local spot is beneath the skin and even deeper, in the soft parts or bone, the individual may not be aware of it until the cells become cancerous. But as a matter of fact, the seriousness of such a subcutaneous or deeper lump is due to delay on the part of the host who waits for pain or growth before seeking an examination. When every one learns to report to a doctor the moment a lump is felt, and doctors learn to recognize the lumps that should be completely removed, with and without preliminary radiation, the mortality from such cancerous tumors will be greatly reduced.

Even when the tumor is internal, it may give symptoms in its non-cancerous stage, and be recognized by proper diagnostic means in this stage,—for example, in the stomach, colon and rectum. The non-cancerous tumor which precedes the cancer may be an ulcer or a benign tumor, like a polypoid growth. These tumors should all be cured by removal or radiation. The encouraging evidence is that in recent years the actual per cent of recognition of such non-cancerous internal tumors is on the increase, and they are being recognized and removed before the cells have become cancer.

The moment the cells of the non-cancerous area become malignant, then the probability of dissemination of these cells through the blood or lymph vessels, is possible. The period of time of metastasis varies. In certain tumors, like the malignant mole, it seems to be almost instantaneous with the change from the abnormal into the cancer cell; while in the basalcell cancer metastasis rarely, if ever, takes place. We must always bear in mind that, if the local growth has become cancerous, its complete removal by operation, or its complete destruction after radiation, does not promise a cure in every instance.

When the great mass of people are instructed and influenced to seek periodic examinations, and the medical profession to make a diagnosis in this early stage, and to apply the appropriate treatment, the cancer mortality will be reduced, but not wiped out. Some cancers will be inaccessible, and many will never be recognized until metastasis has taken place. The only treatment we have today for disseminated cancer is radiation with x-rays or radium. Everything else so far has failed. The per cent of permanent cures of metastasis from cancer, or malignant

disease of multicentric origin, such as lymphosarcoma, is very small.

Treatment. It is essential for all of us dealing with cancer prevention to keep the following principles in mind: First, the avoidance of dangerous chronic irritants. The roentgenologists have discovered this.

Second, curing the abnormality of the noncancerous, local area, which may be done by the removal of the cause, the removal of the area, or radiation.

Third, treating the cancerous stage. We can never in this period be certain of a cure, even when the local area with involved glands is removed by surgery, or made to disappear by radiation.

There is a fourth group of cases in which the malignant disease, primary or recurrent, is inoperable, or there is metastasis, or the malignant disease is of multiple origin. Here we try radiation.

The educational problem is simple to understand, but so far it has been difficult of application, because we have been teaching the people of this country since 1913, and most authorities are of the opinion, that cancer is on the increase. A few interpret their records as showing definitely that cancer of the skin, the oral cavity, in the breast, and in other lumps, is on the decrease.

When we educate the people to come to the medical profession for periodic examination, or for an examination the moment they are suspicious of cancer, we encounter the problem of educating physicians to make a proper periodic examination, to learn how to diagnose the non-cancerous from the cancerous lesions, and to apply the appropriate treatment for each condition as it is discovered in the various parts of the body.

The Research Problem in the Control of Cancer: We must not be satisfied with the two treatments we have today,-surgery and radiation. There does not seem to be much room for improvement in the treatment by surgery, except that more surgeons should be taught the very best surgery in all its finer details. There is no doubt that the training of the surgeons in this country today shows vast improvement. There seems to be more room for improvement in radiation, whether with radium or x-rays. There is no doubt that many of the profession who are now employing one or the other, or both, have not learned the best methods. But there is even room for improvement in the technique of the most experienced.

Research for the practical benefit of the people today must go further along the lines of intravenous therapy, of which Blair Bell's intravenous lead is the most widely known,

257

or Raymond Pearl's studies which lead to the trial of tuberculin. There is also ample opportunity for further research in the treatment of human cancer and cancer in animals. whether transplanted or not; with the cultivation of normal and malignant cells from animal tumors and from human tumors, we will be given a larger opportunity to investi-

Then there is pure research looking for the cause of this change from the abnormal cell into the cancer cell with the object of discovering some preventive method, if cancer is not yet established, or some specific cure if the cancer cells are already established in their

gate other means of controlling the growth of

malignant growth.

cancer cells.

Number 5

Cancer as a World Problem. Any problem in science is a world problem. As cancer is fast approaching to be the most common cause of death throughout the civilized races, it is just as much a problem of one country as of another. The methods of cooperation in education and research in any international problem are already established. Cancer has been one that has only recently been studied in an international way, on a broader scope. In medicine, one never knows what member of a nationality, or what nationality, will furnish the discoverer of the cause and cure of disease. There is always some single individual or group who forge ahead in diagnosis and treatment; and with our method of communication today, there is no difficulty in disseminating this knowledge. We, however, need a better international organization for the control of cancer. World's Health, an international journal, and more frequent international congresses, will settle this question.

Cancer as a Public Health Problem. Recent events seem to show that cancer is being forced upon the health departments. They are rapidly taking up the educational phases. They are establishing diagnositic clinics. They are equipping cancer hospitals. They are building cancer research laboratories. They are buying radium for treatment. The chief difficulty here is to find a way in which the general medical profession can cooperate with the public health departments, for the most rapid advancement in the control of the disease through education, diagnosis, treatment and research.

Cancer as a Problem of the Dental and Medical Profession. It would seem that the dentists have the easier problem. Practically every lesion of the mouth can be felt with the finger, seen with the eye, or photographed with the x-rays. As the cause of cancer of the mouth is due to ragged, dirty teeth, illfitting plates, tobacco in any form, and there

is always first a non-cancerous lesion easily recognized, the dentist, when people are educated to come to him for periodic examination. should, with rare exceptions, find the local lesion in a stage in which it can be cured

by the removal of the causes.

With the medical profession it will be more difficult. There is first, the periodic examination. Let us take, for example, a lump in the breast. If every woman over twenty-five years of age reports the moment she feels that there is anything the matter with her breast, in at least eighty out of every hundred no operation will be necessary; perhaps fifteen per cent of these will be instructed how to keep the nipples clean. The great difficulty will be to distinguish between the lump that should be explored and the lump that is indefinite and need not be subjected to operation. Then comes the second difficult problem, that of the surgeon and the pathologist-to differentiate between the lump that is cancer and the lump that is not. In the examination of the cervix of the uterus we must decide whether there is any spot there that justifies an operation under gas or spinal anesthesia, during which a piece of tissue is removed for microscopic study. Here again we have the same problem as in the lump in the breast, and in addition to this, to choose which treatment is best for the patientnothing, operation, or radiation.

It is not necesary to go into all the difficult problems that are forced upon the medical profession when their patients come to them for periodic examinations, or report the moment they are warned. There is no doubt that the family physician will learn his growing important position. If the doctor of medicine is properly educated, he will be able to make the first examination thoroughly and decide on which patients he can take care of himself, and those who should be referred.

It seems to be an opinion, becoming more and more prominent and agreed upon by more and more members of the profession, that this patient first examined by the family physician, should be referred to a group of specialists rather than to a single specialist, so that he may have a thorough examination in spite of the fact that his family physician may have discovered a lesion difficult to diagnose, in a single spot.

This problem can only be settled when more and more people come for periodic examinations or very quickly after they are first warned.

In spite of my experience of thirty years, I have been observing in the past two years so many actually new lesions and new points of view of old problems that it is almost impossible

to keep up. The evidence is convincing that the people must be correctly informed in such a way that they will demand periodic examinations, or come after the first warning of any trouble. The danger of delay is far greater than the danger of seeking a periodic examination or early examination from a member of the medical profession who is incompetent, either to diagnose or correctly treat, and unwilling to refer the patient to anyone else.

Not until this movement of the great public to the medical profession for this earlier, or periodic examination, is general will we be in a position to solve the second problem of steering them to the members of the medical profession who will render them the best service.

The Problem of the Nursing Profession. There is no better time to educate the family and friends than when one of either group is ill, at home or in the hospital. Here is the opportunity for the nurse who comes in contact with both family and friends to present to them the correct information. We have evidence of the value of the nurse in a teaching function.

However, there is no question that neither the doctor nor the nurse, in the environment of home, office or hospital, and with either rich or poor, realize this great opportunity for presenting the inestimable value of consulting a doctor while you are well and the

moment you are warned.

Cancer As a Problem of the Social Worker. Undoubtedly, the demands on this group are at present greater than it is able to meet. Nevertheless they come in contact with a larger number of people who need teaching help for their protection against disease than either the graduate nurse or the dentist or doctor of medicine. This should be borne in mind when health departments or hospitals consider the budgets for the social service department and the number of workers required.

When you consider doctor, dentist, nurse, social worker,—and add to this, teachersthey all have the same opportunity for giving correct information in regard to the problems of good health and preventive medicine. But there is no uniformed organized system of instruction to help these groups any more than we have developed a proper system of education for the public. In spite of this we are making progress. The teachers in medical schools give least time to preventive medicine. This is emphasized by Warren in his Synopsis of the Practice of Preventive Medicine, in which various chapters are written by the faculty of the Harvard Medical School. Nevertheless the faculty has made a move in the right direction.

The Expectant Mother. Women who marry and bear children will ultimately be the best protected individuals in the community. During the expectant period two lives are at stake. In no other period of the life of a woman is the value of knowledge of health more necessary. When they are under the care of a properly equipped doctor of medicine, they learn the value of periodic examinations, of diet, and of paying attention at once to little things.

The Mothers of Children. The mother learns prevention the moment the child comes into the world, because drops are placed in its eyes to prevent infection and blindiness. She is introduced to the toxin-antitoxin for diphtheria, and all those things that every healthy child should have for its protection in the pre-school years. At this time every mother of children should be informed of the necessity of periodic examinations of herself and children. The most difficult problem for a mother today is mental hygiene for the children, and how to take care of their growing and inquiring minds before they enter school. It may be necessary for the state to provide for many of the children a supervision similar to that they receive after they enter the primary school, during this most important pre-school age.

Children. In the primary-school age, and in the primary school themselves, children should be taught not only the rules of conduct, but the rules of health. It should be the fourth "R" and should be given equal place with the three established "R's." Children can understand the necessity of first aid; of the antotoxin for lockjaw when they step on a rusty nail; of the care of the skin and oral hygiene; and of the danger of spitting. They can be taught that they will not fear to report immediately if they experience pain, or feel a lump, so that the necessary examinations can be made at once. They can be taught the details of a pain in the stomach,—likely appendicitis. When the rules of health are established in the primary schools, the problem of keeping these children further informed after they leave school is very much simplified.

Adults. The difficulty will be with women who have not had children and with all men. The risk of a woman who has not borne children of neglecting the periodic examination is small, but the risk of the men putting off an examination of the prostate until they are warned, or delaying after they are warned, is large. The majority of men use tobacco, and rarely take the same care of their teeth as women. All men who use tobacco and neglect their teeth, with few exceptions, are ignorant of this danger. Men, as they grow older, need

not only examination, but advice as to exercise and diet. The greatest protection today for men are the insurance examinations. It would be a wise thing for all insurance companies to insist upon re-examination at intervals of two years; and the insurance examination should be a much broader one.

The Problem for the Profession of Journalism. We can not expect much more of this profession until the dental, medical and nursing professions take up more seriously the ideas of preventive medicine. Then we will be in a better position to recommend to the journalists that the daily press is the best means of informing the people on rules of health, the necessity of preventive medicine; and not only of the new discoveries, but of their applications.

Educators. It is a question how much we should expect from the teachers of fundamental subjects in the primary schools in taking this extra burden of explaining the rules of health and preventive medicine. Better results may be obtained by one thoroughly trained teacher, talking to the primary schools of one locality, over the radio.

In the high schools, junior colleges, and

universities, there is practically no difficulty in having a definite department with one or more teachers to take care of this.

Conclusions. Knowing what we do today about the effect of education on the incidence and curability of cancer, and knowing that at present there is really very little educational effort and that only a small part of the public is informed, the first thing we should do is to establish, on a broad scale, the correct information of children in the primary schools and of adults throughout the country.

It is my opinion that we can agree today on what information is correct to give to children and to the public. This information should be given by individuals who are thoroughly conversant with the subject.

The next problem is the education of the profession in the more difficult diagnostic problems of examining people who think they are well, or have but recently been warned, and the equally difficult new demand of the treatment of the lesion in this much earlier stage.

The last problem is research. This must be speeded up. It would seem that the people themselves should tax themselves for this protection.

# BASAL METABOLISM IN DERMATOLOGICAL CONDITIONS\* By BINFORD THRONE, M.D., BROOKLYN, N. Y. Discussion By C. N. MYERS, Ph.D., BROOKLYN, N. Y.

From the New York Skin and Cancer Hospital.

E XAMINATION of the literature of Basal Metabolism shows that very little has been done in reference to Basal Metabolic Findings in dermatological conditions, although in all modern text-books on Skin Diseases, statements are constantly found of hyper and hypo-thyroid associations with various affections of the skin. This study was undertaken to determine if possible if any relationship existed between thyroid activity and the different skin diseases which are met with in a busy skin clinic.

Recently Falchi of Pavía reported a series of such observations. His conclusions were that his results did not permit of any definite conclusions, as they varied with the diseases, with the individual and with the particular conditions in which the skin happened to be. His series consisted of 14 cases of eczema, 9 of acne, 7 of psoriasis, 2 of leprosy, 2 of tuberculosis cutis, 14 of syphilis, 4 of scleroderma, 1 of pellagra, 1 of porokeratosis, 1 of erythrodermia, 1 of alopecia and 1 of Kaposi's sarcoma. Speracio of Rome in discussing Falchi's paper re-

ported his findings in 219 cases of skin disease in which he had determined the basal metabolism. He found it increased in 85 or in 35 per cent; decreased in 60 or in 27 per cent and normal in 74 or 34 per cent. He was unable to draw any definite conclusions but he believed that there is a relation between cutaneous affections and basal metabolism.

In our study the patients were either adults or they were in late adolescence. The difficulty of getting children into the perfect basal state was too great for the time at our disposal.

#### Acne

The onset of this condition usually at puberty has naturally brought under suspicion the activity of the sex glands; its frequent association with menstrual deficiencies has tended to strengthen this view. Dietel, however, stated after an examination of 60 of these cases with the interfereometer, that the internal secretion of these glands was decreased in only 10 per cent and that this decrease was slight and practically nil. In some cases he found an associated hypothyroid function. Hornung, in a study of 150 cases of functional ovarian dis-

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

turbance, found that the ovary did not exercise any direct influence on either the basal metabolism or on the specific dynamic action of food stuffs. Horry Jones also stated that loss of ovarian or testicular hormones causes changes in the body weight and that these changes are often associated with changes in total metabolism. Extracts of these glands when injected into the blood stream do not cause an increase in the oxygen intake.

Basal metabolism determinations were done on 109 cases of this disease. Of these patients 34 were males and 75 were females. For comparative purposes these cases were divided according to age and sex and showed the follow-

ing findings:

Age 14 to 20 years. Males giving a plus basal 11: Males with a minus 11. Females giving a plus basal 8: Females with a minus 16

At these age limits the percentage of males showing a plus basal to those showing a minus was equal. While with females the number showing a minus basal was twice as large as those showing a plus.

Age 20 to 25 years: Males showing a plus basal 6: Males with a minus 3. Females showing a plus basal 12: Females with a minus 22.

In this age group the number of males with a minus basal had decreased 50 per cent; while the females gave practically the same percentage of minus findings as did those in the earlier age group.

Age 25 to 30 years: Males with a plus basal 2: Females with a plus 7. Males with a minus basal 1: Females with a minus 5.

In this age group the percentage of males with a plus basal became proportionately greater, being twice as great as those showing a minus, while with the females those with a minus has become much smaller or representing now only 41 per cent of the total females in this group.

Age 30 to 35: Males none: Females showing a minus 1. Females showing a plus 5.

The change from a minus to a positive in this age group has become even more marked, the percentage of minus being only 20 per cent of the total.

Age at the development of the disease was investigated in 24 females and in 9 males. The findings were identical as those given above. Blood chemistry examinations for chlorides, sugar, urea nitrogen and uric acid showed no constant relation to the basal findings. The type of the disease also seemed to have no bearing on the basal findings. Ramel's findings of an apparent tubercular association with cases of Acne Indurata may have some bearing on the low basal findings in this disease. Complement fixation test for tuberculosis was posi-

tive in about 60 per cent of the cases which we investigated. However, we have not yet done enough of this work to justify any conclusions.

# Erythema Group

Erythema Toxicum: Eight cases of this type were examined. All were females. Their age groups and basal findings were as follows:

Under 25 years none.

Between 25 and 35, one case; basal minus.

Between 35 and 45, five cases; basal plus in four and minus in one.

Age 45 and over, two cases; both showed a

plus basal.

The basal findings in this group were within normal limits except in one case which gave a slightly increased reading.

In five of these cases blood chemistry showed a nitrogen retention and three of them showed a moderate hyperglycemia.

Erythema Multiforme: Six patients were ex-

amined, one male and five females.

Under 25 years: one female, basal plus.

Between 25 and 35: none.

Between 35 and 45, two females: basal minus in both.

Between 35 and 45, two cases, one male and one female; basal plus in both.

Over 45, one female, basal plus.

All basal findings were within normal limits except in the female over 45 years. She had been operated for exophthalmic goitre some years ago, with partial removal of the thyroid. Her basal was plus 16. Her blood chemistry was normal. Blood chemistry examination was done in 3 others, one was normal, one showed a urea nitrogen above normal and a moderate hyperglycemia, the other showed only a moderate hyperglycemia.

Erythema Pernio: Three cases:

Under 20 years, one male; basal plus: one female, basal minus.

Between 20 and 25; one female, basal plus. Erythema Nodosum: Two cases, both females, both about 35 years of age and both gave a minus basal within normal limits. Blood chemistry in both was negative.

Erythema Induratum: One case a female aged 34, her basal findings were minus 0.4. Her blood chemistry showed a low urea nitrogen, 6.87 in 100 cc. of blood, otherwise it was

normal.

### Pruritus

In this group where the only complaint was pruritus (there were no visible skin lesions) there were eight patients.

Under 20 years one male basal minus.

Between 20 and 25, two females: basal minus in both;

Over 45: one male, basal plus; four females. basal plus in three and minus in one.

The blood findings in these were as follows: increased urea nitrogen in five, increased uric acid in two, hyperglycemia, moderate in three; none were definitely diabetic.

The basal findings in this group were within normal limits, except in one case where it showed a very slightly increased rate, plus

12.9.

### Urticaria

Nine patients suffering with this condition were examined. In all the condition was chronic. On account of the supposed relationship of this condition to the vegetative nervous system, and on account of the marked variations of the findings in the individual cases, it was thought best to give the findings in detail:

Under twenty-five and over twenty years of

M. C., female. Basal plus 2.9.

M. F., female. Basal minus 7.3. This patient showed an enlarged thyroid; she was 22 years of age, had been suffering from the condition for five years: had been given thyroid medication at the age of fifteen.

E. M., female. Basal 10/29/28 minus 27.

Basal 2/11/29 minus 15.6.

I. H., male, aged 33, basal plus 11. J. H., female, aged 36, basal plus 38.

C. Y., female, aged 37, basal minus 2.

J. DeM., female, aged 46, basal minus 4.

E. G., female, aged 56, basal minus 13.4. S. L., female, aged 45, basal plus 16.2.

Dividing these cases according to age limits we find:

Between 20 and 25 years two females, one showing a plus and one a minus basal.

Between 25 and 35 years one male, basal

Between 35 and 45 years two females, one with a minus and one with a plus basal.

Over 45, one male basal plus; three females; one with a plus and two with a minus basal.

Of these nine cases, five showed a basal metabolic finding within normal limits. In one it was markedly elevated and in one only slightly elevated, while two showed a minus below the lower level.

The blood chemical findings in six of these (blood chemistry was not done in the others) showed marked disturbances in general metab-Five showed hyperglycemia, the uric acid findings were normal in three cases but were elevated in the other three. The urea nitrogen was decreased in two but was markedly clevated in the other four.

### **Psoriasis**

Of this condition 25 patients were examined, six males and nineteen females. They were of the following :

Below twenty years:

Males 1 basal minus. Females 2 basal minus. Females 1 basal plus.

20 to 25 years:

Females 2 basal minus Males none. Females 2 basal plus.

25 to 30 years:

Males 1 basal minus, Females 2 basal minus.

30 to 35 years:

Males 2 basal plus. Females 3 basal plus.

35 to 40 years:

Males none. Females 3 basal plus. Females 1 basal minus.

Over 40 years:

Males I basal plus. Females 2 basal plus. Males 1 basal minus. Females 1 basal minus. The blood chemistry of this group was as

follows: In the group under 20 years one case showed a moderate hyperglycemia. In the 20 to 25 year group, one showed a moderate hyperglycemia and one with an excessively high basal (plus 23), showed a very unstable metabolism with marked variations in the blood sugar and in the urea nitrogen. There were, however, no signs of nitrogen retention. In the 25 to 30 year group one case showed a moderate nitrogen retention. In the 30 to 35 year group, one case showed a moderate nitrogen retention and one other showed a urea nitrogen below normal. In the 35 to 40 year group, one case showed our socalled "arsenic blood picture" and one other showed a subnormal urea nitrogen. In the group over 40 years, two cases showed the arsenic picture and one other a moderate hyperglycemia. A summary of the basal metabolic findings in these cases of Psoriasis shows four findings above plus 10 and one below minus 10.

Sycosis Vulgaris: Eight cases in all of this condition were examined, all of course were males.

Between 20 and 25 years, 2 cases gave a plus basal; I case gave a minus basal.

Between 25 and 30 years, 1 case, basal plus. Between 30 and 36 years, 2 cases, basal plus: 2 cases, basal minus.

Blood chemistry on this group showed uniformly a moderate hyperglycemia.

The basal findings in one case were above plus 10, and in one case it was below minus 10. Infectious eczematoid dermatitis. Seborrhoeic Dermatitis plus bacterial infection. Seven cases.

Below 20 years, 1 female, basal minus. Between 20 and 25, 1 female, basal plus. Between 25 and 35, 1 male, basal minus; 2 males, basal plus.

Between 35 and 45, 1 female, basal plus.

The blood chemistry in these cases was comparable to that in the sycosis group.

Lupus Erythematosus. Five cases. Age 30 years, female, basal plus 15. Age 49 years, female, basal plus 25.9.

Age 58 years, female, basal plus 13.4.

Age ?, male, basal minus 8.2. Age ?, female, basal plus 42.8.

Blood chemistry in this group was without significance except that the CO<sub>2</sub> combining power has a tendency to be lowered. The serum calcium done in some of these patients was within normal limits.

Bromoderma. One case of this condition was seen, a woman aged 24 years, her basal findings were normal, plus 3.3.

Leucoderma or Vitiligo. Six cases.

Under 20 years: Male 1, basal minus; 1 female, basal plus.

Between 20 and 25 years. Male 1, basal plus. Between 25 and 35: Male 1, basal plus; female 1, basal plus.

Over 35: Male 1, basal plus.

The blood findings in this group were essentially negative in most cases, in one it gave a definite arsenical picture.

One case, a female with a high plus, was given a suprarhenal preparation, about 10 days later her basal showed a reduction of 8.4 points.

Of these six patients, four showed a basal above normal, two gave normal findings and in none was it below normal.

Leuconychia: One case, a man, aged 58, gave a very high plus basal. His blood picture was typical of arsenic retention.

Bromoderma: One case, a female, aged 24,

basal plus within normal limits.

Blood findings without significance.

Scleroderma: Longcope reported that in three cases of this condition he found a lowered basal metabolic rate. Pardo-Castello on the other hand reported one case with a high plus rate. Our results were as follows:

Number of cases, six.

25 to 35 years: 1 male plus.

35 to 45 years: 1 male plus; 1 female plus. Over 45 years: 1 male plus; 1 female plus; 1 female minus.

Out of six cases all were plus except one, a female and she showed a minus within normal limits.

The blood findings in this condition were such as we have previously reported. One case showed arsenic in pathological amounts in his urine. This examination was not done on the others.

Acrodermatitis Chronica Atrophicans: Two cases of this condition were examined:

Female, aged 34 years, duration of the condition three years. Basal plus 18.5.

Female, aged 35 years, duration of the condition four years. Basal plus 29.25.

The blood findings in these two were without significance, each showed a moderate hyperglycemia. Generalized Erythroderma.

One case a man aged 51 years, duration of the condition about one year.

Basal metabolic determinations were as follows:—

12/ 5/28	plus	38.3
1/24/29	plus	0.7
2/15/29	plus	23.9
2/27/29	plus	32.1
3/28/29	plus	25.9

The first basal taken 12/3.28 was not considered.

Morvan's Disease: -

One case, a woman aged 60 years. Blood findings only a moderate nitrogen retention.

Basal plus 26.9.

Pemphigus ;-

One case of pemphigus Foliaceous a female 30 years of age, duration of the condition two and a half years. Six basal determinations were done, they varied from plus 22.1 to plus 50.9.

Two cases of pemphigus vulgaris both males of middle age were examined and both a plus basal, one showing a plus 15.6 and the other a plus 55.8.

Alopecia Areata. Levy-Franckel and others reported a series of cases who had not received endocrine treatment. One with an associated Basedow's disease with a basal of plus 56%; seven others with a plus basal above the normal level and one with a normal basal.

In this series we examined 69 cases. Their age groups and findings were as follows:

From 6 to 13 years:

Males, basal plus 4 cases. Males, basal minus 1 case. Females, basal plus 2 cases.

From 13 to 20 years:

Males basal plus 6 cases. Males, basal minus 1 case. Females, basal plus none. Females, basal minus 4 cases.

From 20 to 25 years:

Males, basal plus 3 cases. Males, basal minus 4 cases. Females, basal plus 1 case. Females, basal minus 1 case.

From 25 to 35 years:

Males, basal plus 10 cases. Males, basal minus 7 cases. Females, basal plus 2 cases. Females, basal minus 8 cases. From 35 to 45 years:

Males, basal plus 1 case. Males, basal minus 5 cases. Females, basal plus 4 cases.

Over 45 years:

Males, basal plus 3 cases.
Males, basal minus 1 case.
Females, basal plus 1 case.
Females, basal minus 1 case.

Blood chemistry in this group frequently showed an arsenic picture. Urine examination in 20 of this group showed arsenic in pathological amounts in 75%. Dr. Herman Feit, who is associated with us at the New York Skin and Cancer Hospital is working on this element of the condition and will publish his results in the near future. It might however be stated here that a case of total alopecia which had resisted all kinds of treatment, regained his hair when arsenic eliminative treatment was added to his previous therapy.

#### Lues

Age group 24 to 30 years: Males 2 basal plus. Females 1 basal plus.

Age group 30 to 35 years:

Males I basal plus. Females I basal plus. Females I basal minus.

Age group 35 to 45 years:
Males 4 basal plus. Females 6 basal plus.
Males 2 basal minus.

Age group 45 years and over:

Males 4 basal plus. Females 5 basal plus. Males 2 basal minus. Females 1 basal minus. Blood chemistry was done on six of these

patients:

One case aged 44 years had 7 such examinations his urea nitrogen was above normal on three analyses and normal four times. His uric acid in all the determinations was between 3½ and 4.

A case aged 35, a woman had 9 blood chemistries. Urea nitrogen was normal three times, above normal once and below normal five

The other cases gave similar findings.

A summary of the above shows 15 males 11 of whom had a plus basal; 4 of whom had a minus basal. 15 females 13 of whom had a plus basal: 2 of whom had a minus basal.

An examination of the basal reports in addition to this 24 to 6 ratio in favor of the plus; that the plus was markedly elevated in nine cases, while the minus was below the lower normal only twice and at that the lowest basal finding was—13 while on the contrary the highest plus was 39.9.

#### Eczema

We examined 20 males and 30 females suffering with this disease. Their findings were as follows: Under 20 years:

Males 2 cases, basal minus. Females 1 case basal plus. Females 2 cases basal minus.

From 20 to 25 years:

Males 1 case, basal plus. Females 2 cases basal plus. Females 1 case basal minus. From 25 to 35 years:

Males 2 cases plus.
Males 2 cases minus.
From 35 to 45 years:
From 35 to 45 years:

Males 1 case plus.
Males 3 cases minus.
From 45 to 55 years:

From 45 to 55 years: Males 3 cases plus.

From 55 to 65 years: Males 4 cases minus.

Females 8 cases plus. Females 2 cases minus. Females 2 cases minus. Females 1 case minus.

Females 5 cases plus.

Females 2 cases minus.

From 65 to 75 years:

Males 2 cases minus. Females 2 cases plus. The blood chemistry findings in eczema were the same as we have reported in previous communications. A summary of the basal metabolic findings in this disease were as follows:

In all age groups below 35 years the findings were within normal limits except for two females who showed respectively basals of

plus 25.7 and plus 17.

In the 35 to 45 years group one female showed a basal of plus 28 2 and another female

showed a minus of 16.5.

In the 45 to 75 year group the males showed a practically normal basal with a ratio of 6 with a minus to 3 with plus basal; with the females on the other hand 11 gave a plus to 4 minus. This may have been due to the loss of ovarian secretion at this age. One of these was definitely exophthalmic. Of the total 50 cases 17 showed abnormal basal metabolic findings.

### SUMMARY

In this study 340 patients were examined; 139 of these were males and 201 were females. They were divided according to sex and disease as follows:

Acne	Males 34	Females 75
Alopecia Areata	Males 40	Females 24 Females 2
Bromoderma	Males 20	Females 1 Females 30
Erythema Induratum		Females 1
Erythema Pernio Erythema Toxicum	Males 1	Females 2 Females 8
Erythroderma	Males 1	
Infectious Eczematoid Derm. Leuconychia	Males 3 Males 1	Females 4
Lupus Erythematosus Morvan's Disease	Males 1	Females 4
Pruritus	Males 2	Females 6
Psoriasis Pemphigus	Males 6 Males 2	Females 9 Females 1
Scieroderma	Males 3	Females 3
Sycosis Vulgaris	Males 8 Males 15	Females 15

Urticaria . . . . . Males 1 Vitiligo . . . . Males 4 Females 8 Females 2

In the erythema group there were no marked variations in the basal metabolic findings. In pruritus the same results were found. Psoriasis showed 20 per cent abnormal basal findings. In Alopecia Areata 14 cases showed a high basal and 10 a low. In conditions associated with pus formation such as sycosis vulgaris and infectious eczematoid dermatitis the basal findings were practically negative.

In lupus erythematosus 80 per cent of the patients showed a very high plus basal.

Vitiligo showed the same tendency to high findings; of the four cases, of this condition examined, all showed a high plus. In sclero-

derma all cases examined showed a plus basal but not necessarily above normal.

The one case of Morvan's disease examined gave a high plus. In the case of generalised erythroderma the high basal findings were parallel with the blood chemistry examinations, which showed marked disturbance of the general metabolism.

In pemphigus all cases showed abnormal

high findings.

In syphilis 11 of 30 cases showed abnormal findings; 9 of these 11 were above plus 10, in some instances they were more than plus 30, In only two cases of this disease were the findings below the normal level.

The indications for treatment as shown by basal metabolic findings we have not yet ascertained. A few patients were given endocrine preparations, some seem to have been helped while in others apparently no results were obtained.

We believe, however, that this work deserves to be continued. The results up to date are promising.

### BIBLIOGRAPHY

Dietel: Arch. für Derm. und Syph., Band 155, 1928.

page 192.
Falchi, G. Gior: Ital. di Derm. e Sifilo, 1928, page 960.
Hornung: R. Zentralblatt für Gyn., 51:2969, Nov., 1927.

Jones Horry: Clin. Med. and Surg., 1928. Levy-Franckel et alii. Bull. de la Soc. Franc. de Derm. et de Syph., No. 6, Juin, 1923. Longscope: Jour. A. M. A., Jan. 7, 1928. Pardo-Castello: Arch. of Derm. and Syph., 1929, page

### DISCUSSION

By C. N. Myers:—The scope of basal metabolism in skin diseases is broad and practical in that it offers a scientific measure of the whole process of the utilization of food except the mechanism of digestion and absorption. All dermatologists at one time or another have empirically prescribed glandular therapy; they have also attempted to differentiate between hypothyroidism and hyperthyroidism. On the

basis of more than 1000 basal observations it has been shown that this cannot be done with any systematic degree of regularity. Before discussing the results presented in the paper by Dr. Throne, a few remarks dealing with the basic principles might be opportune. Higher organisms are able to do work anaerobically for a short time, but in the main they derive their energy solely from oxidation. By measuring the oxygen consumed and the carbon dioxide evolved the respiratory quotient may be calculated. This is based upon a fundamental law-Avogadro's-which states that equal volumes of all gases contain the same number of molecules, or that equal number of molecules occupy the same volumes. The three classes of foodstuffs differ in the rate at which they become available. Sugar is most promptly oxidized after ingestion and one molecule of oxygen is consumed for each molecule of carbon dioxide evolved. For example glucose is utilized as follows:

$$R.Q. = \frac{C_6H_{12}O_6 + 6O_2 = 6H_2O + 6CO_2}{6 \text{ mol. } O_2} = \frac{6 \text{ vol. } CO_2}{6 \text{ vol. } O_2} = 1$$

With fats and proteins there is a greater initial lag and the reaction for tripalmitin a representative fat is:

$$\frac{\text{C}_{51} \text{ H}_{98}\text{O}_6 + 72.50_2 = 51\text{CO}_2 + 49\text{H}_2\text{O}}{51 \text{ mol. CO}_2} = \frac{51 \text{ vol. CO}_2}{72.5 \text{ mol. O}_2} = 0.703$$

The chemical equation applied for the oxidation of protein is more complex but by experimental observation it has been found to yield a R. Q. of 0.8016. These values are mentioned as they are closely related to products directly concerned in cutaneous manifestations. The monumental work of Benedict of Boston has given adequate consideration to the variable factors.

In exophthalmic goitre, the storage of glycogen has been the subject of much investigation, and the tolerance for sugar is diminished. In diabetes Du Bois concludes that there is no defect in oxidation but an abnormality in the mobilization. In muscular contraction glycogen is transformed by way of the hexose phosphate into lactic acid, a process in which no oxygen is required. Hill, Long and Lupton have aptly compared the reverse process of the restoration of lactic acid to glycogen to the recharging of an accumulator in which the dynamo supplies the energy to effect restoration.

During the past four years the research de-partment of the New York Skin & Cancer Hospital has been concerned with the physiological abnormalities observed in the blood of various groups of patients. These groups of patients have shown marked deviations from the normal either in respect to chlorides, sugars, urea, uric acid, carbon dioxide, cholesterol, calcium or as combinations of the substances. It has not been our purpose to discuss these normal values but to submit data, showing the general trend of these patients by age intervals and sex. The exhaustive study of Clark of the U. S. Public Health Service on thyroid enlargement in girls of school age is interesting in relation to the observations of Dr. Throne in the results on acne. The results on acne show that in the adolescent stage there is a marked difference between male and female. These results are interpreted in terms of the trend of the basal rate and not in terms of the textbook normal. Our experience with textbook normals is that they mean little. Up to the age of 20 among boys acne cases have a ratio of 1:1 as far as the positive and negative are concerned. In females the ratio is 2:1 negative. The number of patients in the group was 50, so that a fair conclusion may be obtained. In the group 20-25 years of age there are more than 50 patients and the ratio for males is 2:1 positive and females still 2:1 negative. This is indicative of a marked difference between the adjustment of the ability to absorb and use foods in male and female. Furthermore this process lags in females as shown by the 2:1 ratio that exists up to the age of 25. At ages 25-30 males show a ratio of 2:1 positive and females 7:5 positive.

It is also important to point out that in psoriasis no definite conclusions can be drawn notwithstanding the fact that earlier investigators have looked upon psoriasis as a condition asso-

ciated with a hypothyroidism.

It has been considered that at least 50 per cent of cases suffering with urticaria have a hypothyroidism. The basal metabolism tests carried out in this investigation have not substantiated these findings.

The results obtained in cases of pruritus are very much the same as the findings in urti-

caria

In mycotic diseases the basal metabolisms thus far have been without particular significance. It is important, however, that a continuation of these studies be made so that the classification by age and sex and the duration of the disease, will undoubtedly bring forward a more conclusive \*tatement in regard to these last three conditions.

In the so-called bullous diseases pemphigus foliaceus and pemphigus vulgaris show a very

high plus basal.

Giuseppe Beraccini. Concerning the Importance of Endocrine and Nervous Lesions in the Etiology and Pathogenesis of Pemphigus, Arch, Ital. di Derm. Sifil, e. Ven., Vol. III, fasc. IV, Avril, 1928.

Dermatitis herpetiformis also shows a high plus basal and it seems from this that this group of diseases shows a very marked tendency for the utilization of food elements ingested. It will be noted that this confirms the 11 reports on patients by Dr. Carl Klepper, Arch. für Derm, und Syph, 153 Band 1 Heft page 6. The basal metabolism in 7 out of 9 cases was elevated more than 10 per cent.

It is my impression that the thyroid alone is not the only endocrine gland which must be considered and furthermore our results seem to indicate that there is a combination of circumstances involved in the metabolism of car-

bohydrates, fats and proteins.

These studies will be continued on several more thousand patients so that a more definite estimate may be obtained as to the distribution of these hypo and hyper values noted in various groups of patients.

In scleroderma cases there has been a tend-

ency toward a hyper value for the basal tests. It is particularly important to refer to the investigations on the basal metabolism in treated cases of syphilis. Syphilis, which involves a large part of dermatological practice, shows that most of these patients with tertiary lesions have a marked tendency toward the hyperthyroid state. The number examined was 15 males and 15 females. The total number that was plus was 10 males and 13 females. Of the 15 females, 13 had a plus and 2 had a minus. Of the 15 males, 11 had a plus and 4 had a minus. The highest plus was 39.9; the lowest was-13. The plus was markedly elevated in 9 cases-above normal in 9 cases and it was below the lower level in only 2.

In alopecia areata 46 males and 23 females were examined. The highest basal was found in a female age 25. She showed a +69. On repeating the test after 8 days the basal was 26.8. Another test after 12 days was +29.5. The lowest found was—21.2. This patient was a man, age 40. A basal rate higher than +10 was found in 17 cases. Ten showed a

basal rate of less than—10.

A group of miscellaneous cases was examined with diagnosis of hyper and hypothyroidism. These results were as follows: Of 5 cases diagnosed hyperthyroidism, 2 showed a plus basal, 3 showed a minus basal. Of 12 cases diagnosed hypothyroidism, 7 showed a plus basal and 5 showed a minus basal. In other words the clinical diagnosis of either hypo or hyper thyroidism was wrong in more than 50 per cent of the patients. From this it can be seen that such a diagnosis can only be made correctly by a laboratory test. These cases were examined both by dermatologists and internists.

THE IMPORTANCE OF EXTRASYSTOLIC ARRHYTHMIAS IN YOUNG ADULTS\* By LOUIS FAUGERES BISHOP, M.D. and LOUIS FAUGERES BISHOP, Jr., M.D., NEW YORK, N. Y.

HERE is no more interesting kind of irregularity of the heart than that which consists of an extrasystolic arrhythmia. It is interesting because the skipped beat is that which we first come in contact with when we begin to feel the pulse as medical students. It is the irregularity that we most frequently meet with and which we are all almost certain to observe in ourselves sometime during our lives. At the same time it is an irregularity which is most grave in its significance in certain conditions and nearly as harmless as any irregularity can be in other conditions.

An epoch making advance in clinical medicine is marked by the time when physicians recognized that the skipped beat was not a skipped beat at all but evidence of a premature contraction. It may be said that this was the first cardiological idea that reached the minds of intelligent physicians in the dissemination of the knowledge of modern cardiol-Our theme today is the study of this irregularity in young adults, and this reminds me of an amusing incident that happened to me in Japan which illustrates the world wide impression that the heart specialist is too often considered as chiefly interested in cardiac failure while the fact is our most thrilling work is in the service we are able to render to the young.

I have just returned from a tour around the world and while in Tokio, Japan, I attended a meeting of the Rotary Club. The Rotary Club is an international vocational society and when one visits a foreign club, on being introduced one is expected to mention one's vocation. I announced myself as a heart specialist and had occasion to refer to the nature of my work and its relation to the prolongation of life. This Tokio Club was composed of some of the brightest and most influential men in Japan. It was a gay and interesting meeting, though conducted mostly in Japanese lan-The next person to be introduced was a Rotarian from another country, who said his vocation was a child specialist. He said his work was different. Dr. Bishop's job was to say "good bye" to people when they left the world and that his job was to say "how do you do" when they came into it.

Unfortunately, this conception of the work of the cardiologist is too prevalent and it is pleasant to emphasize on this occasion the work that we do in giving valuable service in the cardiac neurosis of young people.

Many disturbances of the heart beat give

normal P R and T waves, although the interval between these waves may have been lengthened or shortened. In other words, the heart muscle is to all appearances, normal, and the disturbances rested with the conduction system. The parts of the telegraph system which send and receive messages are in excellent working order and capable of transmitting correct messages but the wires are damaged and cannot function properly.

Let us now see what happens when the conduction system remains intact but the heart muscle itself does not function correctly. The auricle may be considered first. In other irregularities the auricle contracts in a normal manner in response to stimuli received from the normal pace-maker. records itself by a deflection of the electrocardiogram forming a natural P wave, but it occasionally happens that an impulse may arise elsewhere in the auricle than at the pacemaker. Some point has become over-irritable and momentarily supersedes the influence of the pace-maker. When this happens a distorted P wave is found instead of a normal one. Such an impulse travels down as well as up through the auricle to the connecting bundle and finally causes contraction of the ventricle. The ventricle, being undamaged, cares little where the impulse came from and does its duty by contracting but not at the proper time.

It is as if someone tapped in on a telegraph wire and sent a message. The recording instrument at the other end responds with its usual clicks and does not distinguish whence the message came. The R-T or ventricular complex will thus be a normal one.

We, therefore, can distinguish between what are known as "premature contractions" of the auricle and normal ones. They are called "premature" because they come between two normal beats and therefore appear before the second normal beat. In order to illustrate this point further, consider that the heart is beating at a normal rate of about eighty per minute. Each P-R-T complex will be equally spaced from every other and all will have a perfectly similar shape. A queer looking complex is suddenly thrown in and on examination it is found there is nothing wrong with the R-T part of the complex but the P wave is either upside down or taller or perhaps wider than the other P waves. This finding spells "auricular premature contractions," otherwise known as "auricular extrasystoles."

If the irritation which causes these contractions is of longer duration there may be two

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

or three more extrasystoles following each other in sequence and then return to normal rhythm. It must be remembered that while these contractions are going forward, normal impulses are coming from the pace-maker. These, being absorbed in the abnormal complexes, however, become lost.

The ventricle may beat out of time in the same manner as the auricle. In this case there is nothing the matter with the auricle. There has been, however, a point of irritation set up somewhere in the ventricular wall which has started independent contractions, and since these have not occurred through normal paths, their records will be abnormal. Such records will consist of badly distorted R-T waves, the amount of distortion depending on how far the point of irritation less from the normal pathway. These deformities may be extreme and may dip down below the line to a considerable extent or they may go high above the line. Sometimes they are both above and below the line in the electrocardiogram.

In ventricular extrasystoles one usually has to deal with a decided disturbance in rhythm due to what is known as the "compensatory pause." The meaning of this term is simply that when the ventricle is stimulated too soon after a contraction it will not respond to the stimulus so it waits for the next stimulus from the auricle.

Picture again a regular heart rate with normal evenly spaced and similarly shaped P-R-T complexes. A bizarre shaped wave is suddenly found to be thrown in. There is an absence of a P wave and on measuring the width of the interval it is discovered that it is shorter than any normal preceding one, indicating that the R-T complex comes from the ventricle. Meanwhile, normal P waves are occurring and when one of these falls on such an abnormal complex it finds that the ventricle has already contracted and is therefore unable to respond. There is then a pause where nothing happens until the next P wave occurs. This is the "compensatory pause" mentioned above.

There may be several ventricular contractions following each other just as there may be many auricular contractions in auricular extrasystoles. There is a series of weird waves of various shapes here also, but whereas in the first instance they were followed by normal R-T complexes in this case they consist of abnormal R-T complexes.

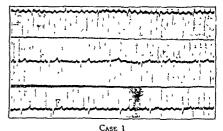
Of course, there may be many variations in extrasystoles. For example, there may be both auricular and ventricular extrasystoles, both starting from different foci, thus giving a series of variously shaped waves, or again there may even be extrasystoles beginning in the con-

necting bundle between the auricle and the ventricle. Although these may for the moment complicate the picture, they can be readily understood by a brief study of the electrocardiograms.

With the exception of sinus arrhythmua, auricular and ventricular extrasystoles are the most frequent forms of irregularities of the heart beat. They are most often found in cases of long standing myocarditis, although they may occur at any age indicating a temporary derangement of the heart function. Their presence need be no cause for alarm as they, themselves, rarely embarrass, but they should always be considered as a reason for a careful search for underlying damage.

To illustrate certain features of extrasystolic arrhythmias in young adults I have included the following three cases:

Case 1—I. H. F. O., girl, age 17. Occupation school. Chief complaint none. No previous illnesses excepting chicken pox when nine or ten years of age No history of rheumatic fever or chorea. About two months ago was ill with influenza At this time her family physician noted that she was cyanotic and had an irregular pulse She was given no medicine for her heart but was kept in bed. Has had tonsillitis about every year Personal history—sleeps well, appetite good, bowels regular. Menstrual history somewhat irregular.



I. H. F. O. Electrocardiogram illustrating an auricular extrasystole in lead II.

Physical examination—Tall, thin girl, moderately cyanotic, Weight 117 pounds. Eyes react to light and accommodation. Eye grounds normal. Teeth in good condition. Tonsils not visible. The lungs were clear and there was no apparent enlargement of the heart. The rhythm was markedly irregular due to extrasystoles "Rate 60. Blood Pressure 80/50. There were no abdominal abnormalities and the vaginal examination was negative Reflexes by peractive

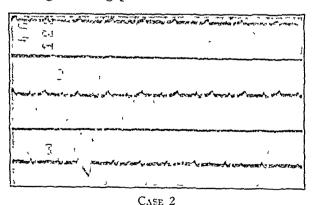
The Orthodiagram showed normal configuration of the heart shadow. Electrocardiogram

taken on January 9th—rate 60—showed sinus arrhythmia and auricular extrasystoles. The Red Blood Count was 4,120,000 and the White Blood Count 6,200. Haemoglobin 72%. Differential Blood Count—Lymphocytes 40. Polynuclears 57. Mono-nuclears 3. Wassermann negative.

Course and treatment—General hygiene, high caloric diet, consisting principally of milk. She was given Quinidine, two grains after meals three times a day. On January 22nd had gained three and a half pounds, feeling a great deal better and is leading a more sensible life with less work. One month later further improvement was noted in her general condition. Resumed her normal life.

Comment: This case illustrates extrasytoles of no clinical importance except as a result of generalized neurasthenia apparently due to extreme overwork in the school. With general hygiene and regular modes of life the extrasystoles entirely disappeared. They were part only of her general condition and in no way indicated any cardiac impairment.

Case 2—I. H. L. H., male, age 20. Occupation student. Chief complaint none. Previous illnesses—Has had measles, mumps, diphtheria, and pneumonia at seven years of age. Influenza in 1918. No rheumatism or chorea. Has attacks of tonsillitis occasionally. He was refused admission to West Point due to the fact that he had an irregular heart and he, therefore, went to his family physician who also confirmed this fact. He sleeps well, appetite is good and bowels are regular. He takes coffee in moderation, no tobacco and he has always been athletic (track). Has lost few pounds in weight during past month.



1 H L H Electrocardiogram illustrating a ventricular cytrasystole in lead III, followed by a compensatory pause.

Physical examination—Well nourished and developed boy. Eyes react to light and accommodation. Teeth in good condition. Tonsils moderately enlarged and appear infected. Small mass of adenoids in the nasal pharynx. Dis-

charge from both sphenoids, particularly the left. The other sinuses appear to be negative. No abnormal pulsations or apparent enlargement of the heart—rate 80. Regular, normal response to exercise. Numerous extrasystoles after exercise; not present after heart had slowed to its usual rate. Blood pressure 120/60. No significant abdominal findings. Extremities normal.

The orthodiagram showed a heart of normal size and shape and the electrocardiogram showed sinus arrhythmia and one ventricular extrasystole in lead two. Red Blood Count 4,490,000, White Blood Count 5,600. Haemoglobin 80%. Differential Blood Count, Lymphocytes 45, Polynuclears 55. Blood Chemistry, N. P. N. 58. Blood Sugar 148. Uric Acid 3. Creatinine 1. Urinalysis on December 29th and December 31st were entirely negative. Wassermann was also negative.

Course and treatment: Tonsillectomy. Quinidine, grain two, three times a day after meals.

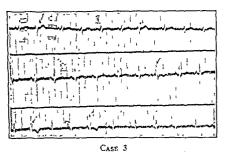
Comment: This boy was placed on Quinidine. grains two, three times a day. Tonsillectomy was done. After a few months, as far as he could notice, the extra beats were very much less frequent and later he passed a physical examination successfully and was admitted to West Point.

Case 3—I. H. D. L., girl, age 21. Occupation student. Chief complaint none. Was examined for her heart because of irregularity discovered by her family physician, who ordered her to take a complete rest and no exercise. On account of this rather severe treatment she wished further opinion. Has had measles, mumps, scarlet fever at four years of age, and many attacks of tonsillitis. Tonsillectomy in 1920. She has had no loss of weight (110). Sleeps well, appetite good and bowels are regular. Menstrual periods also regular. Smokes moderately, coffee in moderation. Takes no medicine. She has no symptoms referable to her heart and would not have sought advice in regard to it had an irregularity not been noticed by Life Insurance examiners and confirmed by her family physician.

Physical examination—Well developed and nourished young woman, weighing 110. Marked myopia and astigmatism. Nothing significant noted in head and neck. No abnormal pulsations of heart and no increase in size made out by percussion. Rate 80. Marked arrhythmia, thought to be auricular fibrillation. No murmurs. No abnormal findings. Reflexes active.

The orthodiagram showed no abnormal enlargement of the heart in any diameter. The electrocardiogram showed marked sinus arrhythmia associated with very numerous extrasystoles. (This finding was very difficult to tell from auricular fibrillation, clinically). Red Blood Count was 4,150,000, White Blood Count, 11,950. Haemoglobin 70%. Differential Blood Count, Lymphocytes 30, Polynuclears 68, Eosinophiles 2. Urinalysis gave no positive findings.

Course and treatment: This patient was placed on Quinidine which in no way altered the rhythm of her heart. She was advised to lead a regular life and to get out of doors and take a moderate amount of exercise. She was also placed on a tonic and smoking and tobacco were restricted. Six months later there was no appreciable change in the condition of her arrhythmia but in every way the girl appears to be normal, healthy and happy.



I. H. D. L. Electrocardiogram illustrating numerous ventruedar extrasystoles in leads I, II, and III, elimically resembling the pulse of fibrillation

Comment: This is a very interesting example of a person with a totally irregular heart due to very numerous extrasystoles, which no doubt would have placed her in the invalid class had not the nature of her trouble been recorded by the electrocardiograph. Where extrasystoles are as numerous as they were in this case it is difficult to say whether they are entirely of an innocent nature and I believe this girl should be watched very carefully over a period of years. But I do not believe she should be invalidized.

It must be confessed that there is very little in the electrocardiogram to determine the importance of extrasystoles in young adults. That is, there is very little in the form of an extrasystole to determine its importance. Clinical medicine seems to teach that the causes of extrasystoles are irritability of the myocardium occasioning the origin of the beat from an ectopic centre. This irritability is of nervous influence or the result of debility.

The key to the cause of the irregularity and to its importance is often best found in the

circumstances of the sufferer that is other than cardiac. Thus, when extrasystoles accompanies some definite nervous shock or severe continuing influence it is fair to suspect a neurotic origin while, when, extrasystoles appear in the course of the final stage of debilitating disease it is fair to predicate weakness as a a cause. It is a situation where we must depend on a complete study of the whole person for the interpretation of a local symptom

A great importance of electrocardiography is the differentiation of extrasystoles when they occur in groups from more important and serious conditions, such as fibrillation, flutter and alternation. This paper presupposes a correct diagnosis and as a consideration of the relative unimportance of irregular hearts in young people which have been proved by careful examination to be true extrasystolic arrhythmias.

We cannot enter here into the very interesting field of the many different types of extrasystoles, so we treat them all as an entity

Not only in young people but in many others one of the pleasing experiences in the practice of cardiology is to be able to reassure the worried sufferer of the relative unimportance of premature contractions in otherwise healthy individuals. It has been our good fortune to rescue from invalidism a large number of young people and watch them go on to a successful career which might have been barred to them by the discovery of this irregularity.

At this late day, in the development of our knowledge of electrocardiography, it is needless to remark that extrasystoles are strongly indicated by an intermittent pulse. At irregular intervals the pulse beat lapses. The same thing might happen with heart block, but that is a serious condition and probably would never be met with in young adults. Then, again, the small premature beat can often be felt or heard at the apex during intermission of the pulse. The same individuals often have a respiratory arrhythmia, but this is not a matter of any great clinical importance.

We have gained our object in reviewing this type of heart trouble if we impress the importance of a careful and deliberate appraisal of the condition of young adults with irregular hearts, particularly when the trouble is liable to lead to an interference with their education or plan of life.

In a recent very interesting statistical study of a large series of cases in the Glasgow Medical Journal, Albert A. F. Peel, M. A., B. M., B. Ch. (Oxon), M. R. C. S., L. R. C. P. gives the following conclusions:

1. "Extrasystoles are not confined to patients with organic cardiac disease, but are about twice as frequent in its presence as in its absence. Of patients with no organic lesion about one-third show disease changes which are liable to lead to organic cardiac changes; a small proportion show some other disease; while about one-half show no disease.

2. The organic cardiac lesions most frequently associated with extrasystoles are those of non-infective origin, which yield about two-fifths of the total cases, hyperpiesis being present in one quarter. The infective cardiac lesions form one-quarter of the total cases; of these one-third are acute and two-thirds chronic.

3. The incidence of extrasystoles in general

is influenced by-

(a) Sex—Males show an increased liability.
(b) Age—An increasing liability accompanies increasing age.

(c) Associated diseases—The age and sex incidence of the various associated diseases modifies the influence of sex and age alone.

(d) Some further factor, possibly the menopause, appears to be operative in the female

sex during the fifth decade.

4. While certain clinical conditions appear to exert no influence on the site of origin of extrasystoles, others appear to increase the liability for extrasystoles to arise in particular situations, although they do not preclude their occasional origin elsewhere. Such conditions are chronic aortic lesions which increase the tendency for extrasystoles to arise in the left ventricle; mitral regurgitant lesions, associated with left ventricular extrasystoles; acute infective processes, associated with a tendency for extrasystoles to arise from multiple foci; angina pectoris without high blood pressure, particularly associated with auricular extrasystoles; while the occurrence of pulmonary complications in cases of chronic valvular disease of whatever type would appear to be associated with an increased liability to right ventricular extrasystoles. On the other hand, toxic or functional causes are more frequently associated with extrasystoles arising in the right ventricle.

Apart from the effect of the clinical condition, age and sex produce further modifications in the site of origin of extrasystoles, auricular extrasystoles being relatively less frequent in females, and right ventricular extrasystoles being more common below the age of 30 and above the age of 60 in both sexes, while left ventricular extrasystoles are more common between 30 and 50 in both sexes and between 50 and 60 in males; in females at this age right ventricular extrasystoles are considerably more frequent than left."

In conclusion I would like to emphasize the importance of a wise attitude on the part of the physician towards these young people. A complete and thorough investigation of the situation must be so conducted as not to cause any fear or dread in their minds and it must be definitely understood by them that repeated examinations and technical studies are necessary to prove the harmlessness of their trouble rather than to prove that it is serious. Say to them that you hope to be able to take the responsibility of freeing them from the limitations set upon their activities by proving that they are not suffering from a serious disease and tell them that you cannot succeed in doing this unless you can bring proof to their superior officers or whoever it may be that controls their activities.

I know it is often said that too much attention to neurotic people increases their trouble, but these young people are already on the road to becoming confirmed neurotics and it is much better that this work should be done by those who have an appreciation of this element in the problem than that they should be the victims of all kinds of casual opinions. In fact, a primary, complete and final study of any condition is a mental, moral and financial assets to any sick person, particularly one who is subject to cardiac neurosis. The physician who cannot put his own personality behind his work should never attempt to deal with the extrasystolic arrhythmias of children and young people.

# CANCER-ITS NATURE, PREVENTION, AND TREATMENT\*

By FRANK E. ADAIR, M.D., F.A.C.S., NEW YORK, N. Y.

LTHOUGH tuberculosis is still one of the front-line officers in the army of death, its position of major importance has now been surpassed by cancer. In the United States in 1928, there were approximately 120,000 deaths from cancer, and 100,000 from tuberculosis. The statistics of the Board of Health of the City of New York represent a cross section of the

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

death registration in American cities. In fact, the exactness and detail demanded by the Board of Health makes the registration of deaths more accurate than that of the average American community. As an example of the monthly registration there were, during April 1926, 7,719 deaths recorded in the city from all diseases. Cancer ranked fourth place, while tuberculosis took fifth place, as follows:

Discases	Number of Deaths
Organic Heart Disease	1473
Broncho-pneumonia	865
Pneumonia	678
Cancer	608
Pulmonary tuberculosis	481

With such a relative position among human diseases, it is therefore time that medical school curricula allot the proper amount of time and talent to teaching the subject of cancer to medical students that the subject deserves.

It is also time that some of the appalling mistakes of the physician who FIRST sees the patient be corrected. One of the gravest errors is the physician's assurance to the patient that "it does not amount to much." The chief reason for this viewpoint of the physician lies in the fact that most diseases are self-limiting, and if sufficient time be allowed, the cure will eventually come. This fact places us in the habit of expectant treatment for too many conditions. We are too prone to tell our patients to return at a later date, without sufficiently impressing them that the diagnosis is not yet determined and that it is of vital importance for a diagnosis to be established as quickly as possible. This condition could be improved by more frequently asking for consultations-particularly in the carly stages of the disease when diagnosis is MOST difficult but the cures highest.

It is important that there be established more hospitals and clinics devoted to the exclusive study and treatment of cancer. These hospitals should have complete facilities for good surgery; for expert radiation, including a staff of physicists; for a proper hooking-up of clinical problems to cancer research and laboratory investigation. Such a cancer institution will give a good account of itself; it will lead the way in more effective knowledge and treatment. We have ample experience and precedent in if we glance at the accomplishments of the special hospitals for orthopedic surgery, for children's diseases, for maternity cases, and for nervous diseases. I predict that in ten years a goodly percentage of patients suffering from this lethal disease will be receiving treatment in special cancer hospitals.

If one were to ask "What is cancer?" one would be astounded at the variety of conceptions held. Cancer is a pathologic entity usually beginning as a single lesion. It is capable of growth; of local recurrence; of dissemination; of causing the death of its host. Death is occasioned (1) by hemorrhage, the result of disease growth into a blood vessel wall, particularly when it is complicated by infection; (2) by absorption of overwhelming amounts of toxic tumor products; (3) by pressure on vital organs—as produced by uterine and bladder cancer; (4) by asphyxiation due to encroachment on lung tissue, as in mammary carcinoma or osteogenic sarcoma;

(5) by starvation resulting from stomach and esophageal cancer; (6) and by various other secondary causes.

The two main theories as to the cause of cancer are well known to all: first, the Cohenheim theory of cell inclusions or embryonal rests which later in life commence growth owing to some FACTOR as yet unknown to us; second, the Virchow theory of continued irritation setting up a mutation in the local cells, which will eventuate in a lawless growth. It is also a well-known fact that neither of these two theories is sufficient to wholly account for the beginning or the GROWTH of a tumor. The very beginning of tumor process is entirely different than growth capacity. There are other important factors which are necessary to neoplastic growth. If we knew ALL the various factors which algebraically added would produce neoplasm, our problem would be far simpler. Unfortunately, we know but few of these causative factors. That we are familiar with even a few, however, gives us hope—in fact far more encouragement than is generally recognized or admitted. If our profession and the laity were to utilize the knowledge we already have of these factors, the morbidity and mortality would be greatly reduced. It is definitely possible to intercept or avert the development into a disease entity by upsetting certain factors; this is the crux of my paper.

The factor of which we know most is that of chronic irritation. This may be chemical, thermal, bacterial, or mechanical. Each individual organ, such as stomach, heart, uterus, rectum, antrum, bone, esophagus, tongue cheek, lip, penis, bladder, etc., possesses factors peculiar to that individual organ. These irritation factors are nor common to the other organs.

One of the greatest agents which has retarded the proper study of cancer in the years gone by has been the conception that carcinoma of one organ is the same process as carcinoma in another organ. This has resulted in an attempt to classify all carcinomata under a few large groups and make the cancer producing factor in one organ apply to the production of cancer in another organ. The etiologic factor in breast cancer is different from those causing cheek cancer.

Breast: In the breast, the recent conception seems to be that the most important single factor is chemical irritation resulting from stagnation. By stagnation, is meant obstruction to the terminal ducts with resultant retention of both the desquamated lining cells and their secretions. That these products cause irritation is evidenced by a marked infiltration of lymphocytes. The irritants cause proliferation and degenerative changes in the lining cells; these become heaped up in certain areas, infiltrate through the basement membrane in places; and cause invasion of the breast with development of a true carcinoma. A study made by us of 200 consecutive cases of

breast carcinoma (Adair and Bagg) revealed that 91.5 per cent of these patients had some significant factor in the history—such as cracked nipple, caked breast, abscess, congenital nipple deformity, miscarriage, grave breast trauma, etc. Miscarriage, as far as the breast is concerned, results in the same proliferation of breast tissue with milk production that is found in uninterrupted pregnancy. Much new tissue lies free to degenerate in the lumen of the ducts and acini; this, with the end products of milk decomposition are active sources of irritation.

Of the 200 patients, 126 had given birth to 386 children and had had 172 miscarriages, thus giving the high percentage of one-third of the pregnancies ending in miscarriage.

This study on the human being was backed up by the significant experimental work of Bagg, who used a strain of laboratory mice with a well-known mammary carcinoma incidence of 7 per cent. He caused stagnation by interrupting breast drainage by ligature of terminal ducts immediately behind the nipple. The tumor incidence immediately jumped to 100 per cent. He demonstrated that the most important single factor is stagnation.

The most meticulous care should be taken of the human breast preceding and during the lactation period; the cracking of nipples should be averted by toughening the nipple with daily applications of alcohol. The modern practice of many obstetricians of drying up the breasts immediately following child-birth is not the best practice in the long run. It is true that the present day expertness of our pediatricians in providing substitute formulae for human milk, is life-saving to the baby in occasional instances; but the blocking up within the breast by tight bandaging of a great quantity of milk and a great amount of new breast tissue, makes the mother more prone to the development of carcinoma in later years. Carcinoma has been experimentally produced by repeated local applications of lactic acid. I have found both lactic acid and butyric acid present in old stagnant human milk obtained by a breast pump. In brief, it appears that mothers should attempt to nurse for about six months as a minimum, and that during this time the breasts should receive the greatest care. If caking is threatened, it can at times be averted before going on to abscess formation, by the use of the breast pump.

Many tumors begin as a benign or an inflammatory lesion, and remain as such for many months or years before undergoing malignant changes. Ewing, in discussing chronic productive mastitis states that "inflammatory passes insensibly into neoplastic hyperplasia. The disease begins as an inflammation and often ends as a neoplasm."

It is therefore in the very early stage of tumor development, when irritation and inflammation

are factors, that our preventive measures must begin.

If a breast carcinoma has developed, the radical surgical operation is still the best method of treatment to employ. Pre-operative and post-operative radiation is being used with benefit. As yet we do not rely on radiation to cure this disease. Some work on the part of courageous radiological investigators is very encouraging and highly suggestive of cure, but operation is still the choice. In the aged, the diabetic, or the arterio-sclerotic, heavy radiation is preferable to surgery.

Uterus: Carcinoma of the cervix uteri occurs chiefly in cases of lacerated cervix. Here the factor seems to be mechanical, chemical, and bacterial. At childbirth, the cervix is lacerated; the cervical glands pour forth secretion; smegma and colon bacilli are mechanically pushed to the region of the cervix; putrefaction and inflammation are present; heaping up of cervical gland cells takes place, some of these become invasive;

and true malignancy develops.

Prevention of cervix cancer lies in cleanliness and in very careful repair of cervical lacerations. It is extraordinary, the amount of filth and decomposing material that can be extracted

from the cervix by a suction pump.

If carcinoma of the cervix has developed, it is now well established that the best treatment is heavy radiation by radium placed into the cervical canal by a cervical tandem. This is fortified by heavy radium bombs and H. V. x-ray cycle, applied about the pelvic girdle. By this method, a much higher percentage of patients are living at the end of five years than by surgical removal. This has been proved by many, including Clark, Bailey, Healy, Cutler, Matzloff, and others. The operative mortality of the pan-hysterectomy of Wertheim is comparatively high, and the five year results are not so good as by radium.

Cancer of the body of the uterus is quite a different condition, and here surgery is still the best form of treatment. Surgical removal done with care removes the possibility of pulmonary

metastasis.

Mouth, Lip, Tongue, and Cheek: It is a matter of medical history that clinicians of many decades ago were united in their opinion that cancer of the mouth, cheek, tongue, and lip would never develop were it not for syphilis, bad teeth, and tobacco. Modern opinion has not changed. It is common to see carcinoma develop in the leukoplakic area of a syphilitic infection or a tobacco burn. It is also common observation to note the development of a carcinoma at the exact site where a sharp tooth continuously rubbed and irritated the tongue or cheek, or where an ill-fitting plate rubbed the gum. Prevention lies in the simple correction of these producing causes.

The treatment of intra oral lesions is today turning more and more to some form of radiation because of the mutilation, morbidity, and mortality caused by surgery in these areas. It is not yet proven that five year cures are higher

by radiation than by surgery

Stomach and Esophagus Certain modern vicious habits of boltung the food, or the taking of food into the stomach too hot or too cold seem to be important factors in causing the development of ulcers and carcinomata. We often take food into the stomach so hot or so cold that it is impossible to hold it in the mouth. That carcinoma of the stomach is so commonly associated with advanced pyorthoea is certainly more than a casual observation.

The observance of certain hygicinc rules and the correction of definite habits will diminish the thermal and bacterial insults to the delicate lining membrane of the stomach and esophagus

Although carcinomata of the stomach and esophagus are so common, treatment for their condition offers about as black a chapter in modern therapy as we possess. Our hope of curing carcinoma of the stomach does not lie in modern treatment by surgery or radiation but in

preventive medicine

The reason that carcinoma of the esophagus is such a lethal disease is due to the anatomy of the esophagus. It is but a thin tube, the wall of which is only 3.5 to 4 mm thick. The first symptom of esophageal carcinoma is dysphagia. By the time there is real embarrassment in swallowing, the disease has already penetrated the wall of the esophagus and is out in the loose periesophageal tissues, and then all hope of accomplishing a curre is gone. It now becomes a matter of treating the symptoms of obstruction by performing a gristrostomy so that food may be injected into the stomach by way of the gas trostomy tube.

In general, the above condition obtains for gastric carcinoma By the time the obstructive symptoms are apparent the disease has pene trated the gastric wall and is out in the perigastric lymph-nodes, the omentum or the liver Except to relieve obstructive symptoms by performing a gastroenterostomy, surgical interference is of little avail. It is the unusual case of gastric carcinoma that offers opportunity for stomach resection St John, in a report from the Presbyterian Hospital in New York, had but one case of stomach resection free of disease at the end of ten years The mortality is high. and cures are rare Radiation of stomach carcmoma to date offers us little. It has definitely prolonged life in certain of those cases of highly cellular adenocarcinoma, which are radio sensitive, but owing to their early dissemination, the benefit from radiation lies chiefly in retarding the disease and in preventing obstructive symptoms, not in curing the disease

Caecum, Sigmoid, and Rectum In chronic constipation, the caecum, sigmoid, and rectum become impacted with hard, rough, and desicated food residue. The irritation produced by this mass of feces pressing against, sliding over, and microscopically lacerating the mucous membrane, in all probability is the chief factor in producing carcinoma of this region. The prevention of carcinoma in this location lies in the prevention of stagnation.

Surgery of sigmoid carcinoma gives brilliant results if applied early The disease remains local for quite a long time before penetrating the wall of the gut Carcinoma of the caecum does not offer so much ease of cure as the sigmoid because the latter is comparatively much more movable The caecal carcinoma much more quickly penetrates the lateral abdominal wall Surgical removal of the caecal disease, with intestinal anastomosis, if indicated, seems the most effective treatment. Carcinoma of the rec tum still seems to be a surgical disease as our largest group of cures lies in that field Colostomy should precede surgical removal of the disease Heavy pre operative radiation by 1 rays com bined with the implantation of destructive doses of radium, then followed by surgical removal, seems to be gaining in number of adherents

Gall Bladder In carcinoma of the mucosa of the gall bladder, there is nearly always a preceding and underlying infection. Students of this subject have found the presence of gall stones in 85 to 100 per cent of the cases, and the presence of infection in 100 per cent. It is commonly taught that the cancerous gall bladder is the small contracted one. This is erroneous, as the organ may be either very bulky or contracted. The cure of gall bladder carcinoma is a surgical problem.

Bone In the development of osteogenic sarcoma, Coley is a firm believer in the traumatic
factor as being of special importance. In his
studies, he has found trauma present in 50 to 60
per cent of the cases. Osteogenic sarcoma is
one of the most highly malignant of all the
sarcomata, there being very few authentic cases
of cure. To date, surgery, radiation, and Coley's
toxins are not curative, as a rule, but the combination of these three agents seems to offer the
most. In the Bone Sarcoma Registry of the
American College of Surgeons, the majority of
those few cases with a favorable outcome, have
received the combined treatment of all three
agents

Pents Our commonest examples of penile carcinoma are those cases of long foreskin with retuned secretion near the corona. In this in stance, the chief factors are filth, putrefaction, bacterial and chemical irritation. It is well known that there is practically no carcinoma of the penis among the Hebrew race because of the

fact that circumcision is practiced. This accounts for there being no retention of secretions; no accumulation of filth; no chemical or bacterial irritation.

The treatment of penile carcinoma is by surgery or by radiation. The penis may be amputated and the groin nodes heavily radiated; or, if the penis lesion is not too large, good results are obtained by heavy applications of radium to the lesion, followed by heavy radiation to the regional nodes. If carcinoma develops in the groin nodes, they can be widely excised.

Because of lack of space, we have left untouched the subject of carcinoma in the bladder, skin, antrum, nerve tissue, lungs, lymphatic system, hemoepoietic tissues, brain, etc.

In conclusion we wish to point out and emphasize that each organ possesses cancer producing factors peculiar to that organ; that these factors are many times multiple; that frequently several factors are acting simultaneously in the same organ; and that the hope of reducing the number of cancer sufferers lies in detailed and careful study and control of these factors.

# HEALTH ADMINISTRATION OF THE PANAMA CANAL ZONE\*

By BERTIS R. WAKEMAN, M.D., HORNELL, N. Y. District State Health Officer, New York State Department of Health

URING a recent visit to Panama I had an opportunity, through the courtesy of the Chief Health Officer, Colonel William Chamberlain, to study the health administration of the Panama Canal Zone.

Soon after the United States took over this district for the purpose of building a canal the health department was organized. This department, for purpose of administration, not only assumed charge of health matters, sanitation and maritime quarantine, but maintained supervision of the hospitals, took care of the sick and injured and maintained health supervision of the two Panamanian cities—Colon and Panama. arrangement has continued ever since. This is one of the few places in the world where a health department not only does preventive work but also practices medicine and surgery.

When the United States undertook the construction of the Canal in 1904 Panama was one of the most unhealthful spots in the world. Yellow fever and malaria had been endemic for years, and these, rather than engineering difficulties, had been responsible for the failure of the French Engineer, Ferdinand deLasseps. Yellow fever has been stamped out, and malaria has been diminishing ever since Colonel Garges, the first health officer started his campaign.

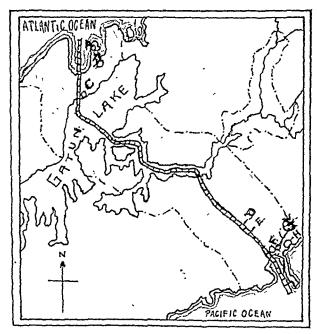
The Canal Zone is a strip of land forty-seven miles long and ten miles wide, five on each side of the canal, and including the shore line of Gatun Lake, an area of 163 square miles with a shore line of 1,100 miles, the largest artificial lake in the world. It also includes a 260 foot contour of the drainage district of the upper reaches of the Chagres River above. Alhajula is the sight of the new storage dam to be constructed.

## Physical Characteristics

You will note by the map that the Isthmus of Panama extends from West to East and the canal

cuts through it from North to South. Caribbean entrance being twenty-seven miles west of the Pacific entrance. It is hard for the average tourist to realize that the sun comes up in the Pacific ocean.

On the Caribbean Sea, there are two cities, Christobal and Colon. Cristobal, an American City is the port of entry on the Atlantic side. Colon, a Panamania City of 31,000 separated from Cristobal by the tracks of the Panama rail-



Map of the Panama Canal Zone

- A. Cristobal
- C. Gatun Lock
- E. Miraflores Lock
- G. Ancon
- B. Colon
- D. Pedro Miguel Lock
- F. Balboa H. Panama

road. Limon Bay is guarded by Fort Sherman and Fort Randolph. The navy has a submarine

<sup>\*</sup>Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 5, 1929.

and hydroplane base at Coco Solo. The Army has an aviation base at France Field. Five miles south is an army base, Fort William Davis, for protection of the Gatun Locks and Dam. The Gatun Dam across the Chagres river impounds a body of water 85 feet above the Atlantic sea level

North from Gamboa the upper reaches of the Chagres River, which are to be impounded by a dam at Alhajuela, are in the Canal Zone. A few clearings have been made between Gatun and Pedro Miguel locks for pastureage (40,000 acres) of dairy and beef cattle (8,500 head). There are also a number of clearings made for banana plantations, which are leased to the United Fruit Co. The balance of the Canal Zone is left in the jungle state. Improved highways extend from Colon to Gatun and from Panama north to Gamboa. The stretch from Gatun to Gamboa has no roads, but is served by the Panama Railroad. The continental divide is at Gold Hill, site of the Gaillard Cut (Culabra). An improved highway is now being constructed from Sumit, north to Alhajuela, which will eventually be extended to

Army posts on the Pacific sector are located at Pedro Miguel, Fort Clayton, Carozal and Fort Amador.

On the Pacific side of the Isthmus are located the American cities of Balboa and Ancon, on the Canal Zone and outside of the Canal Zone, the City of Panama, the seat of the Panamanian Government, Balboa and Ancon are separated only by a street. The boundary of the Canal Zone and the City of Panama is the Aveneda Central, one side of the white line is American, the other side is Panama.

Tidal Variations—The sea level of the Pacific is eight inches higher than the Atlantic, except in the month of February when they are the same. This variation is due to current, tidal and wind influences. The Atlantic tidal variation is one foot. The Pacific tide ranges from 12½ to 21 feet with the average of 16 feet.

Climate—The climate is tropical with heavy rain falls, especially on the Caribbean Coast. The average temperature is not over 80 F. The dry season extends from January to April. The heaviest rains occur during October and November.

### Organization—Canal Zone Government

The organization for the operation and maintenance of the Canal and the government of the Canal Zone, as at present constituted, was established by the President in conformity with the provisions of the Panama Canal Act of August 24th, 1912. Authority is vested in a Governor as head of the organization known as the "Panama Canal." The Governor is also President of the Panama Railroad. The Panama Canal is an

independent establishment in the Government Service, directly under the President; but as a matter of Executive arrangement, the Secretary of War represents the President in the Administration of Canal affairs.

The organization on the Isthmus includes a number of departments and divisions in charge of the various activities as follows:

### Department of Operation and Maintenance

Divisions—
Marine
Mechanical
Dredging
Lock operation
Electrical
Municipal Engineering
Fortifications.

Supply Department
Quartermaster
Subsistence
Commissary
Cattle, Industry and Plantations.
Hotels (Washington—Tivoli).
Accounting Department
Health Department
The Executive Department
The Panama Railroad.

The following table shows the distribution of population for the Canal Zone including the Panamanian Cities of Colon and Panama.

### Population

Canal Zone—June, 1928			
Population	White	Colored	Total
Men	2421	6904	9325
Women	2492	4516	7008
Children	2569	9100	11669
Army & Na			
(Personn	el)		9510
Total	7482	20520	37512
City of Panama			
Population (I			59635
City of Colon			
Population (Estimated)31940			
Total population supervised by Health			
Dept	<i></i>		129087
T. 1.1	<b>.</b>		

Health Department Organization 1,000 employees—231 whites, 769 colored.

Personnel

30 physicians-officers of U. S. Army.

1 physician—U. S. Public Health Service (Quarantine officer).

20 physicians — Civilian — Contract and Civil Service.

5 internes.
6 nurses (male).

89 trained nurses (R. N.).

22 clerks.

12 sanitary inspectors.

2 quarantine inspectors.

5 veterinarians.

7 technicians—laboratory.

6 dispensary assistants.

3 pharmacists.

15 miscellaneous.

Health Department Activities Division of Hospitals and Charities

Ancon (Gorgos) Hospital, 800 beds. Board of Health Laboratory. Carozal Hospital—Insane, 600 beds. Colon Hospital—general, 80 beds. Palo Seco Leper Colony, 102 beds.

Dispensaries (5)

Cristobal—Colon

Gatun

Pedro Miguel

Balboa

Ancon.

Division of Sanitation

Panama Health Office.

Cristobal—Colon health office.

Canal Zone Sanitation (4 districts)

Northern

Southern

Panama suburban

Ancon.

Division of Quarantine (Maritime)

Cristobal—Colon Station Balboa—Panama Station

Personnel (Health and Sanitation)

Chief Health Office

Chief Health Officer, Colonel Chamberlain. Assistant Chief Health Officer.

U. S. P. H. Surgeon—Maritime Quarantine. Office Assistant.

Panama Health Office

Health Officer-Dr. Goldthwaite.

5 Sanitary Inspectors.

2 Veterinarians and meat inspectors.

1 Vaccinator.

Cristobal—Colon Health Office Health Officer, Dr. Byrd.

3 Inspectors.

2 Veterinarians—Meat Inspectors.

For the fiscal year ending June 30th, 1928, the expenditures of the health department amounted to \$1,520,199.00. The earnings of the department were \$723,426, making the department forty-eight per cent (48%) self-supporting. The receipts were from fines, hospital fees, quarantine fees, laboratory fees, the care of insane and lepers from the Panamanian Government, etc.

Water Supply—Cristobal and Colon obtain their water from the Brazos Brook Reservoir—capacity 650 million gallons and is located about 2½ miles south or these two cities. The reservoir is about 1¼ miles from Mount Hope. The water flows by gravity to the pumping plant at Mount Hope where it is filtered and pumped through 20 mains. Capacity at Mount Hope filteration plant (slow sand) is 8 million gallons per day.

The water supply for Pedro Miguel, Paraiso, Ancon, Balboa and the City of Panama comes from the Chagres River (Gatun Lake) 18 miles from Panama City. The water is pumped from the lake level, which is from 80-87 feet above sea level, to a standpipe (balancing revervoir) from which point it flows by gravity through a 36 inch main to the purification plant (slow sand) chlorinated at Miraflores, capacity 17 million gallons per day. There it flows by gravity to the pumping station at Balboa, where it is pumped into 2 service reservoirs (high and low) then by gravity to the consumers.

The water for Pedro Miguel and Paraiso is pumped from the Miraflores purification plant.

Gatun is furnished filtered water. The raw water from the lake flows by gravity to the filtration plant where it is pumped directly into the distributing system.

The small hamlets between Gatun and Paraiso

use well water.

Milk Supply

The City of Panama has a full time milk and dairy inspector—a highly trained veterinarian. In the city and its environs there are 35 dairies with an average daily production 5,000 quarts per day. This milk is sold in bottles not only in Panama but in Ancon and Balboa. About 50 gallons are sold in bulk to the Ancon hospital and about 100 gallons to the Canal Zone restaurants, 75 gallons are sent to Colon by train. All dairy cattle are tuberculin tested. All the milk is pasteurized. Milk retails at 25c per quart.

In addition to the above, the Canal Zone Health Department operates a modern well-equipped dairy of 100 tuberculin tested cows at the Carozal Hospital (insane). This milk is used mostly in the hospitals and dispensaries. Milk for Zone babies can be obtained on order from this dairy. A resident veterinarian supervises this farm and dairy. The milk is pasteurized in a modern plant. Sewage Disposal

The Canal Zone including the Cities of Colon and Panama have a duel system of sewers—sanitary and surface. The arrangements for sewage disposal is relatively simple. The seaport towns have sewer mains running out into the respective bays far beyond the line of low tide. The inland towns discharge their sewage into the streams losing themselves into the sea or into Gatun Lake.

Some of the smaller native hamlets have no sewerage systems. In these places pit closets are maintained which are disinfected weekly and cleaned when necessary. In a few locations, septic tanks are maintained.

The low elevation of Colon, which is founded on a fill on Coral Reef, makes it necessary to pump part of the sewage out to sea. The storm sewers in this location have to be pumped occasionally, by a pump on a truck which can be moved from point to point is needed.

### Garbage Disposal

All the garbage and municipal waste from the City of Panama, Ancon Balboa, Fort Amidor and Quarry Heights is gathered duly by big auto trucks and dumped on the flat lands south of the City of Panama where it is sprayed with hot oil and covered with soil. After a period of two years these sections are opened for streets and house building

The garbage and wastes from Cristobal and Colon on the Atlantic side are disposed of in a similar manner. Large incinerator plants were maintained, but these were expensive and created

a nuisance from the odor

Incinerators are still maintained at Pedro Miguel, Fort Clayton and Carozal

### Meat Inspection

A thorough system of meat inspection is main tained including the cities of Colon and Panama, by trained veterinarians. The abattors are lo cated at Colon, Mount Hope and Panama. All cattle, hogs, horses and mules for entry into the Canni Zone are inspected.

### Santary Inspection

Three sanitary inspectors are connected with the Cristobal Colon Health Office. The Canal Zone proper is covered by four inspectors, one for the northern district, one for the southern district, one for Ancon district and one for Ancon suburban district. There are five sanitary inspectors for the City of Panama. These in spectors see that the provisions of the sanitary code are carried out. Particular attention is given to mosquito control, building and back yard inspection and rat proofing.

### Mosquito Control

Mosquito control embraces by far the largest activity of the Canal Zone Health Department Yellow fever has not been present in the zone since it was stamped out by Dr. Gorgas in 1905. The rate of malarial infection in the zone and terminal cities has touched the lowest point ever reached since the United States began operations on the Isthmus. The malarial carrying anophe line mosquitoes vary in numbers from one year to another. This lowest malaria and improvements in the similated areas which have taken place in

recent years and to the greater ease with which mosquito control is now carried on in these areas Concrete bottomed ditches and subsail tile drains have simplified the maintenance of the draining system by which mosquito breeding is maintained

There are about 135 species of mosquitoes on the Isthmus, but most of them breed and spend their lives in the jungle, rarely if every attacking min. Only a few species are of sanitary or economic importance and these for the purpose of mosquito control, may conveniently be divided into two general classes.

A Mosquitoes which transmit malaria—Ano pheles

B Mosquitoes which transmit yellow fever and dengue fever (Stegomyia)

(The yellow fever mosquito is essentially a do mestic animal, laying eggs in artificial collections of clear water. Mosquitoes breed in the home or yard and fly short distances. Less than 1% of

the total No problem)

Screening and mosquito killing are both used for the prevention and control of the mosquito menace. The sanitary code requires that every building in the Canal Zone which is used for human hibitation must be properly screened and approved by the sanitary inspectors. Copper or bronze wire screens are now used exclusively, and each building is carefully inspected from time to time, to see that the screens are intact and mosquito proof.

Mosquito killing is accomplished by spraying with hot fuel oil, the lake shores, rivers, streams and ditches every ten days. Particular care is given to all new developments along the jungle borders. Inspectors and mosquito catchers are on duty day and night, wherever a new territory is opened up. Hydraulic filled land is frequently inspected for the purpose of discerning and eliminating any pockets of stagnant water which may develop. Garbage dumps are sprayed with hot oil daily and covered with dirt.

### Hospitals and Dispensaries

Three hospitals and five dispensaries are main tained on the Canal Zone There is one general hospital (Santo Tomas) in the City of Panama

Ancon (Gorgas) Hospital, capacity 800 was built by the French, modernized and enlarged by the Health Department. The administration building and the ten attractive concrete pavilions, are built with special regard to tropical heat and rainfall. This hospital is maintained from funds appropriated by Congress and from its earnings. The earnings last year were 51% of the gross cost of operation. It has a stiff of 25 physicians, 5 internes, 75 nurses and 255 other employees. Practically all bed patients in the Canal Zone are hospitalized.

This hospital furnished necessary care for all employees of the Canal and their families (except for residents of the Atlantic side 4ho for emer-

gency or other reasons are treated at Colon Hospital), for the Army and Navy personnel and their families, for Canal Zone charity cases, for crews of ships making these ports, and for passengers of ships and others who may desire to enter and are able to pay the rate fixed by schedule for such non-government patients.

Colon Hospital, capacity, 80 beds is operated chiefly as an emergency hospital and dispensary for the benefit of those living on the Atlantic side of the Isthmus.

Carozal Hospital, capacity 600 beds, is an institution for the care of the insane of the Canal Zone and of the Republic of Panama, it being reimbursed for the latter class of patients by the Republic at a fixed rate of \$.75 per day. It also cares for alien employees of the Canal Zone who are disabled by reason of injuries or chronic diseases and who desire to enter the institution.

## Laboratory Service

On the grounds of the Ancon hospital the health department maintains a Board of Health Laboratory under the direction of Dr. Lewis B. Bates. Two army surgeons, a major and a captain are detailed to this laboratory as pathologist and bacteriologist respectfully. There is also a chemist attached to the laboratory. Upwards of 35,000 specimens are examined each year.

The health department offers a bounty of 25 cents for every snake brought to the laboratory for identification as each year there are a number of deaths from snake bite. 1,564 snakes were sent last year to Dr. Thomas Barbour of the Division of Comparative Anatomy, Harvard University for examination. A small amount of antivenen is furnished the laboratory by Dr. Barbour. Of the great number of snakes found in the jungle only four varieties are venomous.

Over 16,000 Wassermann tests are made during the year. About 300 autopsies are made yearly on patients dying in Ancon Hospital, which is 70% of the deaths.

The undertaking department is under the supervision of the laboratory. All embalming on the Canal Zone is done here.

Palo Seco Leper Colony, capacity 102. Population 6 white, 1 Chinese, 95 colored. 75 of these patients are from the Republic of Panama for whose care the Panamanian Government pays the Health Department at the rate of 75 cents per day. The other 27 resided in the Canal Zone territory at the time of their admission to the Colony or were employees of the Panama Canal.

The colony is located on the wooded shore of Panama Bay about four miles West of Balboa and accessible only by motor boat and punt through the serf. Last year a fine administration building including an operating room and dining room were erected. The colony is under the supervision of a full time resident physician.

Dispensaries.

The five dispensaries scattered over the Canal Zone are used by the canal employees and their families and are for ambulant cases only.

The physicians attached to these dispensaries make one call to quarters when necessary and the patient is then usually transferred to one of the hospitals. Home calls are rather expensive and are discouraged as far as possible.

A hospital car, attached to the regular trains on the Panama Railroad bring patients from the various points along the canal to the hospitals or dispensaries.

### Health Centers

Health Centers for infants and children are maintained at Ancon, Balboa and Pedro Miguel. Under the direction of the Public Health Nurse many of the mothers of the Pacific side have taken great interest in these centers. 700 visits have been made to these health centers and the nurse made 1,034 home calls the past year.

The Cristobal Women's Club Free Clinic, in the City of Colon, is operated jointly by the Cristobal Women's Club and the Health Department. The health officer of Colon is director and the health department supplies the nurse. The clinic has confined its work to infant welfare, prenatal, dental and eye, ear, nose and throat work. Milk is prepared and feedings are provided for approximately 25 babies daily.

# Medical School Inspection

Panama Canal physicians assisted by trained nurses make annual physical examination of all Canal Zone children, both white and colored.

The visiting nurse makes weekly inspections of the schools of the Pacific end of the zone. She also assists in the examination of school children in the City of Panama and in the work of the Baby Clinic of the Panama Red Cross.

### Vital Statistics

You will note from the following table:

		-	
	Vital Statistics	Canal	N. Y. State
Birth Rate	Canal Zone	18.34	20.9
	Panama	35.50	
	Colon	24.13	
Death Rate	Canal Zone	6.72	12.9
	Panama	19.32	
	Colon	13.65	
Infant Mortality		58.56	71.2
(Cases 13 white-	-44 black)		
	Panama	144.28	
	Colon	129.21	
Tuberculosis	Canal Zone	0.65	93.8
	Panama	3.39	
	Colon	2.46	

That the health work of the Canal Zone compares favorably with that of New York State. In comparing these two localities one must consider

some of the characteristics of the zone population. The Americans who are employed on the Canal Zone are usually carefully selected as to age and physical condition. Most of the Americans are from the early and middle age groups. If any of them are incapacitated they return to the states. There are few or none of the "old people" group among the Americans on the Canal Zone.

### Communicable Disease, 1928

Malaria—There were 1250 cases of malaria reported in the zone and cities. There were no deaths. At Bruja Point a gang of men were engaged in construction work (forts) for the Army and were housed in a temporary camp outside of the sanitated areas. Among the 400 employees, 188 cases of malaria developed. Half of the men employed developed malaria within five months. This furnishes an example of what would occur on the Isthmus if sanitary measures should be relaxed.

Diphtheria—In the tropics diphtheria is not a serious disease. The cases are usually rather mild and at no time during the past 20 years has the disease assumed anything even approaching epidemic proportions, locally.

In a period of 20 years on the Canal Zone, a total of 252 cases of diphtheria, have been admitted to hospital. During the same period there have been 7 deaths among the residents of the Canal Zone and 100 deaths among the residents of Panama and Colon, 84 of these being in Panama City and 16 in Colon. During the last 7 years there has not been a death reported among the residents of the Canal Zone. This certainly speaks highly for the health service given to these people. Deaths occurring in the hospitals of the zone have generally been in neglected cases where either no medical advice was sought or where the disease was not recognized. In some cases there was an illness of from 5 to 18 days prior to admission to the hospital and in a few cases there was no medical attendance, the disease being found at autopsy. In those cases received in the hospital early the course was mild and the recovery prompt. Records were found or five cases of diphtheria among the hospital attendants, four nurses and one orderly. There have been four cases of post diphtheritic paralysis treated during the 20 years. Of the 252 cases admitted to hospitals of the zone there have been 41 per cent of pre-school age, 36 per cent of school age, and 23 per cent of adult age. These percentages show that any control measure cannot be limited to any one age group. Control measures on the zone have consisted in prompt diagnosis, hospitalization, early administration of antitoxin, isolation of all positive cases and also of all suspected ones. All contacts are closely watched, being inspected at frequent intervals and close contacts are cultured as well. That these measures have been adequate and effective is proved by the extremely low incidence and death rate and by the fact that at no time has the disease reached epidemic proportions.

In Panama City conditions are less favorable. No statistics are at present available to cover the same period as those presented for the Zone. The health officer of Panama has furnished me data covering the years 1925, 1926 and 1927. These figures show a total of 338 cases for this 3 year period with 16 deaths. When these cases are separated into the same age groups, pre-school, school, and post-school or adult, 38 per cent of the cases fall into the pre-school age, 40 per cent into school age, and 22 per cent into post-school These percentages do not vary markedly from those for the zone cases but do show that protective measures can not be confined to any age group. 87.5 per cent of the cases reported in the City of Panama during the last three years have been among the blacks and only 12.5 per cent among the whites. During the last two years there has not been a diphtheria death reported in the white population The greatest problem is presented by the black population of Panama City due to overcrowding and neglect,

Typhoid Fever. Four cases reported last year—one death All non-residents. These cases were hospitalized from the Maritime quarantine station.

Hookworm—546 cases reported occurring in the City of Panama.

I can best summarize the health activities of the Canal Zone by quoting a statement from Dr. John D. Long, Chief Quarantine Officer of the Panama Canal Zone. He says:

"Those of us here on the Canal Zone, that small strip of land that is, perhaps the most intensively and effectively sanitated spot on earth today, have exceptional opportunities to observe in advance of many others the direction future public health tendencies may take. We have a compact community, we are highly standardized; as to our work; our dietary; our clothing; our pleasures, even as to many of our methods of procedure and thought. The rest of the world will not arrive at such a state of affairs for many years to come.

"We have the lowest death rate in the world, the lowest infant mortality, the lowest malarial incidence in any tropical country, social and economic conditions are good, population on the zone is practically stationary and poverty does not exist, so may be once again the Panama Canal Zone will serve as the laboratory in which the Public Health destinies of the future will be worked out."

# NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication, WILLIAM H. Ross, M.D., Chairman.......Brentwood Charles Gordon Heyd, M.D......New York DANIEL S. DOUGHERTY, M.D.....New York

Editor-in-Chief-Orrin Sage Wightman, M.D......New York Executive Editor-Frank Overton, M.D.......Patchogue Advertising Manager-Joseph B. Tufts...... New York

Business and Editorial Office-2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056 The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the JOURNAL Views expressed in the various departments of the JOURNAL represent the views of the writers.

## MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

### **OFFICERS**

Fresident-JAMES N. VANDER VEER, M.D.	Albany
First Vice-President-Floyd S. Winslow, M.D	Rochester
Secretary-Daniel S. Dougherty, M.D.	New York
Treasurer—Charles Gordon Heyd, M.D.	New York
Speaker-John A. Card, M.D	mehkeensie
Spearer-jour A. Carb, M.D.	ad Pro-ocharo

President-Elect-William H. Ross, M.D	Brent	wood
Second Vice-President-LYMAN G. BARTON, M.D	Platts	sburg
Assistant Secretary-Peter IRVING, M.D	New	York
Assistant Treasurer-James Pedersen, M.D	New	York
Vice-Speaker-George W. Cottis, M.D		
, , , , , , , , , , , , , , , , , , , ,	,	

### TRUSTEES

Grant C. Madill, M.D., Chair	manOgdensburg
JAMES F. ROONEY, M.DAlbany	HARRY R. TRICK, M.DBuffale
ARTHUR W. BOOTH, M.DElmira	NATHAN B. VAN ETTEN, M.DNew York

12 - ah - at - a

### CHAIRMEN, STANDING COMMITTEES

Arrangements-Walter A. Calinan, M.D	Rochester
Legislative-HARRY ARANOW, M.D	New York
Pub. Health and Med. Education-T. P. FARMER	. M.D. Syracuse
Scientific Work-ARTHUR J. BEDELL, M.D	Albany
Medical Economics-Benjamin J. Slater, M.D.	Rochester
Public Relations-James E. Sadlier, M.D	Poughkeepsie
Medical Research-Frederic E. Sondern, M.D	New York
MEDICULARISTO CO. TREDERIC D. Componer, 12:2011	

## CHAIRMEN, SPECIAL COMMITTEES

### PRESIDENTS, DISTRICT BRANCHES

First District-George B.	STANWIX. M.D.	Yonkers
Second District-CHARLES	H. GOODRICH, M.	.DBrooklyn
Third District-EDGAR A.	VANDER VEER, N	I.DAlbany
Fourth District-WILLIAM	L. Munson, M.D.	Granville

Fifth District—Paige E. Thornhill, M.D. Watertown Sixth District—LaRue Colegrove, M.D. Elmira Seventh District—Austin G. Morris, M.D. Rochester Eighth District—Thomas J. Walsh, M.D. Buffalo

### SECTION OFFICERS

Medicine—A. H. Aaron, M.D., Chairman, Buffalo; John Wyckoff, M.D., Secretary, New York.
Surgery—William D. Johnson, M.D., Chairman, Batavia; Charles W. Webb, M.D., Secretary, Clifton Springs.
Obstetrics and Gynecology—George M. Gelser, M.D., Chairman, Rochester; Onslow A. Gordon, Jr., M.D., Secretary, Brooklyn.
Pediatrics—John Airman, M.D., Chair., Rochester; M. C. Pease, M.D., Vice-Chair., New York; B. C. Doust, M.D., Sec., Syracuse.
Eye, Ear, Nose and Throat—Edwin S. Ingersoll, M.D., Chairman, Rochester; Conrad Berens, M.D., Secretary, New York.
Public Health, Hygiene and Sanitation—James S. Walton, M.D., Chairman, Amsterdam; Arthur T. Davis, M.D., Secretary, Riverhead.
Neurology and Psychiatry—James H. Huddleston, M.D., Chairman, New York; Noble R. Chambers, M.D., Secretary, Syracuse.
Dermatology and Syphilology—Walter J. Highman, M.D., Chairman, New York; Albert R. McFarland, M.D., Secretary, Rochester.

### LEGAL

Office at 15 Park Place, New York. Telephone, Barclay 5550 Counsel-LLOYD PAUL STRYKER, Esq. Attorney-Lorenz J. BROSNAN, Esq.

Executive Officer-Joseph S. Lawrence, M.D., 100 State St., Albany, Telephone Main 4-4214.

For list of officers of County Medical Societies, see this issue, advertising page xxx.

### GRANT C. MADILL, REGENT

The Legislature has acted wisely in electing Dr. Grant C. Madill, of Ogdensburg a member of the Board of Regents of the University of the State of New York. The Regents have charge of the educational system of the State of New York, from the kindergarten to the Medical and other professional schools, including the licensing of physicians, dentists, veterinarians, nurses and other professional practitioners.

To physicians generally Dr. Madill is known as a skillful surgeon and a past president of the Medical Society of the State of New York. His close friends and associates also know him as a cultured gentleman whose extensive literary library is reflected in his daily speech and his public addresses. He will bring to the Regents a practical combination of professional judgment and literary appreciation.

### THE CANCER PROBLEM

Special attention is called to two articles in this issue of our Journal The first article is on "Cancer as a World Problem," by Dr Joseph C. Bloodgood, of Johns Hopkins University, while the second is on "The Nature, Prevention and Treatment of Cancer," by Dr Frank E Adair, of New York City These discussions of the cancer problem will appeal to family physicians for their style is simple and clear, and their content is practical. They will be of special help to those physicians who are seeking to educate themselves, their brother practitioners, and the people regarding the prevention and control of cancer.

Cancer ranks with tuberculosis and heart disease as the greatest cause of human deaths Efficient methods of control and prevention of tuberculosis have been developed and standardized with the result that the incidence of this disease is progressively decreasing The methods of the control of heart disease are also becoming standardized and applied with results both satisfactory and efficient But cancer still remains the dreaded menace of former years and is claiming more victims than ever before.

The attitude of both the medical profession and the people toward cancer at the present is similar to their attitude on tuberculosis and heart disease a half century ago, yet Dr Bloodgood points out the fact that the application of methods already known will reduce the cancer mortality to one-half its present rate—a result which is almost as good as that in tuberculosis and heart disease History will repeat itself, and the present stage of ignorance and fear will be replaced with hearty cooperation of patients with their doctors in methods of prevention and relief

The lack of knowledge of the cause of cancer has led many physicians and most laymen to think that little valuable is known about cancer, and they therefore take a hopeless view of the problem; but the outlook is more hopeful than it may seem, as is shown by a comparison of conditions in cancer with those in tuberculosis and heart disease.

1 Cancer is far more insidious in its onset than either of the other two diseases Both tuberculosis and heart disease produce fatigue, and weakness, early in their course,—feelings which drive the patient to seek relief, but cancer begins as an insignificant sore, or lump, or crust and may progress to a malignant stage before it gives signs of evident sickness and disability. Physicians are talking more and more about cancer in its pre-clinical stage, or that stage in which it is not cancer, but is readily curable

2 Tuberculosis and heart disease tend to get well, and many patients who have one of these diseases recover completely after a transient

sickness; but when cancer actually exists it usually goes on to a fatal stage. Just because it is usually fatal people neglect the pre-clinical condition or the doctor dismisses the patient with the advice "It is nothing. Come back if it gets worse."

- 3 The treatment of tuberculosis and heart disease is medical and hygienic, but that of cancer is mainly surgical,—severe in the later stages of the disease, but simple and local in the preclinical stages. Yet the fear of the knife is the greatest of all deterrents which keep people from seeking or accepting relief from possible cancer
- 4 Physicians no longer hesitate to tell patients that they have tuberculosis, or heart disease Doctors tell their patients that if they rest and live a hygienic life, they may expect to get well But they are not able to give this assurance to their cancer patients unless the disease is in its preclinical stage Here is the doctor's great oppor-The physician need not tell the patient that a persistent sore, or a lump, or a crust, is cancer; but it is his duty to insist that the patient shall accept efficient treatment for the condition, before it turns into something worse Patients are comforted by the assurance that the condition from which they suffer is not cancer, and that if it is cured there will be no cancer develop at that point
- 5 The campaigns of education regarding tuberculosis and heart disease have pointed the way for similar campaigns regarding the pre-When the cancer vention and cure of cancer lecture is arranged, over one-half of those who may be expected to attend will stay at home from fear that they will hear something unpleasant about cancer. In their minds it is inconceivable that cancer can be anything but an advanced condition, gruesome and horrible in all its details Those who lecture to popular audiences on tuberculosis and heart disease scarcely mention their advanced stages There is no need to mention cancer in its fully developed stage, or to frighten people with the statement that the only cure of cancer is the knife, although the statement may be true. The people need to be reassured that cancer in its pre-clinical stage is as susceptible of treatment as is either tuberculosis or heart disease in its incipiency. A lecture or campaign for the suppression of cancer designed for ordinary mixed audiences had better be confined to a consideration of the disease in its pre-clinical stage. If people would attend to the little sores, and lumps, and scabs and discharges that develop in accessible situations, the incidence of cancer would be cut to one-half or one third its present
- 6 Quacks no longer annoy patients with heart disease and have practically ceased to solicit

those with tuberculosis as they did in former years, but cancer quackery still flourishes. The fear of the knife is nourished by the advertisements of quacks who promise sure cures without the knife. The quacks flourish on mistaken diagnoses, for everything that comes to their mill is Over one-half the cases which are referred to cancer specialists are sent away reassured that their condition is something other There are higher odds that those than cancer. who go to the quacks are not suffering from cancer at all, but some condition which would get well of itself, or would respond to proper treatment. Quacks do incalculable harm by instilling a fear of the legitimate means of relief from a cancer when one actually exists.

The control of cancer will require both the education and the inspiration of physicians and the people. The work must start with physicians,

for it is they who will see the people while their conditions are in the pre-clinical stage. If the doctors would treat these pre-clinical conditions conscientiously and persistently, they would solve the cancer problem, for they would reach practically every potential cancer patient. The control of cancer therefore depends largely on the attitude of the individual doctor toward his individual patient.

But there is another phase of the problem. The doctor cannot treat the patient unless that patient wants to be treated. People need to be educated regarding the dangers of neglect of small lesions and the relations of incipient conditions to fully developed cancer. Malignancy has a terror because it is now strange and mysterious. The cancer problem will be simplified when education removes its mystery.

## ALEXIS ST. MARTIN AND DR. BEAUMONT

An account of Dr. William Beaumont and his experiments and observations on gastric juice made on Alexis St. Martin was published in this Journal of December 1, 1929, page 1144. At that time we were unable to find the record of life of St. Martin, but the January issue of Colorado Medicine, page 20, contains the following note:

"Alexis St. Martin, the French Canadian subject of Beaumont's experiments, died in 1880 at the age of 83 years and was buried at St. Thomas de Joliette, Canada. It must be

unhappily recorded that his family successfully defeated the earnest efforts of members of the medical profession, including Osler, to get an autopsy."

St. Martin, an ignorant Canadian laborer, was 25 years of age when he was wounded in the stomach on June 6, 1822, and was treated by Dr. Beaumont who was then 37 years of age. He was in the doctor's employ for eight years beginning in 1825, in order to be the subject of experiment and observation of stomach digestion.

# LOOKING BACKWARD THIS JOURNAL TWENTY-FIVE YEARS AGO

The Health of the Nation: A quarter of a century ago Departments of Health were the leading organizations practicing public health. Dr. Walter Wyman Surgeon General, U. S. Public Health Service, writing in this Journal of March, 1905, calls attention to the leadership of official departments of health in preventive medicine and then continues:

"Thus far I have spoken only of the official health organizations, which are, of course, the most potent of all, based upon the statutes of the States and the nation, continual in their operations and not dependent upon spasmodic effort or ephemeral enthusiasm. Yet it is impossible to ignore the valuable results of auxiliary organ-

izations, voluntary in character, but inspired by noble and patriotic motives. They are too numerous to mention in detail, but I may refer to such organizations as the great American Medical Association, the American Public Health Association, state, county and city medical societies, and the auxiliary sanitary associations that exist in so many of our States and cities. Through these public sentiment is developed which crystallizes into statutory laws and organizations."

It is to be noted that Dr. Wyman places organizations of physicians next to health departments in public health activities; but he evidently did not foresee the extent to which "Sanitary Associations" would engage in public health work.



# MEDICAL PROGRESS



Primary Cancer of the Liver Apparently Cured by Resection .- It is usually stated in reference works that primary cancer of the liver is excessively rare and that when present it is usually congenital, developing in the first months of life. Secondary cancer of the liver from extension or metastasis is common enough. J. L. Nicod and H. Paschoud of Lausanne report a case of primary cancer of the liver in a woman Exploratory laparotomy in a case of abdominal tumor showed that a voluminous growth occupied nearly the entire right lobe of the liver. A vain search was made for a primary focus of cancerous disease, but not even an enlarged lymphnode could be found anywhere. So extensive a resection would be without theoretic justification and difficult of execution but the disease seemed isolated and the authors, after consultation, enucleated the mass in such a manner that the sections of the liver could be sutured. The gall-bladder was removed with the mass. The hemorrhage was not dangerous, all wounds were healed in 16 days, and the patient has since been gaining weight. The growth proved to be an epithelioma, of adenomatous arrangement with marked trabeculation,-Schweizerische medizinische Wochenschrift, December 7, 1929.

Pseudo-Laziness,-H. Codet refers under this title to pathological states which are hastily regarded as due to natural indolence. He deals with this condition only as found in children, some of whom are really backward in development while others do not receive sufficient nourishment. In a few cases some disease is in its prodromic or incubational stage, while in another group an endocrine factor may be involved, as hypothyroidism. Adenoids are known to cause apathy among other symptoms. Ocular affections including anomalies of refraction may tend to cause indolence as shown by the improved status which follows correction by glasses, operation for squint, etc. Other factors traced by the author comprise insufficient sleep, anomalies of the vegetative nervous system, psychic conflicts with parents where a strong sense of injustice may be present in the mind of the child, overstudy in school, exhausting play, etc. There is, however, an endogenous type in which no causal factor can be isolated. The author appears to omit one of the most striking causes, to wit, the effect of a series of the illnesses of childhood occurring in rapid succession. The author appends a considerable bibliography but most of the titles have to do with overstudy in school.-Le Progrès Médical, December 14, 1929.

Some Points in Connection with Cataract Extraction.—R. H. Elliot takes exception to the usual advice that a cataract must be mature before operation is undertaken, even if the sight in the other eye is so defective that the patient is nearly helpless. The exact date for operation should be decided upon after careful consideration of all the factors in each individual case The advice that if the second eye sees well, it is a mistake to have the first one touched is eminently unsound in many cases, as to be blind in one eye exposes a person to many risks. In favor of early operation is the fact that in the elderly every year lessens the patient's resistance to operation. No person should be allowed to go blind and to drop his normal activities, as the probabilities are that he will never take them up again. When a patient cannot read and carry on his usual activities with comfort, he should be operated upon without delay. Hypermaturity should be avoided, as it brings in its train definite risks of secondary glaucoma and a slow form of It is highly important to maintain the morale of the patient, hence it is an advantage to operate before he has lost hope and become despondent. Before submitting a patient to operation all sources of autoinfection should receive attention. Elliot prefers to operate under a conjunctival bridge, and would not think of reverting to the old operative incision. Six weeks after extraction any after-cataract can be dealt with by discission, and then a wait of some weeks is necessary before lenses are prescribed. During this time the patient should have useful vision of the other eye. He may use the eye that has been operated upon as soon as he can do so without pain or discomfort. Operation should not be denied in diabetes, provided the patient's general health is good; neither is a pathological tremor a contraindication to operation. The only medical treatment of cataract that the writer has found beneficial has been the exhibition of thyroid extract in suitable cases.—British Medical Journal, December 21, 1929, ii. 3598.

Spleen Therapy in Tuberculosis.—G. F. Watson relates his experience with a case of lymphatic leucemia in which marked improvement in the general condition of the patient and in the blood count, an increase in weight, and a decrease in the size of the spleen resulted from injections of a raw extract of spleen. This success led him to try the spleen extract in maliginant conditions and tuberculosis. The results in the former were not encouraging, but in the latter decidedly so. In six cases of early tuberculosis, three of which are described in detail, there

was a definite increase in weight and appetite, red blood cells and hemoglobin. The gray pallor of the face changed to a healthier tone and the patients felt much better. At first it was thought that the beneficial effects were merely those resulting from an increase in the red blood cells, but it was found that there was an increase in lymphocytes, leucocytes, and endothelial cells. It seemed also that the spleen extract might have a specific effect on the resistant lipoid envelope encasing the tubercule bacillus. W. D. Swan, who has also been employing this treatment, is of the opinion that spleen extract has a specific effect on the disease. In reviewing the literature Watson finds that Danilewsky (1895), Bayle (1903), and later Armande-Delille have reported favorable results from the use of spleen therapy in tuberculosis. He adds that he is employing spleen extract in two cases of Hodgkin's disease (in conjunction with x-ray therapy in one case), and in both the glands have become smaller and much softer, and there has been an increase in red blood cells and hemoglobin. He feels sure that the extract has been of benefit in these cases.—Canadian Medical Association Journal, January, 1930, xxii, 1.

Early Diagnosis of Whooping Cough.—K. Ochsenius refers to the difficulty of early diagnosis, which is made only after an observation period. The cough of neuropathic children with simple colds often simulates the early paroxysms of the specific disease. Objective finds are usually negative and we cannot depend on the statement that the cough is worse at night. practitioner must abandon his objective quest and depend more on the testimony of the patient's relatives. The parents or others are more familiar with the natural evolution of whooping cough than the medical men, save when the latter have followed up cases in their own families. More valuable in the history than the whoop are the double paroxysms with an interval of a quarter to half a minute. Where we find the twostage paroxysms a blood test may prove of value, for a lymphocytosis at this period has no little diagnostic value. We may find only an ordinary leucocytosis, but the lymphocytosis will appear later and the blood count should therefore be followed up. It must not be understood that all coughing spells are double for before the acme of the disease the double cough is alternated with ordinary coughing spells; but at the acme all paroxysms are apt to be double. The time required for the supervention of the double cough varies greatly and it may therefore be too late for early diagnosis. It is highly important for the practitioner to be present during a paroxysm; this is not always possible in ordinary office practice and several medical men have suggested precipitating a paroxysm by means of some mild irritant, such as oil of tur-

pentine, sprayed into the throat by an atomizer. Certain children can also bring on a paroxysm as a result of conscious suggestion—and the mere mention of a coughing spell may serve to provoke a typical paroxysm.—Münchener medisinische Wochenschrift, December 27, 1929.

Prevention and Treatment of Seasickness.— Ivan D. Mishoff took with him on a long ocean voyage his concusser and vibrator. socket could be made to fit the vibrator he felt the first symptoms of seasickness and decided to have the concusser employed. His symptoms responded readily to several treatments. prefers the concusser to the vibrator as it is easier to carry and to attach. During the trip he was able to afford relief to a number of passengers, among them two pregnant women who were experiencing morning sickness which the sea caused to become twenty-four hour sickness. The ship's physician had treated them many days when they asked that the concussion method might be tried. To this treatment they responded very rapidly, and the relief lasted several hours. By concussing them morning, noon, and night the writer effected a perfect cure. Mishoff thinks that in seasickness the pylorus is contracted and reverse peristalsis takes place because the brain cells which preside over the palate and the stomach are irritated. The concussion or vibration of the interspace between the fourth and fifth dorsal vertebræ opens the pylorus and at the same time soothes the nerves of the brain which control the palate and stomach. hence the relief. Thirty strokes, one stroke in two seconds, is given, so the treatment takes just one minute. The interspace is tender, and if the malady has lasted long, the spot is sensitive or even painful to the touch. When such is the case, the stroke should be lighter and the interval between strokes longer, say four seconds. Better results are obtained by concussing the seventh cervical vertebra first. If there is headache thirty additional strokes are given close to the skull; this causes the headache to disappear.—Physical Therapeutics, January, 1930, xlviii, 1.

Operative Case of Hirschsprung's Disease.— S. Sjövall reports the case of a boy of 13 admitted to hospital with the diagnosis of acute dilatation of the stomach and intestines. He was apparently normal at birth but at the age of two years the abdomen was seen to be unduly large. The bowels were at first regular but by the age of 5 he had begun to suffer from constipation which grew worse until the movements occurred at intervals of 4 to 7 days and then only with the aid of an enema. The boy was virtually an invalid, unable to play with his fellows. When he began to suffer from cramps with inability to evacuate the bowels even with enemata, he was taken to the hospital, where

first-aid measures of colonic irrigation brought away much gas and feces and reduced the size of the belly. The acute dilatation symptoms therefore no longer existed. A rontgen plate now made the diagnosis of the basic condition which was technically megasigmoid. A provisional appendicostomy was first made and in a second stage the entire enlarged and dilated sigmoid was exsected, the segment having a length The descending colon was now of 60 cm. joined with the stump of the pelvic colon by a lateral anastomosis, necessitated by the difference in diameter of the two stumps. The greatest circumference of the segment was 32 cm. appendicostomy fistula was allowed to close. Healing was smooth and the result ideal, the boy having been made over into a perfectly normal individual. Although many cases of Hirschsprung's disease are on record, the number of radical operations is not large and the author can find but five in the Swedish literature. The operative record is probably held by Finsterer of Germany-11 cases with one fatality. It is readily apparent that megasigmoid is much more amenable to operative treatment than dilatation of the entire colon, and fortunately the sigmoid alone is involved in nearly half of all cases .- Acta Chirurgica Scandinavica, December 30, 1929.

Codeinism.—The claim has usually been made that this alkaloid does not act upon the higher cerebral centers but only exerts a cedative action on the cough center. Addiction, therefore, has been regarded as impossible and the classification of codeine as a narcotic under the law has often been criticized. But according to Hans Schwarz, who is an associate at the Charité Hospital Neurological Clinic, an addiction which resembles closely morphine addiction is known, and he reports three cases of it in detail. The first was in a man of untainted stock who for years had procured codeine from druggists of his own accord for an irrigating cough. His addiction was secret until failing health and the need of large sums of money, and occasional alcoholic excesses caused him to make an unsuccessful attempt at breaking off. Failure sent him to the clinic where he was weaned from the drug with but little trouble. He had been taking as high as 45 grains daily. The drug produced an increased capacity for work and on withdrawal he developed diarrhea and sneezing fits, various pains, and insomnia. He was cured in two months and had not relapsed after five years. The other cases sufficiently resembled the first and all bore a strong resemblance throughout to morphine addiction, including withdrawal symptoms. As is the case with morphine addiction per os, the condition is relatively mild and with the exception of insomnia the withdrawal symptoms wear off in a week or less. The drug

is stopped entirely and immediately and any sedative, analgesic, or hypnotic which contains no opium or derivative may be used. Six or eight weeks are required to rehabilitate the personality of the patient and remove the likelihood of relapse. While no figures are given, it is evident, the author says, that codeine addiction is not uncommon in Germany, although most apt to be encountered in neuropathic-degenerative stock.—Deutsche medizinische Wochenschrift, January 3, 1930.

Parathyroid Tetany and Cataract.-Leslie Cole reports the case of a woman, aged 34 years, who developed tetany and cataract following thyroidectomy at which both lateral lobes of the thyroid appear to have been completely removed. Treatment consisting of a calcium-rich diet (two pints of milk and two eggs), with the addition of 12 drachms of calcium lactate daily, kept the serum calcium between 5 and 8 mg., and the signs within the limits of latent tetany. serum calcium could not, however, be kept at the normal level in a healthy person without the administration of parathormone, which was given intramuscularly in doses of 10, 20, or 30 units twice a day. During one period this was replaced by a dried parathyroid extract by mouth, in doses of 1/5 of a grain three times daily. The dried extract did not have the same effect on the serum calcium as did the parathor-The combined calcium and parathormone therapy appeared to have no effect on the cataract, and prognosis as regards sight apparently depends on the successful surgical removal of the cataracts. When the treatment was omitted the symptoms of tetany returned, so it may prove necessary to give the parathormone regularly in the same way as insulin is given in diabetes. Cole analyzes 38 recorded cases which show that the results of partial or complete removal of the parathyroid glands may be divided into two categories: (1) Alterations in the calcium and phosphate content of the serum associated with signs and symptoms of tetany; (2) changes in the lenses, nails, teeth, and hair. No explanation of these changes has yet been put forth. In the present case it is worth while noticing that there was a rapid increase in the lens opacity which followed an increased calcium diet without parathormone. This observation appears to support Greenwald's evidence that in the absence of the parathyroid hormone there is an extensive deposit of calcium, probably in the form of calcium phosphate, in the tissues, and that cataracts may be due to a deposit of this salt in the lens. As a precautionary measure, it seems to be unwise in severe parathyroid tetany, before cataracts have developed, to give an increased calcium diet without parathormone .--The Lancet, January 4, 1930, cexviii, 5549.

Parrot Fever .- Quite independently of the American visitation, which he does not mention, Professor C. Hegler of the General Hospital, Hamburg, reports two small epidemics of psittacosis. In regard to the first, which appeared in July, 1929, there had been a small epizootic among the parrots in the pet shop of the family afflicted, and a week after the original appearance of sickness in the birds all three members of the family were attacked with a disease resembling typhoid with a complicating pneumonia. Two of the patients succumbed to this infection. An attempt was made to find the Nocard bacillus, but all effort along this line was barren of results. Positive diagnostic points in favor of psittacosis were familial incidence, exposure to the sick parrots, severe course, violent psychic disturbances indicating cerebral metastasis, and pneumonia without marked cough or expectoration. author reported this episode at the time to the Hamburg Health Board. The second small epidemic appeared in November last. The first victim was an elderly man who had owned a Brazilian parrot, although neither at the time nor subsequently had the bird shown any signs of illness. The patient was admitted to the hospital with a diagnosis of croupous pneumonia of an atypical character, thought due possibly to a typhoid infection, but all agglutination tests were negative. Death occurred on the 10th day, the autopsy suggesting an influenza-pneumonia. The exposure to a parrot was not known at the time and the case would have passed unrecognized had not a hospital epidemic developed in the ward with 6 more victims, two of whom were nurses. All bacteriological and serological tests were negative. Three patients succumbed and autopsy threw no light on the nature of the disease which was assumed to be psittacosis, although it is sometimes denied that this is transmissible from one human being to another.-Deutsche medizinische Wochenschrift, January 24, 1930.

A Plastic Operation for Facial Paralysis .--W. O. Lodge describes a procedure designed to ameliorate disfigurement and to ward off impending corneal ulceration in long-standing cases of lower neuron facial paralysis, more especially those due to mastoid disease, or accidentally inflicted during mastoid operations. The procedure consists in grafting three new ligaments into the face, corresponding in position to the inferior portion of the orbicularis oculi, the levator palpebræ superioris alæque nasi, and the zygomaticus major. These sustain the drooping eyelid and the palsied side of the mouth, thus giving a more pleasing facial expression. With the patient under general anesthesia, 2 per cent mercurochrome solution is applied freely to the skin, conjunctiva, and buccal surface of the cheek. probe is passed along the inferior lacrymal

canaliculus, to define its position. The angular vein and parotid duct must also be avoided. Two short incisions are made, exposing the temporal fascia and the internal palpebral ligament, respectively. A third tiny incision is made at the junction of the skin and mucous membrane at the angle of the mouth. Meanwhile an assistant has excised from the outer aspect of the thigh a strip of fascia lata, as long as can possibly be obtained, and 5 mm. in width. This is threaded along a triangular course between the three facial incisions, among the atrophied muscles, with the aid of a packing needle. The internal palpebral ligament and orbicularis oris are encircled en The two free ends are drawn taut and route. woven into the fibers of the temporal muscle. The incisions are closed and the tension is temrelieved with adhesive Lodge concedes that the results are not as good as those obtained by facio-hypoglossal anastomosis in cases of shorter duration, but it has the advantage that the effect is immediate.—British Journal of Surgery, January, 1930, xvii, 67.

Progress of the Cancerous Endemic Among the Population of Paris.—L. Moinson and Th. Stephanopoli state that the generality of clinicians have been impressed with the considerable increase in the mortality of cancer in Paris during and after the war, no other malady having shown a similar activity. These cancer deaths among the fixed population of Paris have been shown to stand in some relation to alternating periods of anxiety and of tranquillity and hope. Statisticians have plotted the mortality from cancer for the past 50 years and have brought out periods of higher and lower incidence which show that the same forces were in operation before the war. During the 50 years the mortality has risen from about 90 to nearly 135 per 100,000 inhabitants but the curve is sharply interrupted at times by high mortality. Thus about 1898 the Fashoda episode and the Dreyfus scandal were attended by a rise to 108. Just before the great war the mortality had reached 110, but was considerably lower than in 1906, when domestic and foreign troubles caused worry. By the siege of Verdun in 1916 it had risen to 124 and with the fall of the franc in 1925 a maximum of 132 was attained. The authors assume that a state of worry and fear acts adversely on the organism through the neuro-vegetative system, giving rise to intoxication with fatigue products. Although the data speak for themselves the authors are not convincing, for the increment in the mortality from cancer during the Verdun period must have contracted their ailment some years in advance of 1916. At the most the mental state could only have accelerated the demise of the sick individuals and the physical hardships and privations of war could have been contributory factors.—Bulletin de l'Académie de Médecine, December 24, 1929.



# LEGAL



### CONTINGENT HOSPITAL BEOUEST NOT INTEREST-BEARING

By LLOYD PAUL STRYKER, Esq. Counsel, Medical Society of the State of New York.

A very interesting question was recently presented to one of our Surrogates' Courts in this state. A man was desirous of adding a wing to a hospital as a memorial to himself. For this purpose he bequeathed to the said hospital the sum of \$10,000, upon condition that "within five years of his death, or that of his wife, an additional \$20,-000.00 shall be raised for said hospital and shall be given to it for the same purpose." He further provided in his last will and testament, in the event that such amount was not raised and given, then the entire principal of the bequest, together with any accumulated income should revert to and become part of his residuary estate. residuary estate is given to the legatees (among them being the hospital) in the proportion their respective legacies bear to one another. Upon his death the hospital took steps to raise the specified amount and toward the close of the five-year period was successful in raising the entire sum. In the meantime the contingent bequest to the said hospital of \$10,000 had earned interest amounting to \$2,500. The question presented to the Surrogate for decision was whether or not the hospital was entitled, not only to the \$10,000, but also to the interest it earned during the five years mentioned which it took for the hospital to raise the necessary sum of \$20,000; or whether the hospital as one of the residuary legatees, takes only its proportionate share of the accrued interest.

The facts before the Surrogate disclosed that at all times there were abundant funds to meet the full amount of the legacy to the hospital, and that the delay of five years was due solely to the hospital having availed itself of the limitation of time set forth in the will. In holding that the hospital was only entitled to the sum of \$10,000 plus its proportionate share of accrued interest as resid-

uary legatee and not to the full sum of \$12,500, the court said:

"As to ordinary legacies, the common-law rule, making them payable at death, put the executor in default if he withheld payment until he had ascertained and liquidated the estate; and thus the legatec was deemed to have a right to interest on the legacy from the date of death. The injustice of this was corrected by the statute which gave the executor a year to liquidate and make ready for payment; and thereafter such legacies as bore no interest carried interest from and after the end of one year from the date of death or letters, for that date then became the day when they were due and payable. All legacies, however, do not necessarily bear interest. Cases have occurred where the bequest was of a promissory note that had been made 'without interest'; and also in the same form, but 'payable at my death.' Other legacies are indefinite and such that it could not be said, before judicial settlement, just how much each one would receive. \* \* \*

'When the time for the payment of a legacy is fixed by the will and there are no other controlling considerations, interest is due only from the time designated for payment of the legacy.' \* \* \*

I am of opinion, therefore, this legacy was a gift of \$10,000 and no more; and that it was not payable until the prescribed condition had season-ably been met; and that whenever it thus became payable, it then entitled this legatee to demand only the definite sum mentioned; and that all the interest accurred thereon pending the performance of the condition, does not pass to this legatee either as a matter of law, or as an accessory of this non-specific principal; but must be deemed to have been intended to go to the residuary legatees, including this particular legatee for its proportion with the others."

### CLAIMED IMPROPER TREATMENT OF POTT'S FRACTURE

In this case the plaintiff had for many years been a patient of the defendant. On the occasion involved in this suit, the defendant received a telephone call from a nearby town asking him to call to 'see the plaintiff. Upon arriving and examining the plaintiff the doctor found him to be suffering from a Pott's fracture of the left leg

He was taken to a nearby hospital, and a roentgenologist was called. Cold applications were applied to keep down the swelling of the leg.

On arriving at the hospital, the patient was immediately taken to the X-Ray room, and upon examination a very badly swollen ankle and foot were revealed. The greatest amount of swelling

was about the ankle, particularly on the external aspect of the joint. X-rays of the fracture and the lower part of the leg consisting of anterior, posterior and lateral views were taken. The X-rays revealed a fracture of the distal extremity of the fibula about one and one-half inches from the tip of the malleolus, with external displacement of about one-half to three-quarters of an inch of the proximal end of the distal fragment and a posterior tilting of the distal end of the distal fragment. There was also a fracture of the internal malleolus of the right ankle but very little displacement.

The type and extent of the fracture were explained to the patient and he was advised that he must submit to a general anaesthesia for the purpose of reducing the fracture, also if the fracture could not be properly set an open operation might be necessary. The patient very reluctantly consented to the administration of a general anaesthesia for the purpose of reducing the fracture, but absolutely refused to consent to the performance of an open operation. After the administration of the anaesthesia and in attempting reduction, it was noted that the whole foot was very easily moved in almost any direction while the leg was held steady, which indicated torn capsular ligaments in addition to the fracture. Great difficulty was experienced in the reduction. Finally, it was decided to place the foot at right angles to the leg and invert it slightly internally. During the reduction X-rays were taken in order to check up on the position of bone fragments. While the foot was in the latter position a plaster cast was applied from the toes to a short distance above the knee-joint, and a further X-ray was taken which showed the condition satisfactory. After the plaster cast had hardened the plaintiff was taken to a room in the hospital, the leg propped up on pillows and held by a sand-bag.

The patient was advised that the reduction obtained was the best possible without an open operation, and the patient again refused to consent to an open operation. The following day the patient was taken to his home where, because of other conditions entirely disassociated from the Potts fracture, the patient was seen at least once a day for several weeks.

About one month after the fracture, the cast was removed and the leg found to be somewhat swollen. Massage was prescribed and administered for a period of about four months. For several weeks after the removal of the cast, the ankle was bandaged with cotton bandages. The patient remained in bed for about six weeks and was then able to walk with supports. During the summer, within three months from the fracture, the patient was up and about and attending to his duties. In six months he was able to walk with a slight limp, but without any supports and could walk with a low shoe. The last treatment was rendered about five months after the fracture, at which time the plaintiff had a good result considering the nature of his injury. The foot, however, was inverted and the external malleolus enlarged.

The complaint charged that the defendant physician failed to render proper medical care and attention and that as a result thereof the plaintiff sustained a weak, deformed and abnormal foot and leg and was unable to perform his customary duties without the use of an iron brace and support. The action was commenced about a year and a half after the plaintiff had sustained the fracture and about one year after treatment was concluded. After the action had been pending for over three years the plaintiff voluntarily discontinued it, thus terminating the action in the doctor's favor.

# OBSTETRICS—CLAIMED INJURY TO INFANT'S EAR

The complaint in this case charged that the defendant so negligently delivered a woman that the child sustained severe injuries to her ear.

From the facts it appeared that the doctor in this case was engaged to attend a woman who was pregnant. He gave her the usual prenatal care. On the day of delivery he found the woman suffering from uterine dystocia, and the conditions were such that he was compelled to use forceps in making the delivery. The child was delivered and was normal in all respects, except that there was a condition of caput succedaneum. The mother made an uneventful recovery. The condition of the child cleared up, but left a small haematoma

on the back of the child's head at the parietal bone. Several days after the mother left the hospital the doctor called with a consultant at her home for the purpose of surgically treating the haematoma. The consultant, assisted by the doctor, operated on the child, and the doctor continued to treat the child until the wound had healed. At no time was there any injury to the child's ear, except that a small pimple appeared on the ear which was cleared up by medication.

The plaintiff's attorney examined the defendant at considerable length before trial, and the doctor acquitted himself so well on the examination that the plaintiff's attorney discon-

tinued the action.



# NEWS NOTES



### LEGISLATION

Senate Int. No. 396, Pitcher-Assembly Int. No. 464, Lattin, makes certain amendments in the Public Health Law with regard to state aid. This amendment was prepared by the State Department of Health so as to make the manner of distributing aid to counties conform to the custom in distributing other forms of state aid, as, for instance, through the Department of Education and the Department of Highways. This amendment provides that a county desiring state aid shall have its program approved in advance by the Department of Health and shall file with the Department of Health a statement of the amount of monies expended during the year, by the 15th of December. The advance in this date was made so as to give the Department an opportunity to collect the statements from the various counties and introduce them into the budget, which is supposed to be presented to the Governor before the first of January.

Senate Int. No. 397, Pitcher—Assembly Int. No. 466, Lattin. The Department of Health would amend the Public Health Law with regard to the filing of death and birth certificates. The certificates themselves have been revised, as well as the manner of their filing.

Senate Int. No. 398, Pitcher—Assembly Int. No. 465, Lattin, amends the Public Health Law with regard to the general powers and duties of local boards of health, extending them somewhat.

Assembly Int. No. 494, Doyle—amends the Public Health Law in relation to the licensing of donors of blood for transfusion. Supplying blood for transfusion has grown to be quite a business in some of the larger cities. Persons willing to be donors and who have satisfied the health requirements regarding the condition of their blood, are now being organized by promoters who contract for their services. We are not convinced of the necessity for this measure and will welcome your opinion.

Assembly Int. No. 506, Hanley.—You will recognize this bill, although previously it was usually handled by Mr. Berg of the Bronx. We shall register our opposition to this bill as in the past.

Assembly Int. No. 573, Horn—would revise the Workmen's Compensation Law so as to remove the time limit for physicians filing their bills for services. The justice of this bill is apparent, but we doubt whether it will have the same appeal to insurance carriers.

Assembly Int. No. 646, Lattin, amends the Public Health Law in relation to the maintenance and care of carriers of disease. The state has about five hundred known typhoid carriers, about half of whom live in greater New York City. These carriers are unfortunate in that in spite of the best medical and surgical efforts some of them will always remain carriers, and, therefore, they will be limited as to occupation. In a number of instances this is a real hardship and the state has endeavored to compensate the carrier in part for his loss. Quite a few of the cariers are women. Under the law at present state aid is distributed by the poor director, where such persons still exists, and this has been objectionable in some instances because it gives the appearance that the person receiving the compensation is an object of charity, which such is not the case. This amendment would correct that condition

compensation shall be under the jurisdiction Health.

Assembly Int. No. 647, Lattin-The necessity for this amendment arises from a desire to pay nurses their travel expenses at more frequent intervals than the law at present provides. In most cases these bills can only be paid after the board of supervisors audits the account, and the board's meeting are so infrequent that the nurses are obliged to carry their own expenses. In some instances for more than six months. This is working an unnecessary hardship and the amendment provides a way by which their expenses can be paid more frequently. The amendment also provides for paying the committee who directs the nurses' work, the expenses incurred in attending the meetings. It has been shown that in some instances physicians have traveled more than fifty miles to attend these meetings, all at their own expense. The amendment is introduced by the Department of Health.

Senate Int. No. 533, Schackno—originated in the Assembly—Int. No. 722, where Mr. Post introduced it. He has informed us that he conceived the bill after having talked with an obstetrician in New York City, a friend of his, who impressed upon him the importance of the state taking a greater interest in maternal mortality. He pointed out that in the last ten years there has been practically no change in

this particular mortality rate, while most other rates have markedly decreased. He said that he had discussed the matter with the Department of Health and thought that a commission, such as he has indicated, could add materially to the public's interest in this important problem by the collection of data and such interpretation of the data as it would make. Probably the Governor would name one or more medical men as members of the commission.

Senate Int. No. 625-Mr. Brown has introduced a chiropractic bill which is very similar to the one introduced in the Assembly by Mr. Esmond. We shall offer the same objection to both bills and will do our utmost to see that neither of them leaves committee. Don't forget to advise your legislators with regard to opposition against the three chiropractic bills—two of them by Mr. Esmond and this one by Mr. Brown.

Assembly Int. No. 738—Mr. Gimbrone has introduced a bill which would, permit free choice of surgeon or physician by the injured employee. This, in our opinion, is an important bill and if you are so persuaded, we suggest that you immediately let your legislators know how you feel about it and urge them to support it. It is likely that a similar bill will be introduced on the other side of the House in the next week or so, and we shall hope to get one of them enacted.

It gives us great pleasure to announce that Dr. Grant C. Madill was elected by the legislature as a member of the Board of Regents from the fourth judicial district. Dr. Madill enters upon his new duties immediately.

Assembly Int. No. 938, Dominick-Is a revision of a bill which he had before the legislature last year. Mr. Dominick feels that by creating district infirmaries he can relieve many of the county homes from the necessity of having an infirmary. At present each county home must provide itself with quarters and assistants to take care of the guests who may become ill. In the smaller institutions it may be that at no time will there be more than two or three persons ill and much time might pass when there would be no one ill, yet the institution would be obliged to keep itself in a position to care for those who might be taken ill. The bill, in districting the state, leaves out such counties as have definite infirmaries; for instance, Albany, Erie and Onondaga. In drawing the bill Mr. Dominick has consulted with the Department of Social Welfare.

Assembly Int. No. 871, Cuvillier—This bill was before the legislature last year. The object Mr. Cuvillier has in mind is a worthy one, but whether he has selected the proper way of approaching it is controversial. Will you read the bill carefully and give us your comments?

Assembly Int. No. 855, Doyle-A cosmetic bill has been before the legislature in one form or another for several years. Let us have your opinion on this one.

Senate Int. No. 737, Knight-The county board of supervisors has limited powers for spending money in public health activities. The Department of Health has taken the position that they have no powers except where they are specifically stated in the law, as for instance, the employment of a nurse to take care of crippled children or the appropriation of money to finance tuberculosis clinics. Some counties would like to pay the physicians for conducting anti-diphtheria clinics in the rural districts where there seem to be a need for such clinics, and also to pay the physicians for conducting child welfare clinics and preschool clinics. Wyoming County has appropriated a sum of money to pay physicians to conduct child welfare clinics, and when it was found that the Department of Health disapproved, the money, we understand, was transferred to tuberculosis clinic activities. If this amendment of Senator Knight and Mr. Stockweather should be enacted into law, it would appear that supervisors would have the power to appropriate money for the types of work we have discussed above. The objection the Department of Health raises is that a board of supervisors is not an executive body, but an administrative body.

Senate Int. No. 700, Pitcher—This bill makes a number of important and unimportant changes in the county health law. One of the most important is that which provides a way by which the board of supervisors may finance a county health district after it is authorized and before the taxes levied for its financing have been collected. Another important change is that which provides that a deputy may serve for the county health commissioner; and a third enables the county board of supervisors to pay the expenses of the county health district when such county does not have a county auditor.

### PUBLIC RELATIONS COMMITTEE—LETTER NO. 2

A few weeks ago Dr. Sadlier addressed a group of chairmen of health committees of women's clubs, in New York City. Following this, the chairman of the Summer Round-Up Committee of the Parent-Teachers' Association of this State asked for the cooperation of the medical men of the State in promoting the round-up campaign.

This campaign undertakes to give all children who expect to enter school in the fall a physical examination, in order that defects found can be corrected or the correction begun before the opening of school. It hoped that the family physician will be willing to cooperate by making

these examinations.

Commissioner Wynne, of New York City, has stated that out of twenty thousand children newly admitted to the schools of Queens County this year, nearly four thousand came with a certificate of a medical examination by their family physician. The Public Relations Committee has sugested to the Parent-Teachers' Association that where children of parents have no family phy-

sician, a public clinic be held and that the county medical society be asked to recommend physicians to do the work, and that they be paid as physicians have been paid for service at diphtheria immunization clinics.

The Committee on Public Relations advises that the family physician record his findings on the blanks submitted, so that there will be no difficulty in the acceptance of these reports by the school physician. The Public Relations Committee thinks that it would be well for your committee to take a real interest in the round-up campaign, both for its intrinsic value and its value as a stepping stone to the readjustment of relationship of the medical profession to public demand.

The Public Relations Committee will greatly appreciate any suggestions that you have on this subject, and will be glad to hear from you at your earliest convenience.

W. H. Ross, Secretary, Committee on Public Relations.

### PHYSICAL THERAPY APPARATUS

The Committee on Physical Therapy and the Committee on Medical Economics have issued the following joint statement for the information

of the medical profession.

"Both Committees believe that physical therapy performs an essential part in the practice of medicine and should be given the same consideration as any other division of the healing art. The Committees, however, deplore the aggressive sales methods of a few irresponsible and unethical manufacturers or of sales agents, which induce a good many physicians to spend a disproportionate amount of money for apparatus which they do not need and whose uses are too often unknown to them,

"The Committees, therefore, emphatically recommend that no physician buy any piece of expensive apparatus or install a whole set of apparatus without an adequate preliminary course of instruction under recognized medical auspices, so that he may himself determine what the needs of his particular practice are, and thus be guided in how much he should invest in covering his actual needs."

### JOINT MEETING OF PHYSICIANS AND DENTISTS

The marked extension of the fields of practice common to medicine and dentistry, witnessed by the past decade, has created a growing need for a closer relationship between the two professions.

Recognizing this and to promote such closer relationship, the Medical Societies of the Counties of Kings and of Queens and the Second District Branch of the Dental Society of the State of New York have arranged a joint meeting to be held in the building of the Medical Society of the County of Kingsi 1313 Bedford Avenue, Brooklyn, New York, during the afternoon and evening of March 10, 1930.

For this occasion, there is being gathered from throughout the country the best available talent for the program, so as to present to the physician and to the dentist various imporant phases of medical and dental interdependence. A medicodental meeting on such a large scale is pioner in character and, it is believed, will do much for the progress and development of the inter-rela-

tionship of the professions.

The immediate future will surely witness a more intimate relation of medicine and dentistry and an extension of co-operative movements which promise to become National and even International.

The effect of such a co-operative movement upon the practice of Medicine and Dentistry both in this country and throughout the world will be most profound and far reaching and will benefit countless millons by the better service each of the professions will be enabled to render.

The following program has been arranged. Each of the subjects will be presented from the physician's and from the dentist's viewpoint by a member of the medical and of the dental professions and the discussion of each will be opened

by a physician and by a dentist.

#### AFTERNOON SESSION:

- 1. Subject—The Co-operation of the Physician and Dentist the Recognition of Disease.
- 2. Subject—What Justifies the Dentist and the Physician in Advising the Extraction of a Tooth?

#### **EVENING SESSION:**

3. Subject—Oral Conditions and General Health.

Between the afternoon and evening sessions, there will be dinner at the Unity Club wih brief addresses from eminent members of the two professions.

A cordial and urgent invitation is extended to all practitioners of medicine and dentistry to attend the meeting called for March 10 to arouse the interest and set into operation the activities of Local, State, National and International Medical and Dental organizations along co-operative lines.

#### WOMAN'S AUXILIARY COURSE IN PUBLIC HEALTH

The Woman's Auxiliary of the American Medical Association has issued a course of study in public health for the guidance of the Auxiliaries of County Societies. Since the course is simple and practical, it is here reproduced for the benefit of any group that is planning a course in public health.—The Editors.

Fundamental Principles: Fundamentals upon which the Woman's Auxiliary work for improve-

ment of public hygiene should be based:

(1) Recognition of the fact that public health work is a highly technical job, requiring scientific, technically trained workers. That health work undertaken by lay women with no knowledge of the public health problem as a whole is necessarily fragmentary and ineffective.

(2) Recognition of the fact that every state, county and city is entitled to a scientific full-time health department (organized not to treat the sick, but to prevent disease and promote health), adequately financed, free from political domination, and providing continuity of service to a trained personnel so long as work is efficient.

(3) Recognition of the fact that the first and most fundamental job for lay organizations like the Auxiliary, is to secure such scientific full-time health departments and adequate health protection, in their state, their county, their city or town

(4) Recognition of the fact that where efficient, full-time, scientific health departments do not exist (and only about ten per cent of the rural districts of the United States have anything approaching adequate health protection), health activities must be initiated and carried on by volunteer unofficial agencies; but that all such work should be so planned and administered as

to serve as stepping-stones toward the full-time official health department, and that when the full-time official health department, with workers trained for public health work, has become an accomplished fact, lay organizations should support and cooperate with the official workers and should be willing to take orders from them.

(5) Recognition of the fact that no health department, state, county or city, can do effective work without intelligent cooperation of the public; that such public cooperation depends upon wide-spread health education; that lay organizations can do this educational work, and are needed for it; and that the Auxiliary can be one of the most valuable tools for an official health department to use in this work because it can, by its education of the public concerning the official health department's work and needs, be the means of gradually eliminating or preventing political interference with an efficiently working department, and thus insure to it uninterrupted public service.

Most volunteer agencies do not yet realize the wastefulness of their individualistic efforts. One of the first things the Auxiliary should do is to work for a change of attitude in other volunteer women's organizations.

Health officials know that the work which makes the greatest emotional appeal to the public is not always that which most needs to be done. Unfortunately most women do not know this. This is something the doctors' wives might well undertake to teach other women.

The National Auxiliary recommends, therefore, that each State Auxiliary undertake, under the direction and with the help of the Public Health Committee of the State Medical Association and

of its Advisory Council a study along the following lines --

1 The fundamental principles of health pro

motion and disease prevention

2 The set up considered essential by public health experts for an effective state health de partment, of qualifications of personnel, adequate budget, and the like

3 The state health conditions

It shall devise means of acquainting all the state board members with the result, and make recommendations for educational work by the county Auxiliaries based upon the conditions found

In states where all is well, and where time has developed good official health machinery and good health conditions, general knowledge of the fact will tend to prevent interruption of the excellent work, and will be a source of satisfaction to the women of the state

In those states where there is much yet to be done, this investigation will indicate what sort of work needs doing first. For example

(a) In those states which are not in the Birth Registration Area, the Auxiliaries would, without doubt, wish to tackle, as their first job, the ninety

per cent birth registration problem

(b) In those states in which the state health department believes the "County Health Unit" to be the solution of the rural health problem, the county auxiliaries should be encouraged to take as their clief work such persistent and wide spread education of the public as will gradually create a general demand for the full-time county health department

(c) In those states where the rural health work is directly done "long distance" by the state health department, the county auxiliaries, if will ing to work, and work under the directions of the state health department, can carry on intensive local health education work which would be impossible for the state department without intelligent local cooperation

Outline of Study — To those auxiliaries which agree with these ideas the committee recommends

the following outline of study

#### I PUBLIC HYGIENE

(1) Vital Statistics Their value

Compare the vital statistics of the state with those of other states

Compare the vital statistics of the different counties of the state

Compare he vital statistics of the cities with other cities in the state, and in the United States

(2) The State Health Department, its organ iradion, and program

- (a) For general state work
- (b) For cooperating with the counties in improving county health conditions
- (3) The value of the Public Health Nurse
- (4) The County Health Unit as a possible solution of the rural health problem
- (5) Community wide conditions which affect health
  - (a) Milk

Milk standards, why necessary, what milk standards your community needs How are these needs being met?

(b) Housing

Your community housing laws Housing conditions as they have developed under these laws and as they affect health

Improvements needed

(c) General Sanitation and its relation to the death and morbidity rates Sewage disposal

Water

Garbage

Flies

Dust and street cleaning, etc

#### PERSONAL HYGIENE

The improvement of personal hygiene in any community is almost entirely a matter of education. Here again the Auxiliary members must first educate themselves before they can take a safe part in educating the public. The committee therefore recommends that the Auxiliary study programs shall include such subjects as

Health Promotion

Prenatal care

Child Welfare

Infant and pre school hygiene

School hygiene

Mental hygiene

Social hygiene

The advantage to the public of general compliance with health regulations

The periodic health examination

Control of communicable diseases

The entire program should close with a survey of all the private agencies doing health work in the community, and a discussion of the possibility and desirability of centering the direction of all such work in a full time, scientific health department, under which the private agencies, while still maintaining their identity, would work in complete cooperation

# THE DAILY PRESS



#### CHIROPRACTIC CONVENTION

The Chiropractors held a convention in the Hotel New Yorker, New York, on February 5, which was addressed by B. J. Palmer, son of the founder of the Cult. This address as reported in the Herald Tribune of February 6, reminds us of the studies in chiropractic printed in this Journal in 1924, especially those in the August to December numbers. The Herald Tribune reporter caught the spirit of our own medical journal when he wrote:

"'B. J.' as they affectionately call him, is a middle-aged scientist, with long, glaced hair. a Vandyke beard two special fountain pen pockets in his waistcoat and a large red monogram on his right shirt sleeve. He lectured in his shirtsleeves, partly for his own ease and partly to make everyhody feel at home. His long hair was natily caught up by an elastic which extended from his forchead around behind his ears, which prevented his mane from staggering down his back. It was sheared off neatly at the "fourth dorsal," to use a phrase from his own science.

"His neurocalometer or nerve meter, is an apparatus which you adjust to a vertebra and it shows whether the nerve impulses are flowing freely or are being interfered with. It shows exactly at which joint the chiropractor should hurl himself to cure appendicitis, athlete's foot, hives, talking to one's self in the subway, opinionatedness or ears that stick out.

"The evils which 'B. J.' denounced unsparingly included overadjustment of the spinal column, failure to take advantage of the apparatus which science had provided for the chiropractor, and a sneaking, lying air in going after big fees.

"The evil of a slinking, hangdog deportment in leading up to the mention of an exceptionally stiff figure was the result of knowing that you were a liar all the time, according to 'B. J.' who said the only way to do was to believe 100 per cent in yourself at all times and have the fullest confidence in any statements you might feel moved to make.

Palmer was quoted as saying:

"It's a question of salesmanship but the trouble with you fellows is, you're trying to tell your patient something and expecting your patient to believe something you don't believe yourself.

"You want to step up your results. I know you do and it's only right you should, and I am now making it possible to help you. Now, I have 50 neurocalometers up in my room—and Mabel is up there and is perfectly willing to take away from you—so long as those neurocalometers last—150 simoleons each, so that you can take those neurocalometers home and begin to build up your business."

The reporter continued:

"The inventor said that the apparatus frequently enabled the operator to tell that a patient was improving when he couldn't tell it himself.

"The convention passed by unanimous vote a resolution opposing all legislation that made it a workhouse matter to practice chiropractic or interfered in any way with the free exercise of the healing science. Books and pamphlets were on sale at the meeting exposing what was termed a giant conspiracy on the part of the medical profession to deprive the sick and suffering of the vital benefits of chiropractic."

#### HEALTH SERVICE IN NEW YORK CITY

The larger the city, the more complete and efficient is its health service. The New York Times of February 10, comments editorially on the free health services of New York City and

"An imposing volume, 'A Health Inventory of New York City.' has just been published by the Welfare Council of New York City. It is the first comprehensive study of all the organizations working for the improvement of the public health, and it was issued in the hope of making further effort along these lines more efficient. Health services are so numerous and have grown so rapidly both in numbers and in scope that the workers engaged in one field have not been able

to keep track of similar and perhaps overlapping labors in another. Some notion of the extent of the work may be gained from a consideration of the agencies omitted from the survey.

"The inventory is confined to 'organized efforts at rendering personal health services to individuals.' This compels omission of all such work done by nurses and physicians working privately.

"Astonishing as it is to learn of the enormous volume of health-promotion work done by the 818 clinics in this city, it is even more surprising to realize how small it is in proportion to the curative work. New York spends about twenty times as much money on the care of the sick as on the prevention of sickness."

It is a characteristic of health agencies operated by the City and lay organizations that every item of work is recorded. It is equally characteristic of physicians doing private practice that they do not keep or publish statistics of the number of cases that they treat or of the cost of the treatments. This is reflected in the immense amount of labor and time which the National Committee on the Cost of Medical Care will expend in order to get reliable information; and when the Committee gets it, most physicians will probably doubt the figures because they have no idea how they apply to the families in their own care

295

#### NEGRO PHYSICIANS IN NEW YORK CITY

The daily papers of February 14 comment on the action of the Commissioner of Hospitals, Dr. J. G. William Greeff, in opening the staff of the Harlem Hospital to negro physicians. The largest negro "City" of the World is in Harlem, there being over 150,000 of the colored race in that section served by the Harlem Hospital, which is conducted by greater New York City. The New York Herald Tribune of February 14 says:

"There are in Harlem about 125 Negro doctors, with first class professional training, graduates of Howard University or the standard white medical schools. They are not yet patronized as fully as they should be by their own people. Many of the Negroes go to white doctors, not all of whom are a credit to their race. Most of the Negro physicians, combining sound skill with warm personality and sympathy, are splendidly

fitted for their profession.

"Dr. Greeff said last night that this step, the first to be taken in the only city hospital in the Negro section to recognize the importance of Negro doctors by raising them to posts of responsibility on a basis of equality with white doctors, might have far-reaching results. White physicians will still outnumber the Negroes, but if the present plan is successful further promotion of Negroes on the staff may result.

"Dr. Greeff said there were Negro physicians on the staff who were capable and deserving of filling the responsible places which may be laid open to them under the new plan, adding that he believed there were enough now to occupy the positions that are ready for them.

"Dr. Greeff's statement on the reorganization

reads as follows:

"'Today the medical board of Harlem Hospital was reorganized and will meet in my office at 10 a. m. tomorrow and elect their officers. This reorganization of the medical board was based upon a survey and report made by a committee, of which Dr. George David Stewart was chairman. This committee made an exhaustive inquiry into conditions and devoted much time and thought to their work and I desire here publicly to acknowledge my gratitude and appreciation to its members.

"'This action was taken by me in the interests of better service at the hospital. I was also influenced by the desire of the Mayor to give to colored physicians full and equal opportunity for hospital training and experience. In this matter the Mayor has taken the most advanced position of any public official in the United States. In no other city in the country do colored physicians enjoy the opportunity that is theirs in this city."

#### PILLTAKING CHAMPIONSHIP

The New York Herald Tribune of February 13, has an editorial on the holder of the record for taking the greatest number of pills, which says:

"There once lived a man named Samuel Jessop, says The London Lancet, who in twenty-one years took 226,934 pills and 40,000 bottles of medicinal mixtures. Whoever kept count evidently was more careful of pills than mixtures and recorded the latter only in round numbers. In the year 1814 Mr. Jessop, somewhat more pill hungry than usual, piled up what The Lancet believes to be a record. Within that twelvementh 51,590 of the medical buckshot rolled down the Jessopian esophagus. This seems to be the world's greatest pill-swallowing feat to be listed with the accomplishments of the man who drank forty-five cups of coffee, with the individual who rolled a peanut up Pike's Peak with a toothpick, with the recent luminary who sat longer than any one else atop a flagpole and with other devotees of freak contests. Another medical worthy, *The Lancet* continues, almost deserves to rank with Jessop and his pills. This was Mr. David Hartley, who ate

200 pounds of soap.

"Medicine has much in common, anthropologists always have insisted, with magic. Taking a pill is still more of a ritual act, it is probable, than an act of reasoned common sense. It would be interesting to have a census of the numbers of pills and other medicines swallowed today as compared with the per capita doses in Samuel Jessop's day or in the still earlier age of powdered munmy. We venture that medicine taking has slackened little, in spite of the urging of modern physicians that cures are to be wrought more by attention to habits and hygiene than by powders and pills. There may even be unsung champions alive today who have swallowed in a year more pills than Jessop's record of 51,590."

1.7. 1.3



# OUR NEIGHBORS



#### FEDERAL INCOME TAX

The January issue of the Wisconsin Medical Journal contains a five page article on the application of the provisions of the Federal Income Tax Law to physicians. The article was submitted to the Federal authorities and approved; and it is therefore as authoritative as any general article can be. Physicians in New York State will be especially interested in the following list of depreciations and deductions:

#### Depreciations Allowed

Automobile-Professional use.

25% cost price.

Classification includes snowmobiles.

Instruments:

20% of purchase price surgical instruments.

Library:

10% on medical books.

Office:

10% cost furnishings and fixtures.

#### Deductions

Automobile-Professional use.

Cost of upkeep.

Cost of repair. Salary of Chauffeur.

Debts

Dues-Professional.

Any paid in interest of business or profession:

County Society.

State Society-\$10.

Special Societies.

College of Surgeons.

College of Physicians, etc.

Fire-Losses by.

Insurance premius:

State Medical Defense, \$2.

Other Malpractice policies.

Auto—Public liability:

Auto theft.

Auto fire.

Theft of professional equipment.

Fire-Professional equipment.

Lawsuits:

Expense in defending malpractice suit

Library:

Subscriptions to medical journals, scientific

publications.

Medical meetings.
Medicines—Supplies:

Medicine used in office.

Bandages:

Laboratory materials.

Other supplies necessary to operate office.

Office:

Cost of telephones.

Cost of heat.

Cost of light.

Cost of water.

Taxi fare, car fare, railroad fare on pro-

fessional calls.

Office Rental (a physician cannot claim deduction for rental of an office in his home, if he owns it).

Personal Exemptions.

Salaries:

Nurse.

Laboratory assistant.

Stenographer.

Clerical worker.

Maids, caring for office and phone.

Any other employee rendering service in connection with practice or care and treat-

ment of patients.

Scientific Meetings.

Spectacles—Sale of.

Taxes—Licenses:

Upon any materials required in professional work.

U. S. Narcotic Tax.

U. S. Dues Tax on Club Dues.

Auto License.

Re-registration fees if any.

Occupational tax if any.

Traveling Expenses.

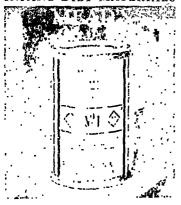
#### THE COMMONWEALTH FUND IN INDIANA .

Public Health Foundations such as the Milbank and the Commonwealth Funds, are substituting educational work for that of subsiding "Demonstrations." The January issue of the Journal of the Indiana State Medical Association says:

"The following letter received from Director of Division of Public Health of the Commonwealth Fund, New York:

"For the information of members of your so-(Continued on page 298—adv. xvi)

#### INFANT DIET MATERIALS



Dextri-Maltose

•

#### Dextri-Maltose for Modifying Evaporated Milk

In sections where fresh cow's milkis not readily available, physicians often rely upon evaporated milk forinfant-feeding.

Destri-Maltose is as important for modifying evaporated milk as it is, for fresh cow's milk, supplying the correct proportion of carbohydrate without nutritional upset to the baby.

The assimilation limit of Dextri-Maltose is twice that of cane or milk, sugar. Dextri-Maltose is absorbed high in the intestinal tract, so that it is least likely to cause fermentative diarrhea and nutritional disturbances.

DEXTRI MALTOSF NOS 1 2 AND 3 SUPPLIED IN 1 LB AND
5 LU TINS AT DRUGGISTS SAMPLES AND LITPRATURES A

# Dextri-Maltose for Modifying Lactic Acid Milk

In using lactic acid milk for feeding infants, physicians find Deatri-Maltose the carbohydrate of choice:

To begin with, Dextri-Maltose is a bacteriologically clean product, unattractive to flies, dirt, etc. It is dry, and easy to measure accurately.

Moreover, Destri-Maltose is prepared primarily for infant-feeding purposes by a natural diastatic action.

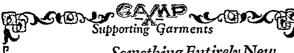
Finally, Dextri-Maltose is never advertised to the public but only to the physician, prescribed by him according to the individual requirements of each baby.

-In Rickets, Tetany and Osteomalacia-



(1) The standard of vitamin D potency (100 times that of Cod Liver Oil) set by Mead Johnson & Co., in 1927 for Mead's Viosterol in Oil, 100 D (originally Acterol) is now the standard accepted by both the Wisconsin Alumni research Foundation and the Council on Pharmacy and Chemistry, American Medical Association.

Specify the American Pioneer Product— MEAD'S Viosterol in Oil, 100 D— Mead Johnson & Co., Evansville, Indiana



Something Entirely New

# A Combination Maternity Garment

Ready now for your approval. It embraces all therapeutic requirements and provides a perfect ensemble for the woman who prefers the "all-inone" garment. Reinforced lower portions provide firm support to the lower abdomen. The cup-form brassiere, with inner sling, gives uplift to the breast. A flexible upper front gives softness and with side lacings allows for figure increase. Habit back, well down over gluteus muscles, with Camp Patented Adjustment for splendid sacro-iliac support. This design, the first of the kind on the market, will completely meet your idea of what a combination maternity support should be.

Sold by surgical houses, department stores, and the better drug stores

Write for our physician's manual



# BARROW MANOR

New York's Most Attractive Suburban Convalescent Home

A Private Home for Convalescents, Semiinvalids and Elderly People. Mental Patients Not Accepted

Quiet, Restful, Exclusive, Accessible

Medical Service
Exclusive Services of
Nurse
Semi-Private and
Private Accommodations

Diets
Laboratory Analysis
Alpine Sun Lamp
Physio-Therapy
Massage
Colonic Irrigations

Physicians are invited to supervise in care of their patients

Henry J. Barrow, M.D.

Medical Director

Violet C. Smith Superintendent

No. 1 Broadway
Dobbs Ferry
N. Y.

Telephone
Dobbs Ferry
2274

Inspection invited
Information upon Request

(Continued from page 296)

ciety there is enclosed an announcement of a new project in the field of public health to be undertaken by the Commonwealth Fund begin-

ning January 1, 1930.

"This project will involve close cooperation with the State Health Department in each State selected. An identical announcement has therefore been sent to the State Health Officer in Indiana and also to the deans of the medical schools. We are sending it to your society because we desire that the medical profession have complete information regarding this new project for it is our belief that sound public health work depends very largely upon the cooperation and understanding of the medical profession.

"The objects of this fund, as set out in a pamphlet accompanying the letter, follows:

- 1. The establishment, under direction of the State health department, of a field unit for the purpose of organizing and improving county or district health service in rural communities.
  - 2. Medical Education.
- (a) Assistance to a Grade A medical school which sends a reasonable percentage of its graduates into the State in question; to develop courses in preventive medicine, and to provide special facilities and opportunities for postgraduate work by rural physicians. The appropriation for the teaching of preventive medicine is planned not to exceed \$10,000 per year, and that for postgraduate facilities not to exceed \$15,000 per year.

(b) The establishment at the same medical school of a scholarship or loan fund for the use of not less than five students from the State in question who agree to go into rural practice in that State for a stipulated period after graduation

(c) The establishment of postgraduate fellowships for physicians in each State.

3. The establishment of one or more postgraduate fellowships for public health nurses.

4. Health education. Assistance to the State normal schools, or other teacher-training institutions, in providing facilities for the training of teachers in the purposes and methods of health education."

# ACTIVITIES OF THE IOWA STATE MEDICAL SOCIETY

The first article in the January issue of the Journal of the Iowa State Medical Society is a letter from the President, Dr. John H. Peck calling attention to the activities of the Society. The two which he emphasizes is popular medical education and graduate education of physicians. The President says:

"The Lay Education Bureau has a splendid

(Continued on page 300-adv. xviii)

# **FELLOWS**<sup>2</sup> **SYRUP**

Clinically tested and proved all over the world

REMINERALIZATION

VITALITY

**ENERGY** 

**DEMINERALIZATION** 

CONVALESCENCE

**NEUR ASTHENIA** 



SODIUM

CALCIUM

POTASSIUM

MANGANESE AND IRON

STRYCHNINE AND QUININE

FELLOWS MEDICAL MANUFACTURING COMPANY, Inc. 26 Christopher Street. New York City.

Please mention the JOURNAL when writing to advertisers

# Causative factors



in the reliability of

# Pil.

# Digitalis

(Davies, Rose)

are—starting with a biologically tested leaf, exercising particular care in its conversion into pill form, determining the bio-activity of that pill, and the checking up from time to time of its physiological strength by a

highly competent biologist.

Sample and literature upon request.

DAVIES, ROSE & Co., Ltd. 9
Pharmaceutical Manufacturers, Boston, Mass.

# As a General Antiseptic

in place of
TINCTURE OF IODINE

Try

# Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein) 2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

It does not burn, irritate or injure tissue in any way.

# Hynson, Westcott & Dunning

Baltimore, Maryland

(Continued from page 298-adv. xvi)

future for service as soon as the numerous lay organizations discover that we are in a position to furnish interesting and authoritative health information. These addresses are planned for all sorts of audiences. Talks at high school assemblies are no doubt the greatest opportunity for mass instruction. Such audiences are composed of persons of even age and similar intellectual attainments. Young people are usually very appreciative of a well presented message of health. Even modest stimulation of invitations for these talks invariably brings a good response.

"The State University College of Medicine is now ready to give extramural postgraduate instruction in gynecology, obstetrics and pediatrics upon specific invitation of the county medical society. These courses are carefully planned to be of the maximum benefit to the general practitioner. It is hoped that many counties will request this clinical work very soon."

The second article is by Dr. O. J. Fay, Chair man of the Board of Trustees, who discusses the work of the Managing Director as follows:

"The Board of Trustees feels that the conduct of society affairs during the past year under a full-time Managing Director fully meets their expectations, and that the money spent for his salary is fully justified in accomplishment.

"The Managing Director's work is divided almost evenly between four activities, Journal, Legislation, Business Manager, and Executive Secretary. By the terms of his employment, the Managing Director was to act as assistant to the editor and to take charge of the business affairs of The Journal. The year preceding the employment of a Managing Director, Journal and reprint charges were approximately \$1,600 more than our income. During the first year under a business management, this deficit was turned to a profit of \$100, so that the society made an actual gain of \$2,600 on this one item alone.

"During the three months of the Forty-third General Assembly, the Managing Director devoted most of his time towards furthering the enactment of needed laws, working under the direction of the legislative committee.

"Various economies in the handling of records, purchasing of printing, etc., have been effected; and the income of the society has been increased through the securing of additional members (about \$500) and the conduct of the annual session, especially the commercial exhibits, which will bring the state society a return of between \$500 and \$1,000.

"As assistant to each of the officers of the state society and as executive secretary to the boards and standing committees, the Managing Director has rendered a most valuable service to

(Continued on page 302-adv. xx)

### How could we get along without

the Canned Fruits



Canned fruits add health and variety to every diet and menu

JUST LOOK at the wonderful assortment of canned fruits, jellies, jams and relishes every grocer offers you. You are always able to get just what you want at a nominal cost.

Modern science has been used by the canner to bring the finest fruits to you cooked to uniform perfection. And sugar plays an important part in such results.

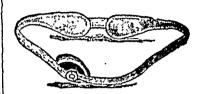
Every cook should cultivate the habit of using sugar as a flavorer. Often fresh vegetables, such as corn, tomatoes, peas, carrots and string beans need a dash of sugar to restore their sweetness. In making them more palatable, everybody is eager to eat what they need of these foods. This is especially true where children's meals are concerned. Can you blame a child for shying at an institi vegetable, a too-sour fruit tened cereal?

This is one of the advertisements of The Superins Intitute, appearing in newspapers Sugar Institute, appearing in newspapers throughout the country. In order to keep throughout the country. In order to keep throughout the country. In order to keep throughout the country in accord with modern throughout the country in the superins when the superins the superins authorities in the field of human nutrition in the United States.

"Most foods are more delicious"

ourishing with Sugar"

# The Fitting of a Truss



Each truss must hold comfortably and securely, and you and your patient shall be the judges. Each frame is carefully selected and accurately shaped to the body. Pads and covers are chosen to meet the varying conditions, and the hernia is retained by gentle support with no suggestion of pressure or strain.

You are safe in recommending a Pomeroy, for with us the welfare of your patient comes first—and this promise is backed by over sixty years of Pomeroy Service.

Insist upon Pomeroy Quality

—It costs no more

# Pomeroy Company

SURGICAL APPLIANCES

16 East 42nd Street, New York

AND

ROGERS BLDG. (Fordham Rd. at Webster Ave. NEW YORK BROOKLYN SPRINGFIELD DETROIT NEWARK BOSTON CHICAGO

WILKES-BARRE

the society. The Scientific Program Bureau, under his management, is assisting county societies in arranging programs, while the Speakers Bureau is sending members of the state society to speak before lay organizations so that fewer faddists will be pressing their propaganda from the platform. A large amount of important clerical and detail work is being done for the various standing committees, especially those on Medical Economics and Medical Education and Hospitals.

(Continued from page 300-adv. xviii)

"The important fact is that these services have cost us nothing, since the increase in revenue as outlined has taken care of the increased expenses. The society lived within its income during the year ending April 30, 1929, and had a surplus

of \$2,000."

# EXTENSION OF ACTIVITIES IN WISCONSIN

The December and January issues of the Wisconsin Medical Journal record the visits of the Lay Secretary, Mr. J. G. Crownhart to several county societies in order to explain a proposed increase of dues, in the State Society, for the purpose of expanding the activities of the State Society. In reply to our request, Mr. Crownhart wrote the following explanation of his visits:

"Early in 1929 the council of the State Medical Society voted to recommend to the 1929 session of the House of Delegates an increase in State dues from \$10 a year to \$15 a year. This question was referred to the 1929 House of Delegates and by them re-referred to the fifty component county medical societies. As secretary of the State Society I am now visiting each of the fifty county medical societies in this State this year, explaining in some detail, neither advocating nor defending, the proposal to the council. The item to which you refer represents the action of the various county medical societies on the question of instructing their delegates for the 1930 session of the house.

"Assuming that you are not interested in all details of the proposed extension in the work as suggested by the council, the essential points

are listed as follows:

(a) Employment of an assistant secretary.

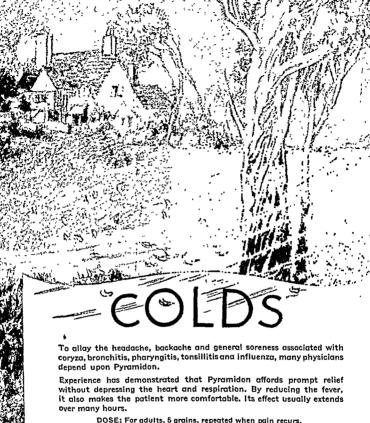
(b) A small appropriation to assist in the organization of a women's auxiliary.

(c) A small appropriation for additional supplies, additional office room, and additional expenses of the delegates to the A.M.A.

(d) An appropriation to provide for a State meeting once a year, of the officers of all official and non-official public health agencies in the State.

(e) An added appropriation to the committee on public policy.

(Continued on page 304-adv. xxii)



For children of 5 years, 1½ grains.

Pyramidon is supplied in tablets of 5 grains (tubes of 10 and bottles of 100) and 1½ grains (bottles of 25 and 100)... Also the new palatable Elixir of Pyramidon containing 2½ grains to the teaspoonful (4 oz. bottles).

Sample and literature on request

## PYRAMIDON

Trademark Reg. U. S. Pat. Off. Brand of AMIDOPYRINE

H. A. METZ LABORATORIES, INC.

170 VARICK STREET, NEW YORK, N. Y.

1100

# **THYMOPHYSIN**

(Tomesváry)

A reliable oxytocic (Posterior-Pituitary and Thymus) which safely shortens labor

Send for Reprint from

The American Journal of Obstetrics and Gynecology of Dr. Julius Jarcho's paper:

"The Use of Thymophysin for Weak Pains in the First and Second Stages of Labor"

## American Bio-Chemical Laboratories, Inc.

27 Cleveland Place

New York

Sole Agents for Canada: NATIONAL DRUG & CHEMICAL CO., of Canada, Ltd., Montreal

(Continued from page 302—adv. xx)

(f) An appropriation to pay rail fare for additional council meetings each year.

"In general, the present budget of this society is approximately \$21,000 a year. If the dues were increased, the budget would approximate \$30,000 a year. It is this question which I am submitting to the county medical societies at the request of the House of Delegates, for ascertaining the inclination of the members and for the guidance of the officers of the State Society."

# HEALTH DEPARTMENT AND THE MEDICAL SOCIETY IN OHIO

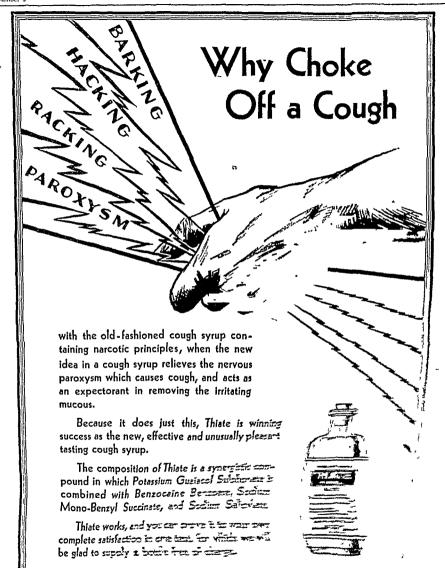
The February issue of the Ohio State Medical Journal has an editorial commending Dr. F. R. Dew, health officer of Belmont County, for his cooperation with the physicians. The editorial reads:

"In connection with the December issue of the monthly bulletin, published by the Belmont County Health Department, Dr. Dew sent out a supplement especially for the physicians of the county. After expressing his appreciation for the support his department has received from the medical profession and extending the season's greetings, he printed the list of newly-elected officers of the Belmont County Medical Society; admonished the members that annual dues should be paid at once; urged more general and more regular attendance at meetings of the society; outlined the program of a recent joint medicaldental meeting; called on physicians to contribute articles and suggestions for the betterment of public health in the county; and made a suggestion or two regarding immunization against diphtheria and the reporting of communicable diseases.

"Dr. Dew's policy of outlining his program to the physicians of his district; asking them for views and criticism of the work in progress, or suggestions for future activities, and calling for the support and cooperation of the medical pro fession in the health work of the community, is certain to give Belmont County a high-type, efficient and result-producing public health administration. Such methods are necessary to the advancement of public health work in every county of the State.

"In the opinion of the Ohio Health News, publication of the State Department of Health, this plan of Dr. Dew's is one of the most forward pieces of work for strengthening relations between the medical profession and the official health agency that has come to the notice of O. H. N. and Dr. Dew is to be congratulated that he has pioneered the way."

"That publication makes the suggestion that other health commissioners who issue bulletins 'may well do likewise.'"



# THYMOPHYSIN

(Temesváry)

A reliable oxytocic (Posterior-Pituitary and Thymus) which safely shortens labor

Send for Reprint from

The American Journal of Obstetrics and Gynecology of Dr. Julius Jarcho's paper:

"The Use of Thymophysin for Weak Pains in the First and Second Stages of Labor"

## American Bio-Chemical Laboratories, Inc.

27 Cleveland Place

New York

Sole Agents for Canada: NATIONAL DRUG & CHEMICAL CO., of Canada, Ltd., Montreal

(Continued from page 302-adv. xx)

(f) An appropriation to pay rail fare for additional council meetings each year.

"In general, the present budget of this society is approximately \$21,000 a year. If the dues were increased, the budget would approximate \$30,000 a year. It is this question which I am submitting to the county medical societies at the request of the House of Delegates, for ascertaining the inclination of the members and for the guidance of the officers of the State Society."

# HEALTH DEPARTMENT AND THE MEDICAL SOCIETY IN OHIO

The February issue of the Ohio State Medical Journal has an editorial commending Dr. F. R. Dew, health officer of Belmont County, for his cooperation with the physicians. The editorial reads:

"In connection with the December issue of the monthly bulletin, published by the Belmont County Health Department, Dr. Dew sent out a supplement especially for the physicians of the county. After expressing his appreciation for the support his department has received from the medical profession and extending the season's greetings, he printed the list of newly-elected officers of the Belmont County Medical Society; admonished the members that annual dues should be paid at once; urged more general and more regular attendance at meetings of the society; outlined the program of a recent joint medicaldental meeting; called on physicians to contribute articles and suggestions for the betterment of public health in the county; and made a suggestion or two regarding immunization against diphtheria and the reporting of communicable diseases.

"Dr. Dew's policy of outlining his program to the physicians of his district; asking them for views and criticism of the work in progress, or suggestions for future activities, and calling for the support and cooperation of the medical pro fession in the health work of the community, is certain to give Belmont County a high-type, efficient and result-producing public health administration. Such methods are necessary to the advancement of public health work in every county of the State.

"In the opinion of the Ohio Health News, publication of the State Department of Health, this plan of Dr. Dew's is one of the most forward pieces of work for strengthening relations between the medical profession and the official health agency that has come to the notice of O. H. N. and Dr. Dew is to be congratulated that he has pioneered the way."

"That publication makes the suggestion that other health commissioners who issue bulletins

al dues should l 'may well do likewise.'

A well known Urological Tournal sava:

"If you must use a diuretic, try the best -water"

This recommendation is well worthy of adoption especially

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



#### POLAND SPRING COMPANY

Dept. C 680 Fifth Avenue New York City

#### HEALTH EDUCATION WEEK IN GEORGIA

The January number of the Journal of the Medical Association of Georgia contains the following announcement of a Health Education Week:

"The first week in May has been designated 'Health Education Week.' One hundred cities and towns in the State have been chosen as centers for holding the public meetings on health education. The State Board of Health. the two medical colleges and the Georgia Tuberculosis Association are cooperating with the Medical Association of Georgia in putting on the greatest health education ever conducted campaign Replies have already Georgia. been received from more than ninety per cent of the secretaries of the county societies which have been tentatively selected as centers for the lectures. This work will be done only under the supervision and with the full cooperation of the respective local societies.

#### PUBLIC APPEAL OF THE MAINE MEDICAL IOURNAL

The editors of the Maine Medical Journal believe that their Journal will have a public appeal as is shown by the following editorial in the January issue:

"Although the Journal is a Medical publication-and its chief appeal is properly to the Profession, it should be of considerable interest to the public. Many matters are being widely discussed today in State Medical Journals that are of vital interest to every citizen and it is our purpose to find space to discuss some of these more general topics. Social Service. Public Health, Modern Hospitals, the cost of Medical care, the cost of Nursing, the Education of the nurse, are all subjects which are engaging the attention of the world today,"

"This number is on sale at the Central News Stand, Brickett & Rands, 664 Congress Street, Portland, Maine.'

# Rheumatism

#### ARTHRITIS GOUT SCIATICA

The following formulas, used intravenously, have frequently given satisfactory results.

ı		
Į		1
1	1	No. 116
1		Sodium Salicylate
J	J	Sodium Iodide
ļ	ļ	2
ı	1	. –
Į		No. 117
١	ļ	Sodium Salicylate
1	١.	Sodium Iodide
ı	ı	Colchicine
١		3
ı		No. 128
l	Н	Sodium Salicylate
ı		Sodium Iodide
ı	Н	Colchicine
۱		
ı		·No.159
Ĭ	ı	Sodium Salicylate
I		
l	- (	Sodium Iodide

1 Gm. 0.6 Mgm. 2 Gms. 1 Gm.

1 Gm.

1 Gm.

1 Gm.

Iodide 0.6 Mem.

Salicylate 2 Gms. Iodide 2 Gms. Colchicine 0.6 Mcm.

All in 20 cc + Ampuls

## W. A. FITCH. Inc. Manufacturing Chemists

100 West 21st Street New York, U.S.A.

Specialists in the Manufacture of C. P. Standardized Sterile Solutions for Intravenous and Intramuscular Injections.

#### CLASSIFIED ADVERTISEMENTS

Classified ads. are payable in advance. To avoid delay in publishing, remit with order. Price for 40 words or less, 1 insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening. No charge to employers. Established 1896. AZNOE SERVICE is National, Superior. AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

HISTORICAL ESTATE-15 m from Saratoga Springs, beautiful mansion, cottages and out-buildings, estate of former N. Y. Governor; 95 Springs, beautiful mansion, cottages and outbuildings, estate of former N. Y. Governor; 95 acres, 2700 ft. on Hudson River; this is suitable for a Camp, School, Sanitarium, Inn, or for Horse and Cattle breeding. There are all the modern conveniences of lighting, heating, plumbing and large swimming pool, etc. This property possesses more Historical interest than any similar premises in N. Y. State. Offered for a fraction of its cost. KNOX, 51 State St., Albany, N. Y.

"ALPINE" SUN LAMP manufactured by Hanovia Chemical Manufacturing Company; Luxor Model; direct current; has not been used more than a few hours. It cost me \$215, but I will sacrifice it for \$160. Holden, 1457 Broadway. Wisconsin 6714.

#### SANITARIUMS FOR SALE

We have a number fully equipped (with patients), some partially so, and others ready to be fitted up—New York, New Jersey, Connecticut; full particulars given. For answering give approximate size wanted in number of patients and location. Address Box 127, N. Y. State Journal of Medicine.

FOR RENT—Doctors offices conveniently located at 510 Madison Avenue (South West corner 53rd St.) Professional Country West lent light. Owner wil plumbing to suit your on premises or will visit you at your convenience. Phone Plaza 8900.

"DOCTORS and DENTISTS Take Notice." Active Protestant village needs doctor. Here you can buy now, beautiful old home, 12 spa-Here cious rooms, bath, large halls, open stairs, hot air heat, electricity, water, garage, large barn; all fine condition, with 2 acres, at bargain terms. Scott, 8 Grove Ave., Hudson Falls, terms. N. Y.

#### FOR SALE-Larchmont, N. Y.

My nine room Dutch Colonial House, two haths, two extra lavatories, two-car garage, corner lot. First floor built especially and ideal for dentist or physician. Fine neighborhood—center of Westchester County, thirty-five minutes from Grand Central. Dr. Charles H. Wambold. Phone Bryant 2703, 1482 Broadway, New York City.

#### RESEARCH BY DRUG MANU-**FACTURERS**

Huxley held that science was nothing but trained and organized common sense, differing from it only as a seasoned veteran differs from a raw product.

Few great achievements represent perfection at the time of their inception. A boundless debt of gratitude is due the long list of men who have contributed so materially to the prolongation of life through discoveries of disease causation and cure. to the names of Pasteur, Holmes, Semmelweiss,

Behring and Nicolaier might be l added a host of contemporary scientists who have benefited by the work of these great pioneers in improving the principles upon which their early efforts were based.

Research organizations such as that of Eli Lily & Company deserve much credit for perfected methods of refinement and concentration of antitoxins. From these Indianapolis laboratories came the first largescale production of Iletin (Insulin, Lilly); also the highly practical Ephedrine Products, made possible through the work of Chen and his associates on a drug that has been known for half a hundred centuries. To these achievements might be added the production of Liver Extract No. 343, based on the studies of Dr. Minot and his co-workers.

Eli Lilly & Company's great progress is in a large measure due to research in the field of medicine, and to the fact that the company seeks recognition for its products through professional channels only. are few scientific discoveries that are entirely original, but valuable improvements in form and refinement are countless, and are significant of the progress of our time.

See page xiv-Adv.

#### THE PHYSICIAN'S POLICY IS MEAD'S POLICY

Messrs. Mead, Johnson & Company, in addition to producing dependable Infant Diet Materials such as Dextri-Maltose, have for years been rendering physicians distinguished service by rigidly adhering to their well-known policy which is

the following:
"Mead's Infant Diet Materials are advertised only to physicians. feeding directions accompany trade packages. Information in regard to feeding is supplied to the mother by written instructions from her doctor. who changes the feedings from time to time to meet the nutritional requirements of the growing infant. Literature is furnished only to physicians.'

Every physician would do well to bear in mind that in this commercial age, here is one firm that instead of exploiting the medical profession, lends its powerful influence to promote the best interests of the medical profesison it so ably serves.

See page xv-Adv.

#### KNOX GELATINE

You undoubtedly know that many eminent physicians have written much on the value of gelatine as an aid to the digestibility of cow's milk for babies.

It has ben proved by actual test sation and cure. And cases time and again that the addi-of Pasteur, Holmes, tion of 1% of Knox Sparkling Gela-koch, Metchnikoff, tine to the baby's milk reduces stom-

ach disturbances and helps to increase weight.

Knox Gelatine is an excellent protein-uncolored, unsweetened, unflavored, unbleached. It has been prescribed by the medical profession for more than forty years in cases of infant malnutrition. Be sure you specify Knox Gelatine—the real gelatine-when you prescribe gelatine.

The following is the formula prescribed by authorities on infant feeding: Soak, for about ten minutes, one level tablespoonful of Knox Sparkling Gelatine in one-half cup of milk taken from the baby's formula; cover while soaking; then place the cup in boiling water, stirring until gelatine is fully dissolved; add this dissolved gelatine to the quart of cold milk or regular formula. See page v-Adv.

#### GOLD RADON IMPLANTS

Removable gold radon implants are now available to the Medical profession. Unlike the gold implants previously procurable these are under permanent seal so that there is no possibility of leakage of radon. Moreover they are fashioned in such a way that the ends are perfectly smooth-no rough and jagged edges to traumatize the tissues or cause irritation in those cases where it is decided to leave them permanently in position. Inasmuch as irritation is regarded as one of the most potent predisposing factors to the establishment of malignancy, the avoidance of any form of treatment which has even a remote possibility of inducing it, is of paramount importance in preventing recurrence. With such a means of application the uses of radon can now be greatly extended. The implantation method is steadily supplanting other forms of administration, inasmuch as it is adaptable to a multitude of situations where no other form of application is possible. Screened with 0.3 or 0.4 mm. of gold, practically all caustic action by Beta radiation is eliminated, while the deep penetrating, short-length gamma radiation—upon which the radium therapist depends to produce results-is unimpeded.

Radium, in the convenient adaptable form of radon implants, can no longer be regarded as a "last resort"—to be employed when surgery and all other methods prove futile or impossible. It is now used alone in many situations where surgery a few years ago would have been deemed the only effective method, and even where surgery is still the main reliance, the wisdom of bringing in radium implantation as a postoperative auxiliary, is acknowledged on all sides. In the form at present available the field of its usefulness seems likely to be indefinitely extended, and the entire science of radium therapy has received a new impetus which will place it on a par with any other therapeutic methods now known to medicine.

See back cover.—Adv.

#### A COMBINATION MATERNITY GARMENT-SOMETHING ENTIRELY NEW

Ready now for your approval. It embraces all therapeutic requirements and provides a perfect ensemble for the woman who prefers the "all-in-one" garment. Reinforced lower portions provide firm support to the lower abdomen. The cup-form bras-siere, with inner sling, gives uplift to the breast. A flexible upper front gives softness and with side lacings allows for figure increase. Habit back, well down over gluteus muscles, with Camp Patented Adjust-ment for splendid sacro-iliac sup-Write for our Physician's manual. See page xvi-Adv.

#### ADREPHINE (P. D., & CO.)

Adrephine, Parke, Davis & Company, is suggested to physicians for use as a topical application when preparing the patient for rhinologic examination; for shrinking swollen or congested turbinates; for establishing drainage in cases of sinus occlusion from congested membranes; for its astringent effect in coryza, hay fever, or other nasal, pharyngeal or laryngeal inflammation; for toning up the voice and clearing the

head in cases of "relaxed" throat in public speakers and singers; and for the relief of conjunctivitis or the eye symptoms of hay fever.

It may be applied by spray or directly on gauze or cotton pledgets (in shrinking turbinates, for example), and in very young children it may be desirable to drop it into the nares with a medicine dropper Should a sensation of undue dryness or local discomfort of any kind follow the application of the undiluted Adrephine, water may be added to the mixture for subsequent application. See page xxxvii-adv.

#### BELLAFOLINE "SANDOZ"

Contains in pure form all the therapeutic principles of belladonna leaves and is more constant and more stable than belladonna tincture, a preparation often lacking in dependability. Bellafoline is twice as active as atropine in doses of equal toxicity and is, therefore, more suitable for long continued treatment so often necessary in cases requiring belladonna or atropine therapy. It has no narcotic effect and acts solely by moderating vagus functions and not through general depression of the nervous system. Its indications are those of belladonna generally: vagotonies, spasm, hypersecretion.

Bellafoline "Sandoz" is marketed in

tablets and solution for oral use (dose: 1-2 tablets, or X-XX drops solution, 3 times daily), and in ampules for sub-cutaneous use (dose: 0.5-2 cc. per day). —See page xiii.—Adv.

#### MAGNESIA-MINERAL OIL

Perfectly emulsified, palatable, unflavored, producing no disturbance of digestion, rarely if ever inducing "leakage," Magnesia-Mineral Oil (25) formerly Haley's M-O Magnesia Oil, is indicated and has been endorsed as effective and satisfactory by thousands of physicians in the treatment of Gastro-intestinal Hyperacidity, Fermentation, Flatulence, Gastric or Duodenal Ulcer, Constipation, Autotoxemia, Colitis, Hemorrhoids, be-fore and after operation, during pregnancy or maternity, in infancy, childhood and old age. See page xxviii

#### KALAK WATER

Many diseases are complicated by "acidosis." An important part in their treatment consists in replacing those elements needed to maintain the alkali reserve.

In clinical practice a rational and agreeable method of alkalinization is afforded in Kalak Water.—See page

## Prompt Relief - -

When chronic constipation or intestinal toxemia is a causative factor, Pulvoids Tauro. phen will be found effective in conjunction with Pulvoids Natrico.



## Hypertension

Pulvoids Natrico are valuable in reducing blood pressure, pending the determination and treatment of the cause. Because of their enteric coating they do not disturb digestion or renal functioning, so that their use may be continued to maintain the blood pressure within safe limits.

THE D				CO,	INC
26-02	Skil	jinan	Ave,	 	

- Long Island City, New York

  Please send samples of Pulvoids Natrico and clinical notes

  Please send complete price list

# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

## \_\_\_The list of advertisers in the 1929 edition follows:=

#### Abdominal Supports and Binders

Camp, Sherman P. Donovan, Cornelius Low Surgical Co., Inc. Pomeroy Company Storm, Katherine L., M.D. United Orthopaedic Appliance Co.,

#### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

#### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

#### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

#### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

#### Cornets

Linder. Robert, Inc. Pomeroy Company United Orthopaedic Appliance Co.,

#### Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmscal Co. Reed & Carnrick

#### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,

#### Flour (Prepared Casein)

Lister Brothers, Inc.

#### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

#### Leg Pads

Camp, Sherman P.

#### Mineral Water

Kalak Company

#### Orthopaedic and Surgical Supplies

Donovan. Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopsedic Appliance Co.,

#### **Pharmaceutical**

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

#### Physio-Therapy

Central Park West Hospital Hough, Frank L. Haleyon Rest Norris Registry Sahler Sanatarium

#### Post-Graduate Courses

New York Polyclinic Medical School Wassermann Test
New York Post-Graduate Medical

Rendingr & Sch

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

Radium Emanation Company

#### Registries for Nurses

Carlson, Irene M. Carison, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Service Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

#### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
'alcyon Rest
Hough, Frank L.
Interpines
Dr. King's P. vate Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest Sunny Res West Hill Westport Sanitarium

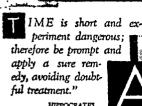
#### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

#### Trusses

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company United Orthopaedic Appliance Co.,

Bendiner & Schlesinger





is peculiarly helpful when applied as a topical application in the treatment of

# Rheumatic Pains

The various classifications and types of Rheumatic conditions, which probably are merely steps in the processes of the same disease, respond favorably to the continuous application of Moist Heat.

Antiphlogistine, applied in a hot, thick layer, over the affected area

Relieves Muscle Spasms and Reduces Pain and Swelling

Antiphlogistine is the ideal soothing and antiseptic poultice conditions associated with Inflammation and Congestion.

Sample and scientific literature will be sent upon application.

The Denver Chemical M'f'g Co New York, N. Y.

#### TABLE OF CONTENTS—FEBRUARY 15, 1930

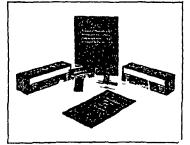
ORIGINAL ARTICLES	LEGAL	
Suctors that Influence Prognosis and End Results in Uterine	This Year's Chiropractic Bills Claimed Contraction of Pneumonia After Delivery	22 22
Cancer—By William P. Healy, M.D., F.A.C.S., New York, N. Y. 191 nterpretation of Blood Pressure Readings—By Allen A. Jones,	LONDON LETTER '	
M.D., F.A.C.P., Buffalo, N. Y	Deaths Due to Motor Traffic Enforced Early Rising of Patients in Hospitals	22: 22:
Minor Points in Major Surgery—By George W. Cottis, M.D., F.A.C.S., Jamestown, N. Y	NEWS NOTES	
Surgery of the Diabetic Patient—By Charles Gordon Heyd, M.D., F.A.C.S., New York, N. Y	Committee on Public Health and Medical Education. Committee on Public Relations Public Relations Committee—Letter No. 1 Legislation, Bulletins 2 and 3, and Notes. Committee on Periodic Health Examinations. Public Relations County Survey No. 11—Sullivan Erie County Medical Society Radiograms. Conference on the Registration of Hospitals. Bronx County	23 23 23 23 23 23 23
EDITORIALS	THE DAILY PRESS	
Records of Society Activities	An Advertising Joke Cigarette Advertisements Child Perfection Rating Prosecution of an Illegal Practitioner A Columnist's View of Chiropractors	239
MEDICAL PROGRESS	BOOKS	
Thyroxin in Puerperal Eclampsia	Book Reviews	241
Toxic Collapse	OUR NEIGHBORS	
Calcium in Tuberculosis       220         Iuberculosis of the Trachea       221         Ichthyol and Blood Sugar       221         Post-Anesthetic Sickness       221         Conorrhoea Treatment       222         Iotal Alymphocytosis       227         Pregnancy Test       223         Conduction Deafness       223         Compression Urticaria       223	Graduate Education in Virginia (adv. page xvi) Stimulation of Society Activity in Louisiana (adv. page xvii) Weekly Health Articles in Wisconsin (adv. page xix) The Unlicensed Insurance Company in Missouri. (adv. page xxi) Dues in the Louisiana State Medical Society	242 242 248 249 251 253

## Pregnancy: Prenatal Care

As a prophylactic from date of declaration to term, the use of Kalak Water affords the patient a dependable defense against abnormal conditions that may be manifested as a result of mineral depletion.

Presenting a fully saturated solution of calcium as the bicarbonate, Kalak Water helps to supply the need of the patient for this essential base.

Kalak Water Company
6 Church Street New York City



## **PNEUMONIA**

and its treatment with

#### Antipueumococcic Serum Lederle

Refined and concentrated as prepared by FELTON

#### **ADVANTAGES**

#### Smaller Bulk-

Average volume is about one tenth that of the original serum.

#### Minimized Scrum Reactions-

Serum reactions are minimized due to the elimination of inert foreign proteins.

#### Standardization in Units-

This makes it possible to use the product with more certainty of adequate dosage

#### Procedure

10,000 to 20,000 units should be injected at the earliest possible moment after diagnosis.

Repeat every 8 hours until the temperature falls and beneficial effects are evident. If the disease is severe and the patient very toxic, double the unit dosage at 4 hour inter-

Antipneumococcie Serum (Lederle) is supplied in syringes containing 10,000 and 20,000 units each of Type I and Type II.

A Treatise on Pneumonia will be sent upon request

LEDERLE ANTITOXIN LABORATORIES NEW YORK

# Chefins THE ORIGINAL B ACIDOPHILIS MII

Accepted by the A.M.A. Council on Pharmacy and Chemistry

An Active Culture of B. Acidophilus of Proven Intestinal Habits

Prepared under the direct supervision of Dr. H. A. Cheplin, the pioneer in

Acidophilus therapy.

Years of continued use of this product has definitely established its value in

# CHRONIC CONSTIPATION MUCOUS COLITIS

DYSENTERY and resultant INTESTINAL TOXEMIAS

The freshness and potency of Cheplin's B. Acidophilus Milk is assured through **Distributing Milk Companies** in all principal cities, making daily deliveries.

If you will send us your name and address, we will mail free sample of our product, copy of 28-page brochure on B. Acidophilus therapy giving list of 31 important references together with name of dairy delivering Cheplin's B. Acidophilus Milk in your vicinity.

CHEPLIN BIOLOGICAL LABORATORIES, Inc. Syracuse, N. Y.

#### INDEX TO ADVERTISERS

RULES—Advertisements published in the Journal must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

Brigham Hall Hospital xxiv Charles B. Towns Hospital xxvii Crest View Sanatorium xxiv Halcyon Rest xxiii River Crest Sanitarium xxiiv Riverlawn xxiii Dr. Rogers' Hospital xxiv Ross Sanitarium, Inc. xxiv Sahler Sanitarium xxiii	G. W. Carnrick Co
West Hill Sanitarium xxiv White Oak Farm xxiv  LABORATORIES	William R. Warner & Co., Inc xvi  RADIUM  Radon Co., Inc xxvi
Lederle Antitoxin Labs v  MISCELLANEOUS  Classified Advertisements xxiii  McGovern's Gymnasium, Inc xiii  Medical Directory xviiii  Official Registry for Nurses xx	SURGICAL APPLIANCES, INSTRU- MENTS, SYRINGES, THERMOM- ETERS, ETC. Kny-Scheerer Corp. i Taylor Instrument Companies xiz George Tiemann & Co. xv
Vitaglass Corp. vii PHARMACEUTICAL PREPARATIONS	WATERS, BATHS  Kalak Water Co
	Brigham Hall Hospital xxiv Charles B. Towns Hospital xxvii Crest View Sanatorium xxiv Halcyon Rest xxiv Interpines xxiii River Crest Sanitarium xxiv Riverlawn xxiii Dr. Rogers' Hospital xxiv Ross Sanitarium, Inc xxiv Sahler Sanitarium xxiv Sahler Sanitarium xxiv West Hill Sanitarium xxiv White Oak Farm xxiv LABORATORIES Cheplin Biological Labs, Inc. vi Lederle Antitoxin Labs v  MISCELLANEOUS Classified Advertisements xxii McGovern's Gymnasium, Inc xiii Medical Directory xviii Official Registry for Nurses xx Vitaglass Corp. viii



# Vita\* Glass Effective in Winter



St Mary's Hospital, Grand Rapids, is equipped with Vita glass

FEBRUARY sunlight coming through Vita glass windows in New York contains sufficient ultraviolet rays in the vital range to make it effectively antirachitic. This fact has been proved definitely by the experiments which Walter H. Eddy, Professor of Physiological Chemistry, Teachers College, Columbia University, has conducted for the past two years in that severest of winter months.

"In 1929," writes Dr. Eddy, "using a glass two years oldt, we not only obtained protection between February 16th and March 16th, but we also proved that three to four hours exposure was equivalent to a full 24-hour exposure in protective value."

#### Vita glass Transmission Constant After Few Weeks Exposure

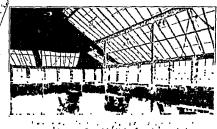
†The results of Dr. Eddy's experiment with Vita glass two years old add new weight to the conclusions drawn from other biological tests, in which seasoned Vita glass similarly proved its retention of anti-rachitic and normal growth-promoting properties.

Accelerated -----Standard Institute

and gro communed the power of seasoned Vita glass to transmit an effective amount of vital ultra-violet rays. These territories

(weati place v becor ıse.

Tests show that sunlight coming through Vita glass windows in any season has high health value



This is the Vita glass-equipped South Boston Health Unit

Dr. Eddy concludes: "I am convinced by these experiments that the installation of Vita glass windows in New York City insures the utilization of rays of real health value even in winter . . ."

The Eddy experiments confirm anew the results gotten with winter sunlight and Vita glass by the council on Physical Therapy of the American Medical Association, and also the results reported in numerous other tests by scientific bodies and individuals. In full agreement with them are the reports received from hospitals and sanitoria equipped with Vita glass throughout the United States.

More than 250 institutions for the treatment of disease are wholly or partially equipped with Vita glass. And from those in the latter class an impressive number of orders for repeat installations is being received.

Available to you upon request is the authentic report of actual clinical results obtained with Vita glass, especially in the hospitalization of children, by Drs. Caldwell and

Dennett at Post Graduate Hospital, New York. This report formed an article published in the il of the American Medical Association for

22, 1929. We shall be glad to send it to n receipt of the coupon below.

	•
VIIA	

LASS CORPORATION	NYSJM
'nd St., New York, N.Y.	

nd me reprint of article by Doctors Dennett and Caldwell which appeared in Journal of the American Medical Association, June 22, 1929

Name

# VITA GLASS

As Lasting as the Solar System

\*VITA is the trade-mark (Reg. U.S. Pat Office) of and indicates glass and classe, are manufactured for and sold by Vitaglass Corp. New York City

Please mention the JOURNAL when writing to advertisers

# Now Available -

# Concentrated Anti-pneumococcic Serum Squibb Type I and Type II

Prepared according to the method described by Dr. Lloyd D. Felton of the Harvard School of Medicine.

This new concentrated ANTI-PNEUMOCOCCIC SERUM SQUIBB offers the following advantages:

- 1. Its small volume permits the administration of more than 10 times the quantity of protective antibodies supplied in an equal volume of unconcentrated serum.
- 2. Inert and objectionable proteins and lipoids have been removed.
- 3. There has been a marked reduction of chill-and serum-reaction producing substances.
- 4. Its use extends the benefits of biological treatment, since more than 60 per cent. of pneumonia cases are caused by Types I and II; whereas formerly an effective serum could be used only in cases of Type I.

Concentrated ANTI-PNEUMOCOCCIC SERUM, Types I and II, SQUIBB is supplied in syringes, each containing one dose. 10,000 units each of Type I and Type II pneumococcic antibodies, as measured by the Felton method, are contained in each syringe.

Write for full information, or consult the Squibb Professional Service Representative on his next visit.

# E·R·Squibb & Sons, New York

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

Please mention the JOURNAL when writing to advertisers



Restful sleep ... induced by calming not forced by benumbing

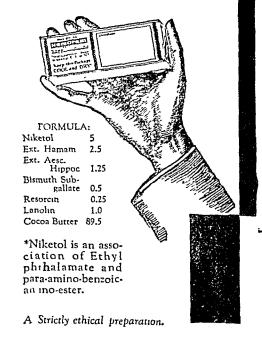
# **BROMURAL**

Bromural {alphabromisocalerylurea} is a quickly acting somnifacient, inducing a refreshing sleep. It is an efficient sedative in general nervous conditions. It fills a gap between the bromides and the powerful hypnotics, and is useful as a stronger sedative than the bromides or where a mild, yet effective hypnotic is in place.

Indications: Bromural is indicated in functional nervous disease, restlessness, in dysmenorrhea and nervous disorder at the menopause, palpitation of the heart, and nervous indigestion. Also as a sedative preparatory to operations, and in post-operative excitement.

As sedative 5 grains several times a day
As hypnotic 10 to 15 grains at bedtime
In 5 grain tablets and as a powder

E. BILHUBER, Inc., 25 West Broadway, NEW YORK, N. Y.



# HEMOREM SUPPOSITORIES

arrest rectal pain and discomfort

in

HEMORRHOIDS-PRURITUS ANI-AFTER EXPLORATORY OR SURGICAL INTER-VENTION IN THE ANAL REGION

The rapid and prolonged analgesic effect of Hemorem is due to the presence of 5% Niketol\*—a new local anesthetic of very low toxicity and particularly effective by absorption through the mucous membranes. Its other ingredients exert a palliative and antiphlogistic action.



NIKETOL, Inc. M. You may send me	literature	and professional	samples of	f
Hemorem suppositories.			мъ	

\_Street.\_\_\_

\_C ty

37 West 47th Street, New York, N. Y.

# ORGANOTHERAPY

#### EFFECTIVE ONLY WHEN THE PRODUCTS ARE DEPENDABLE

Our products are prepared from fresh glands of healthy food animals in our own laboratory, under the supervision of our own staff of chemists. Every manufacturing process has been carefully tested and every product for which there is a recognized chemical or biological assay is analyzed and standardized

Epinephrine, U. S. P.

Liquor Epinephrinae Hydrochlor., U. S. P.

Pituitary, U. S. P.

Solution of Pituitary, U. S. P.

Thyroid, U. S. P.

Pancreatin, U. S. P.

#### G. W. CARNRICK CO.

Dependable Gland Products

20 MT. PLEASANT AVENUE

NEWARK, N. J.

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 4

NEW YORK, N. Y.

February 15, 1930

### FACTORS THAT INFLUENCE PROGNOSIS AND END RESULTS IN UTERINE CANCER

BY WILLIAM P. HEALY, M.D., F.A.C.S., NEW YORK, N. Y.

TT seems quite proper that some part of the time available for scientific discussion at this meeting should be devoted to a consideration of the problem of uterine cancer, more especially since cancer of the female genital organs and particularly the uterus is extremely common. Much money, time and effort have been expended in impressing this fact upon the public. In a general way I have no doubt many individuals have been greatly bene fitted, either by the recognition and cure of so called precancerous lesions or the more prompt recognition of cancer itself and the institution of treatment for it. On the other hand we all realize that many patients refuse to heed warning symptoms and postpone altogether too long seeking professional advice. Also we must frankly admit that too many patients who seek advice for definite symptoms meet very little cooperation at times from the physician consulted, so far as clearing up the question of exact diagnosis is concerned.

There seems to be a great tendency on the part of many physicians to minimize, to delay and to procrastinate instead of grasping the problem, facing it squarely and wrestling with it in each individual case until a definite diagnosis has been established.

The cervix is the most common site for the disease in the female genital tract, possibly nine out of ten cases of uterine cancer are located in the cervix. This fact alone is a great asset in making a diagnosis as the cervix can in the vast majority of instances be both seen and felt.

After all a correct diagnosis is possible in fully 80% to 85% of all cases of cancer of the cervix, by any physician, on the clinical his-

and the pelvic examination as in only of all cases seen is the lesion so early a reasonable doubt would exist as to its identity. A doubt which would demand consultation or a biopsy or both together in order to determine the exact diagnosis.

It is well known that cancer of the cervix occurs more commonly in women who have born children and more especially it is believed where the cervix has been damaged by laceration and chronic infection and these secondary conditions have not been cleared up by proper treatment.

The greater number of cases of cervical cancer occur during the active menstrual life or at the time of the menopause. This fact confuses the patient as the only important symptom is abnormal uterine bleeding and this is regarded by the patient as the result of some ordinary incident in the routine of her life, its significance is overlooked and investigation is postponed while the disease progresses, hence only 15% of cases are seen at an early stage.

Cancer of the uterine body on the other hand is much more frequent after the menopause, in fact in our experience is rare before that event. Again the only important symptom is uterine bleeding. It would seem that any recurrence of bleeding after the menopause would be regarded as abnormal by the patient and would cause sufficient alarm to demand prompt medical advice. Our records indicate however that on the average twelve months elapse after the appearance of symmoms before these patients apply for treatment. A truly extraordinary situation difficult to explain.

I would also like to emphasize here that about 94% of the patients with cervical cancer have born children where as 25% of cases of corpus cancer are nulliparous,

I feel that it is extremely important to keep all cases of supposed or even undoubted fibromyoma of the uterus under periodic examination after the menopause. If there should be the slightest evidence of growth activity the entire uterus, including the cervix should be removed at once because the incidence of

of the Medical Society of the New Y., June 5, 1929.

7

carcinoma of the uterine body as a complication of fibroids after the menopause is too frequent to be ignored. It is indeed a great responsibility which a physician assumes when he assures a patient that an abdominal or pelvic tumor may be ignored.

The important factors that influence prognosis and end results in uterine cancer we believe are (1) Early Diagnosis. (2) Histologic Characteristics of the Tumor. (3) Choice of Treatment. (4) General constitutional condition of patient such as age, hered-

ity, susceptibility, anemia, etc.

The Early Recognition of the disease before it has spread from its original site and metastases have occurred is beyond doubt the most important factor in offering a favorable prognosis regardless of whether the lesion is treated surgically or by radiation therapy or by a combination of both methods.

It is self evident that a pemanent cure cannot be expected when definite metastases at a distance from primary focus can be identified.

At the Memorial Hospital under radiation therapy with a combination of radium and x-ray the early cases of carcinoma of the cervix in which the disease is localized give 60% of five year cures, whereas only 23% of the advanced cases remain well for five years. This difference indicates at once the tremendous importance of early diagnosis as a factor in prognosis.

The same situation is met with in cancer of the corpus, the early or favorable cases give about 60% five year cures by surgery or

by radiation therapy.

The Histologic Structure of the tumor as an important prognostic factor has been emphasized by various writers in recent years.

Broders of the Mayo Clinic deserves the greatest credit, at least in this country, for having placed the classification of cell types in carcinoma upon a definite basis. He identified four different cell types or grades beginning with Grade 1 which represented the adult highly differentiated type of epidermoid cancer cell and terminating in Grade IV in which the tumor is very cellular and is made up of completely undifferentiated embryonal or anaplastic cells. Grades 11 and 111 are intermediate between one and four in degree of cellular differentiation and evidences of anaplasia.

The interesting observation has been made and verified that the degree of clinical malignancy of these tumors varies with the cell type, the most highly developed cell which makes up the Grade 1 tumors is the least malignant, whereas the least differentiated cell type which composes the Grade IV tumors is the most malignant and rapidly invades the lymphatics.

A still more remarkable and to the patient, most important observation has been made that the degree of radio sensitivity of the epidermoid cancers of the cervix varies directly with the cell type, Grade 1 being the most radio resistant and Grade IV the most radio sensitive.

The extreme importance of this observation is evidenced by the statistics of end results in cancer of the cervix under surgical or radiation treatment respectively especially in Grade IV the most malignant cell type. Under surgical treatment by hysterectomy 9½% of the cases in this group remain well for five years, whereas under radiation therapy 66% remain well for five years. Thus emphasizing the fact that the extreme malignancy of this type of tumor cell is more than

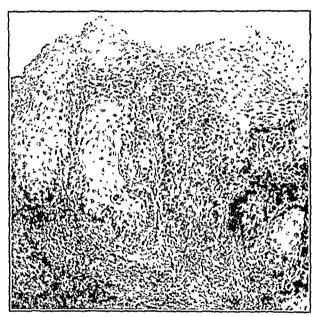


Figure 1.

Photomicrograph showing epidermoid carcinoma of the Cervix.—Grade I.

counterbalanced by its marked radio sensitivity.

In like manner the cancers of the corpus, known as glandular cancer or adenocarcinomata can be readily subdivided into four groups based upon variations in cell type and structure.

In a recent study of our cases of corpus carcinoma at the Memorial Hospital it was found that the Grade 1 cases were the least malignant and the most readily cured by any form of efficient therapy. Whereas the Grade IV cases were the most malignant and at the same time the most radio sensitive and histologically closely resembled the anaplastic group IV variety of cervix cancer.

Under surgical treatment by hysterectomy

the Grade IV cases of corpus cancer give uniformly bad results, not one of Mahle's cases, in his report from the Mayo Clinic had survived five years. Under radiation therapy on the other hand 50% of our cases of Grade IV corpus cancer were living and well at the end of five years. This indicates the great necessity for a preliminary biopsy or curetage with careful microscopic study of tissue by a competent tissue pathologist before finally subjecting the patient to operation.

Choice of treatment as a factor in prognosis in uterine cancer is much more important than seems to be generally recognized by the profession at large. There still is too great a tendency on the part of the individual surgeon to treat all cases of uterine cancer alike, that is by hysterectomy and with little or no regard for the histologic characteristics of the tumor or its classification according to Broder's plan.

Under such treatment practically all patients with tumors of the Grade IV type are condemmed, regardless of how favorable for operation the case seems to be.



Figure 2
Photomicrograph showing plexiform epidermoid carcinoma of the Cervix—Grade II.

It is absolutely essential that a preliminary study of the histologic structure of the tumor be made either from a biopsy specimen or material obtained by curetage in order to determine the kind of therapy that should be employed. All authorities today are agreed that the Grade IV group of tumor cases should be treated by radiation therapy and not by hysterectomy.

Moreover advanced cases which form 80%

to 85% of all the cases of cervical cancer are entirely out of the surgical group and must be treated by radiation therapy if anything at all is to be tried.

It is worth remembering that under radiation therapy 23% of all our advanced cases were still alive at the end of five years, a really remarkable salvage since the outlook was hopeless as far as operation was concerned when the patient was first seen

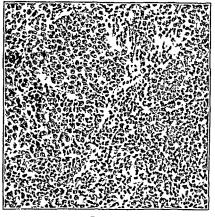


Figure 3

Photomicrograph showing anaplastic epidermoid careinoma of Certix—Grade III

#### CONCLUSIONS

- Early clinical diagnosis of uterine cancer, cervix or corpus, is the most important factor in prognosis.
- 2. Grouping of tumor according to cell type based on Broder's classification is important as a guide to correct treatment and therefore a protection to the patient especially if the treatment contemplated is surgical.
- 3. The prognosis and end results in uterine cancer vary according to whether operation or radiation therapy is the method employed. With operation all group IV cases give uniformly bad results, whereas with efficient radiation therapy the results are surprisingly good. 66% of the favorable cervix cases and 50% of the favorable corpus cases remained well five or more years
- Operation, the Wertheim hysterectomy, is associated with a primary mortality of 15% in expert hands whereas radiation therapy should be practically free from mortality.
- 5. In our series no cases of cervical cancer under 30 years of age survived five years

### INTERPRETATION OF BLOOD PRESSURE READINGS\*

BY ALLEN A. JONES, M.D., F.A.C.P., BUFFALO, N. Y.

the clinician when he takes the blood pressure but much may be learned if the instrument fails to register a high pressure. For the sake of brevity we seek to ascertain one or more of several things in relation to the circulation when we feel the pulse, listen to the heart or use the sphygmomanometer. We wish to learn whether or not we are dealing with:

- 1. Normal blood pressure,
- 2. High blood pressure,
- 3. Low blood pressure,
- 4. A fluctuating tension,
- 5. High pulse amplitude,
- 6. Low pulse amplitude,
- 7. Normal pulse lift,
- 8. Regular or irregular size and force of the pulse,
- 9. Regularity of pulse registration at the bend of the elbow,
- 10. Soft, thickened or calcareous arteries,
- 11. Pulse frequency.

It is not necessary to discuss normal blood pressures here excepting to note that 110 systolic seems normal to some persons while, for others, 130 to 140 is apparently normal; that is, these pressures are repeatedly found without any evidence of disease anywhere in the body. It may be argued, however, that few people are really absolutely healthy and live without the slightest disturbance chemically, cellularly, organically or functionally.

Some degree of hypertension may be said to exist when the pressure readings register above 140 and are maintained at that reading or a bit higher on repeated examinations. The diastolic may be found at 80 or 90 and remains there at all readings. The ideal pressure has for years been placed at 120 systolic and 80 diastolic with a pulse amplitude of 40, or one-half the diastolic pressure. Pressures rise in two fashions: in one the systolic pressures rise and the diastolic remain at 80 or 90. In others, the systolic and diastolic rise simultaneously.

One may have taken a pressure in 1923 and found it 140/80 and in 1925—160/80, while in 1927 it registered 180/90 and in 1928, 200-220/90-100. On the other hand systolic and diastolic rise together and from the figures 140/80 in 1923, the pressures rise so that 1928 discloses a registration of 230/140. In the latter

case the diastolic pressures rise steadily, though the pulse pressures, while still abnormally high, are lower than in the first instance. It is difficult to estimate the significance of this and intensive study is often required to answer the questions which naturally arise.

Are we dealing with so-called essential hypertension or with vascular or with renal disease? Here the interpretation of our blood pressure readings will depend upon the state of the heart, the aorta, the arteries and arterioles and the kidneys. If the heart is manifestly enlarged and there is a relative mitral insufficiency with a few basal pulmonary rales and yet a fairly good urine, quantitatively and qualitatively, with normal urea concentration tests and normal blood nitrogen, are we to assume that the renal phase is subsidiary in the clinical syndrome? May we postulate that with a mere prominence of the aorta and a negative Wassermann we are facing an arterio-capillary fibrosis and arteriolar hypertensive nephrosclerosis? In many cases this is the truth but may not some cases illustrate the influence of toxic or infectious arteritis. Adequate or serious focal infections are found to be the underlying cause in some instances. Although some teeth may have been lately extracted and though dentograms may, within the past year or two, have absolved the teeth from blame, yet, re-examination may reveal pyorrhœa, peridental and subdental pathology. Or, tonsils previously considered harmless, may be found culpable. Or sinuses may be at fault or cholecystitis, appendicitis, pyelitis, cystitis or prostatitis, colitis or diverticulitis may be partly to blame. In a woman, endometritis, salpingitis or other pelvic disease may be etiologic factors.

High blood pressure in women often raises considerations different from those in men. The menopause, for instance, is a factor which is frequently associated with a high blood pressure. In the writer's experience, the systolic pressures have been found high with the diastolic but slightly elevated in a large proportion of menopause high pressure cases. There may or may not be other symptoms of the menopause such as hot flashes. Probably this nervous type of elevated tension depends upon endocrine imbalance and the cessation of monthly loss of blood. It may be aggravated by emotional upsets, worries, family or household anxieties. The menopause occurs at the time of life when the hopeful buoyancy of youth is ebbing, when many women's children are marrying, perhaps not too happily, and when a woman may suffer from real or

<sup>\*</sup>Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 4, 1929.

fancied domestic infelicity which may contribute to disturb her.

A gouty diathesis may play a part in the hyperpiesis of women between forty and fifty years of age and, although perhaps not so common as in men, more or less arteriosclerosis may be present. In these cases the diastolic pressure is usually elevated as well as the systolic. One of the most difficult questions to decide in everyday medicine is that which relates to so-called "essential hypertension." Is there such a thing? What is it? What is its explanation? What is its prognosis? Many doubt its existence. We undoubtedly encounter people with high blood pressure in whom we are unable to find a reasonable or adequate cause. If, however, some of these individuals are observed long enough, or come to autopsy, an explanation is forthcoming. spite of clinical renal efficiency, arteriolar fibrosis may be found in sections of the kidney and other organs. It is well to ascertain whether or not hypertension is constant or paroxysmal An obscure toxic thyroid, or what Warthin calls the "Graves constitution," is sometimes the cause of hypertension either of temporary or permanent type. An adrenal tumor may be the cause of paroxysmal hypertension as reported by Pincoffs. Prolonged nervous tension with repeated subjections to acute mental trauma and agony may elevate the pressure very definitely and in the interpretation of a reading this should be remembered. Heredity is a factor is some cases; father and children may present almost identical pressure readings as well as sphygmographic tracings.

In order that a person may be said to have "essential hypertension" the pressure should be found elevated at all times for years without any cardiac enlargement or evidence of the slightest disorder of renal function in any respect, nor of any eyeground changes; nor any abnormality of graphic cardiac tracings; nor any impairment of general nutrition, nor of any clinical or laboratory evidences of arteriosclerosis; nor any thyroid tumor or manifestations of hyperthyroidism. In other words the person should be quite free from disease under the most searching and critical clinical examination. Occasionally such a person is found and years of observation reveal nothing excepting high blood pressure readings. These are the exception. One might suspect capillary contraction from stimulation of Rouget's cells as Krogh has cited, but no definite, even temporary organic limitation of the capillary field is observed. Sometimes long continued hypertension eventually or inevitably results in arteriolar and arterial fibrosis.

Let us here consider the so-called "malignant hypertension." In our experience this is a term applied to high blood pressure, both systolic and diastolic, which fails to respond to any or all therapeutic measures. Neither rest, diet, eliminative procedures, abolition of focal or other infections, theobromine preparations, mercury, iodides, sodium citrate, nitrites, high frequency current, warm baths, climatic treatment nor any other method of treatment has any lasting beneficial Systolic pressures of 250 to 300 and diastolic of 140 to 160 or even higher may be encountered. The peripheral arteries are prominent, hard and sometimes tortuous, the radials and brachials are pronouncedly hard and unyielding, the heart hypertrophied and working forcefully, the aortic second sound hammering, the urine of low specific gravity, whether copious or scanty, the patient sleepless and nervous with anorexia, bad breath, coated tongue and perhaps headache. These symptoms may be present for some time before either retinal hemorrhage, cerebral hemorrhage or high blood nitrogen are manifest. The clinical picture is outstanding and unmistakable and corresponds to Gull and Sutton's generalized arterio-capillary fibrosis. impaired renal function is but a part, though a very serious part, of the disease. The hypertension is malignant in the sense that it is one manifestation of a fatal cardiovascular renal dis-

When a high bood pressure is found one naturally examines the thyroid. While thyrotoxicosis excites hypertension it usually fluctuates. There are, however, some instances in which it is persistent and the readings are recorded in high figures.

The interpretation of high systolic and very low diastolic readings is usually aortic regugitation but there are found a few instances of low diastolic pressures, even down to zero, with no evidence of aortic leak. These are thought to be due to vaso-motor paralysis or a complete absence of vascular tone.

In a few cases polycythemia proves the explanation for high blood pressure; especially is this found in those exhibiting marked hyperemic flushing with some cyanosis, vertigo and headache; those in whom there is augmented blood volume as well as hyperglobulia.

It is well to remember that a sudden decline of a high blood pressure occurs in cases of cardiac infarct. In some instances of coronary thrombosis the systolic pressure falls whereas the diastolic may remain stationary and thus the pulse amplitude may be lessened very decidedly. In one case we observed a pulse lift of ninety narrow in a few days to twenty following cardiac infarction.

How informative blood pressure readings may prove in valvular heart disease sometimes engages a clinician's thought. In aortic regurgitation a pressure reading may in itself prove well nigh diagnostic with the sharp, short systolic sounds and the fading sounds as the abnormally low diastolic reading is approached. In aortic

stenosis the fainter, less obtrusive systolic knocks which are a bit blurred and indecisive with the diastolic which indicates a low pulse amplitude may be suggestive. In a compensated mitral disease the pressure readings may give no diagnostic hint but with auricular fibrillation which so often occurs with mitral stenosis the continuous irregularity and the varying strength and tones of the sounds are almost diagnostic and the maximum pressure reading is found quite above the point where most sounds are recorded. The figures for the diastolic also vary several points and the definite pressures both systolic and diastolic are difficult to determine.

In cases of replacement fibrosis of the myocardium with a badly weakened heart the systolic sound may be weak all through and the reading limits indecisive. This also obtains in some young persons with flabby hearts and arteries in whom the auscultatory arterial sounds are so faint that it is with great difficulty definite pressure readings are procurable. In some instances the auscultatory method reveals a silence up and down the scale and the systolic pressure is necessarily determined by palpation of the radial while the diastolic remains unknown. In some of these cases the heart sounds may be quite good and the failure to obtain auscultatory pressure readings may depend upon low vascular tonus. It may not be amiss to remind ourselves not to allow a so-called "silent-gap" to mislead us in reading a systolic pressure.

This naturally introduces the question of low blood pressure which assumes an importance which gives it a special place in medical literature.

In the young both the systolic and diastolic pressures are frequently low. It is not uncommon to find the systolic 90 or 100 and the diastolic 60 or 70. In a large series of vigorous young people the values are usually nearer 120 systolic and 75 to 80 diastolic. Some pressures are raised by vigorous exercise for awhile or are quickly responsive to nervous excitement or tension while others are not so responsive.

Continuous low blood pressure is found in some with the hyposthenic habitus and is considered a sign of constitutional inferiority, the subjects being unable to bear the wear and tear of life as well as those with normal pressures. This is true in a large number of instances yet many persons are found with low blood pressures who are able to carry on as well as other healthy people and indeed who enjoy long and active lives. It is hard to interpret the significance of low pressures in many who present themselves as patients complaining of a great variety of complaints. The low blood pressure is found in a routine thorough examination. The heart sounds may be good, its rate and size normal and these belie the low pressures discovered. There is often a so-called "drop-heart," visceroptosis and the individual is of the slender type and is underweight. There is no breathlessness nor are there any signs of circulatory impairment. In these cases search must be made to discover whether or not there is a hidden tuberculosis, an anemia, morbus Addisonii, gastric or duodenal ulcer, diarrhœa or some disease with which hypopiesis is often associated.

The strains and stresses of life may bear hard on these individuals of low pressure type, fatigue follows early on both physical and mental endeavor, blood pressure declines rather than rises and the heart and arteries display a lack of tone and staying power which is manifested by increased cardiac rate and lowered pulse tension. Pallor is apt to appear in place of the flush of vigor upon exercise and muscular tremor with a distressing sense of nervous exhaustion or instability soon supervene in the event of athletic contest or nervous strain.

In the mill of life, then, those who suffer from hypopiesis are victims of a real handicap.

This cardiovascular hypotonia is sometimes a result of diphtheria, typhoid fever, streptococcic or influenzal infection earlier in life. It may be found associated with valvular disease following rheumatic fever, chorea, scarlet fever or other infection. It is important to look carefully into the history of cases illustrating a continuous hypopiesis. A flabby myocardium and arteries of lowered or unstable tone may be found to have resulted from so-called heart-strain or they may be part of the clinical syndrome which is popularly termed neurocirculatory asthenia. Some years ago there came to us from the lumbering camps of northern Pennsylvania a goodly number of apparently strong men who complained of backache and a quite used up feeling who presented no definite evidences of physical defect excepting slightly dusky face and hands, notably small weak pulses, weak heart sounds and an abnormally low blood pressure. These otherwise vigorous looking men gradually improved under rest, large doses of nux vomica, small doses of digitalis and regulation of their living conditions. As a valuable supplement in the examination of low blood pressure cases the low voltage of the electrocardiogram is interesting. Electrocardiograms, however, frequently fail to show evidence of degenerative changes in the myocardium but sometimes they are quite definitely illustrated in cases of rheumatic myocarditis. We have seen more tracings showing slurring of the Q-R-S-complex in high pressure than in low pressure cases. Earlier in this paper mention has been made of those cases of high pressure subsequently developing low pressure and in taking our readings we often suspect that higher pressures have existed prior to our low pressure find-Reference is here made particularly to those exhibiting habitually low pressures who

are not suspected of having had hypertension, coronary disease or myocardial fibrosis. It is well to bear in mind, however, that some of the worst cases of coronary atheroma as seen postmortem, even cases with angina pectoris or badly damaged kidneys, were found with low blood pressures ante-mortem. Friable atheromatous arteries of the heart or brain may co-exist with low blood pressures.

In the interpretation of blood pressure readings it is best to correlate the findings with all other available clinical criteria and thus will the interpretation yield more workable guidance.

The literature of the subject is too enormous to be taken up in this short discussion but those who are especially interested in this wellworn subject and desire broad information concerning it, will find both hyperpiesis and hypopiesis

thoroughly considered in J. F. Halls Dally's books on these subjects.

One naturally thinks of hypoadrenalism in cases showing habitual low blood pressure without some special weakening disease or constitutional abnormality to account for it but it is difficult to establish its existence. Some hope, however, of raising such blood pressures to a normal level is held out by the preparation of an extract of the suprarenal cortex which promises good results.

Another point in blood pressure readings refers to the different figures which may be yielded by the two arms and thus a suggestion of aneurism of the aortic arch may be offered.

And finally alarmingly low pressure readings may herald hemorrhage, shock or approaching death,

#### THE RELATION OF COLDS TO PNEUMONIA\*

BY JAMES W. W. DIMON, M.D., UTICA, N. Y.

HEN I was asked by our chairman to talk to you this afternoon on the relationship of pneumonia to the common cold, it became my first problem to clarify my own conceptions on the subject. It is evident that one must have a clear understanding of the etiology and development of these two diseases before he can consider their con-nections. Our knowledge of pneumonia in these respects is quite accurate and fairly extensive. In regard to cold however, I could find very little that was helpful, and indeed, most of our standard works entirely ignore this subject, or at best pass it over with a scant paragraph or two. Among the few articles available there seems to be a diversity of opinion. Some accept colds as a true contagious disease; others assume the cause as a chilling and ischaemia of the local mucous membranes, which allow the already present bacterial flora of the nose to start an infection of mild nature; others stress such factors as nasal pathology and lowered resistance through improper clothing, etc., without going too deeply into the actual etiology. One very interesting theory assumes the catarrhal symptoms as due to an anaphylactic reaction against foreign protein, presumably bacterial. However, the impression one gets in looking over the recent literature is that there is no unanimity and indeed very little interest.

I should presume that fully 40 per cent of the practice of the general medical physician consists in the treatment of this so-called minor malady. Nevertheless, he is thrown almost entirely on his own resources, with very little aid from his professional brothers,

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

clinical or laboratory. The result of this situation is that the general medical man has no accurate knowledge either of the bacteriology or the treatment of this widespread affection except such as he may gain through his own personal clinical observations. We are forced to rely for our therapeutic measures on the latest product of our manufacturing drug companies, and it is no wonder that our patients often drift off to the chiropractor who happens to be in vogue at the time, and with whom, on account of our mutual ignorance, we come into active competition.

Although there is an apparent lack of accurate knowledge about the nature of colds, one cannot pursue an active medical practice without forming his own theories, based upon his personal observations, and I hope it may not be deemed amiss if I talk for a few

moments along this line.

My own very distinct impression is that there are two kinds of colds. One follows exposure, or may in fact be brought on by anything that temporarily lowers the resistance of the nasal and pharyngeal mucous membranes, and is probably caused by the normal bacterial flora of these parts. These colds are usually quite amenable to treatment, rarely lasting over a day or two. Individual resistance seems to vary a good deal, and their frequency is of course greatly increased by the presence of nasal pathology, such as adenoids, hypertrophical turbinates, chronic sinus conditions, etc. The second type is without doubt a truly contagious disease. history of successive cases in a family or a community, and the frequent epidemics that occur during our winter season, leave, little room to doubt this fact.

There is a group of contagious respiratory infections which must be distinguished from the common head colds. I am referring to influenza or grippe. That this disease has a distinct entity has long been recognized, and it has won itself a place in most of our standard text books. Few of us in active practice failed to recognize this fact, either in the fearful epidemic of 1918-19, in the comparatively mild one of January, 1929, or in the occasional sporadic cases. The sudden onset as against the slight but definite prodromal period when one knows that he is coming down with a cold, the fever as against the subnormal temperature of the uncomplicated head cold, the slightness or absence of catarrhal discharge in influenza, and the long drawn out prostration and weakness as against the rapid recovery from colds, are some of the features that distinguish these diseases.

I do not think that the bacteriology of influenza or grippe has been successfully demonstrated, nor has the causative agent of the common head cold been discovered. Indeed it would seem that these are caused not by one specific organism, but rather by a group of similar or related organisms. The different epidemics that occur during a winter have distinguishing characteristics: in one we will note a tendency to ear and sinus complications, another may be characterized by digestive symptoms, etc. Also the immunity conferred by an attack of cold would seem to hear out this same supposition. When an individual contracts and recovers from a cold he will not immediately recatch this particular cold from his family or friends, but when, a few weeks later, a fresh epidemic with slightly different characteristics occurs, he is again susceptible to this new infection. Of the specific nature of the infecting organisms we know practically nothing. It may well be that it is not hacterial at all. To be sure, the more common pathological germs can be cultured from the throats of these patients, but this can be done also from people who are in apparent health. It is quite possible that these colds may be caused by some ultramicroscopic organism not yet discovered. Perhaps this organism does not even produce its effects in the way we ordinarily characterize as infection, but rather through a protein anaphylactic reaction or some such mechanism. There are two things which to my mind seem to give weight to such a view: namely, the production of catarrhal irritation with mucus rather than true pus; and secondly, the subnormal temperature ranging from 95° to 98° rather than fever. I will have to qualify this statement as follows. When one of the common complications of colds develops, such as otitis, tonsillitis or sinusitis, we immediately have a fever. But let us note these further

facts, that while a culture from the nose or throat of an uncomplicated cold is inconclusive, 'the culture from an otitis or sinusitis usually shows a pure growth of pyogenic bacteria, and while the discharge from an uncomplicated cold is mucus, the discharge from a complicating ear sinus, etc., is pus or mucopus. This would look as if these complicating infections might be caused by bacteria as secondary invaders.

In dealing with pneumonia we have two subdivisions to consider. The first is lobar pneumonia, a clear cut disease running a definite course with characteristic symptoms. It is caused by the pneumococcus in one of its types. The second is bronchopneumonia, a much more variable condition, usually, if not invariably, secondary to some preceding infection, and caused by a variety of organisms, streptococci, pneumococci, the influenza bacillus, etc. In considering the relationship of pneumonia to the common cold, let us treat

these two varieties separately.

We will first take up bronchopneumonia. We have on the one hand a group of diseases classed under the general heading of colds, of doubtful etiology, but probably caused by a number of allied or similar organisms, very possibly not bacterial in character. On the other hand we have the bronchopneumonias, definitely proven as bacterial in character, and caused by any one of a number of common pyogenic germs. These bronchopneumonias are usually secondary invaders. They may follow any of the acute diseases, measles, whooping cough, etc. Is there any reason to suppose that their relationship is different in the case of colds? The pneumonia germs are ready at hand. A very large percentage of apparently healthy individuals will show a growth of some of the common pyogenic bacteria in their throats. It seems to me a natural supposition that the cold simply prepares the soil and lowers the resistance so that the pneumonia can get a foothoid. It is not an uncommon thing for apparently benign bacteria to assume such a pathogenic role when opportunity offers. The innocuous skin staphylococcus may suddenly begin to produce boils and the colon bacillus is often found as the cause of a pyelitis. Furthermore, whatever the preceding disease, measles, typhoid, or cold, the bacteriology of the pneumonia is the same, one of the common pyogenic organisms, and if we assume that these organisms are also the cause of the cold, we must assume that they are the cause as well of the measles or the typhoid, which is absurd. I think we may safely say that bronchopneumonia germs have a widespread distribution, and that they are often in our throats or nearby, waiting only a favorable opportunity to show their pathogenic properties.

Lobat pneumoma is usually, though not necessarily, a primary disease. There are two things necessary for its occurrence First, the presence of the pneumococcus, second, a receptive soil in the lungs of the patient I do not know whether the usual source of the pneumococcus has ever been shown. It seems to me that there are only two probable theo It may come from the sputum of the pneumonia patients This is a possible, but probably not a very usual occurrence, Lobar pneumonia is not often acquired by direct contact, and the viability of the germs outside of the body is not very great. On the other hand, the lobar pneumonia germs may have a fairly wide distribution, just as in the case of bronchopneumonia I do not know whether any work has been done in typing out the benign pneumococci found in the throats of well individuals It would be interesting to know whether they fall into the same general classes as do the pathogenic germs, and if so, what is the relative proportion of the different types in these two conditions. We cannot tell absolutely what makes the living tissue receptive to these germs, but in general it seems to be a lowering of vitality however brought about,—by exposure to severe weather conditions, by alcoholic poisoning, prolonged over exertion or worry, the weakness of infancy or old age, or, finally, by the debilitation of disease In this last, colds will find their place, and there is no doubt that colds, if sufficiently severe and debilitating, can be followed by lobar as well as bronchopneumonia

In concluding let me leave this thought The sequence of cold and pneumonia is too frequent to allow us to doubt that there is a relationship, and whatever the mechanism, I think we must accept this relationship as one of cause and effect Let us make this fact plain to the public whenever we have the

opportunity Let us teach our patients that colds must be taken care of, that they are not simply a disagreeable experience which has to be gotten through with as best one can, but that they hold a threat of real danger to our health and lives Let us also stress the fact that most colds are contagious. Now lit tle importance is placed on this fact in every day life We go about our business breathing our cold germs into the faces of our friends and carrying in our pockets handkerchiefs covered with dry nasal secretions it is, of course, impossible to isolate every one having a cold, people should at least be taught to keep their distance, to turn their heads aside when they speak, and to cover their mouths when they cough

The situation with young children is even There is no doubt that they more serious suffer more from colds and their complications than do adults, and their lack of experience leads them to neglect protecting themselves against unnecessary exposure. Nevertheless our children are sent to school sniffling and coughing and spreading their germs among their companions when they should be at home under the nursing care of their paients so that they may avoid the all too frequent and severe complications I am in favor of a much more rigid exclusion from school especially in the lower grades, and I am in favor of treating colds in young children by rest in bed at least for the first few days

Let me finally say that a campaign of education is needed in this subject, and that as a basis of education we must have more knowledge of the etiology of colds and their relation to pneumonia. Such knowledge will come when we have a more general interest among both the practising physicians and the research workers in making and recording observations and experiments.

#### MINOR POINTS IN MAJOR SURGERY\* BY GEORGE W COTTIS, M D. F A C S JAMESTOWN N Y

Tall difference between a good surgeon and a spectacular operator is not appreciated at all by the latty and not enough by plus scrams. Lay writers, in prose and in verse, extol the deft fingers, the subtle touch, or the image desterity of the surgeon, but seldom mention his surgical judgment or his understanding of the complex chemical, physical and psychic processes with which he has to deal. The popular conception of a surgeon is a glorified combination of a juggler and prestidigitator, who with a different environ-

ment might have been a first class vaideville artist, or an expert pickpocket. This type of sur geon may perform a mechanically faultless gas troenterostomy, but that is small consolution to the patient of his symptoms are due to takes. It is only the undertaker who profits from a perfectly performed resection of the boxed on epittent who should have no mere than the simplest possible draining operation.

Such major errors in diagnosis and poor surgical judgment increase our mortality and discredit surgery. Minor errors increase morbidity prolong convolvacione and cause innecessity suffering. It is chiefly of these that I wish to speak

<sup>\*</sup>Tend at the Animal Meeting of the Milital occiety of the State of New York at Utica N Y June 1229

There is a group of contagious respiratory infections which must be distinguished from the common head colds. I am referring to influenza or grippe. That this disease has a distinct entity has long been recognized, and it has won itself a place in most of our standard text books. Few of us in active practice failed to recognize this fact, either in the fearful epidemic of 1918-19, in the comparatively mild one of January, 1929, or in the occasional sporadic cases. The sudden onset as against the slight but definite prodromal period when one knows that he is coming down with a cold, the fever as against the subnormal temperature of the uncomplicated head cold, the slightness or absence of catarrhal discharge in influenza, and the long drawn out prostration and weakness as against the rapid recovery from colds, are some of the features that distinguish these diseases.

I do not think that the bacteriology of influenza or grippe has been successfully demonstrated, nor has the causative agent of the common head cold been discovered. Indeed it would seem that these are caused not by one specific organism, but rather by a group of similar or related organisms. The different epidemics that occur during a winter have distinguishing characteristics: in one we will note a tendency to ear and sinus complications, another may be characterized by digestive symptoms, etc. Also the immunity conferred by an attack of cold would seem to bear out this same supposition. When an individual contracts and recovers from a cold he will not immediately recatch this particular cold from his family or friends, but when, a few weeks later, a fresh epidemic with slightly different characteristics occurs, he is again susceptible to this new infection. Of the specific nature of the infecting organisms we know practically nothing. It may well be that it is not hacterial at all. To be sure, the more common pathological germs can be cultured from the throats of these patients, but this can be done also from people who are in apparent health. It is quite possible that these colds may be caused by some ultramicroscopic organism not yet discovered. Perhaps this organism does not even produce its effects in the way we ordinarily characterize as infection, but rather through a protein anaphylactic reaction or some such mechanism. There are two things which to my mind seem to give weight to such a view: namely, the production of catarrhal irritation with mucus rather than true pus; and secondly, the subnormal temperature ranging from 95° to 98° rather than fever. I will have to qualify this statement as follows. When one of the common complications of colds develops, such as otitis, tonsillitis or sinusitis, we immediately have a fever. But let us note these further facts, that while a culture from the nose or throat of an uncomplicated cold is inconclusive, the culture from an otitis or sinusitis usually shows a pure growth of pyogenic bacteria, and while the discharge from an uncomplicated cold is mucus, the discharge from a complicating ear sinus, etc., is pus or mucopus. This would look as if these complicating infections might be caused by bacteria as secondary invaders.

In dealing with pneumonia we have two subdivisions to consider. The first is lobar pneumonia, a clear cut disease running a definite course with characteristic symptoms. It is caused by the pneumococcus in one of its types. The second is bronchopneumonia, a much more variable condition, usually, if not invariably, secondary to some preceding infection, and caused by a variety of organisms, streptococci, pneumococci, the influenza bacillus, etc. In considering the relationship of pneumonia to the common cold, let us treat these two varieties separately.

We will first take up bronchopneumonia. We have on the one hand a group of diseases classed under the general heading of colds, of doubtful etiology, but probably caused by a number of allied or similar organisms, very possibly not bacterial in character. On the other hand we have the bronchopneumonias, definitely proven as bacterial in character, and caused by any one of a number of common pyogenic germs. These bronchopneumonias are usually secondary invaders. follow any of the acute diseases, measles, whooping cough, etc. Is there any reason to suppose that their relationship is different in the case of colds? The pneumonia germs are ready at hand. A very large percentage of apparently healthy individuals will show a growth of some of the common pyogenic bacteria in their throats. It seems to me a natural supposition that the cold simply prepares the soil and lowers the resistance so that the pneumonia can get a foothoid. It is not an uncommon thing for apparently benign bacteria to assume such a pathogenic role when op-portunity offers. The innocuous skin staphylococcus may suddenly begin to produce boils and the colon bacillus is often found as the cause of a pyelitis. Furthermore, whatever the preceding disease, measles, typhoid, or cold, the bacteriology of the pneumonia is the same, one of the common pyogenic organisms, and if we assume that these organisms are also the cause of the cold, we must assume that they are the cause as well of the measles or the typhoid, which is absurd. I think we may safely say that bronchopneumonia germs have a widespread distribution, and that they are often in our throats or nearby, waiting only a

favorable opportunity to show their patho-

genic properties.

John Wyeth published his report of 200 appendectomies without burying the stump. From that time many surgeons, including ourselves, have never buried the stump unless necrosis extending to the very base, made simple ligature unsafe. There is no reason for traumatizing the cecum with a purse string suture. It has repeatedly been proven that the suture is always infected by passing into the mucosa and protective omental adhesions often result. On the other hand the appendix stump is dead as soon as it has been crushed and ligated. Adhesions to dead tissue do not occur. Examination of scores of stumps treated by both methods has shown a smooth cecal wall, with an almost invisible scar and no adhesions where the stump has been simply ligated, while the infolded stumps are shown by a nodule in the wall and in most cases by omental adhesions to the infected suture line. The fact that so many surgeons still go to the trouble of inflicting this unjustifiable trauma suggests that we should ask ourselves the reason for our procedure in other cases. For example.

#### Drainage

We all agree that a deep abscess of the thigh or palm should be drained. There is no such unanimity in regard to the peritoneal cavity. Why? Let us apply our rule of reason. In the cellular tissues of the thigh or palm there is no limiting or protective membrane and infection spreads by continuity, or in tendon sheaths, or through lymph vessels. Relief of pressure is essential and some form of drain gives better results than any other treatment. What are the accepted facts concerning the reactions of the peritoneum?

1. The endothelial lining is very resistant to infections. Even pus under pressure seldom passes through it to infect the outer layers of the ab-

dominal wall.

2. It has the property of forming adhesions to wall off any source of irritation, whether bacterial or mechanical.

3. It secretes large quantities of fluid rich in autibodies and full of phagocytes.

4. It readily absorbs fluids.

How do these functions affect the question of drainage?

In the case of acute appendicitis, we get an early exudate of clear or turbid fluid. This is now universally recognized as being purely protective, and there is no indication to remove it, to say nothing of draining it.

A gangrenous, stinking appendix without gross perforation is a different case because we know that bacteria have passed through its walls and the outer surface is infective. If the appendix is removed we know that we can safely close the peritoneum, but not the skin. The subcutaneous fat and the relatively bloodless aponeurosis have

little resistance and we have the same situation as in the abscess of the thigh. The stinking grey sloughing membranes which we used to get with closure of the skin around a drainage tube are now never seen. We simply pack the outer wound with B. I. P. gauze. Even with a foul appendiceal abscess, this packing can be left for five or six days, with perfect assurance that when it is removed we will find healthy red granulations permitting secondary closure by adhesive straps or suture.

Up to this point most surgeous are in agreement. But what about perforative appendicitis with frank pus formation? Either the pus is walled off or it is not, depending usually on whether or not the patient has been given a cathartic. If the appendix lies in an abscess cavity, and can be removed without breaking through the wall of adhesions, the pus can be aspirated and the peritoneum closed without drainage provided the cavity is lined with functioning endothelium. If the abscess has existed long enough for the endothelium to be destroyed or badly damaged, we are realing with an extraperitoneal abscess and a cigarette drain is indicated. When in doubt, we drain for 24 hours.

General peritonitis. Given a belly full of infective fluid, with no limiting adhesions, whether following perforative appendicitis or a perforated gastric ulcer, the mortality increases with the number of drains used. This was proven by the British Army surgeons in the third year of the World War. Multiple gunshot wounds of the intestines treated by suture of the perforations, and all sorts of drains, gave a frightful death rate. All methods of treatment failed to reduce the mortality until closure without drainage was tried. In spite of the fact that operation was always performed late, seldom under twelve hours and often after twenty-four hours, an amazing number of patients were saved. It is reasonable to believe that our results in civilian practice will be improved if we adopt the same procedure in all cases where we can remove the source of infection. Let us apply our rule of reason again.

What happens when we insert a drain? Within a very few hours it is surrounded by a mass of omentum and bowel. Experiment has shown that in six hours after the drain is inserted, if the peritoneal cavity be filled with a dye such as methylene blue by injection at some other point, little or none of the dye can be recovered thru the drain. When a patient recovers from general peritonitis he does so not because a few cubic inches are drained, but because the entire peritoneal cavity not reached by the drain has been able to take care of the infection, by its own power. If 99 per cent of peritoneum which we do not traumatize can do this, of what advantage is it to traumatize the 1 per cent by a foreign body? This may sound theoretical, but the correctness of the theory is easily proven by practice. Let me illustrate.

The last case of general peritonitis which we drained was a boy of ten who had appendicitis for two days before the family physician gave him a large dose of castor oil. The bowel movement and the perforation occurred almost simultaneously a few hours later. On admission six hours afterward, all the symptoms of general peritonitis were present. At operation the appendix was found gangrenous and perforated, with a large fecolith lying loose near the cecum. There were no adhesions and the entire abdomen was filled with thin turbid fluid. The appendix was removed and a drain inserted, to be loosened in 24 hours and removed in 48 hours. The wound healed nicely, but on the fifth day there was a rise in temperature with intermittent colicky pains. On the ninth day a mass could be palpated to the left of the midline. A midline incision was made. The general peritoneal cavity appeared normal and contained a moderate amount of clear peritoncal fluid. Dense adhesions surrounded the region which had been drained. A loop of bowel was firmly adherent to the anterior abdominal wall in the left lower quadrant. A finger was insinuated through these adhesions until a large cavity full of thick stinking pus was opened. It extended up along the outer side of the descending colon as far as the costal border, and was drained through a stab wound in the left flank.

The important points in this case are: 1. The region drained was walled off from the rest of the abdominal cavity. 2. A large secondary abscess developed in the left flank. 3. These two regions were separated by the greater part of the peritoneal cavity which had returned to a normal condition. It seems reasonable to conclude that our drainage had nothing to do either with the distant abscess or with the clearing up of the infection in the median portion of the abdomen, which was walled off both from the drainage area and from the abscess.

The next case to be admitted was a man of 40 in whom we found the belly full of thin foul smelling pus, a perforated appendix, a free fecolith and no adhesions—exactly the same condition as in the preceding case. We removed the appendix, closed the peritoneum and muscle without drainage and packed the superficial wound with B. I. P. gauze. The postoperative course was not different from that of an ordinary interval appendectomy. His temperature before operation was 102°. Twelve hours later it was normal and at no time did it go above 99°.

In cholecystectomies, the omission of a drain is more dangerous for two reasons. First, because massive leakage of bile gives a more violent peritonitis than pus does. Second, because the ligation of the cystic duct is often done necessarily at the bottom of a deep hole and the ligature slips either because it is insecurely knotted or because it is tied while the duct is held under tension. A third danger is the use of too heavy catgut. A clothesline can not be tied around a leadpencil as tightly as a linen thread can. The finest chromic gut should be used that permits us to properly set the second half of the knot. This varies with the individuality of the surgeon. Our rule is to omit drainage only when absolutely sure of our technic. If there is any doubt, we prefer to drain.

The use of the Murphy-drip and hypodermoclysis after abdominal operations is in nearly all cases an unnecessary nuisance. Just before the peritoneal suture is tied, the abdomen can be filled with fluid through a small rubber tube about a foot long, with a funnel in the upper end. Our routine is to use 1000 cc. but if a large tumor has been removed, much more fluid may be injected. This gives a very uniform absorption during the six or eight hours immediately following operation, just when it is most needed. About 5 per cent is actually excreted through the kidneys within one hour, and 60 to 80 per cent during the first 6 hours. This we have demonstrated by mixing 1 cc. of phenolsulphonphthalein in the 1000 cc. of saline and measuring the output at various intervals. The absence of postoperative thirst after this procedure is most striking and satisfactory.

Postoperative pain and especially gas pains are greatly reduced and sometimes entirely avoided by the careful infiltration of the parietal peritoneum with quinine and urea just before closure. Gas pains are due to preoperative cathartics, to traumatizing the bowel by rough handling, to the protective distension reflexly produced by any injury to the sensitive parietal peritoneum, and to tight adhesive strapping. This can be demonstrated by avoiding the first two, blocking the third by the prolonged anesthetic action of quinine and urea, and by cutting the adhesive as soon as it is tightened by abdominal distension.

Conclusion—Suffering, shock and morbidity may be reduced and convalescence shortened by applied physiology and the observance of the Golden Rule.

Volume 30 Number 4

#### SURGERY OF THE DIABETIC PATIENT\*

#### BY CHARLES GORDON HEYD, M.D., F.A.C.S., NEW YORK, N. Y.

T the present time the diabetic lives longer under less dietary restrictions and with under less dietary restrictions and with a better physical well-being than at any time in medical history. This very desirable condition was initiated before the days of Insulin but its completion was accomplished by Insulin. Coma, which formerly represented from sixty to seventy-five per cent of the mortalities of diabetes, has been eliminated. In the decade ending 1910 coma and tuberculosis were leading as the cause of death in diabetes and it is stated that the decade ending in 1930 will show that arterio-sclerotic conditions basically and surgical complications secondarily will account for the majority of deaths. Joslin is of the opinion that at the present time one out of three cases of diabetes is potentially a surgical subject.

The basic underlying factors in diabetes, so far as surgery is concerned, are represented in the following: (1) a lessened tissue resistance, (2) low reparative power, (3) an increased susceptibility to trauma, (4), in the extremities a progressive and continued sclerosis with diminished blood supply.

According to Joslin twenty-five per cent of the Boston diabetic death rate was due to diabetic gangrene and infection. Infection diminishes the ability of the diabetic to tolerate carbohydrates and lowers his previous glucose tolerance. Add to this the increased catabolism due to septic absorption and fever and a vicious circle is soon established. The small margin of stored glycogen is soon exhausted with an incomplete combustion of fats and the production of Ketone bodies. This phenomenon is most frequently observed in the mild or unsuspected diabetic who enters the hospital for an infection which in general surgical practice would be considered trivial but the effect of which in a diabetic is to change a mild condition into a fulminating and ofttimes fatal diabetes. Infection likewise lessens the protective possibilities of Insulin from fifty to seventy-five per cent. The value of giving Insulin lies in its ability to bring about the oxidation of glucose which in turn diminishes ketogenesis, and spares body protein. It is this breaking up of body protein in severe diabetes which is the ultra dangerous factor in the surgical complications of diabetes.

Winter, Smith, Pryde and Hewitt have demonstrated that the diabetic organism is incapable of oxidizing the glucose as it occurs in the blood but it can oxidize the simpler intermediate glucose products. Accordingly, if protein is catabolized the carbohydrate

derived therefrom is in the form of simpler intermediate glucose products which the diabetic can utilize.

Infection in the diabetic occasions the following: (1) the conversion of a mild diabetes into a severe type, (2) anticipates coma, (3) lessens Insulin protection, (4) represents a lessened resistance to infection and loss in reparative power.

The best surgical procedure to protect the diabetic in the presence of an infection is to increase the effectiveness of Insulin therapy by adequate surgical drainage. The retention of the products of infection in any tissue or viscus of a non-diabetic is always dangerous; the retention of the products of infection in a diabetic results not only in the inherent ravages of the infection itself but in a diminishing potency of the Insulin protection so that the Insulin protection in the presence of infection is only twenty-five per cent in its effectiveness as compared to the same dosage administered in the

non-infected diabetic.

Foster and Davidson state that as long as a serious grade of infection exists it is nearly impossible to establish a normal blood surgar and maintain it. It is surprising, on the other hand, how rapidly a patient establishes a fair carbohydrate tolerance when the infection is adequately drained or after an amputation has been performed. Therefore, the outstanding surgical consideration in the treatment of an infectious process in a diabetic is to provide adequate surgical drainage. Drainage alone in the uncontrolled diabetic is life saving whereas a more finished or complete operation would be unusually hazardous. example, the drainage of an infected gall bladder is less serious than cholecystectomy. diabetic patient, after the pus pressure of infection is relieved, can be brought into a condition of protection which allows surgery to be done later with relatively the same general surgical mortality as applies to the nondiabetic.

The untreated or uncontrolled diabetic has a markedly lessened ability to combat injury, infection or disease, while the controlled or properly treated diabetic obtains a markedly increased ability to combat the same conditions. In elective operations upon properly controlled diabetics the surgical mortality is approximately five per cent and is comparable to the surgical mortality in general practice.

It is an interesting observation that most frequently cases of diabetes complicated by surgical conditions come to us for surgical conditions primarily and their diabetes is picked up quite incidental to the surgical con-

<sup>\*</sup> Read at the Annual Meeting of the Medical State of New York, at Utica, N. Y., June 4, 174

dition. These patients are usually fat, their diabetes is mild and its detection an incidental discovery. We may therefore summarize the cases of diabetes presenting surgical conditions into: (1) non-infected cases requiring elective surgery-hernia, non-malignant tumors; (2) vascular cases that are not infected, (3) vascular cases infected, and (4) extraneous infections such as cellulitis, carbuncle, abscess of the breast, cholecystitis, appendicitis.

Arterio-sclerosis in some degree is always present in every case of diabetes and every diabetic is exposed to the dangers that arise from arterial disease. Dean Lewis states that diabetic gangrene occurs at the average age of fifty-four years, whereas the senile or arterio-sclerotic gangrene occurs at the average age of sixty-six years. Fundamentally, the process is the same, the diabetic exhibiting a precocity not present in the senile cases. Since the introduction of Insulin gangrene has become much less frequent. Many cases of impending or actual gangrene are prevented or controlled under adequate Insulin therapy.

In the non-infected vascular conditions of the extremities pain may be such an outstanding feature that amputation is recommended before gangrene appears. If on x-ray study the vessels are visible it may be advisable to anticipate amputation and it should be the object of every diabetic clinic to inculcate in the minds of the patients that the surgeon is really the friend of the diabetic. The diabetic can live with his diabetes and the surgeon is capable of removing the most pressing lethal factors in his complications. The emergency operations in diabetics should be done irrespective of the diabetes. There is greater danger in leaving a gangrenous appendix in order to treate the diabetes than to operate on the appendix and control the diabetes by immediate intensive therapy.

The greatest factor of safety for a diabetic undergoing elective surgical intervention is the utilization of carbohydrates with or without Insulin. By the giving of Insulin we can be sure that the diabetic does metabolize carbohydrates and the administration of carbohydrates to a surgical diabetic gradually eliminates the danger and promotes prompt tissue healing.

Ringer in a paper on Insulin in phlorhizin diabetes has demonstrated that one unit of Insulin causes the oxidation of two grams of glucose per hour. Therefore, it reduces the protein metabolism from its high diabetic level and causes a diminution or disappearance of the Ketone bodies.

Since the introduction of Insulin the development of hypoglycemia is sometimes confused with a beginning of coma. It is well to remember that the symptoms of hypogly-

cemia are a matter of minutes, are associated with cerebro-spinal irritation, without pain, without leucocytosis, and occur in a patient who is passing urine showing diminishing sugar and lessened acetone. Rest in bed, hot drinks, enema, glucose solution, will clear up the picture in a very short time. In addition, a half c. c. of adrenalin 1-1000, injected hypodermatically gives an immediate relief. It is well to remember that coma is initiated with suffering, requires hours for its production, is associated with gastro-intestinal upsets and epigastric pain. In the beginning of coma the symptoms may suggest a gangrenous gall bladder or an acute suppurative appendicitis, or a perforating gastro-duodenal ulcer. There is, in addition, the leucocytosis of acidosis which may range as high as 25,000 to 30,000 leucocytes and eighty to ninety per cent polynuclears. However, a catheterized sample of urine at two hour intervals should lead to the correct diagnosis as there is always an increasing degree of acetonuria previous to the onset of coma.

The surgery that is required in most diabetics is properly elective and the main objective to be accomplished by the surgeon is represented in the following: (1) To bring about an absence or lessening of glycosuria: (2) to obtain as a maximum a diurnal blood sugar less than 200 mllg. per cent: (3) lessen or prévent acidosis: (4) maintain carbohydrate feeding to increase the protective function by glycogen storage :(5) to give Insulin to maintain a protective balance, and (6) to relieve dehydration. Dehydration is the most serious accompaniment of most diabetics seeking surgery. Dehydration alone induces fever, fever produces vomiting with lessened intake, all tend to produce actual anhydremia. At least ninety per cent of the diabetics requiring surgery are dehyrated as the result of four factors: (1) glycosuria, (2) polyuria, (3) fever, and (4) sepsis. Their blood shows actually an anhydremia.

It would seem wise to have a daily fluid intake of 3,000 c.c. by mouth, rectum, skin or veins. A readily usable carbohydrate in the form of glucose can be added to the proctoclysis in the strength of five per cent solution or to the normal saline hypodermically up to five per cent strength.

The giving of sterilized glucose solutions untravenously introduces into the blood system "alpha-beta" glucose in solution. This is a type of glucose that cannot be metabolized by the diabetic as the only type of glucose that can be oxidized by the diabetic organism is the "gamma" glucose, or so-called new glucose.

It is wise to nourish the patient with small and repeated meals up to within two hours

before operation. The caloric requirements should be on the basis of 1,000 to 1,500, allowing approximately twenty-five calories per kilogram of body weight. Our diet, as a rule, has been based upon carbohydrates 100 to 120 grams, protein 20 grams and fat only to 15 grams.

Insulin should be given in the double daily dosage for three days before operation and immediately before operation ten units should ordinarily be given. The average Insulin dose has been ten units two or three times daily. Bicarbonate of soda has little, if any, place in the adequately controlled diet or treatment. Toslin has not used it since 1917 and reports better results than when it was employed.

The laboratory data to be canvassed before operation is a daily blood sugar determination and a daily plasma CO2 combining power. below 45 vol. per cent Insulin should be pushed with an initial dose of ten units and the urine tested q. 2. h and Insulin continued until sugar is markedly reduced and acidosis disappearing.

If anesthesia is contemplated the best is local, or spinal, followed by ethylene gas or nitrous oxide gas-oxygen combination. Ether is decidedly dangerous, as it increases the acidosis and it dissipates carbo-hydrates more freely and lessens the stored glycogenalways a small amount even in normal individuals.

The post-operative course of the surgical diabetic is represented in the early institution of feeding, the giving of high Insulin dosages and at the same time protecting the patient against Insulin shock by the administration of glucose. Immediately after operation we have usually given 800 c.c. N/10 Saline with five per cent glucose by rectum and ten to fifteen units of Insulin.

Dietary and Insulin control of the diabetic should always be in the hands of the proper internist. There is probably no condition where the internist and surgeon meet in more reciprocal relations than in the treatment of diabetes. It is a team work condition and it is quite obvious that the surgeon will ordinarily not be sufficiently trained or detailed enough in his experience to manage a diabetic with the full assurance of an internist.

## TRAUMATIC NEUROSIS FROM THE INDUSTRIAL POINT OF VIEW\* BY B. J. SLATER, M.D., EASTMAN KODAK COMPANY, ROCHESTER, N. Y.

LL physicians recognize that in the last analysis the traumatic neurosis represents some form of protective mechanism which may not be necessarily a protection from work but is always a protection from some unpleasant situation. Dr. Foster Kennedy speaking before the Seventh District Branch of the Medical Society of the State of New York at Geneva last year, drew attention to the well-known fact that the amount of trauma is no measure of the amount of neurosis which may develop. In other words, the two are never parallel. As a matter of fact it is apt to be quite the opposite; the greater the trauma the less the neurosis and the less the trauma the greater the neurosis. has been confirmed by our experience.

All will agree that no matter what the fundamental cause and no matter what promises to be the ultimate solution, that the traumatic neurosis is one of the most baffling of industrial problems. It taxes the resources of the physicians and industry. It is a disease the treatment of which to be successful must follow no rule of thumb.

After ten years experience in industrial work the author is convinced that the solution of traumatic neurosis is for the most part industrial and not medical. It is our experience that if a health-

ful state of industrial relations exists and if there is adequate cooperation between the employment department and the medical department and the industry, that there will be very much less traumatic neurosis than will exist if these conditions do not obtain. After all experience teaches us that men are more solicitous about their positions than they are about their health. It is safe to say that the average workman devotes ten times as much energy to promoting himself as he does to keeping himself in good health. To take advantage of this fact is often to grasp a great curative principle. If the relations between foreman and employee are healthful and there is loyalty to the industry there will be few cases of traumatic neurosis. This principle is being recognized on a large scale by many industries with the result that large industries are having stock dividends, wage dividends, and sick benefit for the employees, etc. In our experience in ten years at Kodak Park we have had three outstanding cases. There has been an average of seven thousand employees. other words, the traumatic neurosis have not been a great factor. As in other phases of health work emphasis should be placed on prevention rather than on cure. If employees share in the profits of an industry, are honestly treated and given a reasonable amount of work to do, they will not for the most part be often subject to

In the treatment of these conditions the first fundamental to consider is that the Neurosis after all is but part and parcel of another disease. This may be tuberculosis, cardiovascular disease, an obscure infection, syphilis, or perhaps, carcinoma. All treatments should be preceded by a most painstaking, thorough physical and mental or psychiatric examination. This should include Wassermann reaction, x-rays of the teeth, x-rays of the chest, urinalysis and, if possible, an electrocardiographic study. In other words, in so far as possible every effort should be made to discover an organic basis for the neurosis. This having been discovered the treatment of the organic condition becomes the treatment of the neurosis. It is surprising in passing to note the extent of disability caused by infected teeth. Indigestion so called is as every physician knows frequently not indigestion. Similarly traumatic neurosis is not traumatic neurosis at all.

M. C., a maiden lady, age 41 years, worked for the Company less than one month. On August 26, 1914, she slipped on getting off a stool, caught her foot, sustaining a slight laceration over the left eye. She was treated by her family physician and continued to work without interruption for nine days. Following this she began to develop symptoms of nervousness, flushing, extreme fatigue and extreme irritability. She was diagnosed traumatic neurosis and continued to draw compensation from 1914 until 1928. During this time she had been given examinations which were more or less of the usual Commission hearing type. Some physicians diagnosed her case as toxic goiter, others traumatic neurosis and still others, high blod pressure. Blood pres-

sure was  $\frac{190}{120}$ . She died in 1928 and an autopsy

was performed. This showed an extensive uterine carcinoma which had extended to the left kidney producing a pyelonephrosis. The kidney complication may, perhaps, explain the high blood pressure; the carcinoma explains the fatigue and irritability. The nervous mechanism may be explained by reasoning as follows: This employee received a slight injury. She was not in good health without any injury. Realizing that she was drawing a certain amount of money without working she continued to draw compensation for fifteen years. At the end of that time she died of cancer.

This case illustrates perfectly our first dictum. We were absolutely certain that we were dealing with a traumatic neurosis not an organic disease. In the light of the autopsy findings it is safe to say that the injury played almost no part in this woman's disability. The treatment of the traumatic neurosis after all was in all human probability the treatment of cancer. First of importance then is the diagnosis.

A second case illustrates the same principle from an entirely different point of view. We have emphasized the value of a complete physical and mental examination. Our first case illustrates the lack of a complete medical examination and the second case illustrates the lack of a proper psychiatric examination and its importance when established.

A white male, R. A., 21 years of age, was working in a sewer where the temperature was about 120 degrees. He was seized with convulsions after getting out of the sewer. Following the convulsions he remained at home for two or three days and again returned to work. night on returning home from work he had a convulsion on the street and was dragged into a neighboring doctor's office. Following the second convulsion his family claimed compensation on the ground that the boy had been poisoned by gas. After various vicissitudes in which he became progressively worse he was sent to a hospital where he received a very thorough physical examination and what appeared to be a very thorough psychiatric examination. He remained in the hospital four weeks during which time he was comparatively normal. He later returned home and visited the Medical Department. On entering the Medical Department he developed what appeared to be a typical Jacksonian epilepsy on the floor of the waiting room. He was hastily placed in a separate room and his case was demonstrated to the nurses as a typical Jacksonian epilepsy in which there was progressiveness in one foot, to the side of the body and later to the arm followed by twitching of the face. appeared to be complete unconsciousness. teen minutes after the convulsion the Babinsky was negative. Some neurologists have made a strong diagnostic point of the fact that a true epileptic seizure is followed by a positive Babinsky on the side of the seizure about fifteen minutes after the convulsion. This sign did not obtain in his case. He was taken to his home and seen the next day. On the following day he had generalized twitching on the right side of the body and was really in a pitiable state. The twitching was constant, coarser than that of a toxic goiter and not quite so violent as the Tacksonian type. He continued in this state for two days. The family and solicitous friends became very anxious about his condition and were most insistent that the Company correct the condition.

This obviously was no ordinary case of any type of gas poisoning. One physician whom the patient had consulted described it as monoxide poisoning. Incidentally in passing, it may be worth noting that he never was exposed to the fumes of any gas.

The patient was later referred to an internist. He made two visits to the internist's office. This internist while not specializing in psychiatry has appeared to have a great influence on certain psychic cases such as nervous breakdown, fatigue,

neurosis, vagatonia, etc During the course of the first consultation it developed that this patient was a victim of homo sexual practices A group of young men under the leadership of one older man had formed a club and it appears that our patient was being traumatized by an older homo-When the physician unearthed this condition the spasm ceased as did the neurosis This patient has apparently been restored to health and now holds a position in one of our institutions in Rochester Here we have an illustration of a traumatic neurosis developing on a psychiatric background which has nothing whatever to do This case for a time seemed with employment difficult, the most baffling and ununderstandable case that the author has ever seen Finally 1t turned out to be the most interesting and the solution relatively easy

Secondly, management from the industrial re lations point of view is most important. It seems a relatively simple thing to advance the dictum that all cases of injury should be under the care of the physician and the physician alone. This is a consummation easy to outline but very difficult to carry through. It has been our policy for some time to take entire charge of the care of the in juried employee. Practical benefits of this pro-

gram are as follows

In the event that a man has violated a company rule in his injury or has not followed the usual safety practices an overzealous foreman or an overzealous safety man may by visits to the employee directly after the injury or later on bring home to him the fact that he has violated a rule and will later on become subject to discipline No person should be permitted to indulge in these practices. The injury having been established during the entire course of treatment it becomes the duty of the physician to guard his patient from chastisement at the hands of anybody.

By and large the greatest factor in the cure of a patient is to get him back to work as soon as possible. We have heard in the literature a great deal about occupational therapy and rehabilitation therapy However, our experience has taught us that industrial therapy or the return to some form of productive work is the greatest assistance in bringing the neurotic back to normal life and activities Careful coaching along the course of industrial management will frequently enable the physician to get employment for him who would otherwise not be given employment The large industry has a tremendous advantage Practically always some productive form of employment may be found. This does not always mean a menial task The elevator job after all should not be looked down upon as it furnishes an avenue of social contact with many people The injured man in brushing against his fellow employees develops a sense of social well being which for the moment may let him forget his own troubles

Those of you who are not attached to the larger industry may say that this program is applicable to the larger industry but is in no sense applicable to the smaller industry there are certain avenues of approach to the smaller industries which may be fruitful of good The attitude of some may be different in the smaller industry. We want only such men back they may say as are able to do their work without fear or favor There must be no cripples or misfits in this department This, after all, is the opinion of the Top Sergeant but is not ever the opinion of the commanding general If the physician will take the pains to call up the Manager of the Company even though it is a very small company and tell him the importance of getting a man back to work from the psychic point of view, I doubt if he will ever have diffi-He may be bluffed by the understudy but he will usually find the manager very sympathetic to his point of view

This is true for several reasons The physician through his standing in the community is entitled to respect and no manager of any company wants to admit to a man of his quality the fact that he is not willing to give a workman a fair show The physician's prestige may help him a great deal It may be pointed out to the manager that after all the ultimate cost does not come out of the insurance carrier
falls on the industry
The ultimate cost always
This the small man doesn't know but it is perfectly obvious to the manager When a physician meets with an individual in the employment of the company who is not giving him cooperation almost without exception it is our belief that he will get such cooperation if he will take the trouble of interviewing the manager of the company for whom the injured man is

employed

Proper industrial placement is the keynote in the treatment and cure in the traumatic neurosis

The physician himself should be meticulous in never finding fault with the manner in which the accident was sustained, should confine himself entirely and solely to treatment and should avoid any reference to a violation of any rules and should carefully avoid any reference to any carelessness on the part of the injured man Remembering our dictum that bad industrial relations may produce a neurosis, this is the first step that the physician may take to protect the injured man from the development of such a neurosis only common sense and common experience to know that no man is going to make a great effort to get back to work if on returning to work he expects to be laid off or expects to be chastised or to receive some other form of punishment for anything which he may have done

We have seen not one case but dozens of cases where a neurosis was developing. The fact that some form of antagonism was developing in its very incipiency was sensed by our medical de

partment. This having been discovered we have spent hours of time to run down the cause of this irritation and frequently it has been found to be due to overzealous friends of the company who have endeavored to protect the interests of their particular department at the expense of the injured man. When the difficulty was unearthed the physician frequently gave a promise which was iron-clad and inflexible that as soon as the man felt that he was able to return to work that we would see that work was provided for him and that whatever faults he may have exercised in being injured would not be used against him. In every instance a promise having been made was religiously lived up to. The physician by apprehending in the very incipiency these illustrations of strained industrial relations and correcting them with the support of the employment department, can do more to prevent the formation of neurosis by this method than by any other form of subsequent treatment.

The third consideration is the actual management of the patient himself. It is almost never our policy to tell a patient when to go back to work. We almost always ask the patient when he thinks or when she thinks he will or she will be able to go back to work. Our results by this method, we believe, to be much better than by commanding a patient to return to work on a particular day. Many times we may ask, well knowing that the answer may reasonably be in the indefinite future. If the patient does not return promptly but desires two or three more weeks we almost never raise an objection even though we appreciate that the patient may be taking advantage of us. It is short sighted policy to raise an antagonism with the patient over a question of a week or two as measured by the cost of the neurosis which might develop in the event that the patient does not get what he wanted. Under this regime the patient will not return to work before he himself has said that he was able and he will never develop the feeling that we have been responsible for hurrying him back to work.

Under the compensation law to the employer is given the care and treatment of injured employees. If a physician indicates early that he is willing to have consultation and that he recommends it, it will do a good deal to sustain confidence in the injured employee. Many physicians make the mistake of never seeking outside advice. It is often well to ask the patient what he would like to do; if there is any other physician that he would like to consult; if he would like to take a vacation or if there is any instance in which the company may cooperate with him and arrange the program to suit his desires. This often may never be accepted but is a powerful psychic stimulant in bringing home to the patient that after all the treatment of his case is not by interests which are closed to outside influences; that he is being humanly considered and there is no dis-

position to cover up anything that is wrong with him. Consultations are of great benefit to the family and friends many of whom may have their special consultant. While the consultation may disclose methods of treatment or pathology which were not previously recognized, if none of these things are accomplished there is a great restoration of confidence. If the case is prolonged it should be followed by subsequent consultations.

In the beginning of this paper it was pointed out that the extent of the injury bears no relation to the neurosis which may develop. On the other hand it is surprising under proper industrial management how successfully many disabling cases may be treated apparently to the social betterment of the patient.

An Italian boy, P. P., five years ago fell sixtyfive feet from the top of a building to the basement striking against a concrete construction on the way down. He sustained a hemo-thorax, compound fracture of the humerus and very nearly died. Infection developed later in the head of the humerus which had to be removed. This left the employee with one useful arm. An Italian boy with one useful arm who is a laborer is after all a sorry spectacle. While compensation is paid only for the loss of an arm, lacking suitable education and social standing, this injured man will find great difficulty in finding placement in another industry.

In his particular instance before returning to work he showed many nervous symptoms. There was great anxiety and his case necessarily was prolonged. However, he later was placed in a check-up position where it became his duty to see that material was furnished to new construction jobs, that the odds and ends were promptly provided and that work was making satisfactory progress. This employee now has a steady position. He has been promoted from the laboring class to the supervising class and is a very trusted employee. He is now earning higher wages than at the time of the injury and is in every way shouldering his responsibility as a useful worker. Realizing the consideration shown him he has developed a very intense interest in his position. The author has been assured that he is a very valuable man to the company. This is an illustration of reconstruction and rehabilitation through new employment of a different type. It has resulted in higher wages and good will on the part of all concerned. If this employee had been handled differently there is little doubt but that he might have developed into a neurotic. Incidentally he may have been a charge on the basis of traumatic neurosis against the company. In proper industrial placement we thus have solved not only his problem but given the company a useful employee and have lowered compensation costs to the detriment of nobody.

Another illustration is that of a white male.

Five years ago this employee fell twenty feet and suffered a double fracture of the oscalcis complicated by a communited fracture of the 12th dorsal vertebrae. When it is recognized that a single fracture of the oscalcis almost uniformly means a disability of forty per cent of the leg and that a double oscalcis would mean forty per cent of each leg with the added disability from the fracture of the vertebrae, we will see that the problem of getting this employee back to work was a difficult one.

As a matter of fact he was turned over to an orthopedic specialist in Rochester who performed a fusion of both oscalcies. He was given prolonged treatment on his back with fixation for the vertebral fracture. On getting on his feet he was a pitiable sight. It required a great deal of patience and sympathetic handling to restore con-

fidence in himself,

It was obviously impossible to place this man in construction work. Realizing the impossibility of this task and the fact that we would have a permanent invalid on our hands, together with the humanitarian appeal of the injured man, he was placed in a department of the company, namely, the projection room in which he had had previous experience. Compensation awards were made for partial loss of function of each This man has continued to work without interruption for four years in the projection room of the company. He has become a very trusted employee; has suffered no further disability and has lost no more time. During his stay in the hospital he developed in addition to his injuries an out and out case of mania. It was very difficult to handle. As a matter of fact this employee is now earning higher wages than he did before and is losing no time from his work.

In the industrial placement of these injured employees one fact stands out clearly. times an injured employee having been given employment will make an extra effort to make good in his new position. This is because he recognizes that it will be difficult to seek employment elsewhere and having been given a chance is under the added urge of making good. These two cases illustrate, one in the case of an Italian boy and the other in the case of an ordinary laborer, the point that no matter how badly a man may be injured he may still perform useful work and come to occupy a position, because of the injury, of greater responsibility in the company and greater satisfaction in himself. Other cases might be cited of the proper placement of injured em-This is particularly true in back injuries. So far as the author is concerned such placement promises the only solution of many baffling back injuries. No treatment will ever restore many of these injured employees to heavy labor. They must be given protected occupations and if given such may go on to become very useful employees. Thought spent in this direction is productive of great good not only to the injured employee but to the company. It establishes an attitude of fair play toward the injured employee; sustains his confidence and becomes an object lesson to other employees who are associated with him. It develops in them a spirit of loyalty. The community thus does not witness the sad spectacle of an injured man thrown on the streets an object of charity or diminished income from compensation. These principles are larger than any considerations of compensation and curiously enough frequently work to the betterment of all concerned.

It is exactly this point with meticulous care to details that many physicians fall down in understanding the psychology of the patient. In other words, we must work on the assumption that the patient is exactly the type of individual that we are. There are very few of us who will not do more if left to our own discretion than if commanded by somebody who may or who may not have the authority to command us. In this connection we might say that it is the rarest thing for us to indulge in an argument with the patient. The attitude that the patient is always right becomes very nearly the attitude of choice.

We might introduce here one broad principle which has worked wonderfully in two instances of what threatened to be bad traumatic neurosis. In one case a man suffered a broken tibia. The reduction was perfect immediately following the injury. Later he fell out of bed and refractured the bone. On second reduction the result apparently was not as good. No amount of persuasion would get us to permit this particular individual to take another anesthetic with the result that the leg was treated as it was. After three months the patient still complained. He was given a position of watching a gate. continued in this position for two months. During all of this time being centrally located if an injured man walked by he pointed to his leg indicating what kind of work might be expected from us in the matter of treatment. The case dragged along for a total of six months to the discomfort of all parties at interest. Finally recognizing that sufficient callus had been formed a resourceful foreman suggested that we promote this watchman from gateman to straw boss in his former department. He was given the position of straw boss and immediately on resumption of this position continued to work. For the last four years since returning to his new position he has not lost one day's work because of his limb. As a matter of fact three months after returning to work he won first prize in a departmental picnic foot race, namely, the one hundred yard dash. On the same leg three months previously he could scarcely walk. The difference lay in industrial placement. In one instance he was a foreman; in the other he was an underling and the difference in this case was

the difference between complete disability and no disability at all. Today this employee is one of the most trusted foremen in our plant. All this shows the applicability of psychology in the management of these cases for the most part industrial and not medical.

There is one peculiar form of Traumatic Neurosis that the general practitioner perhaps, seldom sees. It is more peculiar to certain types of industry, namely, the Chemical Plant. It has been the author's privilege to make an intensive study of one case, namely, that caused by nitric acid fumes.

It has been recognized for some time that carbon monoxide poisoning is often followed by a lesion of the midbrain which resembles the lesion produced by lethargic encephalitis. The same has been said to be true of cases who inhale nitric acid fumes. There is something very peculiar about the effects of fumes. We recently witnessed the suddenness and the terribleness of the consequences. There are, however, some sequellae which take the form of a neurosis which are very difficult to deal with. Patients may develop a fear of a plant, fear of the industry or fear of living.

One of our cases having been gassed in 1925 died in 1928. Between the time of gassing and the time of death he was at no time a normal individual. He suffered from fears and obsessions of various types and finally died of cardiorenal disease. Whether or not the obsessions which he developed were part and parcel of gassing or necessary sequellae of advanced renal disease is difficult to say. Authors in industrial medicine speak of the neurosis following gassing They are particularly difficult to treat. In handling these cases the greatest appreciation must be made of the broad philosophic background which should accompany a study of the treatment of traumatic neurosis.

We have in each of our gassing cases succeeded in getting our employee back to work. In one case it was two years before the individual developed enough confidence to want to return to his own department. Had we not substituted

another department it is hardly to be believed that we would ever have got him back to work. This case illustrates again the value of industrial placement. It may be that the horrors of the gassing in the war have been brought home to some individuals through newspaper accounts. It is safe to say that those individuals in the future who become gassed by nitric fumes will probably be much worse off than if they had not been familiar with the results of the hospital fire in Cleveland.

Another form of traumatic neurosis is that following injuries to the head in which it is claimed by some authors that there are minute petechiae hemorrhages in various portions of the brain. These, it is claimed, in the brain finally produce the condition known as "punch drunk" or the "goofeys." This condition is familiar to prize fighters. Just what its industrial application is, is hard to say. It probably plays a minor role in certain head injuries. It is extremely difficult to prove or disprove. Recent information, however, and study of brains of prize fighters has been very stimulating and may lead the way to further investigation of the sequellae of head injuries.

It is a good broad general principle to see all traumatic neuroses often; to give many treatments. Manual massage is, perhaps, the best. Any treatment which is automatic and which does not bring the patient in close contact with the physician does not serve its purpose. It is our custom to use baking and massage and heliotherapy only.

Summarizing, many cases of traumatic neuroses are not neuroses at all. A careful and complete physical examination and psychriatric examination often repeated should accompany treatment. The greatest tact should be shown by the physician and he alone should have charge of the patient. No industrial conflict should be aroused nor permitted. The patient should be returned to work as quickly as possible but he should not be hurried back if antagonistic to a hurried return. In proper industrial placement lies the key to success in treating these cases.

# THE PREVENTION AND TREATMENT OF PNEUMONIA\* BY RUSSELL L. CECIL, M.D., NEW YORK, N. Y.

THE topic which has been assigned me for this address is a large one, too large indeed to be adequately covered in such a short space.

The prevention of pneumonia is really dependent almost entirely on the prevention of the milder respiratory infections. In our statistics at Bellevue Hospital, we have found

Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

that a surprisingly high percentage of all patients with lobar pneumonia gave a history of a preceding sorethroat, coryza or influenzal attack. Sometimes it has been an acute tonsillitis or a sinus infection which has preceded the pneumonia.

With respect to common colds, I have long been convinced that autogenous vaccines taken every week or ten days throughout the winter and spring are of great value in their prevention. Whether this should be considered a specific or a non-specific form of therapy

I am not prepared to say.

During the war, those of us who were studying pneumonia in the army camps became interested in vaccination against the fixed types of pneumococcus pneumonia by means of a pneumococcus vaccine. This vaccine, as many of you will recall, was tried on large groups of soldiers and appeared to have definite value in preventing the more serious forms of lobar pneumonia. While pneumococcus would undoubtedly have an important part to play in case of another war, its usefulness in civil life is not so obvious. However, I strongly advocate the use of a polyvalent pnemococcus vaccine for patients who have had several attacks of penumonia and live in constant dread of still another attack. Pnemococcus vaccine is also indicated for elderly patients who suffer from winter bronchitis, as a prophlactic against the more serious pulmonary infections.

Today it seems that we might make better use of the short time allotted to this discussion if we considered more particularly the recent advances in the serum treatment of pneumonia.

The efficacy of Type I antipneumococcus serum in the treatment of Type I pneumonia has been established by clinical, experimental and statistical evidence. In spite of its clinical value, however, it has never come into general use, chiefly because of the practical difficulties which are encountered when one attempts to employ it in private practice or even in small hospital work. For this reason chemists and bacteriologists have been striving during the past few years to purify and concentrate antipneumococcus serum, in order to elminate to some extent the dangers of serum reactions and to reduce the bulk of serum necessary to obtain good therapeutic results. Furthermore, efforts have been made to extend the use of serum to the other types of pneumococcus pneumonia.

Huntoon's polyvaient antibody solution is a water soluble extract of immune bodies removed from antipneumococcus horse serum. This product contains immune bodies against penumococcus Types I, II and III, but not in concentrated form. The chief advantage of Huntoon's antibody solution is its entire freedom from horse protein, a fact which makes it available for pneumonia patients even when they are highly sensitive to horse protein. The disadvantages of Huntoon's antibody solution are its lack of adequate potency and its tendency to produce sharp chills when injected intravenously.

The most recent effort to refine and concentrate antipneumococcus serum is that of

Lloyd Felton, who precipitates out the immune bodies from antipneumococcus serum by means of ammonium sulphate or distilled water, and redissolves them in a concentrated solution. Horse protein is present in small quantities. Immune bodies against pneumococcus Type I and Type II are present in high concentration, usually five to ten times as great as that of an ordinary Type I or Type II serum. Felton has worked out a method of standardizing refined serum in units, the unit being that amount of serum that will protect a mouse against a million lethal doses of virulent pneumococcus culture.

The polyvalent Felton serum contains on an average of 2000 units against Type I and 1000

to 2000 units against Type II.

The experiments on animals are very satisfactory, particularly in the case of Type I pneumococcus. One can give monkeys perfectly classic lobar pneumonia when pneumococcus Type I is administered intratracheally. If after the disease has progressed for a day or two, intravenous treatment with Felton's serum is begun, invariably the blood is sterilized, the temperature begins to come down and the monkey gets well, while the control monkeys die. It is a very satisfactory method of testing out the value of these specific agents, one that we use a great deal in research work.

We have tried to develop in Bellevue Hospital a reliable method of determining the therapeutic value of these products. We take every case as soon as the diagnosis of lobar pneumonia has been made, and that case is given a number. About 500 lobar pneumonias a year are admitted to the twelve medical wards at Bellevue. The even numbers get Felton's serum as soon as the diagnosis of lobar pneumonia is made. The odd numbers get no scrum, but in other respects are treated in the same way. It is very important to get the serum treatment started as soon as possible.

The "typing" of the sputum is one of the most important parts of our work from the scientific point, because it enables us to know what we are doing in each particular case. In private practice, typing is not absolutely essential, but it is valuable information to have. In research work it is essential to have accurate typing, and even with the best typing in the best laboratories, with specially trained people to do it, there is probably an error of five to ten per cent in the reports. The only way to overcome this error is to have repeated specimens examined and checked up with the blood cultures, cultures from pleural exudates, urine precipitin tests, and so forth.

Tests for hypersensitiveness to horse serum are made before the scrum treatment is started. We may do an intradermal test, but nowadays we usually perform an ophthalmic test, because the ophthalmic test is less sensitive than the skin test. The patient is asked if he has had asthma or hay fever or ever received serum of any kind before. The ophthalmic test will generally indicate whether the patient is very sensitive. If he is sensitive, we proceed with the greatest caution, giving very small doses of serum subcutaneously to desensitize the patient. If the patient's history is negative and the ophthalmic test is negative, we proceed at once to give 5 c.c. of Felton's serum intravenously, watching the patient to see if any symptoms of anaphylaxis develop. After the 5 c.c. has been given, we give larger doses, and try to get in 50 to 75 c.c. of Felton's serum on the first day of the patient's stay in the hospital. On subsequent days, the number of injections is governed by the condition of the patient. If there is a rapid drop in temperature and improvement in the patient, the dosage on the second day would be much smaller. The average individual dose is 10 to 20 c.c. intravenously.

Occasional reactions have been noted. It is a well-known fact that the intravenous injection of any kind of serum or serum-derivative will occasionally cause reactions. The chills that sometimes follow intravenous injections of Felton's serum are caused by a foreign protein. We now discard the lots of serum that give chills, or send them back for repurification. Most of the lots now come in perfect condition and give no reactions of a foreign

protein nature. The other reactions are the hypersensitive reactions in patients who are allergic to horse serum. We have had a few anaphylactic reactions. A syringe of adrenalin is always at hand so that if the patient breaks out with urticaria or begins to get a little cyanosed, the adrenalin can be administered at once. We have not had any fatalities in the 414 cases treated with Felton's serum. There has been a smaller incidence of serum sickness than with the original standard Type I serum. Serum sickness was noted in 10 to 12 per cent of cases and seemed to depend a good deal on the amount of serum which the patient received. Patients who get a large amount of serum are very likely to develop serum sickness a week or two weeks after the injection.

In administering serum to the patient, the immunologist is trying to sterilize the blood in pneumonia. These serums are not antitoxic. No toxin has been isolated from the pneumococcus; there is no antitoxin against the pneumococcus. These specific agents that are being tried out in penumonia are antibacterial. Their function is to increase the agglutinins, precipitins and opsonins in the blood, and to hasten phagocytosis of the pneumococci.

In the typical case of Type I penumonia the crisis appears on about the seventh day, and at the time of the crisis the patient begins to develop immune bodies in his blood. That is what happens in all types of pneumonia with recovery. The patient, whose blood has been free from any evidence of immune substances, about the time of the crises or shortly after, begins to develop these immune bodies. If the blood culture has been positive, the immune bodies rarely appear until the bacteria disappear from the blood.

The object in giving serum to any type of pneumonia is to help Nature establish a balance of immune bodies in the blood in order that it will be impossible for pneumococci to circulate there. We have learned that with rare exceptions, penumococci and immune bodies do not circulate in the blood at the

same time.

The patient with pneumonia needs a great deal of help; he needs more help relatively speaking than the patient with diphtheria or scarlet fever, because he has a very large infected area. The diphtheria patient has small patches in the throat, and the scarlet fever patient has a red throat infected with streptococcus. Compare these small localized infections with a man who has three lobes solidified with pus and innumerable pneumococci. It is much more of a problem to overcome such an infection than it is to control infections such as scarlet fever and diphtheria.

In pneumonia, the death rate in patients with positive blood cultures is much higher than in patients with sterile blood cultures. In a total of 107 patients at Bellevue Hospital, the mortality was 78.3 per cent where the blood culture was positive, as against ten per cent where the blood remained sterile.

In respect to the clinical effects of concentrated serum, it may be stated that the administration of the serum early in the course of the disease frequently causes a striking drop in the temperature and a general amelioration of the patient's symptoms. In the cases of Type I pneumonia treated within two days after onset, this is the rule rather than the exception. In cases treated later than this, the clinical effect is not always evident. If, however, the particular lot of serum used is highly potent in Type I or Type II antibodies as the case may be, the clinical effects even in cases admitted on the fourth or fifth day of the disease may be quite impressive.

The effect of concentrated serum on the death rate in pneumococcus pneumonia is indicated in table 1, which is a summary of 885 cases of pneumococcus pneumonia observed in Bellevue Hospital. Altogether, 441 patients with pneumococcus pneumonia were included

in the serum treated group.

The most striking results were obtained in the pheumococcus Type I series In 153 treated cases the death rate was 206 per cent while the control series of 147 cases showed a mortality of 326 per cent. Among the pneumococcus Type II cases the results were not quite so striking, but even here there was a decided difference in the mortality for the treated and untreated cases 415 per cent for the treated series as compared to 545 per cent for the untreated cases. In the pneumococcus Type III cases, serum did not have any beneficial effect. Indeed, the death rate was actually higher for the treated group (400 per cent for the treated, 286 per cent for the un This apparent anomaly in the Type III mortality rates is probably due to the presence of an unusually large number of chronically ill patients in the Type III treated series miscellaneous group IV cases, serum appears to have had a beneficial effect. In a large group of treated cases the death rate was 282 per cent, is compared with 383 per cent for the untreated cases. This may be due, however, to factors other than serum which modify the death rate of lobar pneumonia

The death rate for the entire group of 441 treated cases was 30 per cent, while in 444 untreated cases there was a mortality of 392 per

The death rate for untreated patients admitted di ring the first three days of the disease is con siderably lower than the death rate for untreated patients admitted during the first three days of the disease Treated patients admitted after the first three days of the disease show a con s derably lower death rate than untreated pa tients admitted after the first three days of the disease, Type III excepted Our statistics show that the death rates for treated patients admitted during the first three days of the dis case are distinctly lower than those for the en tire untreated series. This is most marked in the Type I group, in which the death rate for treated patients admitted early is approximately one third of that for the entire group of untreated Type I cases It is also interesting to note that the death rate for treated patients with Type II pneumonia admitted early was only 346 per cent, as compared with a death rate of 546 per cent for the entire group of untreated Type II cases In other words it would appear from these figures that if patients with Type I and Type II pneumonia were admitted early and treated carly with serum the death rate for Type I pneumonia could be cut to one third of the present figure, and that for Type II to almost one half of the present figure

The death rate in both the treated and the unticated series is lower patients under 40 years of age than for patients over 40 years of age Relatively speaking, however, serum treatment appears to be just about as effective in middle aged and elderly patients as it is in vounger patients Statistics were also prepared to determine how effective serum treatment was in patients with chronic systemic disease or with a history of chronic alcoholism. These figures were very similar to those for the two age groups, that is, the death rates in both treated and untreated groups were lower for those with previous good health than for those with a history of systemic disease or chronic alcoholism The relative reduction in death rate, however, was approximately the same for the chronically ill as for those who had always enjoyer good health

Now that we appear to have a potent, effi cient serum for the treatment of Type I and Type II pneumonias, what should be the actual mode of procedure on the part of the general practitioner who encounters a lobar pneumonia in his private practice? By another winter the serum will be available for all, as it is now being manufactured on a large scale Should antipneumococcus serum be administered as a routine in every case of lobar penumonia, or should the physician wait until he has received a report on the pneumococcus type from the clinical laboratory? If one pursues a radical policy and gives serum to every case of penumonia before getting the sputum report, he will give serum to a good many Type III and Type IV cases that presumbaly will receive no benefit from such treatment. On the other hand, if he waits until the sputum report is received and then treats only Type I and Type II cases, his course of action will be more scientifically correct, but the patient with Type I or Type II pneumonia will have lost nearly twenty four hours of valuable time Fortu nately there is every prospect that this prob lem will soon be solved Rapid methods of sputum typing are now being worked out, notably the one by Sabine at the Harlem Hospi tal, which will give an accurate report on pneumococcus type within three hours after the sputum is sent to the laboratory Until these rapid methods are in general use, however, we would advise a radical policy with regard to serum treatment in young adults in the twenties and thirties, and a conservative policy in patients over forty. In young pa tients, about two thirds of the pneumonia will fall into the Type I or the Type II group In middleaged and elderly patients, about two thirds will fall into the Type III or Type IV group As there is no serum for Type III or Type IV pneumonia it is probably better practice to withhold serum from middle aged patients until the laboratory has made a report on the sputum

## Summary

Refined antipneumococcus serum is a purified and concentrated derivative of ordinary antipneumococcus horse serum. It is usually prepared in a polyvalent form, containing immune bodies against Types I and II.

When concentrated serum is injected early into patients with pneumococcus Type I pneumonia, a striking clinical effect is usually obtained. The pneumococci disappear from the blood and the temperature falls rapidly to normal. Even in more advanced cases, good results are often obtained. In Type II penumonia the clinical results are not so impressive, though even in this type of infection, when patients are treated early, favorable results are often noted. In Type III or Type IV penumonias, no beneficial result is obtained.

In a series of 153 cases of Type I pneumonia treated with refined serum at Bellevue Hospital, the death rate was 20.9 per cent, while the control series of 147 untreated cases in the same hospital showed a deathrate of 32.6 per cent. A definite, but less marked effect, was

observed in cases of pneumococcus Type II pneumonia that were treated with concentrated serum. The serum had no favorable effect on pneumococcus Type III pneumonia. In Type IV pneumonia, the death rate was lower in the treated than in the untreated series, but factors other than serum may have been responsible.

TABLE I
Comparison of Death Rates in Treated and
Untreated Cases

Түре	Treated			Untreated		
	Cases	Died	Mortality per Cent	Cases	Died	Mortality per Cent
I II III IV	153 106 40 142 441	32 44 16 40 — 132	20.9 41.5 40.0 28.2 30.0	147 108 56 133 444	48 59 16 51 —	32.6 54.6 28.6 38.3 39.2

## A SIMPLE METHOD OF TUBAL STERILIZATION\*

BY ELIOT BISHOP, M.D., and WM. F. NELMS, M.D., BROOKLYN, N. Y.

From the Department of Gynecology and Obstetrics of The Brooklyn Hospital

This brief paper which we will illustrate by pictures, still and moving, is purely one of technic. The subject of sterilization in its broad aspects—moral, ethical, social and medical has been handled by abler pens than ours. Two of the most recent are by Williams<sup>1</sup> in the Journal of the A. M. A. for Oct. 27, 1928 and by Dickinson<sup>2</sup> in the New York State Journal of Medicine, May 15, 1929. Neither will this paper take us through the history of even the technical aspect, though we will append some bibliography of the results of different methods.

To return—any surgical procedure should exhibit three principles which we will align alliteratively: Simplicity, Safety, Security. We can easily demonstrate to you that the procedure which we present is *simple*. It would seem also as though it must be accepted as one which is as *safe* as any invasion of the peritoneal cavity. As to *surety*, we will state that there is no known case of ours that has become pregnant.

Taking up each aspect separately, we want to state that its extreme simplicity has possibly kept it from becoming more popular. Our earlier work followed that originated by the late August Hussey which buried the cut stump of the tube and also covered the raw

area in the broad ligament and the uterine cornuum with a combined ligature and suture ingeniously applied. No pregnancy followed its use as far as is known, but at times annoying bleeding occurred necessitating complete salpingectomy for its control.

The method we are advocating we first saw in the hands of the late Ralph Pomeroy who made no claim for originality but stated that he had never seen it done. Its simplicity lies in the fact that it is nothing more or less than that a loop in the loose, middle portion of the tube is ligated with absorbable suture material and resected. It takes but a few seconds during a laparotomy and usually no longer by vagina. Its similarity to and its difference from Madlener's method we will refer to later.

So much for simplicity. As to safety, hemorrhage and infection are yet to be feared in any operative procedure. As to the latter, the chance of latent infection being present has scarcely entered our heads, for a tube to be functioning is presumed to be healthy and non-infecting. However, if desired, the cut ends may be cauterized by heat or a chemical. As to hemorrhage, the vessels that are apt to be involved are ligated before section, so there ought to be only a few drops of blood loss. By the vaginal route there is

<sup>\*</sup>Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

some chance of laceration of the tube during its delivery, but no more than in any other vaginal method of tubal sterilization. We feel that we must be supported in our contention of simplicity and safety.

As to surety, more proof will be needed and that is not so easy. Incomplete as this report may be, we are bringing it forth to stimulate more use of this method so that it justly may be followed or condemned. what way does this procedure give assurance of sterilizing? The first critical thought is that we use absorbable suture material, which indeed we do, our practice having been to utilize a double strand of No. 1 chromic catgut. No absorption occurs until there is no fear of bleeding and when it does the two cut ends draw apart as we have noted in two subsequent laparotomies and we will show on one of our experiments. During this period the plastic exudate of the peritoneum has been thrown out and become organized, and here is the secret of the process. Nature throws over a barrier of new peritoneum and it becomes a permanent one with no chance, we feel confident, of fistula formation.

We definitely do not crush the tube first as has been advocated by Madlener and others, for the crushed tissue may open a way for fistula formation; we definitely do not use non-absorbable ligature material as that very material, we fear, might slough through and a fistula develop. Nature through her eliminative mechanism tends to absorb a disused organ and we feel in this procedure that the two portions of each tube steadily shrink up to a narrow strand even possibly closing the lumen. We will show a slide of an x-ray picture of a uterus whose tubes have been ligated and two years subsequently injected with sodium iodide and the material does not leave the endometrial cavity.

As to clinical results, as near as our records can be found we have done this about 60 times, there being no record of a pregnancy. Follow-up by letter and telephone has given us, as far as we have been able to achieve it, no report of a pregnancy and no use of contraceptives. A personal communication with Dr. R. M. Beach supplements this with about 40 additional cases with no reported pregnancies. On a dozen animals—guinea pigs and cats—which are known to be prolific and with frequent periods of rut, we also have found no pregnancies.

In reviewing the literature of this subject there are so many various methods of operation which have been used that we will not have space enough to include them all. We are concerned only with those performed upon the Fallopian Tubes as this is the title of the paper. One is struck by the great number of failures reported following all kinds of tubal ligations and resections, but it is interesting to note that the material used in the vast majority of these cases has been a non-absorbable suture—usually silk.

Littig<sup>3</sup> gives a thorough survey of the literature of this subject up to 1912 citing all of the methods used up to that time and shows the discouraging fact that failures have occurred with all of them. He concludes: 1that animal experiments, the ligation or excision of pathological tubes, and the results of like operations on normal tubes prove conclusively that tubal ligation with or without excision is not an efficient measure to prevent conception; and 2-the only operation which gives promise of success is excision of all or a part of the tube with a deep, wedge-shaped excision of the uterine cornu, including the pars uterina of the tube, the defect to be closed with a musculo-muscular and a seroserous row of sutures

Some of the most commonly used methods

reported since the above article are:

1st. By Kohler who loops the tube in its middle portion, ligates with silk sutures and cuts off the loop.

2nd. By Peitman<sup>5</sup> who ligates the tube with silk in two places about two cm. apart, splits the peritoneum exposing the tube, excises a section of the tube between the ligatures and then sews the split peritoneum over this with fine silk sutures. He calls this "Subserous partial tubal extirpation."

3rd. By Rabinowitz<sup>n</sup> who does just as Peitman except that he sews the ends of the cut tubes with silk and buries the uterine stump

in the musculature of the uterus.

4th. By Planner who ligates doubly with silk, cuts between the ligatures, sews the ends with silk and buries the uterine stump in the broad ligament.

5th. By Hofbauer' who cuts the tube, ligates the proximal end with silk and approximates the round and ovarian ligaments over the stump.

6th. By Madlener who loops the tube, crushes it together with the mesosalpinx and ligates with silk or cat-gut sutures.

7th. By Williams<sup>10</sup> whose routine method is to excise the proximal end of the tube from the uterine cornu by a wedge-shaped incision, carefully closing the wound with fine sutures.

As to results we have been unable to find statistics showing the number or percentage of failures for each specific method used. According to Kohler<sup>11</sup>, 21 cases of pregnancy after tubal sterilization have been reported in the literature, most of these having been collected by Nurnberger. Sarkissiantz estimates the failures after bilateral ligation and resection

at 1:3000. On the basis of cases reported in literature 6.5%. In Doderlein's Clinic from 1908-1918, 67 tubal sterilizations were performed with 4 failures or about 5.97%. Failures after single or double ligation of the tubes according to Kalliwoda's calculation (based on 75 cases collected from the literature) numbered 14 or 1/5 of the cases.

Madlener<sup>o</sup> reported 89 cases by his method

all of which were successful.

Von Waser<sup>12</sup> reported 225 cases sterilized by Madlener's method with one failure. In 1926, 39 cases had been added to Madlener's first series making in all, excluding 4 deaths, 124 cases with no failure. Keller reported that of 15-20 cases operated on by Madlener's method only one failed. Schreiner13 reports 142 sterilizations by Madlener's method with no failures. Nurnberger<sup>14</sup> reports 6 or 7% failures following the operation in which a wedge at the horn of the uterus is removed.

In conclusion, while we can not state positively that sterilization by our method, will give a better percentage of results than those reported above, we believe so for the follow-

ing reasons:

- 1. In a series of 100 cases no known pregnancies have occurred.
- 2. Our use of absorbable suture material is not as likely to cut through the stump.
- 3. The fact that we have seen (in subsequent laparotomies and in experimental cats) that the two cut ends of the tube have separated and become covered with peritoneum.
- 4. Sodium iodide tubal patency tests have shown the fluid to be confined to the uterus with none in the peritoneal cavity.

## BIBLIOGRAPHY

- 1. Williams: Journal A.M.A., Oct. 27, 1928.
  2. Dickinson: N. Y. State Journal of Med., May 15, 1929.

- 929.
  3 Littiz: Surg., Gyn. & Obstet., XV, No. 4, 1912.
  4 Kohler: Zent. f. Gynak., 51:1589, June, 1927.
  5 H. Peitman: Zent. f. Gynak., 50:1720, June, 1926.
  6 Rabinowitz: Zent. f. Gynak., 51-634, Mar., 1927.
  7 Planner: Zent. f. Gynak., 51-1829, July.
  8 Hoffbauer: Surg., Gyn., Obstet., 44:829, June, 1927.
  9 Madlener: Zent. f. Gynak., 50-219, Jan., 1926.
  10 Williams: Journal A.M.A., Oct. 27, 1928.
  11 Kohler: Zent. f. Gynak., 52:1397, 1928, Part II.
  12 Von Waser: Zent. f. Gynak., 49:2321, Oct., 1925.
  13 Schreiner: Zent. f. Gynak., 51:628, 1927, Part I.
  14 Nurnberger: Samml. Klin. Vortr., 1917, p. 731.



## NEW YORK STATE JOURNAL OF MEDICINE

Published semi monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication, New York WILLIAM H Ross, M D. Chairman Brentwood CHARLES GORDON HEYD, M D New York

DANIEL S DOUGHERTY, M D

New York Executive Editor-FRANK OVERTON M D Advertising Manager-Joseph B Turts New York

Patchogue

Business and Editorial Office-2 East 103rd Street, New York, N Y Telephone, Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements outside of its own authoritative actions, published in the JOURNAL. Views expressed in the various departments of the JOURNAL represent the views of the writers.

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City Telephone, Atwater 7524

#### OFFICERS

President—James N Vander Veer, M D First Vice President—From S Winslow, M D Secretary—Daniel S Doughery, M D Treasurer—Charles Gordon Heyd M D Steaker—Joint A Carp, M D

Editor in Chief-Orrin Sage Wightman, M D

President Elect—WILLIAM IT D Second Vice President—LYULA Assistant Secretary—Peter . Assistant Treasurer—JAME\* Vice Speaker—George W 1 Rochester New York New York Poughkeepsie TRUSTEES

GRANT C MADILL, M D , Chairman

JAMES T ROOMEY, M D ARTHUR W BOOTH, M D

Elmıra Rochester

Albany

Ogdensburg HARRY R TRICK, M D NATHAN B VAN ETTEN, M D

Buffalo New York

CHAIRMEN, STANDING COMMITTEES

HAN, M D D New York

T P FARMER, M D, Syracuse
DELL M D Albany DELL M D J SLATER M D LIER M D Rochester Poughkeepsic New York ONDERN M D

CHAIRMEN, SPECIAL COMMITTEES

" P

Group Insurance—Join A Card Yelendic Health Exam F—C Ward Nurse Problem—Nathan B Van Physio Therapy—Richard Kovacs Birth Control and Sierilization—JC Anti Diphtheria—Nathan B Van Pollution of Wateruoxy—Citarkis

#### PRESIDENTS, DISTRICT BRANCHES

- 1f T First District-George B ST Second District—Cenaris H
Third District—Edgar A VarFourth District—William L ? :

Fifth District—PAICE E THORNHILL M D Serth District—LARUE COLEGROVE M D Serth District—Austin G Morris M D Eighth District—Thomas J Walsh, M D

Watertown Elmira Rocheste Ruffalo

#### SECTION OFFICERS

Pediatrics-Eye Ear N Public Healt Neurology a Dermatology

Nextoff M D Sceretary New York

M D, Sceretary Brooklyn

B C Doust, M D See, Syracuse
D, Secretary New York
Noll R C Iniman, New York Noll R C CIAMBERS, M D, Sceretary Reverbead
hairman New York Noll R C CIAMBERS, M D, Sceretary, Syracuse
Chairman New York, Albert R MEFALAND, M D, Sceretary, Sochester

#### LEGAL

Office at 15 Park Place, New York. Telephone, Barclay 5550 Counsel-LLOYD PAUL STRYKER, Esq.

Attorney-LORENZ J BROSNAN, Esq.

Freculite Officer-Joseph S LAWRENCE M D , 100 State St , Albany, Telephone Main 4 4214 For list of officers of County Medical Societies, see this issue, advertising page xxvi

#### RECORDS OF SOCIETY ACTIVITIES

It is gratifying to receive appreciations of the department of News Notes in this Journal, for they show not only that the medical societies are active along progressive lines, but that their members are interested in the practice of medicine by the societies. The department recently has consisted of over ten pages in each issue, while the department of Our Neighbors, consisting of six or seven pages, is devoted to the records of the activities of the medical

societies of other states. Our Journal is therefore giving about one quarter of its space to the record of medical society activities, thereby justifying its title as the organ of the Medical Society of the State of New York

Furthermore, the record is not merely a cuirent diary of events, but is written in an explanatory manner and edited with the same care that is given to articles in other departments

## THE FAMILY PHYSICIAN IN PREVENTIVE MEDICINE

If the present facilities of medical science were applied efficiently, a very large groupsay three-fourths-of those persons now sick would be well. Not all sickness would be prevented, for science has not yet unlocked the secrets of cancer and other conditions. The amount of sickness which is cured or prevented is further limited by two conditions,— 1. The skill of the Doctor; 2. The cooperation of the patient. Skill in the art of practice of medicine is revealed in the stage at which a disease is recognized. Tuberculosis, for example, a quarter of a century ago was usually diagnosed only in its advanced stage, when it was incurable. Today a doctor is expected to recognize it in the stage of early incipiency, and even to recognize those conditions which may lead to the development of the disease in later life. Hence there has arisen the form of practice called preventive medicine; but the principles of preventive medicine are the same as those of curative practice, and are well known to every family doctor.

Preventive medicine concerns both individuals and also citizens as a group or community. Every municipality is concerned with public conditions which have a direct effect on health;—water supplies, for example. No family physician, advising his patients, can protect the people from typhoid fever when the public water supply is polluted. Hence there arises the practice of public health, or the adoption of measures in which action must be taken by groups of people in distinction from individuals.

The practice of public health, like the ordinary forms of the practice of medicine, requires the cooperation of two participants:

- 1. The patient is the community, the village, city, county, state or nation.
- 2. The doctor is the medical profession which is concretely represented by the county medical society.

Public health is a branch of preventive medicine and its principles are the same as those in curative medicine as practiced by the family doctor. Private practice, preventive medicine, and public health constitute a series in which each form merges imperceptibly into the other two.

So far as medical skill is concerned family doctors are already qualified to practice preventive medicine and public health. The question may therefore be asked; Why are physicians not practicing these forms of medicine with the same eagerness that they show in the practice of medicine and surgery? The answer is largely economic.

Communities as well as individuals seek medical advice in order to relieve or prevent pain, discomfort or disability. An individual is ready to consult a doctor for immediate relief; and a community in a panic is willing to pay for immediate relief from a diphtheria epidemic. The doctor can earn a living by giving ordinary forms of relief for fully developed conditions; but at the present time he cannot earn a living by practicing preventive medicine or public health unless he is hired by an organization. The family doctor is compelled to practice those forms of medicine which will give him a living income. Moreover, he becomes discouraged when his well meant efforts of advice to the public are received with indifference or scorn, as was usually the case a decade or two ago. It is but natural that the family doctor should lack interest in the practice of preventive medicine and public health. Who then shall give these forms of medical service? Groups and organizations of public spirited citizens have studied the question for a quarter of a century and have developed standard forms of procedure for both the physician and the community. They have made experiments and have conducted demonstrations along every conceivable line. They have hired physicians to engage in the newer forms of practice and have gone so far as to propose state medical service for all relief conditions. They have also conducted campaigns of education among the people and instructed the people regarding their duty in accepting the medical service which is offered to them. Two conclusions have been reached by both the health organizations and physicians.

- 1. The family doctor or physician is the most practical source of medical service in preventive medicine and public health in a community. The threat of state medicine is dead and buried, and practically every health organization looks to the local doctors to give the service that is promoted by the organizations.
- 2. The peculiar field of health organizations is to educate the people along medical lines,—to inspire them to look to the family doctor for advice in community health, as well as in the sickness of individuals. Lay organizations have done their work so efficiently that the people are beginning to seek the advice of doctors along public health lines. There is a demand, for example, for efficiency in the departments of health, in pre-natal and child welfare work, school children inspection, and the correction of defects. All these forms of medical service belong to the family doctors

and a community expects the work to be done scientifically and efficiently.

The Committee on Public Relations of the Medical Society of the State of New York is promoting the practice of preventive medicine and public health by members of the county medical societies. This practically means the cooperation of the medical societies with lay health organizations. And this is what the name, public relations, implies. Physicians cannot carry on preventive medicine and public health without the assistance and cooperation of other health organizations, both lay and official. The physicians of a county cannot hold themselves aloof from other organizations: for each group is incomplete without the other. The two are mutually complementary. Both physicians and lay health workers are well organized in every county in New York State. The physicians have their county medical societies, while the lay health workers have their tuberculosis associations, parentteachers organizations, public health nursing

societies, and other groups organized to do special kinds of public health work.

The first step in securing the cooperation of physicians with the other groups of health workers is that of surveying the field in each county along two lines: 1. The work done by medical organizations, such as county societies, hospitals and tuberculosis sanatoriums, and departments of health. 2 The activities of other public health agencies.

These surveys wherever they have been made have been revelations to those who have made them. When a committee of a county society compares the health service given in its county, with similar service in counties in which it is done efficiently, there always follows a desire to improve the service. On the other hand, when a county society does not make a survey, its members are likely to think that they are already doing all that can be accomplished or needs to be done; but the known survey leads to the adoption of working standards equivalent to those of counties in which perfect health service is given

## LOOKING BACKWARD

#### THIS JOURNAL TWENTY-FIVE YEARS AGO

Incorporating the A.M.A.:—The first article in this Journal of February 1905 is a copy of a bill which reads as follows:

"A bill to incorporate the American Medical Association; Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled that, Robert · M. O'Reilly, Doctor of Medicine, Washington, District of Columbia; ...., J. A. Wyeth, Doctor of Medicine, New York, New York; .... ..... (Representatives of 34 states) and

their successors, and those who may be associated with them, are hereby made and constituted a body politic and corporate with the name American Medical Association, with perpetual succession and power to take, for the purposes of its incorporation, by device, bequest, grant, gift, purchase, or otherwise and hold or convey, both real and personal property and transact business anywhere within the United States.

Sec. 2. That the object and purpose of such corporation shall be to promote the science and art of medicine and the public health throughout the United States.

Sec. 3. That such corporation shall have

power to make by-laws rules, and regulations, and choose officers for its government and the attainment of its purposes."

The Journal also prints a letter from Dr.

Joseph D. Bryant, in which he says:

"The membership of the A.M.A., now already quite large, is rapidly increasing, because of a keen appreciation of the policy of its thoroughgoing organization, stimulated by patriotic desire on the part of the members of the medical profession to assume the responsibilities that properly belong, as good citizens, to their lot in the conduct of human affairs.

The contributing to the sanitary welfare of the country, by means of careful and scientific surveillance and by directing influences in all public matters relating to the domains of medical thought and activity, is the plain duty of medical men, whose compliance therewith each citizen should demand and no physician should refuse. The mutual recognition on the part of all concerned of the great gain that would follow hearty reciprocal action in all such matters, will enhance immeasurably business stability and professional station."



## MEDICAL PROGRESS



Treatment of Puerperal Eclampsia with Thyroxin .- Prof. H. Küstner of the Leipzig University Gynecological Clinic, reviews the familiar use of thyroxin in therapeutics, which of course conveys no suggestion of its utilization in the obstetric clinic. However it has been shown by animal experiment not only to stimulate basal metabolism but to increase diuresis. For a long period the author has been giving the drug a trial in puerperal convulsions and sees some promise in it, although chiefly in post partum cases in which spontaneous improvement may be encountered. Recently he had two particularly severe cases which developed in the seventh month. For certain reasons he did not wish to terminate gestation by premature delivery or cesarean section. Both women had many convulsions in the clinic and presented also somnolence, edema, oliguria, and moderately high blood pressure. Albumin and casts were also present. Intramuscular injections of thyroxin were given at intervals, but not until the end of eight hours were the convulsions brought to a stop after first becoming weaker and less frequent. At the same time diuresis steadily increased and at last consciousness returned. In one patient the albumin cleared up save for a trace, but labor set in prematurely with birth of a dead fetus, and the placenta showed many infarcts. In the second case labor was induced prematurely with the same result. In a third patient with a blood pressure of 270 thyroxin also gave relief. The author learned that even with intramuscular injections thyroxin does not produce its action on the kidneys until the expiration of 8 to 10 hours. Hence we must stop the convulsions with more promptly acting remedies, such as morphine. He uses insulin after convulsions have ceased, but is not certain of its efficacy.—Klinische Wochenschrift, January 4, 1930.

Toxic Collapse and Its Treatment.—E. Holzbach of the gynecological department of the City Hospital, Mannheim, has studied this subject for the past 15 years. He refers to a condition common in infectious diseases, peritonitis. etc., which he thinks is wrongly understood and unscientifically treated. The assumption is usually that cardiac failure is present and requires remedies thought suitable for this condition, although, even if these drugs prove to be of value, their remedial action is not on the heart proper but on the peripheral circulation. The blood in these cases accumulates in the splanchnic vessels and the heart has an insufficient amount of blood to propel, which makes it unscientific to intensify

its action. Digitalis is contraindicated although the author combines a little strophanthin with remedies directed against the peripheral vascular system, which is actually reached through the centers in the bulb. Caffeine he gives for the reason that, while held to stimulate the heart, it also acts directly on the vascular and respiratory centers in the medulla and on the capillary circulation. Strychnine is also theoretically indicated and recommended highly by Eppinger. The balance of the article deals with the action of adrenalin, hypophysin, and ephetonin. author is lukewarm as to the utility of the first two, but ephetonin, as shown by personal experiments of the author, is far more efficacious. In fact he appears to take great credit to himself for introducing this drug into the treatment of toxic collapse. From both the theoretical and clinical angles it shows itself as of decided value, and the end is not in sight for study of this drug in this connection will doubtless lead in time to other remedies which act on the peripheral vascular system.—Münchener medizinische Wochenschrift, January 3, 1930.

A Note on the Treatment of Vincent's Angina.—During the past nine years Philip Frank has employed a plan in the treatment of Vincent's infection in 37 cases in private practice and in about an equal number of dispensary patients, which has given uniformly rapid and unfailing results. Bearing in mind that this disease entity is caused by two organisms in symbiosis, the fusiform bacillus and the Vincent spirillum, and that each is susceptible to different agents, the procedure is as follows: After removing the membranous coating from the diseased area in early cases, or the caseous, necrotic debris in advanced cases, the raw surface is swabbed with ordinary tincture of iodine (directed against the fusiform bacillus) followed by thorough swabbing with Fowler's solution (directed against the spirillum). It is unnecessary to employ strong arsenical solutions, such as salvarsan, against the spirillum for it succumbs readily to a weak arsenical application. In addition, Fowler's solution is administered internally, 10 drops three times a day, for five or six days. In no instance has it been necessary to make more than three or four applications, once each day, to obtain a complete disappearance of the organisms and a cure of the lesion .- The Laryngoscope, December, 1929, xxxix, 12.

Dithioglycolate of Calcium in the Treatment of Tuberculosis.—Prof. H. Handovsky of the

Pharmacological Institute of Göttlingen publishes the results of some of his own experiments in this field which convince him that the subject is not vet to be dismissed. He has been feeding guinea pigs with dithioglycolate of calcium with the aim of increasing their resistance to tubercle bacilli. The calcium component has no influence in the matter and any increase in resistance must be credited to the sulphur. This negative influence of calcium is due purely, however, to the small amount ingested. The animals were adult males fed on a suitable diet and a large number of controls were used. Of 35 animals exposed to bacillary inoculation 26 succumbed within a year, half with proved tuberculosis. Of 34 treated with the salt 4 died within the year but none with tuberculosis; while the 30 survivors were in apparent health, and 12 which were killed and subjected to autopsy showed no evidence of the disease. The author therefore has no doubt that dithioglycolic acid is able to confer immunity of a sort on at least one species of animal which is very susceptible to tuberculosis. He does not state the theoretical grounds which led him to select this substance for experiment but intimates that on some future occasion he will supply such omissions in a more extensive paper.—Münchener medizinische Wachenschrift, December 20, 1929.

Tuberculosis of the Trachea.—A. Minkovsky states that tuberculosis of the trachea has been considered a comparatively rare affection. Estimations of its incidence vary greatly, ranging from 3.6 to 25.2 per cent. in the postmortem examination of tuberculous subjects. From the materials collected during the period from January, 1925, to January, 1929, at the Metchnikoff Hospital in Leningrad 2,584 corpses had organs affected by tuberculosis. Analysis of the findings in these shows that the trachea was affected in 11.48 per cent, of the autopsies. Tuberculosis of the larynx concurrently with that of the trachea occurs most often in cases of pulmonary tuberculosis with preëminently productive changes and cavitation. Affection of the larynx occurred in 19 per cent. of the total autopsies; in 10 per cent, the larynx alone was affected, while in 8.48 per cent, both the larynx and trachea were involved. That the trachea is not more frequently affected is because the organ is generally capable of offering fairly energetic resistance to injurious agents. Occasionally there has been noted a destruction of the ciliated epithelium of the trachea, which has been replaced by stratified, flattened epithelium. This may constitute one of the compensating factors in the struggle for preserving the integrity of the deeper seated tissues. An independent infection of the trachea may be explained by the enfeebled constitution of the subject, leading to a lethal issue before tuberculosis of the larynx has had time to develop. The writer distinguishes two types of tracheal tuberculosisthe preëminently ulcerated and the preëminently tubercular, but emphasizes that pure forms are not as a rule encountered. He fails to corroborate a predominating localization of the affection on the posterior walls of the trachea, as urged by some authors. The most severe forms have been seen in the lower part of the trachea. Infection may occur by contact and through the blood and lymph vessels. In all cases of pulmonary tuberculosis the physician should watch for a possible tracheal infection and should detect it before subjective symptoms of the condition appear.—
Laryngoscope, December, 1929, xxxix, 12.

Reduction of Blood Sugar by Ichthyol .-Professor E. Schmitz of Breslau refers to the active hunt for substances which can duplicate the action of insulin on blood sugar. Some of this effort is in the direction of building new synthetic drugs, while at the other extremity is the testing of long known drugs for new properties. Sulphur waters once enjoyed some reputation as an antidiabetic and several investigators have sought for a sulphurated substance which would part readily with its sulphur in the blood stream. Recently Földes tested the element in the form of a 33 per cent, solution of ichthyol. The author was at the time working independently along the same line. Many experiments have been made on laboratory animals intended to supply a proper approach to its use in human diabetes. It was found possible by securing an optimum dose of preparations of ordinary ammonium sulphichthyolate and the corresponding sodium salt to effect a marked reduction of blood sugar in the rabbit, both in the natural state of the animal and when the blood sugar had been increased by feeding glucose. mode of action is still obscure for the drug may interfere with the normal action of adrenalin or with the elimination of the sugar by the kidneys. One observer believes that sulphur exerts a direct action on the pancreas. Experiments show that when the pancreas has ceased to function ichthyol can rouse it again. It is singular to note that with the great abundance of clinical diabetic material available not a single test on the human subject is mentioned, the aim of the research being evidently the elaboration of a sound rational basis for such use. Numerous points still remain to be decided. In the clinic ichthyol has a notably favorable action on many dermatoses and the opinion has been ventured that this action is due to influence on the intermediate carbohydrate metabolism .- Klinische Wochenschrift, December 17, 1929.

The Etiology and Prophylaxis of Post-Anesthetic Sickness.—J. Ross Mackenzie states that there are four outstanding predisposing factors to post-anesthetic sickness—the psychic element in the patient, the preoperative preparation, the

anesthetic agent and its administration, and surgical trauma. He shows that processes of nerve excitement and exhaustion, begun in the preanesthetic period, may continue in the subconscious and unconscious mind throughout surgical anesthesia, and cause profound disturbance to convalescence. Hence the surgical patient should come under the supervision of the anesthetist at the earliest possible moment after reaching the hospital. The anesthetist should make every etfort to allay the patient's anxiety and apprehension. Purgatives and enemata should be given only by the express instructions of the surgeon. Starvation should mean the loss of only one meal before operation. It is important to maintain a high glycogen content of the liver and muscles. To this end food rich in carbohydrates should be taken until within a few hours of the operation, and after the operation should be given in the form of orange juice, sweetened water or tea, or glucose with pancreatin. Stomach lavage before and after the anesthetic is a procedure which has considerable merit, and deserves to be more Intravenous hypertonic extensively practised. saline solution has been used after critical operations, in many cases with brilliant results. It is a mistake to give alkaline fluids, as they hinder the metabolism of carbohydrates. The anesthetic agent is, at most, only an isolated factor in the production of post-anesthetic sickness. The ideal in anesthesia is not how deep with safety to the patient, but how light with efficiency to the sur-Anoxemia should be avoided throughout the operation by supplying oxygen, and de-etherization practised by hyperventilation with carbon dioxide. The patient should be assured of a restful night before operation by means of a nonopiate hypnotic. Blomfield recommends glucose 1 ounce, aspirin 20 grains, bromide of potassium 1 drachm, in half a pint of water per rectum as soon as the patient returns to bed. This Mackenzie has found very valuable.-The Lancet, December 21, 1929, ccxvii, 5547.

Certain Modern Procedures in the Treatment of Gonorrhea.-Prof. W. Frei of Breslau refers first to the intravenous injection of gonococcus vaccine which combines a specific principle with a fever-producing substance. this treatment the patients appear to develop a resistance to the pyretogenous substance. sees in this phenomenon the cooperation of a specific and a non-specific principle. The subject of fever treatment will be taken up later. He next discusses the parenteral treatment of gonorrhea which is used especially for complications. Apparently he uses the term parenteral in a more generic sense than some authors, for he enumerates the intravenous injection of trypaflavin and of gonococcus vaccine under this head. The results thus far are inconclusive, but the author appears to believe that recrudescences of the

disease may be prevented by this means. The success of the fever treatment of paresis has prompted the author to test it in obstinate relapsing gonorrhea. Others in this field have tested inoculation of malarial blood, but the author prefers the substitution of blood from mice with relapsing fever, caused by inoculation with the Dutton spirochete. The author treated in this way 14 gonorrheal patients with an obstinate type of disease and up to the present time 13 of these have been free from relapse—a result too pointed to be set down to coincidence. These patients, however, also received the usual local treatment. —Deutsche medizinische Wochenschrift, December 13, 1929.

Total Alymphocytosis.—Drs. L. R. Grote and B. Fischer-Wasels refer to cases of total inability of the organism to produce lymphocytes. Relative poverty of the latter is often encountered but not much is known of the total form. A case is given of a man aged 39, of good stock and never ill, who had recently taken out insurance. He was attacked by diarrhea without apparent cause, with pain in the abdomen and some vomiting, and later suffered similar attacks which succeeded one another at very brief intervals. During an attack a temperature of 102.2°F was found. He entered a sanatorium where his stools were found to be fatty. A diagnosis was impossible and the condition proved refractory to all treatment. Early blood counts were normal. As a last diagnostic resort laparotomy revealed hepatic cirrhosis, and omentopexy was performed. The patient finally entered the Von Noorden Clinic, Frankfurt-am-Main in an extremely emaciated condition, with rapid pulse, a blood pressure of 80, and localized edema. He was first placed on a salt-poor diet. The stools were always full of fat. Blood counts showed a leucocytosis of 16,000 with but 3 per cent. of lymphocytes, which soon sank to zero. The red cell count and hemoglobin were normal. diagnosis had been atrophy of the pancreas, cirrhosis of the liver, and chronic enteritis. Death took place after the development of hydrothorax and autopsy showed anasarca, ascites, hydrothorax, atrophy of the lymphatic structures, edema of the lungs, brown atrophy of the heart, atrophy of bone marrow, scars of jejunal ulcers, fatty atrophy of the liver and marked atrophy of the spleen and pancreas. The diagnosis could be summed up as atrophy of the reticulo-endothelial system which may have originated as a result of jejunal stenosis due to the contraction of several large scars of ulcers. Characteristic was the disappearance of the lymphocytes in blood which was in most other respects normal. The formation of the stenoses was responsible for the early attacks of colic.-Münchener medizinische Wochenschrift, December 6, 1929.

sent out a questionnaire to a number of his obstetrical colleagues to obtain corroboration or the reverse of his own favorable results which were 98 26 per cent positive in 459 women tested A very few positive results have been obtained in the non gravid In response to the questionnaire Prof Schmidt of Dusseldorf tested 171 gravidæ with 100 per cent positive results, while in 68 non-gravidæ all tests were negative Pankow of Freiburg obtained 100 per cent positive in late pregnancy Martius of Gottingen reported nearly 100 per cent positives in gravidæ and negatives in non-gravidæ Kehrer of Marburg is particular to give the duration of the pregnancy. In 65 patients most of whom were not later than the 7th to the 9th week he obtained but one complete failure which he could not explain away ous other reports were equally favorable although the material tested was not very large forms of pathological pregnancy have been tested, as tubal pregnancy, dead fetus, molar pregnancy, etc, but the trustworthiness in these cases is not yet established owing to scantiness of material A like uncertainty attaches to the diagnosis of very early pregnancy. In making the tests it was necessary as a rule that a strong presumption of pregnancy exist as a result of the usual routine The hormonal test does not seem to have revealed pregnancy at a very early date in the absence of other criteria. The urine of the gravida is injected into a sexually immature mouse, five or six of which must be used for each test After four or five days the ovaries of at least one of the animals should show extravasation of blood into a follicle, or a corpus luteum result is due to the presence of a hormonal substance in the urine of the gravida -Deutsche medizinische Wochenschrift, December 20, 1929 Surgical Treatment of Conduction Deafness. -Maurice Sourdille says that hitherto there has been no medical treatment successful against chronic progressive deafness of oto-spongious In 1924 Barany and Holmgren each separately published an operative method which

The Hormonal Pregnancy Test of Aschheim

and Zondek-Professor G A Wagner has

Surgical Treatment of Conduction Deafness.—Maurice Sourdille sivs that hitherto there has been no medical treatment successful against chronic progressive deafness of oto-spongious origin. In 1924 Barany and Holmgren eich separately published an operative method which was a realization of the idea of Passow of creating a window in the external labyrinthine wall which could substitute for the obstructed foramen ovale, the obstruction coming from the ankylosed stapes. The two methods differ in their approach and in the site of the window and the results, while brilliant in the relief of deafness, are offset by numerous technical inconveniences. During the past five years the author has striven to perfect the operation while combining the best features of each operator. He follows Barany in operating in two stages and in the choice of the trephine opining—at the curl of the external semi-circular curil with exclusion from the oper-

ative field of the tympanic drum He follows Holmgren in operating under full optical con-Most of the actual technique, however, is his own. In his first stage he examines the ossicles for an anatomical diagnosis, with the view of all possible conservation and any necessary transformation in the conducting apparatus terms the first stage transmastoid attico tympan-The mastord is trephined under local anesthesia, the membrana tympani is detached for the postero-superior half of its circumference, and the conduction apparatus is resected so that the ossicles and tympanum may be examined minutely as to their mobility. As a result of this stage the tympanum is reconstituted and completely separated from the mastoid cavity by a membranous veil The second stage is performed after healing is complete-usually after several In 10 operations thus far performed the author has carried out the second stage in This is known as acoustic trepanathree only tion of the labyrinth and the tympanic case is not opened at all -Bulletin de l'Academie de Médecine. December 17, 1929

Urticaria from Arrest of Compression -Dr L Gerson gives an account based on observation of urticarial and other eruptions which appeared in midsummer of 1926 There was a large placque of urticaria over the spine of the third lumbar vertebra which recurred every evening At a later period urticarial papules appeared regularly on going to bed, about twenty on an average, and of considerable size, with a notable tendency to recur at the same sites tionship was not apparent until after the lapse of some time when the author realized that the lessons all appeared at pressure points when the pressure was removed. Thus the original placque over the lumbar vertebra stood in direct relationship with the waist band of the trousers and the others also coincided in their appearance with the act of undressing for bed Some were in relation with the garters Others which developed on the nose were evidently due to taking off his horn-rimmed spectacles. In no instance had the pressure on the skin been noticeable, much less a source of discomfort. The author had always been free from hives and the affections some times correlated with them (asthma, etc.) There were a certain number of wandering wheals which were not directly in relation with pressure. Associated with urticaria was a certain amount of pruritus which was not directly associated with the wheals. The author makes an attempt to explain this phenomenon and terms it finally "urticaria from decompression" He neglects to state whether or not he was able to provoke wheals at will (urticaria factitia) -I e Bulletin Mi dical, December 28, 1929



## LEGAL



By LLOYD PAUL STRYKER, ESQ.
Counsel, Medical Society of the State of New York.

## THIS YEAR'S CHIROPRACTIC BILLS

On January 6th two bills (Assembly Nos. 44 and 45) were introduced into the lower house of our State Legislature. Once again the law-makers of our State are thus asked to legalize and sanction a cult of quacks, and to permit the exponents of an unfounded and exploded theory to prey upon the public health, and to menace the lives and limbs of the credulous and the unwary.

Bill No. 45, if enacted, would change Section 160, subdivision 7 of the Public Health Law (the Webb-Loomis Act) so as to read as follows:

"The practice of medicine is defined as follows: A person practices medicine within the meaning of this article, except as hereinafter stated, who holds himself out as being able to diagnose, otherwise than by locating and determining misaligned or displaced vertebrae of the human spine, treat, otherwise than by adjusting by hand misaligned or displaced vertebrae of the human spine, for the purpose of relieving nerve pressure caused thereby, operate or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake, by any means or method, to diagnose, otherwise than by locating and determining misaligned or displaced vertebrae of the human spine, treat, otherwise than by adjusting by hand misaligned or displaced vertebrae of the human spine, for the purpose of relieving nerve pressure caused thereby, operate or prescribe for any human disease, pain, injury, deformity or physical condition.'

The words italicized are those which the chiropractors seek to have added to this definition.

The definition of the practice of medicine, which these cultists would thus change, has been in force upon our statute books since May 13th, 1907, when it became a part of Chapter 344 of the Laws of that year. Time and again this definition has been construed and upheld by the courts. It is clear, concise and all-embracing. It covers what both the laity and doctors understand as the practice of medicine.

For the past twenty-three years, the law of our State has declared that "Any person who, not being then lawfully authorized to practice medicine within this State and so registered according to law, shall practice medicine within this State without lawful registration \* \* \* shall be guilty of a misdemeanor," It has been repeatedly held by our courts that a so-called

chiropractor, who plies his calling but who is not admitted to practice medicine, is guilty of a crime, and many such chiropractors have been prosecuted and convicted.

In the Ellis case,2 the defendant was a graduate of the Davenport University of Chiropractics. He had a sign, with regular office hours, and treated about two hundred persons for ailments of the stomach, chest or spine, as well as for nervousness, hysteria and diseases coming from pressure on the nerves. It was established by the prosecution that the defendant had examined the complaining witness, and pronounced her arch to have fallen, massaged the foot and advised a different shoe; and that on a further occasion he manipulated the patient's spine which, speaking as a "spinologist," he pronounced out of alignment in several places. He said that he could restore it, but it "probably would not stay the first time." He further gave his opinion that "the nerves leading to the ankle might be impinged so as to cut off the circulation."

The defendant was convicted of the crime of practicing medicine without a license. In its opinion the court, among other things, said:

"Appellant's office sign, his circular and professional card, as well as his own frank admissions as a witness, all show that he holds himself out as able to diagnose, treat and prescribe for pain, disease and injury. Rubbing and pressure on the human joints are old therapeutic agents. When accompanied by such attempts at diagnosis as the statement that a patient's pains in the ankle were from the spine having come out of alignment through displaced vertebrae, appellant's acts come within the statutory definition of the practice of medicine."

Under the older statutes, and especially under our Medical Practice Act, a large number of chiropractors have been rounded up and convicted of the crime of practicing medicine without a license. The funds derived from registration fees have enabled the Attorney General, who under our present statute is authorized to that purpose, to carry on these prosecutions; and although we might wish that even greater results could be obtained, under our present law much good has been done in stamping out this particular type of criminal. Thus, during the year 1929 ninety-nine prosecutions were begun against unlicensed practitioners, resulting in forty-eight

convictions with but three dismissals or acquittals, and forty-two cases still pending before a mag istrate or Court of Special Sessions Six of the defendants forfeited their bail and became fugitives from justice before trial

"In general," says Dr Rypins, "the courts have imposed substantial penitentiary sentences rather than fines, "\* \* " And still further 'Apart from the results of the criminal prosecution, the best results are indicated in the almost complete disappearance of the illegal display of the title 'Dr' \* \* \* and even those quacks and cultists who still persist in taking chances with the law rarely use the title 'Dr' Since the title 'Dr' indicates to the uninformed public the holding-out of a qualified practitioner of medicine, its discontinuince by those not so qualified is the greatest single contribution to the effectiveness of the Medical Practice Act in protecting the public from exploitation \* \* \*

"Neighboring states are so impressed with the working out of the Medical Practice Act in New York. State that they are endeavoring to imitate our legislation. There are still too many illegal practitioners of medicine in New York City. It would be oversanguine to conceive of a future in which no illegal practice existed, but all who are acquainted with the situation at first hand agree that at the present time there has been a greater elimination of illegal practitioners of medicine in New York City than anywhere else in the United States."

A consideration of these facts makes it doubly apparent why the chiropractors are now coming forward and seeking to amend the definition of the practice of medicine by eliminating from that definition the "locating and determining mis aligned or displaced vertebrae of the human spine" and the "adjusting by hand misaligned or displaced vertebrae of the human spine, for the purpose of relieving nerve pressure caused thereby"

This manipulation of the human spine through which the chiropractor has thus thrived is (if the bill is passed) no longer to be deemed a part of the practice of medicine. The purpose of this amendment is to get around and circumvent the decisions of our courts that chiropractors, who engage in these spinal adjustments but who are not licensed to practice medicine are criminals. Thus, not only is the well considered and long-tried and tested definition of the practice of medicine to be broken down, but this destruction is to take a certain section of the criminal cultists out of the clutches of the criminal law.

This is neither the time nor the place, in view of all that has been said and proven throughout the years of discussion upon this subject, in defaul to establish that there is no scientific bases whatever for the theory that discusses can be

related to a misaligned or displaced vertebrae, or that such misaligned or displaced vertebrae can actually be replaced

Bill No 44 seeks to add a new article (48 A) to the Medical Practice Act, whereby chiro practic is to be legalized and licensed. This bill contains fifteen sections which provide for a board of chiropractic examiners, the qualifications of applicants, the examining of applicants, the issuing of licenses, the registration of practitioners, and various other provisions

The bill defines "The practice of chiropractic' as follows "A person practices chiropractic within the meaning of this act, who holds him self out as being able to locate and to adjust by hand misaligned or displaced vertebrae of the human spine, and tissues adjacent thereto, for the purpose of relieving nerve pressure caused thereby"

As previously stated, there is not and never has been any scientific basis for the assumption either that diseases can be related to displaced vertebrae, or that such vertebrae can actually be replaced

The bill contains the usual exemption clauses. It provides for the exemption of present practitioners from examination in the following cases.

- (a) Graduates of a chiropractic school having a course of three or more years of six months each, or eighteen months altogether, "who during the period of one year immediately preceding and at the time of taking effect of this act have been actually engaged in the practice of chiropractic in this State."
- (b) Graduates of such a school after a resident course of two or more years, or twelve months altogether, "who during the last three vears, immediately preceding and at the time of taking effect of this act have been actually engaged in the practice of chiropractic in this State"
- (c) Graduates of such a school after a resident course of one or more years, or not less than six months, "who during the last eight years immediately preceding and at the time of taking effect of this act, have been actually engaged in the practice of chiropractic in this State"

But, as previously pointed out, for the list twenty-three years a person who is "actually engaged in the practice of chiropractic in this State" is guilty of a crime. The bill does not frown on crime, it encourages it and commends

it The longer the criminal activity of the applicant for license the less course of study need he have pursued. A person who has been openly flaunting and violating and defying the statutes of this State, and carrying on his criminal calling for eight years may be rewarded by a license to practice provided he has had one year in a chiropractic school.

The irony of this measure lies in the last sentence of the section quoted, wherein it is provided that the applicant for license (who has been practicing chiropractic and necessarily has been flaunting the criminal statutes of this State) must produce "proof" of his good moral character, and this must be made "by the affidavit of two reputable citizens." How any reputable citizen could make an affidavit that a person, who openly and wilfully has been defying the criminal law, is "of good moral character," the bill does not explain.

The bill further provides that a person may be admitted to examination for license who has had "an education equivalent to graduation from a four year high school course registered by the regents or an education accepted by the regents as equivalent; provided such course shall have included elementary biology, elementary physics, elementary chemistry as taught in the secondary schools"; and that "he has actually taken a resident course and graduated from a chiropractic school" having a certain defined curriculum; and then there is this proviso: "Provided, however, that students who at the time this act takes effect are matriculated and in attendance at a chiropractic school approved by the board and who shall graduate therefrom, may in the discretion of the board be admitted to examination without the requirements prescribed by subdivisions three and four of this section."

The floodgates are thus opened wide. Not only are deliberate criminals to be licensed without any examination at all, but those who are now students in some chiropractic school need not even have had the preliminary education equivalent to a four year high school course.

It would seem that the Legislature, which has so often set its face against these preposterous licensing measures, should not again be troubled with the insolent demands set forth in this bill. The bill might well be entitled, "An Act to License Criminals." Not the medical profession alone, but every intelligent man or woman who believes in the conservation of the public health and who does not wish to see the ignorant become a prey to these quacks who are seeking to enrich themselves at the expense of the life or limb of their poor patients, should do all within their power to prevent the enactment of these iniquitous measures.

### **BIBLIOGRAPHY**

1. Chapter 344, Section 15, Laws of 1907; Chapter 49, Section 174, Laws of 1909; Section 1263, State Education Law.

2. Peo. v. Ellis, 162 App. Div. 288, 290.
3. Results of the Medical Practice Act in 1929, by Harold Rypins, M.D.; see New York Medical Week, January 11, 1930, p. 9.

4. Section 1279.

## CLAIMED CONTRACTION OF PNEUMONIA AFTER DELIVERY

In this case against two physicians, the patient first consulted physician A for the purpose of confinement and delivery. Arrangements were made with a private sanitarium maintained by physician B for the confinement of the patient. The patient was in due course delivered at doctor B's sanitarium by physician A, where the patient remained for a period of approximately eleven days after the delivery, and against the advice o both physician A and physician B left the sanitarium. The delivery was normal with no untoward effects, and the mother and child were in good health. Both the hospital's and physicians' bills were paid and no complaint made.

Subsequently an action was commenced against both physicians A and B charging that physician B had undertaken to furnish suitable living conveniences, proper food, proper attendance and to maintain the place where both the mother and

child were confined in the sanitarium in good condition; that due to physician B's neglect the temperature of the room was so low that the child contracted pneumonia, and that physician A was negligent in not seeing that physician B arranged to keep the room in such a condition that neither the mother nor the child would sustain any injuries. It subsequently developed that another physician was called to treat the infant who diagnosed the infant's condition as pneumonia. Since, however, the physician who was subsequently called did not treat the infant for several days after the child left the sanitarium, the plaintiff was unable to sustain his contention that the infant had pneumonia when he left the care of physician A and the sanitarium of physician B, and accordingly discontinued the action, thus terminating the proceeding in the doctors' favor without trial.



## LONDON LETTER



The toll of deaths in this country directly due to motor traffic, ever increasing and in 1928 reaching a total of over 6,000, has been the subject of much correspondence in the Press, and the Hunterian Society did well to choose as a theme for discussion "The Doctor and the Motorist." Perhaps from its very title and because the discussion was held by a Society of Medical men, the arguments advanced tended to find a solution in the assurance of medical fitness of the driver of the vehicle, It was said that it was not the expert driver. even if he drives at an excessive speed, who is involved in the great majority of accidents, but that the chief causes are inattentiveness, confusion or lack of judgment, and inexperience. The present system of allowing any one above a certain age to obtain a license to drive. on payment of a small fee, without any examination as to fitness, was generally condemned, and, although there are obvious difficulties in the way of compulsory medical examination before a license is issued, it was suggested that a voluntary test of competence might be submitted to and would soon be widely adopted if the possession of such a certificate of competence were taken into account by the Law Courts and by the insurance companies. The physical equipment of the motorist was well summed up by our speaker who quoted Kipling:-

"An even heart that seldom slows its beat, The cool head willing what the heart desires, The measuring eye that guides the hands and

feet,

The soul unbroken when the body tires."

There is a strong movement in favor of compulsory insurance against third party risks, and the matter concerns the Hospitals and medical men very closely. At present, it is rare indeed for a medical man, called to render first aid to a motor accident case, to receive any fee for his services, and Hospitals all over the country tell the same story of increasing demands on their beds to accommodate motor casualties and of a very inadequate return from these patients for the skill and expense involved in their treatment. We have no system in this country comparable to that I found in Canada, where street accidents admitted to Hospitals become a charge on the City. In this country, the Voluntary Hospitals are by custom open for the admission of "Accidents and Emergencies" at all times,

and their very title make it impossible to re-

cover expenses in the Courts. Compulsory insurance will not alter this state of things unless a law is passed giving the Voluntary Hospitals the power to recover their expenses from motor accident patients receiving compensation. Meanwhile, the Hospitals are faced with the necessity of reducing their value to the district they are primarily erected to serve by reserving beds for accidents sustained often by motorists coming from far distant cities.

Two of my friends, who happen to be temporarily on the sick list, have grumbled, very good humoredly it is true, about the early hour at which they are roused from their slumbers in the nursing home. "Why on earth," as one of them said, "should I be roused at 6 00 a m., even with a bribe of a cup of tea, when nothing seems to happen before breakfast at 8:00?" What is true of the nursing home is still more true of the Hospital, where the cleaning of the wards, the washing of the patients and other necessary duties must be started early if the patients are to be ready for the visit of the resident staff. But an effort is being made at the Middlesex Hospital to obviate this by a reorganization of duties, and it is hoped that the patients may be left undisturbed until 7.00 am, when breakfast will be served. This will involve a rather longer day or, at any rate, an earlier start, for the day nurses and the resident staff may be required to enter the wards somewhat later than at present, but the working of the system will be watched with interest by those concerned in Hospital management, and with keen sympathy by those who have suffered from the enforced application of the "early to rise"

It is pleasant to be remembered, and the arrival of many letters and cards from my friends in America with seasonable greetings has revived in my memory very happy thoughts of my all too short visit to you a year ago. I spent last Christmas at sea; this year, I am at home for a family gathering, but my thoughts will often turn to those who gave me so generous a welcome. Good King Wenceslas and the Mistletoe Bough are sounding from a very wet and misty street, and I must attune myself, according to ancient custom, to the hopeful task of searching my stocking for the gift which Santa Claus seems to orget so regularly.

II. W. Carson, F.R.C S.



# NEWS NOTES



## COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

A meeting of the Committee on Public Health and Medical Education of the Medical Society of the State of New York was held on the morning of January 18 in the Pennsylvania Hotel. There were present the Chairman, Dr. T. P. Farmer, and Doctors J. O. Polak, E. M. Stanton, W. A. Groat, and C. J. Longstreet. There were also present by invitation Doctors C. Ward Crampton, Richard Kovacs, C. H. Goodrich, and R. E. Plunkett, Director of the Division of Tuberculosis of the State Department of Health.

Dr. Plunkett spoke of the unpopularity of tuberculosis work with general practitioners. He argued that an element in the unpopularity was an inferiority complex on the part of the general practitioners. Many family doctors felt that the diagnosis of tuberculosis in its incipiency was so difficult that general practitioners would not undertake to make it but would refer their cases to clinics conducted by directors of sanitoriums and experts of the State Department of Health.

Dr. Longstreet quoted one tuberculosis expert lecturing in Broome County as saying, "An ordinary doctor cannot diagnose tuberculosis in its incipiency."

Dr. Farmer described the efforts of his Committee to give courses on tuberculosis to the medical societies of Rockland and Delaware counties in which the subjects of a course of five lectures were:

- Tuberculosis in children.
- 2. Pathology.
- Diagnosis.
- 4. Differential Diagnosis.
- The Clinic.

The Rockland County lectures were given in the summer of 1928, and were attended by from 11 to 23 physicians out of the 47 members of the County Society.

The Delaware county courses were given in the fall of 1928 and were attended by an average of 21 out of the 23 members of the County Society.

Dr. Plunkett was asked about the satisfaction expressed by doctors who took the courses, and he replied that he had gotten in touch with doctors and had received all degrees of reaction, from active cooperation to complete indifference. While the physicians praised the lecturers, they showed all degrees of response in putting to practice the principles to which they had listened. The Committee decided that a letter should be sent to every county society secretary calling attention to the

great need of more accurate diagnosis and better reporting of the cases.

Diphtheria prevention was next discussed. Dr. Alec N. Thomson, of Kings County spoke of the excellent results attained in that county by direct appeals to doctors to give toxin-antitoxin to the children of the families whom they treat. No general publicity or propaganda was undertaken by the County Society until a ground work of cooperation had been laid with individual doctors through their medical societies and publications. One item of contact with the doctors was that each doctor was given a placard to be hung in his office urging his patients to accept toxinantitoxin immunizations. The leaders in the other boroughs had made their appeals directly to the people from the outset of the campaign without first getting the cooperation of the doctors. The result has been that 55% of the administrations of toxin-antitoxin in Greater New York were accredited to Brooklyn which has only 38% of the population. As a further evidence of the value of direct appeals to doctors their own publications, Dr. Thompson said that a great increase in the number of applicants for public health supplies always followed an appeal made in the Monthly Bulletin of the Kings County Medical Society.

Dr. Stanton referred to the excellent results in diphtheria prevention attained in Schnectady where direct appeals were first made to the family doctors rather than to the people and public clinics.

Dr. Polak called attention to the mortality accompanying child birth, and said that the reduction of the mortality depended on three procedures:

- 1. A reduction in the number of operations, many of which were unnecessary.
- A supervision of the practice of obstetrics.
   Better management of hospitals in which obstetrics are done.

Private sanitaria and nursing homes which are unsupervised are large contributors to obstetrical mortality. The death rate in the general wards of public hospitals is greater than that in the wards set aside for maternity cases, on account of the greater chance of infection in the general ward.

Dr. Stanton said that the Schenectady County Society had analyzed the caesarian operations done in the city during the last two years, and had called the attention of obstetricians to the excessive number of operations done. The obste-

tricians have replied that they were almost compelled to interfere in slow labors, for when a woman enters a hospital she expects something

unusual to be done for her
Dr Farmer said that the recent graduates were
doing obstetrics better than the older ones and
this fact was evidence of an improvement in the
quality of teaching of obstetrics in medical
schools

Dr Farmer called on the Chairman of special committees dealing with public health problems Dr C Ward Crampton described the work of the Committee on Periodic Health Examinations, and Dr Richard Kovacs, that of the committee on Physical Therapy

Dr C H Goodrich, Chairman of the Special Committee on Water Pollution described the investigations which his Committee had done

#### COMMITTEE ON PUBLIC RELATIONS

A meeting of the Committee on Public Relations of the Medical Society of the State of New York was held on the morning of Saturday, January 18, 1930, in the Pennsylvania Hotel, New York City There were present Dr James E Sadlier, Chairman, Dr W H Ross, Secretary, Dr H A Hambrook, and Dr O H W Mitchell There were also present, Dr J S Lawrence, Executive Officer and Dr Frank Overton, Executive Editor

The first subject discussed was the surveys of counties for the determination of the health services which were already being given in each Ten surveys have already been made and published, and others are in preparation bers of the committee felt that the surveys were of great value and even essential not only for the statistical information which they disclose but also because they reveal to the local physicians the medical services now given in their counties But a survey goes only as far as the history tak ing and the physical examination of a patient, there is yet to come a diagnosis and the application of treatment. The committee discussed the method of making the surveys and of developing plans for meeting the needs for the service dis cussed in each county

It was decided to stimulate local interest in the surveys by sending a monthly letter to the president, secretary, and chairman of public health and public relations committees in each county society, giving concise information of work done

and suggestions for future action

The second subject discussed was the examination of school children, especially those about to enter schools for the first time. The State Chrimian of the Health Committees of the Parent-Teachers Association had sent a communication to the State Medical Society offering the assistance of the association in the examinations of pre-school children and asking for information regarding the attitude of the State Medical Society toward the associations plan of what is called "The May Day Round Up" after a plan developed by the Congress of Parent-Teachers Associations held two years ago. The plan consists in making a physical association of accounts.

entering child on May first, which is National Child Health Day

The Chairmen of the Public Health Committees of the Women Parent-Teachers organizations belonging to the Federation of Women's Clubs, had met on December 3, 1929, and had been addressed by Doctor Sadlier One result of that meeting was the communication from Mrs Vail of Troy, State Chairman of the Pub lic Health Committees of the Parent-Teachers Associations, offering the assistance of her organizations in each local community, and asking the committee to outline a standard plan of action for both the Parent-Teachers Associations and The Parent-Teachers Associafor physicians tions are well organized in New York State, having 15 districts, and 850 local associations Last year 122 local associations had tried to carry out the May Day Round-Up As a result of last year's experience Mrs. Vail submitted four general questions to the Committee on Public Relations as follows

1 How shall we secure the examination of the children whose parents have no family physician? Shall we have them examined at the school building by the school physician at some time that is agreed upon and advertised? or can we have them examined by physicians who will volunteer their time? or can the Medical Society aid in assigning physicians to these various families?

2 When should these examinations be made? Should they be made on May first because of the publicity given that day by the Federal and State Child Welfare Organizations? or should they be made at any time during the summer before the children's entrance into school, or even after the opening of school?

3 How can the Parent-Teachers Associations aid families in securing a family physician who would make the examinations for the parents?

4 Could the Medical Society help to influence the school physician to accept the family physician's report of his examination?

The committee considered that the examination of school children was an essential part of the modical service for which physicians were obliged to protect himself by requiring a physical examination of every employee or candidate for employment, and he likewise will find it necessary to keep the records of these examinations in order to protect himself against claims that may come from employees who have left his service. It will materially increase the popularity of periodic physical examinations, but may it not work a hardship in general against the laboring man, because employers will hesitate to take into their employment men or women who cannot pass perfect physical examinations when applying for a position? Weigh this bill well in your mind and write us your opinion.

Senate Int. No. 256-Webb (concurrent Assembly Int. No. 400-Rice), is a proposed amendment to the Education Law which would permit medical schools to conduct their courses in medicine so that the amount of work now given in four years, can be given in three years. This is an effort to shorten the time that medical students must spend in preparing to practice their profession and it has received endorsement by a number of the largest medical schools in different parts of the United States. It is requested by the Council of Deans of the medical schools of this state and has received the endorsement of the Executive Committee of our Society. If you see a reason why it should not be supported, will you advise us immediately?

Senate Int. No. 341-Gates (concurrent Assembly Int. No. 424-Cornaire), is another effort to increase the number of compensable diseases. He has added, as you will observe, radium poisoning, blisters or abrasions, and bursitis or synovitis, and dermatitis or dermatosis.

Assembly Int. No. 380-Swartz, is really a companion bill to Senate Int. No. 32. This bill would make it possible for a laborer suffering from some physical condition, to release his employer from any liability for compensation for incapacitation resulting from that particular physical disability. One can readily see that if Senate Int. No. 32 were to be enacted into law, those persons who because of a physical defect were refused employment, might find it necessary, in order to support those dependent upon them, to sign such waivers as this bill describes. The wisdom and justice of such action might readily be questioned, because if the laboring man through his occupation has incurred a condition which at the time is not disabling, but may later become so, and has signed away his right to compensation for such a disability, he will have deprived his dependents of the compensation which they otherwise would have been assured, if the disability develops. Let us urge again that you give these two bills your very careful consideration.

## COMMITTEE ON PERIODIC HEALTH EXAMINATIONS

The Committee on Health Examinations, in order to proceed to serve the physicians of the state, desires more fully to know their opinions.

The program of the Committee has been announced in the Journal. Its work is already under way. Powerful organizations are falling into line, others are being interested. It seems as if there were great and helpful forces in the state, ready to aid our purpose. It also seems that the time will arrive when the medical profession in each county of the state will be called upon to make good. The public may demand health examinations of quality sooner than we expect.

The Committee would ask each county society to prepare for action. But first, we should clear decks, call the roll, and ask the following

questions:

1. Are you in favor of holding local campaigns for health examinations:

a. On May Day for children,

- b. In August and January for pre-school examinations,
- c. In November or at County Fairs for adults and families?
- 2. Are you in favor of asking for and using the co-operation of every Federal, State, County, official, semi-official organization of

- every kind in the furtherance of this movement?
- 3. Are you in favor of the establishment of a health examination clinic in the local hospital by the local physicians, under the county society?
- 4. Are you in favor or opposed to the American College of Surgeons' plans?
- 5. Will you send your name to the Committee if:
  - a. You do health examinations in private practice, consider yourself skillful, and wish to be kept in close touch with the Committee work, or
  - b. You are a student of the Health Examination or preclinical Medicine, and you wish to contribute a paper on the subject or join the research in one of its departments?

With this opportunity given to any member of the Society to voice his opinion or objection, the Committee will proceed with its work with the confidence of the full approval of the body of the membership, and the hope that this will mean the fullest devotion to the cause of efficient periodic health examinations in every section of the state.

C. WARD CRAMPTON, M.D., Chairman.

## PUBLIC RELATIONS COUNTY SURVEY No. 11-SULLIVAN

Public health work in Sullivan County is conducted largely by two organizations—the Sullivan County Health Association, and the Sullivan County Public Health Committee. The Health Association is organized under the State Charities Aid Association, and its work is similar to the Tuberculosis Association of other counties.

The Public Health Committee is an official body appointed by the Board of Supervisors under Sec. 44-a of the County Law, to manage an appropriation of \$300 made by the county for the support of public health nursing. Three physicians are members of the Public Health Committee, which works in close cooperation with the Health Association and with the Sullivan County Medical Society. The following report of the work of the Health Association and of the Public Health Committee gives an evcellent picture of the work of the two organizations.

LUTHER C. PAYNE, M.D., Secretary, Sullivan County Medical Society.

Purpose of Organization: To utilize the resources of the corporation, without profit to any of its members, in the control and prevention of the spread of tuberculosis, and in securing lawful care and treatment for those afflicted with, or threatened by, the disease.

To cooperate with the State Department of Health, the State Charities Aid Associations and other organizations concerned with tuberculosis and public health work in the State of New York.

To help coordinate and unify the various lines of work carried on by local public and private agencies that have points of contact with tuberculosis and public health problems.

To support the constituted authorities in the initiation, development, and administration of all sound policies for the public health of the community.

To keep the public informed as to the needed improvements in community health, and as to the nature, treatment, and control of tuberculosis;

To take such other steps for the accomplishment of these aims as to improve the public health as it may from time to time deem advisable.

Organization of Work: Under direction of the District Health Officer, Local Health Officers, physicians, and executives of the association, plans of procedure are formulated.

School Work: School health work has proved to be an opening wedge for further development of public health work. This work includes,—assisting physicians in physical examination, weighing, measuring and recording percentage underweight; examination of eyes (Snellins test); conferring with physician regarding home visits; follow-up of outstanding defects.

Follow-up Visits: This is an important phase of school health work. Over 20

were made regarding outstanding defects as follows:

Examination revealed a number of children with the serious handicap of defective vision. Fifty visits were made regarding this problem. In many instances the parents were not aware that defect existed. Where it was possible to check back, it was found that many have had defect corrected.

Eighty visits were made where children were found ten per cent or more underweight. A surprising number of children were found to be underweight. This problem is discussed with parents. In one school the matter was taken up with the Parent-Teachers Association, which is providing milk to all who are underweight. Plans for hot lunch were taken up with the Red Cross where fourteen children come to one rural school day after day with no lunch.

Thirty-two visits were made regarding tuber-

culosis contacts.

Forty visits were made regarding diseased and infected tonsils. The financial problem proves a handicap in many instances where an operation is recommended. This has been referred to Public Health Committees, and has also been taken up with health officers or supervisors of towns where the problem exists.

Fifteen visits were made on a diphtheria car-

rier, and two on a typhoid carrier.

Mentally Returded: Practically every school in the county has the problem of the defective or mentally retarded child. Through the cooperation of the State Department of Mental Hygiene, "Child Guidance" clinics are held once a month in the county. A child presenting a problem from an educational and social standpoint is benefitted as the result of the examination and recommendations at the clinic. Clinics are in charge of an experienced physician who is also a psychiatrist assisted by a psychologist who does the psychometric tests. Forty children were referred to this clinic.

Health Education: Health talks and assistance in organization of health clubs were carried on in all schools visited by nurse. Total number of school children brought in contact with nurse, 5,200.

Pre-School Clinics: A series of eight State Child Guidance Clinics were held throughout the county. Number examined, 180. Analysis of records show that:

Forty children were tuberculosis contacts. Seventy showed marked dental defects.

Twenty, ten percent underweight. Five with orthopedic defect.

One, hairlip age three years. Referred to State aid.

Forty per cent of babies examined presented

Total number of pre-school children under supervision, 340.

To derive full benefit from the valuable clinics will require a good deal of follow-up work.

Chest Clinics: Through the cooperation of the State Department of Health and the County Medical Society, six days of chest clinics were held where cases were examined and X-rayed.

An analysis of records show that sixty per cent of cases examined were under twenty years of age.

Total number of tuberculosis cases under supervision, 200.

Seventy-five home visits made regarding tuberculosis cases.

Many social and financial problems have been found on homes visits. The majority of cases, as statistical report shows, came from New York City. Thirty letters were sent to social agencies referring cases back to their places of residence.

Arrangements were made for the examination, at the Loomis Sanitorium, of six contacts; one case was returned to Metropolitan Hospital; one case was admitted to Ray Brook; and one case (county charge) was returned to Tuscon, Arizona.

Toxin-Antitoxin: Under the direction of the health officers in Monticello, Woodridge, Narrowsburg, Eldred, Callicoon, Lake Huntington, Roscoe and Hurleyville, toxin-antitoxin clinics were organized. The public still need to be convinced that "protection against diptheria" is necessary and will need convincing persuasion to bring out the children of pre-school age. This problem was met by public spirited women. In communities where clinics were held a house to house canvass was made. The results were most gratifying.

Dental Hygiene: In cooperation with the dis-

trict superintendents and school boards of education, assistance was given in organization and plans for a dental hygienist who is now working in many schools in the County.

Orthopedic: State orthopedic clinics were held periodically throughout the County. Clinics were in charge of an orthopedic specialist and a State nurse who does the follow-up work.

Meetings: The association held at frequent intervals "open" dinner meetings. Representative people from all parts of the County attended these meetings. Interest and enthusiastic support is demonstrated by the fact that attendance has grown from 15 to 135.

Speakers: Miss Nina V. Short, Secretary of County Health Department, State Charities Aid discussed the problem—New York City's responsibility to Sullivan County in tuberculosis cases, a resident of N. Y. City.

Dr. Iago Galston, Professor of Public Health, N. Y. U. and Fordham University, addressed large gathering at June meeting. Dr. Galston chose for his topic "General Public Health."

Mr. George Nelbach, Executive Secretary of State Charities Aid, talked at October meeting on "Trends in Tuberculosis." Mrs. M. Anderson, State Seal Sale Secretary also spoke at this meeting.

Reports: A detailed report of "What the Association is Doing" has been presented at each meeting.

Publicity: "When public health work is understood, it usually gets adequate support." The outstanding cooperation of the newspaper editors throughout the County in giving reports of work of the association front page or editorial space has done much to bring facts before the eyes of the public.

## ERIE COUNTY MEDICAL SOCIETY RADIOGRAMS

The Eric County Medical Society is sponsoring a series of radiograms broadcasted from Station WGR, on Saturday evenings from 7.45 to 8 P. M.

The program for the Spring is as follows:

Feb. 8. The Why and Wherefore of Accidents. Dr. Chas. R. Borzilleri.

Feb. 15. Accidents From the Surgeon's Viewpoint. Dr. Chas. R. Borzilleri.

Feb. 22 and Mar. 1. The Story of Anesthesia. Dr. John H. Evans.

Mar. 8 and 15. Factors of Safety in the Human Body. Dr. Henry N. Kenwell.

Mar. 22. The Feet as a Health Asset. Dr. Nelson W. Haas

Mar. 29. The Care of the Feet. Dr. Nelson W. Haas.

Apr. 5. Varicose Veins. Dr. Cyrus S. Siegfried.

Apr. 12. Nervousness. Dr. Herman F. May.

Apr. 19. Epilepsy. Dr. Herman F. May.

Apr. 26. Man, Know Thyself. Dr. W. Warren Britt

May 3. The Value of Periodic Physical Examinations. Dr. W. Warren Britt.

May 10. The American Medical Association. Dr. Harry R. Trick.

May 17. Weeds That in the Wastelands Grow. Dr. Salvatore Parlato.

May 24. Hay Fever. Dr. Salvatore Parlato.

May 31. Structure and Function of the Nose. Dr. Harold J. McDonald.

June 7. Structure and Function of the Ear. Dr. Harold J. McDonald.

June 14. Sinus Disease. Dr. Walter M. Wurtz

June 21. Diseases of the Tonsil. Dr. Louis J. Beyer.

June 28. Fourth of July Casualties. Dr. Francis E. Fronczak.

July 5. Deafness. Dr. Chester C. Cott.
July 12. Diseases of the Nose. Dr. Otto

July 12. Diseases of the Nose. Dr. Otto S. McKee.

July 19. Sunstroke. Dr. Francis E Fronczak,

#### CONFERENCE ON THE REGISTRATION OF HOSPITALS

The subject of registration and inspection of hospitals of all kinds, including nursing homes, was brought up at a meeting of the Committees on Public Relations and of Public Health and Medical Education on January eighteenth.

It was then decided to call a conference of representatives of the Departments of Health and Social Welfare of New York City and State. This conference was held on Tuesday, January 28th, in the hotel De Witt Clinton,

Albany, N. Y.

There were present from the State Medical Society:— Drs. W. H. Ross, J. E. Sadlier, T. P. Farmer, Harry Aranow and J. S. Lawrence.

From the State Department of Health: Drs. Paul B. Brooks, and E. H. Marsh.

From the Department of Social Welfare: Mr. C. E. Ford, Director of Hospitals.

From the Department of Health, New York City: Dr. Oberwager.

From the City Department of Hospitals: Miss Mary C. Tinney.

From the New York Academy of Medicine:

Dr. S. S. Goldwater.
From the State Association of Hospitals:

From the State Association of Hospitals: Mr. L. E. Birdseye.

From the New York State Health Officers' Association: Dr. A. J. Leonard, President.

Dr. Oberwager announced that New York City has the authority for licensing and visiting all hospitals whether public or private,

operating in the city.

The Committee was impressed with the adequate measures taken by the city to protect itself against abuse of hospital privilege, and then directed its attention to the measures that exist for a similar supervision in other sections of the state.

Mr. Ford distributed copies of the law under which his division operates, and also copies of the rules and regulations that they have adopted. He explained that the activities of his division are limited to supervision of hospitals

engaging in some charity work or accepting public funds, and that no other hospitals in upstate territory are subject to other supervision than that exercised by the College of Surgeons.

It was felt that the law applying to New York City would not apply to up-state conditions in every respect, for example, that particular regulation requiring every hospital and nursing home to have a resident physician.

At present the State Department of Health inspects certain kinds of hospitals, especially those taking maternity and lying-in cases, and also children's homes, but it was agreed that it would be wise to have all hospital supervision lodged with one department, preferably with that of Social Welfare.

It was agreed that the representatives of the Department of Social Welfare should prepare an amendment to the law which would invest in them the licensing and periodic inspection of all hospitals and nursing homes outside of New York City, not now under their jurisdiction.

It was further proposed that the State Medical Society and its component County Societies might aid greatly in bringing about a better condition of hospitals. It was suggested that the State Society, either through one of its existing committees or by the appointment of a special committee, promulgate a set of qualifications that should obtain with every hospital, and that these rules and regulations be transmitted to each County Society, with the suggestion that the County Society use them as a guide in classifying the hospitals within its territory. The names of such hospitals as meet these qualifications might be given to the public as approved hospitals. If such procedure became general, the conference agreed, every hospital would find it to its interest to earn the approval of the County Society in order that it might be classed with the others and receive patronage.

## **BRONX COUNTY**

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on November 20, 1929, was called to order at 9 P.M., the

President, Dr. Aranow, in the Chair.

Election of candidates being in order, it was moved and carried that the following candidates for membership be accepted: Drs. William J. Bearman, William A. Berger, Nathan W. Chaikin, Anthony J. Della Rocca, Harry Epstein, Tobias Ginsburg, Iser Halpern, William I. Jacobs, Charles S. Lobel, Vito J. Merola and A. Lester Weisberg.

Reports of Committees being in order, Dr. Magid, Chairman of the Committee on Medical Economics, submitted the Report of the Committee, urging the cooperation of the doctors.

Dr. L. A. Friedman, Chairman of the Committee on Health Examination, reported on the progress of the Campaign of the Greater New York Committee and appealed for the cooperation of the members.

Under New Business, Dr. Aranow proposed the following Amendments to the By-Laws:

Add to Section 4, beginning at nineteenth line:

"Persons interested in the science of medicine or in the service which this Society renders to the public and members of professions allied to medicine are also eligible for associate membership in this Society."

Add Section 31 (a):

"Applications for Associate Membership shall take the same course as prescribed for applications for Active Membership except that the dues accompanying the application be those of the County Society only, and as graduation from college is not required for associate membership, the data pertaining thereto may be omitted."

The above proposed Amendments will be voted upon at the December meeting.

The Scientific Program then proceeded as follows:

## Papers:

- 1. Chronic Duodenal Stasis, H. L. Bockus
- 2. Discussion of Abdominal Pain,

J. B. Carnett

3. Treatment of Pain of Abdominal Parietes,
William Bates

It was announced that Dr. Carnett is to give a demonstration of Pain of Abdominal Parietes at Morrisania Hospital on Thursday morning, November 21st, at ten o'clock.

Following the discussion on the papers, it was moved and carried that a vote of thanks be extended to the readers of the papers of the evening.

I. J. LANDSMAN, M.D., Secretary.

A regular meeting of the Bronx County Medical Society, held at Concourse Plaza, on January 15, 1930, was called to order at 9 p.m., the President, Dr. Aranow, in the Chair.

Election of candidates being in order, it was moved and carried that the Secretary be instructed to cast one ballot for the following candidates for membership: Drs. Moses Bacher, Charlotte Blum, Benjamin Feigenbaum, Jacob I. Fine, Hyman Fogelman, Meyer Friedenson, Isidor B. Goodman, Nathan Hudes, Jacob Mendelsohn, James McAteer, Herbert E. Pugsley, Carl C. Salzman and Charles L. Weisberg.

Reports of Committees being in order, Dr. Magid, Chairman of the Committee on Medical Economics, submitted a Report, which dealt with the Central Welfare Bureau, and announced that Compensation Hearings will be held on January 23rd and 24th at the rooms of the Bronx Tuberculosis and Health Committee.

The report of the Committee on Activities of the New York Academy of Medicine, issued April 24, 1929, in relation to the qualifications and standards of specialists was discussed.

The following Resolutions were introduced:

Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate and Charter Member, Joseph J. Smith, M.D.

Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr. Smith and that a minute thereof be placed on the records of the Society; and be it

Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member.

Whereas, The Bronx County Medical Society having sustained a severe loss in the death of its honored associate and Charter Member, Edmund E. Specht, M.D.

Resolved, That the Bronx County Medical Society record the sense of its loss in the death of Dr. Specht and that a minute thereof be placed on the records of the Society; and be it

Further Resolved, That a copy of these Resolutions be transmitted to the family of our departed member.

The above Resolutions were carried by a rising vote

The Scientific Program then proceeded as follows:

Paper: The Evaluation of Electrosurgery in the Treatment of Cancer (Illustrated). George Austin Wyeth, M.D.

The paper was then discussed by Dr. Howard A. Kelly, of Baltimore, and Dr. Max Cutler, of New York.

I. J. Landsman, M.D., Secretary.

## THE DAILY PRESS



#### AN ADVERTISING JOKE

One does not usually read the advertising pages of a daily newspaper for the sake of humor and relaxation, but an advertisement in the New York Herald-Tribune of February third belongs in the joke column. However, doctors will not enjoy the joke, for scientific medicine is always serious. Neither the editor of the newspaper nor the advertiser will see humor in the advertisement, for each considers it in the light of a business announcement. The joke is on the public who bought the product last winter so extensively that still larger sales are in prospect. As a matter of fact there is neither science nor humor nor good sense in the advertisement, which reads as follows:

"VX was discovered in England at the height of a terrible wartime epidemic of influenza. With new victims round them every day, chemists in a government laboratory were completely immune to the disease. Without doubt, the vapor

from the ingredients now in VX kept them free from infection. Physicians and scientists were amazed. For here was a swift, sure relief for Highly concentrated, this new discovery was offered to the public as VX. A drop of VX on your handkerchief gives a refreshing odor that instantly relieves colds. Breathed deeply. it clears the head, banishes congestion, limits the infection. Use it in the morning. VX keeps its strength all day. At night, a drop at each end of your pillow lets you sleep and fights the irritation then. If you have a cold, use VX. See how simple, how convenient, how pleasant it is. Use it to prevent colds too. A bottle costs only a dollar and contains fifty applications, an average of only 2 cents an application. The VX essence is imported directly from England. Ask for VX in the train, white box with the green triangle, and do not accept a cheaper imitation. It is sold in all drug stores.'

#### CIGARETTE ADVERTISEMENTS

It seems strange that tobacco, or a device for its use, should find a place in the advertising columns of a medical journal, and yet it is a fact that several medical journals on our exchange list do carry advertisements of cigarettes and cigarette holders. The psychology of cigarette advertisements is the subject of the following editorial taken from the New York Times of January twenty-fifth.

"The Federal Trade Commission, striking for honesty in claims, has given national good taste a push forward. The advertising manager who conceived the large idea which the commission has buried began with an emotion. It was to prove that his client's cigarettes could go several millions higher in annual sales. The first objective was big names.' Whether they smoked

Vocos made no difference; pay them \$1,000 and let them imply that whatever quality the world admired them for had something to do with the use of that particular brand. From that beginning it was a short step to the premise that health is the foundation of success; and, on the stage, health joined to beauty. Day after day pictures and endorsements from obviously healthy and beautiful—and successful—folk linked them with 'the respondent's brand.' It was fine until envious competitors, and joshing by friends of non-smokers whose endorsements and photographs had appeared in the advertising columns. interested the Federal Trade Commission. Now the cigarettes have to fall back upon their, doubtless, excellent intrinsic merits as smoking material only."

#### CHILD PERFECTION RATING

The New York *Times* of January 27 carries an account of a score card prepared by Dr. Ruth Andrus of Teachers College, Columbia University. The description says:

"The inventory, fifteen printed pages in length, contains 1,911 questions, of which 207 are allotted to the child's emotional capacities, 525 to mental. 864 to motor or physical and 315 to social-moral.

"Instructions for using the yardstick to the child's personality are included. These involve keeping a detailed diary of the youngster's action during three given periods of one hour each, and then checking the results against a list of desirable habits and responses.

"The questions are of a general nature and award scores of one, two and three, according to degree or intensity. A typical question is whether the child sings simple tunes without help. Others



# OUR NEIGHBORS



### HEALTH EXAMINATION CAMPAIGN IN TEXAS

Our Journal of November 15, 1929, page 1424, carried a quotation from the October issue of the Texas State Journal of Medicine announcing a Periodic Health Examination campaign to be promoted by the State Medical Association of Texas. The subject is discussed extensively in the issue of the Texas Journal for November, December and January. That for November says:

"The campaign is to be initiated by county medical societies, under the direction of their district councilors, and the board of councilors as a whole, the central office serving merely as a coordinating center and as a supplementary agent. To state it another way, the county medical society organizes for the purpose of selecting speakers and placing them before the public of their respective communities, whenever and wherever possible, stressing the important subject of periodic physical examination of the apparently well, until the idea is thoroughly sold. The councilor sees to it that each county society in his district has given the matter thorough consideration and decided what, if anything, it will do about it, aiding wherever possible. Activities are reported, through the councilor, to the office of the state secretary, where the president and others concerned in the success of the campaign may get in touch with conditions throughout the state. Should it transpire that any county society is in need of a special speaker for a special occasion, it is an easy matter to apply through the councilor, to the state office, for some outside speaker of eloquence and special qualifications, and it is anticipated that there will be no difficulty in supplying any number of these where there seems to be need of them and opportunities for them. It is, indeed, a simple plan and one which will work admirably if each party will do his part. We have every assurance that the board of councilors, individually and collectively, is interested and ready to go the limit.

"The greatest opportunity we will have to present our subject will be before ready-made audiences, with ready-framed programs, which will mean that but a few minutes may be spared for this purpose. We will do well if we can secure ten minutes, for instance, of the very valuable time of one of the well-known civic clubs, such as Rotary, Kiwanis, Lions, etc., and it will not be possible, in such a brief time, to go extensively into the subject.

"Our speakers will not be receiving any pay for their services. They will be, for the most part, physicians who are well and favorably known in their respective communities. They will, as a rule, be amateur speakers and will lack that smoothness of the propagandist which so easily and quickly arouses suspicions as to motives and objectives.

"There is a natural lack of knowledge on the part of the public as to just how the physical examination may prevent disease. It is well to give, in connection with this phase of the problem, a few concrete examples, the which may be easily understood by the inquiring lay mind. Here again, we feel that we need not go into detail. Perhaps it would be wise, in this connection, to use cancer and tuberculosis as examples, in view of the fact that the public already knows much about these two diseases, and can get the idea, therefore, more readily.

"Practically every member of any county medical society is a member of some luncheon club and their membership would indicate that they are live wires and interested in the public welfare.

"There are a large number of organizations, local, state and national, which have very largely to do with the health of the public. The doctor or his family either is, or can be, connected with one or more of these, and doubtless the cooperation of all of them could easily be secured, both in the matter of offering opportunity for speeches on the subject and in promoting the campaign on their own account.

"Quite a few of the communities in the state are served by radio stations. Health programs are being broadcast over some of these already, and doubtless most of them can be interested to the extent that they will donate the time necessary to broadcast the helpful information we are prepared to give the public along this line.

"Last, but by no means least, there is the lay press. When our speakers are to address audiences, the newspapers will give notice of the fact to the extent that the announcement constitutes news.

"Any further publicity the newspapers expect somebody to pay for, and it would be a just demand on their part that this be done. The trouble is, there is nobody to do the paying, except the medical profession, and the medical profession is already contributing its full share of the expense of the movement, in taking care of the overhead, not to mention the value of the time devoted to the cause."

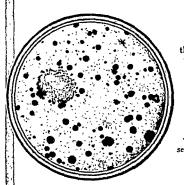
(Continued on page 244-adv. an)

very day that Dextri-Maltose is manufactured, control samples for bacteriological analyses are secured from certain points in the process which experience has shown give an accurate picture of the bacteriological condition of the product in the different steps of its manufacture. As a result of experiment and experience, it has been demonstrated that by exercising certain strict sanitary control measures and precautions, the bacteria count can be reduced to the point where the finished product approaches practical sterility. The Petri-dish at right shows a plate count of only 40 bacteria per gram, obtained from a package



# OF THE UNSEEN

The things unseen determine the cleanliness, uniformity and safety of Dextri-Maltose. From years of study and experience, we know how to produce the bacteriologically clean product indicated above.



n the other hand, the Petri-dish at the left visualizes the potential danger that may accompany lack of experience. At \$7° C., this sample (bought in the open market) showed a bacteria count of 420,000 per gram (compared with 40 per gram in Dextri-Maltose, as mentioned above). Every physician is deeply concerned about the pasteurization, certification, etc., of the cow's milk his babies are fed on, but even sterile milk would give the infant over seventeen million bacteria per daily feeding when "modified" with a carbohydrate such as is represented by the Petri-dish at the left.

# THE MEDICAL DIRECTORY

THE MEDICAL DIRECTORY OF NEW YORK, NEW JERSEY AND CONNECTICUT contains 910 pages of text relating to the individual doctors. It also has 48 pages of advertisements containing the announcements of 58 dealers and institutions on whom physicians depend for service and supplies, from abdominal supporters to X-ray apparatus. Patronize them whenever possible. They are reliable and appreciative.

COMMITTEE ON PUBLICATION

## =The list of advertisers in the 1929 edition follows:=

### Abdominal Supports and Binders

Camp, Sherman P.
Donovan, Cornelius
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

### Ambulance Service

Holmes Ambulances MacDougall Ambulance Service

### Artificial Limbs

Low Surgical Co., Inc. Marks, A. A., Inc. Pomeroy Co.

### Belts, Supporters

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Storm, Katherine L., M.D.
United Orthopaedic Appliance Co.,
Inc.

### Braces

Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,

### Corsets

Linder, Robert, Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,

### Chemists, Druggists and Pharmacists

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

### Elastic Stockings

Camp, Sherman P.
Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,

### Flour (Prepared Casein)

Lister Brothers, Inc.

### Laboratories

Bendiner & Schlesinger Clinical Laboratory National Diagnostic Labs.

### Leg Pads

Camp, Sherman P.

### Mineral Water

Kalak Company

### Orthopaedic and Surgical Supplies

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
Schuster, Otto F., Inc.
United Orthopaedic Appliance Co.,
Inc.

### Pharmaceutical

Fellows Medical Mfg. Co., Inc. Mutual Pharmacal Co. Reed & Carnrick

### Physio-Therapy

Central Park West Hospital Hough, Frank L. Halcyon Rest Norris Registry Sahler Sanatarium

### Post-Graduate Courses

New York Polyclinic Medical School New York Post-Graduate Medical School

### Publishers

N. Y. State Journal of Medicine Tilden, W. H. (Representative)

### Radium

Radium Emanation Company

### Registries for Nurses

Carlson, Irene M.
New York Medical Exchange
Norris Registry for Nurses
Nurses' Service Bureau
Official Registry
Psychiatric Bureau
Riverside Registry

### Sanitaria, Hospitals, Schools, Etc.

Breezehurst Terrace
Central Park West Hospital
Crest View Sanatorium
Halcyon Rest
Hough, Frank L.
Interpines
Dr. King's Private Hospital
Montague, J. F., M.D.
Murray Hill Sanitarium
River Crest Sanitarium
Dr. Rogers' Hospital
Sahler Sanitarium
Stamford Hall
Sunny Rest
West Hill
Westport Sanitarium

### Surgical Appliances

Donovan, Cornelius Linder, Robert, Inc. Low Surgical Co., Inc. Pomeroy Company Schuster, Otto F., Inc.

### Trusses

Donovan, Cornelius
Linder, Robert, Inc.
Low Surgical Co., Inc.
Pomeroy Company
United Orthopaedic Appliance Co.,
Inc.

### Wassermann Test

Bendiner & Schlesinger

### HEALTH ARTICLES WEEKLY IN WISCONSIN

The project of sending health articles to newspapers has been discussed by the officers of the Medical Society of the State of New York. The physicians of New York will therefore be interesed in the Weekly health articles which have been prepared by the State Medical Society of Wisconsin for nearly three years, and sent to over four hundred newspapers throughout the State. The January issue of the Wisconsin Medical Journal prints twenty-two letters of appreciation sent by editors, a typical one being the following from the De Pere Journal-Democrat:

"The best proof of what I think of the bulletins is the fact that these bulletins are printed regularly in our paper. I have reason to believe that the people are interested in these bulletins; and our paper, on the other hand, is more than pleased to do its share in the promotion of health and happiness among our people! Personally I believe that the bulletins should be continued along the lines which you have been following. John A. Kuypers, Editor, (President, Wisconsin Press Association.")

The same Journal reproduces a typical newspaper release as follows:

"No serum has done so much for public health

as printer's ink."

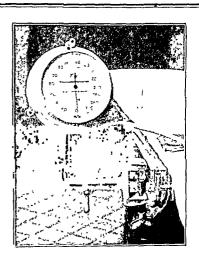
This news letter is prepared under the supervision of the Health Committee of the State Medical Society of Wisconsin. Every effort is made to have every fact tested in the light of the latest developments in scientific medicine.

"This service to the Press was endorsed by the State Board of Health, January, 1927. Released Wednesday, November 13, 1929.

Madison, Wis., Nov. 13-"Some people eat too much or too fast, causing indigestion; others eat the wrong food; and still others have some organic trouble; but the presence of distress after meals may be the opening chapter of a serious story,"-the educational committee of the State Medical Society warned in a bulletin issued today. Because indigestion is so common among people it is often disregarded. People who suffer from it should watch the foods which they are eating to discover the cause. Cutting down the amount of food often eliminates the trouble.

"The most frequent cause of indigestion is improper diet," declares the bulletin. "Either the amount of food is too large or the character of food eaten is improper, or it is eaten too rapidly. It is a wonder that the human stomach does its work at all, considering the way it is abused. You overload your stomach with all manner of improper foods, and then it balks and you call it

(Continued on page 252-adv xx)



# *Tycos* Surgical Unit

### For Blood Pressure Determination in the Operating Room

For the convenience of anaesthetists and surgeons, who are finding that accurate blood pressure readings are invaluable during anaesthesia and surgery, we have designed this Tycos Surgical Unit.

It consists of a large easy reading type ···- and a universal

the Sphygmo-

to any position convenient for the anaesthetist and out of the way of the surgeons and assistants. The adjustments can be made instantly, but once made the instrument is firm as the table itself. If it is inconvenient to have the instrument attached to the table, the clamp will accommodate it to the anaesthesia equipment or instrument stand.

Modern trends make it extremely important for hospitals to include the Tycos Surgical Unit in their operating room equipment.

Your dealer can supply you with this equip-ment. Complete unit \$52.50. Clamp only \$15.00. Write today for additional information.

### Taylor Instrument Companies ROCHESTER, N.Y., U.S.A.

Manufacturing Distributors In Great Britain Short & Mason, Ltd., London

# The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

> 305 Lexington Avenue New York City Tel. Ashland 3563

DAY AND NIGHT SERVICE

Registered Nurses
Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions

# Mager & Gougelman, Inc.

FOUNDED 1851

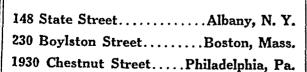
108 East 12th Street

New York City

Specialists in the manufacture and fitting of

# Artificial Eves

Selections on request



Charitable Institutions Supplied at Lowest Rates

(Continued from page 251—adv. xix)

indigestion. The prevention of this condition is simply the application of common sense—regular meals, proper food and not too much, and thorough mastication.

"There are many causes for indigestion other than improper diet, and it is these possible causes that make it a complaint that should be looked into. Not infrequently it is the only manifestation, to yourself at least, of chronic appendicitis; it is the early and usual advance agent of ulcer and cancer of the stomach; it is the faithful companion of gall stones. Kidney diseases are often preceded by spells of indigestion; diseases of the liver are almost constantly associated with indigestion, and it accompanies certain nervous disorders. Constipation and indigestion are 'first cousins.'

"Considering the many serious diseases, the first indication of which may be indigestion, the question may well be asked—'Why not discover these diseases when first they appear, at a time when treatment may be effective?' Why wait so long to know what the actual cause of your indigestion is, only to find that you have some organic disease that is then too far advanced to be cured. Your insurance against this possibility is an examination by your physician. If the only thing you need is correction of your diet, and you follow the advice given, you will be well repaid. If it is found that your indigestion is the beginning of some serious disease, it may be that this early knowledge will make it possible to add years to your life. If, however, you elect to guess what the trouble causing your indigestion is, and you guess diet, and you are right-you are lucky. If you guess diet, and you have the beginning of an ulcer, you have made a mistake that you must pay for. Guess work is poor policy. It pays poor dividends in both health and comfort.

"Isn't it plain that there is a cause for your indigestion? and isn't it equally plain that the proper treatment is the removal of that cause? Do not get the habit of taking drugs, no matter how harmless you may consider them. Don't get to be a 'pill swallower'. Your stomach should accommodate anything you ought to eat without being drugged after each meal with 'digestive mixtures'. Baking soda is not much good for cancer of the stomach and 'patent medicines' haven't a very high score for cures in chronic appendicitis.

"If you are having distress and indigestion after meals, and if simple regulation of your diet, such as eating regularly and cutting down on the amount of food and eating a well-balanced meal fails to effect a prompt relief, lose no time in ascertaining the real cause."

### THE UNLICENSED INSUR-ANCE COMPANY IN MISSOURI

We have called attention to the danger of taking out policies of indemnity insurance with companies not authorized to do business in New York State, and showed that the same conditions apply to the doctors of Michigan (see this Journal, November 1, 1929, page 1333).

The January issue of the Journal of the Missouri State Medical Association also warns physicians against unauthorized companies.

and says:

"Concerning the buying of insurance through companies not licensed or authorized to do business in Missouri, the insurance department says there are several important advantages in placing insurance in authorized companies only. For instance, if a loss occurs in a policy written in an authorized company and there is trouble in securing the proper settlement, the insurance department can and will intervene and assist in an equitable settlement. On the other hand, if a policy is written in an unauthorized company the insurance department has no means of helping to effect the settlement of the loss. The policyholder cannot sue in a court in Missouri, but must go into the home State of the company,-a thing impossible for the average Service cannot be obtained through the State insurance department, and if a judgment is obtained in a court of this State there is no way of enforcing the iudgment.

"It can be seen from these statements that persons buying insurance from a company licensed and authorized to do business in Missouri have a very decided protection against loss through the cooperation of the State insurance department, none of which benefits are obtainable from the department if the insurance is bought from an unauthorized company," A well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially if

# Poland Water

is used. ¶ Physicians have commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



POLAND SPRING COMPANY

> Dept. C 680 Fifth Avenue New York City

# DUES IN THE LOUISIANA STATE MEDICAL SOCIETY

An announcement in the January issue of the New Orleans Medical and Surgical Journal says:

"During the past several years the work of our Committee on Public Policy and Legislation has been markedly increased, and they have found their activities considerably handicapped by the lack of suitable funds for their expenditures. The Executive Committe found it necessary last year to levy a special assessment of \$1.00 per capita to cover expenses of this committee. Only a small percentage of the members responded to this assessment.

"During the past two years the society has been planning for the edition of the history of the Louisiana State Medical Society, which is being edited by Dr. Ru-

dolph Matas.

"Your attention is called to the increased evaluation of our Journal, manifested by the additional number of original and scientific papers, increased number of pages, and other added attractions to enhance its scientific aspect. The Journal has thus . increased in size and reading matter with the distinct change in its physical appearance for the better. This required additional expenditure of money, yet our organization has not been able to increase its allotment made to our Journal for this purpose for several years.

"Various other phases of work which have been recommended have been foundinexpedientowing to the lack of finances. Constructive plans for educational purposes and other plans of instructive medical activity have had to be held in abeyance.

"At the last meeting of the House of Delegates, upon recommendation of our Retiring President, the increase of dues was manimously voted."

### CLASSIFIED **ADVERTISEMENTS**

Classified ads. are payable in advance. .To avoid delay in publishing, remit with order. Price for 40 words or less, 1 insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening. No charge to employers. Established 1896. AZNOE SERVICE is National, Superior. AZNOES NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

FOR SALE—Active general practice, tenroom house including office suite, large lot, four-car garage. City of twenty-five thousand drawing from one hundred mile radius. Three hospitals. Owner leaving to specialize. Apply M. G. Sheldon, M.D., Olean, N. Y.

WANT TO ASSOCIATE with Practicing Physician or Institution. Am a licensed Physio-Therapist, have three years practice experience, age thirty-four and married. Have necessary equipment. References exchanged. Address: Box 126, N. Y. State Journal of Medicine.

WE HAVE an exceptional opportunity for the services of several New York registered M.D.'s to take charge of optical departments in chain department stores in various cities of New York State. Men of middle age preferred Address: "Optical," Box 1204, Providence,

### BABY GAIN

BabyGain has achieved a record of very favorable results in infant feeding and deserves consideration in every case because of its correct proportions of nutritive ingredients, easy digestibility and simplicity of preparation. It approaches breast milk as closely as is possible, both chemically and in its physical characteristics.

BabyGain is made from pure, fresh milk from Tuberculin-Tested cowsmodified and powdered.

BabyGain is sold without instructions to the mother, so that the physician may regulate its use. See page xiii. -Adv.

### THE BACTERIOLOGY OF IN-FANT DIET MATERIALS

It is not generally realized, the extent to which Mead Johnson & Company

carry their research. Efficient and systematic as are the research activities carried on for years in their own laboratories, this progressive house is constantly adding fellowships at leading universities and other institutions.

One of these has recently corroborated\* a fact of great importance to all who feed infants: No Mead Product contains hemolytic streptococci or other pathogenic bacteria.

The significance to pediatricians of this brief statement lies in the fact that the presence of hemolytic streptococcus has been suspected in infant diet products, its relationship to scarlet fever, septic sore throat, enteritis, etc.; naturally being a source of alarm.

It is reassuring to all physicians to know that not only have Mead Products never been under suspicion but that from authoritative unbiased sources comes additional proof that as a result of careful technic and long experience, Mead Products are bacteriologically clean and safe to prescribe: Dextri-Maltose, Recolac, Casec, Lactic Acid Milk, Powdered Protein Milk.

\*New York State Agricultural Experiment Station Bulletins Nos. 153 and 154.—See page xi.-Adv.

### MELLIN'S FOOD BISCUITS

Nourishment for everybody in an attractive and convenient form for all occasions and for all purposes where a light, easily digested food is desired. Afternoon Tea—Noonday Lunch— Bedtime Nourishment—At the Club— On the Links—At the Office of the Professional or Business Man or Woman-For the Athlete-For the Automobile Tourist—For the Traveller—For the Fishing or Hunting Trip—For the Camp. Send Today for a Free Sample Tin.

Mellin's Food Biscuits are put up in I Adv.

three sizes, large one dollar, medium fifty cents, small fifteen cents. If you cannot get Mellin's Food Biscuits from your dealer, send one dollar and your dealer's name to Mellin's Food Co., 177 State St., Boston, Mass., and a box of Mellin's Food Biscuits, large size, containing nineteen ounces, will be sent postage paid. See page xxv.—Adv.

### ALKA-ZANE

In a therapeutic substance it is not always practicable or even desirable to match the blood, because the blood stream is not only the food supply of the cells but also their outlet system for waste products.

Take a systemic alkalizer, for instance. It should contain neither sulphates nor lactates, as the former is a decomposition product and the other a

fatigue product in the circulation.
Alka-Zane furnishes potassium, sodium, calcium and magnesium in the form of phosphates, carbonates and nitrates. See page xvii:—Adv.

# A CLINICAL SURVEY OF THE ACTION OF THEOCALCIN

An article in the Bulletin of the School of Medicine, University of Maryland, January. 1930, by Dr. W. S. Love, Jr., describes some observations on the action of Theocalcin. Twenty-seven patients were studied to determine the effect of the drug in producing diuresis, relieving angina pectoris and reducing arterial hypertension. Fifteen cases of chronic cardiovascular disease studied for the diuretic effect, all showed marked in-crease in the amount of urine after daily doses of from 20 to 45 grams had been given for from three to seven days.

Three cases out of thirteen studied for high blood pressure showed a fall of from 50 to 70 millimeters.

Out of seven patients treated for angina pectoris, six obtained a relief varying from marked to complete.

No untoward symptoms were produced by the drug. See color insert,

### THE SAHLER SANITARIUM, KINGSTON, N. Y.

Pleasantly located in the charming city of Kingston, within easy access of New York and with all the facilities for treatment usually offered by a modern sanitarium. Average price of rooms without bath, \$35.00 a week, with bath \$55.00 a week, including ordinary medical and nursing attention. Organic and functional disorders of the nervous system and invalidism from any cause. No cases of insanity or of communicable diseases accepted. Booklet upon request. Raymond S. Crispell, M.D., Medical Director. Tel., Kingston 948.

60 Advertisers have taken space in this issue of your Journal. Give them your business when possible.

### University of Buffalo School of Medicine

Requirements for admission: Two years of college work, including twelve semester hours of chemistry, eight semester hours each of physics and biology, six semester hours of English, and a modern foreign language.

Laboratories fully equipped. Ample facilities for the personal study of cases.

Address: SECRETARY, 24 HIGH STREET, BUFFALO, N. Y.

### X-Ray Courses for Physicians-

nurses—technicians—X - Ray physics—technique—interpreta-tion. Classes now ferming. Applicants may enter first of any menth.

For information write

DR. A. S. UNGER, Director of Radiology Sydenham Hospital, 565 Manhattan Avenue, New York City

### DIGITALIS

Can an already weakened heart be improved by over-stimulation?

Recent research has served to show that digitalis does not "whip' the tired heart but "tones" it up by conserving

The J A M A, in its editorial in the issue of August 17, 1929, page 548-9, states in part Thus, digitalis reduces the energy requirement of the heart or permits it to do more work with the same expenditure of energy Only when the heart is working under the handicap of overloading does digitalis produce an increase in cardiac output"

Whether used as an emergency drug or for its systematic tonic properties, physicians realize the vital importance of an unvarying standard of potency, and hence, the persistent and increasing demand for the products of Upsher Smith

Grown on Forglove Farm, Lake Minnetonka, Minnesota, where the one crop is digitalis, the doctor knows that the entire processes of cultivation and standardization are under the personal direction of a specialist See page xv-Adv

### DIABETIC DIET READIUST-MENTS

Some foods cannot be allowed in diabetic diet at all and others only This means a readjustment by disease sparingly

in dietary habits that is difficult for the patient and trying for the physician Practically all of the restricted foods may be duplicated by using Lister's Flour Each of these starch and sugar free foods looks and tastes like the food that it replaces in the diet. With the variety of foods, possible through the use of Lister's Flour, the patient is sat isfied There is no temptation to 'cheat' and the case is better kept un der control Some of the Lister foods

Bread Biscuits, Cheese Biscuits Lunch Biscuits, Drop Cakes Cookies Spice Cake, Charlotte Russe Lady Fingers, Bread Pudding White Fingers, Bread Pudding 'White Bread, Nut Bread, Spiced Bread, Gold Cake, Pie Crust, Pie Fillings Filled Doughnuts, Meringue, Muffins etc See Front Cover -Adv

### LACTO-DEXTRIN

In an investigation of over 2,000 patients suffering from constipation and intestinal toxemia, the head of the Bat tle Creek Sanitarium laboratory found that the normal acid-forming bacteria could be restored in a satisfactory and efficient manner by the persistent use of Lactor-Dextrin (Lactose 73%—Dextrin

The extent of the change depends upon the amount taken the length of time it has been given and the degree

By exclusion of putrescent foods and the continuous use of Lacto-Dextrin in smaller quantities, an aciduric flora may be maintained after it has once been

established by Lacto Dextrin feeding In cases of obstinate constipation, quicker results may be obtained by the combined use of Lacto Dextrin with Psylla (plantago psyllium)—a plant seed which provides bulk and lubrication See page ix -Adv

### McGOVERN'S GYMNASIUM. INC

More and more physicians are realizing the futility of leaving patients to their own resources when exercises are prescribed, and have learned that through individual attention at McGovern's, their instructions will be faithfully carried out

A work out will convince you of the superiority of the McGovern Method Let us send you a guest card No obligations, of course. See page xu - !dz

### KALAK WATER

Many diseases are complicated by an 'acidosis" An important part in their treatment consists in replacing those elements needed to maintain the alkalı reserve

In clinical practice a rational and agreeable method of alkalinization is to which the intestine has been crippled afforded in Kalak Water-See page IV - 4dz



## "INTERPINES" GOSHEN. N. Y.



PATERSON, N. J.

PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-QUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt. DR. C A POTTER DR E. A SCOTT

### RIVERLAWN

DR. DANIEL T. MILLSPAUGH'S SANATORIUM

ESTABLISHED 1892

A private institution for the care and treatment of those afflicted with mental and nervous disorders. Selected cases of alcoholism and drug addiction humanely and successfully treated. Special rates for the aged and semi invalid who remain three months or longer.

Paterson is 16 miles from New York City on the Eric Railroad with frequent train service. Buses sender half hourly transportation from the Hotel Imperial and Martinique

Apply for booklet and terms

ARTHUR P. POWELSON, M.D., Medical Director

45 TOTOWA AVENUE PATERSON, NEW JERSEY PHONE, SHERWOOD 8254

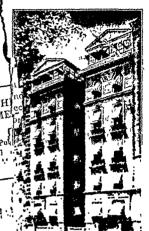
### 1930

## PRESIDENTS, SECRETARIES AND TREASURERS OF COUNTY SOCIETIES

County	President	Secretary	Treasurer
ALBANY	.E. Corning, Albany	.H. L. Nelms, Albany	F. E. Vosburgh, Albany
ALLEGANY	.H. K. Hardy, Rushford	.L. C. Lewis, Belmont	G. W. Roos, Wellsville
BRONX	H. Aranow, N. Y. City	I. J. Landsman, N. Y. City.	J. A. Keller, N. Y. City
BROOME		H. D. Watson, Binghamton.	C. L. Pope, Binghamton
CATTARAUGUS	. C. A. Lawler, Salamanca	R. B. Morris, Olean	R. B. Morris, Olean
CAYUGA	C. F. McCarthy, Auburn	W. B. Wilson, Auburn	L. B. Sisson, Auburn
CHAUTAUOUA	F. J. McCulla, Jamestown	.E. Bieber, Dunkirk	F. J. Pfisterer, Dunkirk
CHEMUNG	J. S. Lewis, Elmira	C. S. Dale, Elmira	J. H. Hunt, Elmira
CHENANGO	.E. A. Hammond, New Berlin	n.J. H. Stewart, Norwich	J. H. Stewart, Norwich
CLINTON	.A. S. Schneider, Plattsburg.	L. F. Schiff, Plattsburg	F. K. Ryan, Plattsburg
COLUMBIA	D. R. Robert, New Lebanon Ct	L. Van Hoesen, Hudson	L. Van Hoesen, Hudson
CORTLAND	D. B. Glezen, Cincinnatus	. P. W. Haake, Homer	B. R. Parsons, Cortland
DELAWARE	.La M. Day, Sidney	.H. J. Goodrich, Delhi	H. J. Goodrich, Delhi
DUTCHESS-PUTNAM	.A. Sobel, P'ghkeepsie	H. P. Carpenter, P'ghkeepsie	H. P. Carpenter, P'grikeepie
ERIE	W. T. Getman, Buffalo	L. W. Beamis, Buffalo	.A. H. Noenren, Bunaio
ESSEX	C. N. Sarlin, Port Henry	L. H. Gaus, liconderoga	C. F. Zimmarman, Malana
FRANKLIN	. E. S. Welles, Saranac Lake.	A D Witney Closerwitte	T. D. Volden Tehnstown
CENECEE	B. E. Chapman, Broadalbin. C. D. Pierce, Batavia	D T Di Matala Patavia	P. I. Di Natala Ratavia
CREEKE	D. Sinclair, East Durham	W M Pana Catalell	C E Willard Catabil
HEDRIMED	V. M. Parkinson, Salisbury C	W B Brooks Mohawk	A I Fagan Herkimer
	F. G. Metzger, Carthage		
	L. F. Warren, Brooklyn		
	G. O. Volovic, Lowville		
	R. A. Page, Geneseo		
MADISON	L. B. Chase, Morrisville	. D. H. Conterman, Oneida	L. S. Preston, Oneida
MONROE	W. A. Calihan, Rochester	. J. P. Henry, Rochester	W. H. Veeder, Rochester
MONTGOMERY	La V. A. Bouton, Amsterdan	n.W. R. Pierce, Amsterdam	. S. L. Homrighouse, Amsterdam
	L. A. Newman, Pt Washingto		
	G. W. Kosmak, N. Y. City		
	G. L. Miller, Niagara Falls		
	H. F. Hubbard, Rome		
ONONDAGA	H. B. Pritchard, Syracuse	L. W. Ehegartner, Syracuse	.F. W. Rosenberger, Syracuse
	C. W. Webb, Clifton Springs		
	S. L. Truex, Middletown		
	D. F. MacDonell, Medina A. G. Dunbar, Pulaski		
	G. M. Mackenzie, Cooperstow		
OUEENS	E. A. Flemming, Rich. Hill.	.E. F. Smith Kew Gardens	.I. M. Dobbins, L. I. City
RENSSELAER	C. H. Sproat, Valley Falls	.J. F. Connor. Trov	.O. F. Kinloch, Trov
RICHMOND	C. R. Kingsley, Jr. W. N. B'g	't.J. F. Worthen, Tompk'sv'le.	E. D. Wisely, Randall Manor
ROCKLAND	J. W. Sansom, Sparkill	R. O. Clock. Pearl River	D. Miltimore, Nyack
ST. LAWRENCE	S. J. Cattley, Ogdensburg	S. W. Close, Gouverneur	C. T. Henderson, Gouverneur
SARATOGA	W. H. Ordway, Mt. McGrego	r.H. L. Loop, Saratoga Springs	W. J. Maby, Mechanicville
SCHENECTADY	N. A. Pashayan, Schenectady	H. E. Reynolds, Schenectady	J. M. W. Scott, Schenectady
SCHUHARIE	E. S. Simpkins, Middleburg.	H. L. Odell, Sharon Springs	LeR. Becker, Cobleskill
SCHUILER	John W. Burton, Mecklenbur	g.r. B. Bond, Burdett	
STRIBEN	G. L. Whiting, Canisteo	P. F. D. Gibbs, Seneca Falls	R. F. D. Gibbs, Seneca Falls
SUFFOIK	A. E. Payne, Riverhead	F. D. Volb. United its	R. J. Shater, Corning
SIILLIVAN	C. Rayevsky, Liberty	I. C. Pavne Tiberty	I C Power I harty
TIOGA	F. Terwilliger, Spencer	.W. A. Moulton Candor	W A Moulton Candor
TOMPKINS	D. Robb, Ithaca	.W. G. Fish. Ithaca	.W. G. Fish. Ithaca
ULSTER	E. F. Sibley, Kingston	.F. H. Voss, Kingston	C. B. Van Gaasbeek, Kingston
WARREN	F. Palmer, Glens Falls	W. W. Bowen, Glens Falls.	W. W. Bowen, Glens Falls
WASHINGTON	R. E. La Grange, Fort Ann	S. I. Banker, Fort Edward	R. C. Paris, Hudson Falls
WAYNE	R. G. Stuck. Wolcott	D. F. Johnson, Newark	D. F. Johnson, Newark
WEST CHESTER	W. W. Molt. White Plains	H. Betts Vonkers	R R Hammond White Plains
" I O MI NI T	W I Brench Pile	H C Martin Marcaus	H C Montin Wanner
	G. H. Leader, Penn Yan		W. G. Hallstead, Penn Yan

### Vlune 3 Sybra

# For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

## CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 90th Streets New York City

Telephone Schuyler 0770

Announcement\_

# THE RADON COMPANY, Inc.

is now conducting the Radon business of the

STANDARD CHEMICAL COMPANY

at No. 1 East 42nd Street, New York.

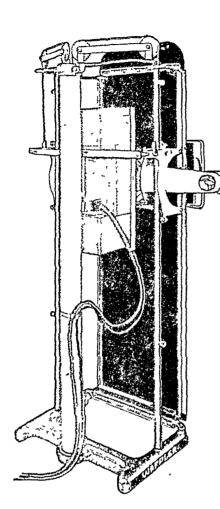
Orders for Radon in gold implants, needles and tubes will receive prompt' attention and the clients of the STANDARD CHEMICAL COMPANY are the same efficient service as has been rendered them in the past,

೯೩೮ೂನ

ADON COMPAN

ast 42nd Street

1 2811-2812



# The New WAPPLEI SHOCK-PROOF

Fluoroscopic Units,

CAFETY from high tension shocks is insured to patien operator by this latest Wappler improvement. The stal radiator type X-Ray tube is enclosed in a lead-lined profile chamber, mounted between the halves of the transful There are no high tension leads, therefore shock is impos

This means more than safety from shock. It means. fluoroscopic results, because the operator is free to concé on his work, without any necessity for caution.

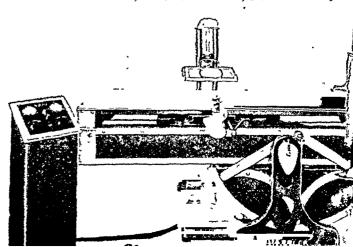
Another important advantage of these improved W Fluoroscopic Units is the fact that should it become neces to change the X-Ray tube, the operator is not deprived use of his apparatus while he waits for an expert to confi the factory. The tube is not immersed in oil, therefore operator can change it easily and quickly.

These important improvements are embodied in thr units: the Wappler Vertical Fluoroscope, the Wappler zontal Fluoroscope and the Wappler Motor-Driven Uni Fluoroscopic Table.

Write for Bulletin 113-G

### WAPPLER ELECTRIC COMPANY

General Office and Factory, Long Island City, N. Y. Show Room, 173 E. 87th Street, New York City



OR examination of the Postient in both vertical and horizontal positions, the Wappler Motor-Driven Universal Fluoroscopic Table is · of great advantage. In those cases in which it is necessary to observe the actions of the organs as the table is tilted from one position to another, it does away with the necessity of an assistant to manipulate the table. In a tilting table, absolute protection m shock is especially im-

Vol. 30, No 3

FEBRUARY 1, 1930

Pages 131-190

**\$3.50 YEARLY** 

# New York State Journal of Medicine

THE OFFICIAL ORGAN of the MEDICAL SOCIETY OF THE STATE of NEW YORK

Published Twice a Month from the Building of The New York Academy of Medicine, 2 E 103rd St., New York City



Entered as second class matter July 5, 1907, at the Post Office, at New York, N Y, under the act of March 3, 1879 Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized on July 8 1918 Copyright, 1930, by the Medical Society of the State of New York

TABLE OF CONTENTS PAGE IV

A THE CONTROL OF THE

When the patient revolts \_

at the thought of taking pure cod liver oil, many physicians recommend Dewey's Emulsion of Vitaminetested cod liver oil, port wine and Irish moss.

The port wine, perfectly emulsified with pure cod liver oil, disguises the taste, breaks the oil into small molecules, and makes for easier and more complete assimilation. This combination, together with Irish moss, helps to overcome nausea and makes Dewey's Emulsion ideal for many patients who can't stand pure cod liver oil.

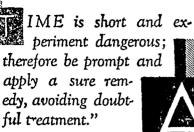
A full size bottle will be sent free upon application.

H. T. DEWEY & SONS COMPANY
138 Fulton Street New York City
Established 1857

Deneys

EMUL

COD LIVER OIL—PORT WINE—IRISH MOSS



HIPPOCRATES

# NTIPHLOGISTINE

is peculiarly helpful when applied as a topical application in the treatment of

# Rheumatic Pains

The various classifications and types of Rheumatic conditions, which probably are merely steps in the processes of the same disease, respond favorably to the continuous application of Moist Heat.

Antiphlogistine, applied in a hot, thick layer, over the affected area

Relieves Muscle Spasms and Reduces Pain and Swelling

Antiphlogistine is the ideal soothing and antiseptic poultice for conditions associated with Inflammation and Congestion.

Sample and scientific literature will be sent upon application.

The Denver Chemical M'f'g Co. New York, N. Y. The District String of the first of and the first of the

### . HARRY F. WANVIG

Authorized Indemnity Representative

The Medical Society of the State of New York

SO MATDEN LANE

NEW YORK CITY

TELEPHONE: JOHN 0800-0801

## THE NEW YORK POLYCLINIC

### MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)

(The Pioneer Post-Graduate Medical Institution in America)

We Announce

### FOR THE GENERAL PRACTITIONER

A combined course comprising

INTERNAL MEDICINE

SURGERY **NEURO-SURGERY** 

PEDIATRICS GASTRO-ENTEROLOGY

UROLOGY

DERMATOLOGY NEUROLOGY

PROCTOLOGY

OBSTETRICS

ORTHOPEDIC SURGERY
GYNECOLOGY (Surgical-Medical)
TRAUMATIC SURGERY
THORACIC SURGERY

PHYSICAL THERAPY

PATHOLOGY and BACTERIOLOGY OPHTHALMOLOGY

OTOLOGY RHINOLARYNGOLOGY

For Information Address

MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, NEW YORK CITY

Please mention the JOURNAL when writing to advertisers

# TABLE OF CONTENTS-FEBRUARY 1, 1930

ORIGINAL ARTICLES		Rectal Abscess—Claimed Negligence in Treatment	1
Sterility Diagnosis: The Study of Sperm Cell Migration in the Female Secretions and Interpretation of Findings-By		news notes	
William H. Cary, M.D., F.A.C.S., New York, N. Y The Medical Phase of the Workmen's Compensation Law— By Joseph S. Lawrence, M.D., Executive Officer, Medical Society of the State of New York, Albany, N. Y Hyperthropic Pyloric Stenosis in Colored Infants—By Morris Gleich, M.D., and Samuel Goodman, M.D., New York, N. Y. The Advantage of a Complete Diagnosis in Cardiac Condi- tions—By Robert H. Halsey, M.D., New York, N. Y. New Form of Birth and Death Certificates—By J. V. DeForte, Ph.D., Director, Division of Vital Statistics, N. Y. State Department of Health, Albany, N. Y. Periodic Health Examinations from the Standpoint of the Otorhinolaryngologist—By Robert C. Howard, M.D., New York, N. Y.	136 140 141 144	Dutchess-Putnam County Medical Society—Report of the Committee on Public Health and Public Relations. Dutchess-Putnam County Medical Society—Report of the Committee on Infant Mortality Committee on Physical Therapy Legislative Bulletin No. 1—January 15, 1930. Leducational Program of the Woman's Auxiliary of the American Medical Association Chautauqua County Dutchess-Putnam County Queens County Daily PRESS	1616
EDITORIALS		Reducing Body Weight A Pioneer in Antiseptics	6
l'apers at the Annual Meeting	149	Survival of the Fittest The Radio and Quacks. Where Danger Lurks	17
MEDICAL PROGRESS		BOOKS	
Angina Pectoris and the Coronary Artery	151	Books Received Book Reviews	7
Obstetrical Practice	152	OUR NEIGHBORS	
Intermittent Biliary Stasis Nature of Constipation Malta Fever Heart and Nitrous Oxide The Atmosphere and Disease Acid Inhalation Therapy Rectal Polypi and Cancer.	152 153 153 153	A Legislator's Opinion in New Jersey	188888
LEGAL		Woman's Auxiliary in Iowa (adv. page xxviii)	
Motor Vehicles—Connecticut Statute Upheld Claimed Failure to Properly Treat Compound Comminuted Fracture		Graduate Education in Virginia	Ş

# Pregnancy: Prenatal Care

As a prophylactic from date of declaration to term, the use of Kalak Water affords the patient a dependable defense against abnormal conditions that may be manifested as a result of mineral depletion.

Presenting a fully saturated solution of calcium as the bicarbonate, Kalak Water helps to supply the need of the patient for this essential base.

Kalak Water Company
6 Church Street New York City

### DIET QUESTIONS have GELATINE ANSWERS

# HOW CAN A PATIENT LOSE WEIGHT WITHOUT LOSING HEALTH?

When you prescribe a weight-reducing diet—you need your patient's co-operation. And you will be sure of that co-operation if your diet satisfies the hunger for bulk and the longing for "something good".

Here's where Knox Sparkling Gelatine plays an important part in the weight-reducing regime. Being a pure, plan gelatine—it is a form of protein which may be used more freely with less danger to the kidneys than some other forms of protein.

It is free from sugar or coloring matter, and may be combined in delightful variety with foods of low calorific value—giving the necessary appetite-satisfying bulk without supplying the fat-producing calories and conforming to the fundamental principles of nutrition. In the Knox weight-reducing menu are found many salads, desserts and other dishes which are well-balanced dietetically but low in calorific value.

The physician should exercise care, however, to prescribe pure gelatine—Knox Gelatine—for most of the gelatine preparations now on the market are heavily sugared and flavored. Knox Gelatine is the real gelatine.

We shall be pleased to send you a number of dietary booklets prepared by an eminent dietitian on the subject of gelatine in foods. The coupon below describes them—please fill it out and mail it today.

KNOX
is the real
GELATINE

************************************	7
CNOW CELETINE LIBORITORIES	

KNOX GELATINE LABORATORIES
Knox Avenue, Jonnstown, N. Y.

Please send me, without obligation or expense, the booklets which I have marked. Also register my name for future reports on clinical gelatine tests as they are issued.

☐ Varying the Monotony of Liquid and Soft Diets. ☐ Recipes for Anemis. ☐ Reducing Diet in the Treatment of Diabetes ☐ Reducing Diet. ☐ Value of Gelatine in Infant and Child Feeding

Address City

Please mention the JOURNAL when verting to

TOLYSIN

THE WIDE VARIETY OF USES FOR
TOLYSIN SUGGESTS ITS CONSTANT
PRESCRIPTION DURING THE COMING
BUSY MONTHS AS A TASTELESS
AND RELATIVELY NON-TOXIC

ANALGESIC-ANTIPYRETIC

PHARMACEUTICAL DIVISION
THE CALCO CHEMICAL COMPANY, INC.
BOUND BROOK, N. J.



### ADVERTISERS

RULES-Advertisements published in the JOURNAL must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

PAGE   ABDOMINAL SUPPORTERS, ETC.	(
ABDOMINAL SUPPORTERS, ETC.	
S. H. Camp & Co	1
COLLEGES, SCHOOLS & HOSPITALS	1
N. Y. Polyclinic Med. Sch. & Hosp iii N. Y. Post Grad. Med. Sch. & Hosp xxxi	Ŧ
ELECTRICAL APPARATUS AND X-RAY	
	I
FOOD	
	1
HEALTH RESORTS & SANITARIUMS	
Aurora Health, Farms xxxi	
Dr. Barnes' Sanitarium xxx	į
	I
	C
Brigham Hall xxx	I
	I
Haleyon Rest xxx	r
Interpines xxx	E
Dr. Rogers' Hospital xxx	F
Ross Sanitarium, Inc xxx	V

	PAGE
Charles B. Towns Hospital	xxvi
Cwin Elms	xxxi
West Hill Sanitarium	XXX
Westport Sanitarium	XXX
vinte Oak Farm	XXX
INSURANCE	
Harry F. Wanvig	iii
. LABORATORIES	
Bendiner & Schlesinger	ix
Lederle Antitoxin Labs	vii
MISCELLANEOUS	
Medical Directory	xxxiv
Classified Advertisements	xxxii
PHARMACEUTICAL PREPARATIO	ONS
Arlington Chemical Co	xii
BiSoDoL Co	хi
Calco Chemical Co., Inc	vi
Davies, Rose & Co., Ltd	xviii
Denver Chemical Mfg. Co	ii
Orug Products Co	xii
li Lilly & Co	xiv
enows Med. Mig. Co., Inc.	~~;;
V. A. Fitch, Incx	xviii l

Haley M-O Co., Inc. XXI Hynson, Westcott & Dunning xviii Mead Johnson & Co., Inc. XXI Merck & Co., Inc. XXIV Wm. S. Merrell Co. XXVII Parke, Davis & Co. XXXV Chas. H. Phillips Chem. Co. XXIII Sandoz Chemical Works, Inc. XIII Schering Corp. viii Tailby-Nason Co. XXII William R. Warner & Co., Inc. XXV
Winthrop Chemical Co., Inc xix
RADIUM
Radon Company, Incxxxv Gold Radon Implant Corp. of Amxxxvi
SURGICAL APPLIANCES, INSTRU- MENTS, SYRINGES, THERMOM- ETERS, ETC.
Taylor Instrument Companies xxiii Holland-Rantos Co., Inc xxxi
TONIC
H. T. Dewey & Sons Co i
WATERS
Kalak Water Co



## PNEUMONIA

and its treatment with

### Antipueumococcic Serum Lederle

Refined and concentrated as prepared by FELTON

### **ADVANTAGES**

### Smaller Bulk-

Average volume is about one tenth that of the original serum.

### Minimized Serum Reactions-

Serum reactions are minimized due to the elimination of inert foreign proteins.

### Standardization in Units-

This makes it possible to use the product with more certainty of adequate dosage

### Procedure

10,000 to 20,000 units should be injected at the earliest possible moment after diagnosis.

Repeat every 8 hours until the temperature falls and beneficial effects are evident. If the disease is severe and the patient very toxic, double the unit design at 4 hour intervals

Antipneumococcic Serum (Lederle) is supplied in syringes containing 10,000 and 20,000 units each of Type I and Type II.

A Treatise on Pneumonia will be sent upon request

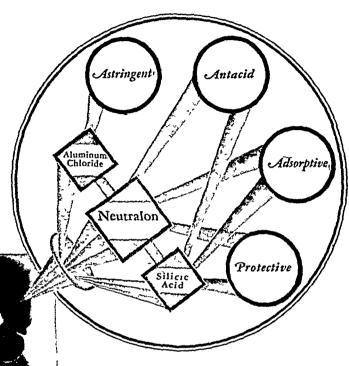
.1.

LEDERLE ANTITOXIN LABORATORIES
NEW YORK

# The Action of NEUTRALON

A synthetic aluminum silicate with about twelve per cent sodium silicate

NEUTRALON is specially indicated in the treatment of gastric and duodenal ulcer



DOSAGE: The usual dosage of Neutralon is a teaspoonful stirred in half a glass of water three times daily, before meals when the protective and astringent action is required, and after meals as an antacid.

### ORIGINAL PACKAGES:

NEUTRALON

Boxes containing 50 and 100 grams.
Belladonna-Neutralon
Boxes containing 100 grams.

### BELLADONNA-NEUTRALON

15 Neutralon with the addition of 0.6% extract of belladonna.

### Antacid

Neutralon has a twofold antacid effect, a slight immediate effect through the action of the soluble sodium silicate component and a slow prolonged effect through the decomposition of the insoluble aluminum silicate which converts free into combined acidity.

### Astringent\_

The aluminum chloride formed by the reaction of Neutralon with the acids of the stomach acts as a mild astringent, thus tending to limit gastric secretion.

### Adsorptive

Neutralon and the silicic acid adsorb albumen and pepsin so that the harmful digestive action of pepsin on the ulcerated wall of the stomach is hindered.

### Protective and Analgesic

Unchanged Neutralon and the silicic acid formed during the course of the reaction tend to form a coating on the ulcerated wall of the stomach, thereby affording protection against mechanical and chemical irritation.

Sample and literature upon request

SCHERING CORPORATION

110 William Street NEW YORK, N.Y.

# Announcement

BENDINER & SCHLESINGER desire to announce that their X-ray Staff has been augmented by the appointment of Edward E. Kaplan, M.D., former Director of the Radiological Laboratory of the Gallinger Municipal Hospital and Clinical Professor of Roentgenology in the George Washington University Medical School, both of Washington, D. C., as Director of their X-ray Laboratory.

The X-ray department is maintained for the service of physicians only and occupies the entire street floor of our new building specially erected, thus avoiding stairs or elevator, making it most convenient for your patients.

Visitors cordially welcomed. Correspondence invited.

# The Bendiner & Schlesinger Laboratory

Established Over 30 Years

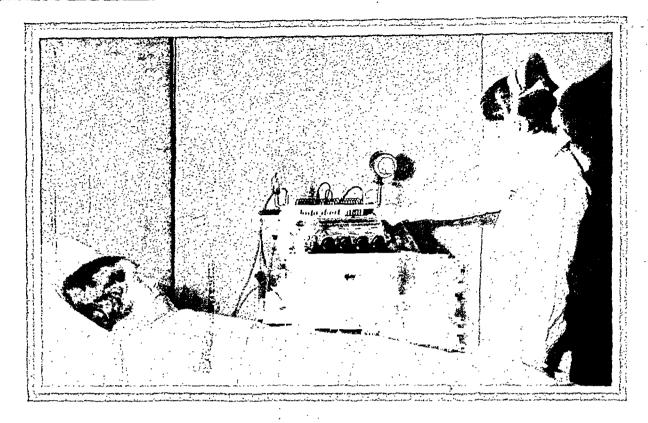
THIRD AVENUE AND TENTH STREET
NEW YORK CITY

One Short Block from Wanamaker's
HENRY T. BROOKS, M.D., Director

Messenger Service.

Telephone Algonquin 2300

This Laboratory is approved by the Council on Medical Education and Hospitals of the American Medical Association, also by the New York County Medical Society.



# An Effective Ally in the Treatment of Pneumonia

Anything short of major calibre in a diathermy machine for the treatment of pneumonia will prove disappointing. The Victor Vario-Frequency Diathermy, Apparatus is designed and built specifically to the requirements. It has, first, the necessary capacity to create the desired physiological effects within the heaviest part of the body; secondly, a refinement of control and selectivity unprecedented in high frequency apparatus.

In the above illustration the apparatus proper is shown mounted on a floor cabinet. from which it may be lifted and conveniently taken in your auto to the patient's home.

AREPORT from the Department of Physiotherapy of a wellknown New York hospital, dealing with diathermy in pneumonia and its sequelae, states as follows:

"As a rule diathermy is indicated in acute pneumonia, especially so when the symptoms are becoming or already are alarming: the temperature is high, the patient is delirious, the pulse is extremely rapid, cyanosis is deep, the respiration rate is high, the breathing is very shallow, and the cough remains unproductive. Not infrequently in a pneumonia case with such alarming symptoms, after a few diathermy treatments an entire change of the picture takes place: cyanosis lessens, respiration becomes deeper, the quality of pulse improves, the rate decreases, the

New York—205 E. 42nd St. Buffalo—1100 Electric Bldg. Rochester—809 Rochester Gas & Electric Bldg., 89 East Ave. Syracuse—207 University Block Albany—75 S. State St., Room 508

temperature is lowered, and the cough becomes productive. Auricular fibrillation that develops occasionally in similar pneumonias or other types of pneumonia where the toxemia is great, has been changed to a perfect normal rhythm after a few diathermy treatments."

You will value diathermy as an ally in your battles with pneumonia at this season, aside from the satisfaction derived from having utilized every proved therapeutic measure that present day medical science offers.

A reprint in full of the article above quoted, also reprints of other articles on this subject, will be sent on request.

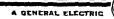
### VICTOR X-RAY CORPORATION

Manufacturers of the Coolidge Tube and complete line of X-Ray Apparatus



Physical Therapy Apparatus, Electro-cardiographs, and other Specialties

2012 Jackson Boulevard Branches in all Principal Cities Chicago, Ill., U.S.A.







# LIQUID PEPTONOIDS WITH CREOSOTE

Combines the active and known therapeutic qualities of creosote and guaiacol with the nutritive properties of Liquid Peptonoids and is accordingly a thoroughly dependable product of definite quantities and recognized qualities as shown by the formula:

Each tablespoonful represents

Alcohol (By Volume)						12%
Pure Beechwood Creos	OTE				•	2 min.
GUAIACOL						1 min.
PROTEINS (Peptones and F	rope	oton	es)		•	5.25%
LACTOSE AND DEXTROSE	•	•		•	•	11.3%
Cane Sugar	•	. •		•		2.5%
MINERAL CONSTITUENTS	(Ash	.)			•	0.95%

It acts as a bronchial sedative and expectorant, exhibiting a peculiar ability to relieve Bronchitis—acute or chronic. It checks as well a persistent winter cough and without harsh or untoward effect. It is agreeable to the palate and acceptable to the stomach—with merit as an intestinal antiseptic. Supplied in 12 oz. bottles.

Samples on request

# THE ARLINGTON CHEMICAL COMPANY

YONKERS, NEW YORK

# Prompt Relief - -

for

When chronic constipation or intestinal toxemia is a causative factor, Pulvoids Taurophen will be found effective in conjunction with Pulvoids Natrico.



# Hypertension

Pulvoids Natrico are valuable in reducing blood pressure, pending the determination and treatment of the cause. Because of their enteric coating they do not disturb digestion or renal functioning, so that their use may be continued to maintain the blood pressure within safe limits.

***************************************
THE DRUG PRODUCTS CO., INC.  26-02 Skillman Ave.,  Long Island City, New York,  Please send samples of Pulvoids Natrico and clind al notes  Please send complete price list
Name
Address
Tity State

Flease mention the JOURNAL when writing to advertisers

A great advance in Calcium Therapy

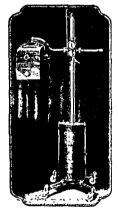
# **CALCIUM** Gluco SANDOZ

Per Os - Palatable Intramuscular - No Irritation Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

SANDOZ CHEMICAL WORKS, Inc.

61-63 Van Dam St. NEW YORK, N.Y.



DURING THE WINTER MONTHS

### Prescribe Ultra-Violet

As a general systemic tonic by reason of increased metabolism. For stimulating glandular activity to aid elimination procedure. For body cell efficiency for greater resistance and for decreasing the absorption of toxic properties so detrimental to general health.

The McIntosh Model Alpine Sun Lamp affords you the means of accomplishment with ease and precision because of the design and exclusive adjustment facilities.

### Modern Ultra-Violet Therapy

is a 96-page book so written as to be of concrete service to the busy practitioner. It gives you valuable pointers with a wealth of outlined U. V. technique.

> Sign the Couton For Your Copy



Phone: Gramercy 7058

Main Office and Factory 223-233 N. California A CHICAGO, ILL.



It Is FREE Send For Your Copy

> McIntosh Elec. Corp.

Name

NEW YORK 303 Fourth Avenue

Please mention I, when writing to advertisers

# RESEARCH FACILITIES



A university investigator working in the Lilly Laboratories expressed surprise at the resources available for research. Practically any chemical or other material needed was obtainable from the stock rooms, the apparatus required was at hand, the Lilly Library afforded the necessary references.

THE problems involved in the development and manufacture of Lilly Pharmaceuticals and Biologicals make it necessary to maintain an extensive and varied equipment for research.

The Lilly Research Laboratories have the advantage of close co-operation with the Lilly Manufacturing Laboratories with their long experience in large-scale production. The two laboratories co-ordinate exceptional resources for expediting research and render effective service to investigators in developing scientific discoveries and adapting them to medical use.

Iletin (Insulin, Lilly)
Merthiolate
Liver Extract No. 343
Ephedrine Products
Pharmaceuticals
Biologicals

# ELI LILLY AND COMPANY

INDIANAPOLIS, U. S. A.

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 3

NEW YORK, N. Y.

February 1, 1930

### STERILITY DIAGNOSIS: THE STUDY OF SPERM CELL MIGRATION IN THE FEMALE SECRETIONS AND INTERPRETATION OF FINDINGS\*

By WILLIAM H. CARY, M.D., F.A.C.S., NEW YORK, N. Y.

7 HIS subject is brought to your attention for the following reasons:

First, I am convinced that most physicians in seeking the cause of a barren marriage either omit the post-coital examination of the male element, frequently called the Hühner test, as a substitute for the condom method of demonstrating motile spermatozoa.

Second, it is my opinion that a post-coital examination has a far greater and indeed an indispensable place as a diagnostic procedure in sterility study when conducted as a uniform biological investigation of sperm cell behavior and migration in the female secretions and the findings are interpreted with regard to the factors which govern their complementary relations.

Third, in an analysis of 200 completely studied problems it was found that the major cause of sterility was demonstrable by such a post-coital investigation in 48 per cent of the cases and that failure of spermigration\*\* was due to unfavorable conditions in the wife as frequently as to the diminished fertility of the husband.

Fourth, this diagnostic procedure is also of great value when spermigration is found in active progress, for the medical examiner may then conclude that the cause of sterility is to be found in some functional or organic disorder above the level of the internal os.

For accurate evaluation of the husband's fertility it was necessary, in many of my cases, to subject his element to at least two examinations, once when mixed with the wife's secretion and again when secured as a direct independent specimen; and the correlated findings seem to confirm that the rhythmic motion of the sperm cell, which is an expression of protoplasm energy, must be tozoa in the seminal discharge which are normally developed and exhibit an enduring motility. By these studies I have been impressed that the morphology of the spermatozoa is not only an important index of spermatogenesis (Moench1) but it bears a definite relation to the success of their migration (See Figure 2), for cells with en-

vigorous and sustained to enable the cell to com-

plete its itinerary and penetrate the ovum. The fertility of the male seems, therefore, to be a rela-

tive quality, determined by the number of sperma-

larged and irregular heads are blocked by the selective hazard of the cervical mucus. In some cases male specimens which were evaluated by direct examination as potentially fertile, but of the less vigorous type, were found by post-coital examination to be insufficiently vigorous to fertilize in a monogamous relation owing to some minor impediment in the female. Such an observation is of great importance in determining the treatment. In such instances sterility of many years' standing may be spontaneously terminated by improvement in the physical condition of one or both partners due to vacations, et cetera.

The medical director of a large laboratory, after being convinced himself, urged that it be again emphasized that an examiner's report of "motile sperm cells present," while saving a pa-tient's vanity, may grossly mislead the physician, for such a finding may be honesty recorded when the semen is highly deficient.

In order that an examiner may more accurately interpret the diagnostic significance of the macroscopical and microscopical post-coital findings, he must understand, first, the anatomical conditions in both male and female which, though not essential, are conducive to fertility; second, the physiological changes which occur in the female as a result of sexual intercourse; and, finally, the significance of these factors in favoring the reception, retention and migration of the male element (See Figure 1). The importance of these phe-

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 5, 1929.

<sup>\*\*</sup> The suthor has coined the word "spermigration" to signify the migration of spermatozoa through the cervical canal. The term "insemination" is not generally understood to include this pheno-

nomena in the process of reproduction will be briefly considered.

The anatomical factors which govern the successful retention of the seminal discharge within the vagina are, first, depth of penetration by the male organ which depends chiefly upon proper physical and psychical adjustment; second, the dilability and inclination of the vaginal canal; and, third, the effective closure of the vaginal introitus by well-developed levator muscles. When the vagina is shortened by underdevelopment, especially if associated with congenital flexion of the uterus, almost immediate loss of the semen occurs. The amount of semen retained to the time of examination is also governed by the patient's mode of travel to the office, and the expulsion of the specimen is favored by the evacuation of the bladder and bowels, coughing, sneezing and voluntary efforts to simulate an orgasm.

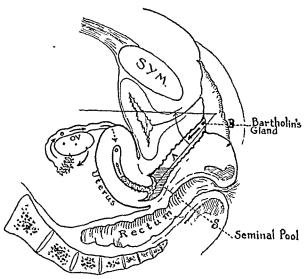


FIGURE 1

Anatomical conditions and physiological phenomena involved in insemination and spermigration are shown diagrammatically. The Line A indicates the length of the vagina and the angle of inclination. The alkaline cervical secretion increased by coitus makes direct contact with the retained semen. (See Figure 2.)

B. Bartholin's Gland S. Seminal Pool.

Other gynecological conditions with which we are concerned in a study of spermigration are the length, calibre and patulousness of the cervical canal and the amount and character of its secretion. To forestall controversy, based on individual exceptions, let us at once observe that the importance of cervical abnormalities must be interpreted in relation to the vigor of the male element and that in certain cases spermatozoa are found passing vigorously through cervices which we consider unfavorable; hence, one value of the post-coital examination. I have microscopical proof, however, of only three such cases.

Recent observations lead me to believe that in certain men, at least, not all parts of the seminal

discharge are of the same potential fertility. The first portion of the semen, which is more forcibly ejaculated, is thinner, less viscid, and contains sperm cells of greater vigor and better morphology than the semen when considered as a complete homogeneous specimen. I do not believe this observation has been previously recorded and hope that others, especially veterinary investigators, will cooperate in making further determinations. By such a hypothesis one may explain the occasional occurrence of pregnancy without rupture of the hymen and the ineffectiveness of certain contraceptive measures.

An ideal sexual relation between man and wife is frequently lacking. It should involve, at least, a normal frequency of sexual contact, a tactful and affectionate aggression by the male with such attention as may stimulate a strong desire in the normal female. Dickinson<sup>2</sup> discussed these items in a recent article and states that the brief duration of the husband's sexual cycle is a frequent cause of unsatisfactory response by his mate.

When libido is normally aroused certain changes occur in the woman similar to those in the male. These changes include erection of the clitoris, turgescence of the vagina and uterus, and a relaxation of the sphincter muscles of the vagina and rectum. Considering the action of the sympathetic nervous system, one would expect that the relaxation of the sphincters would be accompanied by spasm of the uterus, bladder and other pelvic viscera, and I have accumulated much evidence that this occurs. This phenomenon is probably reversed at the moment of orgasm. A copious evacuation of mucus by the vulvovaginal glands aids the introduction of the male part. I have found this strongly alkaline fluid is a favorable medium for the spermatozoa, and its distribution over the vaginal walls reduces the chemical antagonism of their usual secretion. The secretion of mucus by the cervical glands which is also stimulated by coitus is doubtless of much importance in the process of fecundation. As a result, the cervical canal, which is normally but a moistened channel with its walls in apposition, becomes dilated with a thin, glistening, alkaline and slightly viscid secretion. This secretion overflows from the external os into the vaginal vault where it meets the semen and is invaded by the sperm cells. In this medium the sperm cells are protected from the action of contraceptive douches. It should be noted that the above changes probably occur before the orgasm is reached and that libido, while not necessary, would seem, from our present knowledge, to be of the greater importance.

### The Post-coital Investigation

In the absence of any definite proof I have assumed that if there is any time during the inter-menstrual period more favorable than another for making a post-coital study, it should be

during the first half of this cycle, for at this time, in the majority of women, the ovum has matured and sexual desire may be somewhat increased. Whenever practicable, therefore, I make this test in the post- rather than the pre-menstrual period.

A definite appointment is made for the examination, and in arranging the time the examiner should also consider the convenience of his patient. Sufficient time should be set aside so that the hour at which intercourse occurs may not be too rigidly fixed and a delay of fifteen or twenty minutes in the patient's arrival at the office will not prove disturbing. Definite instructions should be given in a casual manner. Inhibitions are diminished and appointments are less frequently broken if the physician states that the examination involves sexual compatibility rather than individual fertility, and that failure in carrying out preparations need entail no difficulties other than a telephone report and arrangements for a later appointment.

The period of sexual rest which should precede the test should be determined by the habits of the couple. I have found it desirable to urge that there should be no departure in other respects from the usual conditions. Intercourse should occur approximately an hour before the examination. For fifteen minutes after coitus, and longer if proximity to the office permits, the wife remains in a reclining position. A sanitary napkin is then tightly applied. Preparation should be made before coitus so that the patient may avoid visiting the toilet before the examination. Other circumstances which interfere with semen retention have been enumerated. An automobile offers the best means of transit to the office. All apparatus used in examination is kept warm until the patient arrives (Fig. 3.) The time which has elapsed between coitus and the patient's arrival is noted. Experience has shown that the general statements of patients as to the unfavorable conditions under which coitus was carried out usually refer to lack of spontaneity.

For examination the patient is placed in the usual dorsal position. External evidence of semen loss should be noted. A slightly warmed bivalve speculum (without lubrication) is then adjusted in the vagina exposing the cervix and posterior sulcus, and is left in position until the conclusion of the examination.

### The Vaginal Pool

The absence of the seminal pool will be anticipated in some cases for reasons which I have previously outlined. From the statements of the patient, the condition of the external genitals and the sanitary napkin, and the number of spermatozoa found in the cervical mucus, one may deduce if the semen was completely expelled while the patient was in the recumbent position, or if the

loss occurred after she assumed the upright position. The immediate loss of semen may be reduced if the patient remains in a hip-elevated position after intercourse. A smear from the vaginal secretions may be necessary to determine if insemination actually occurred. By demonstrating the absence of spermatozoa in the vagina when semen was found externally I was led to make further inquiries which revealed failure of male

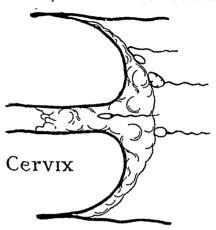


FIGURE 2

In accordance with biological law the normal cervical secretion is an ideal medium for normal sperm cell migration which is affected by their rhythmic motion under resistance. Increased resistance or weakened motion destroys this equilibrium and defeats migration. Thus weak and deformed cells are strained from the shorm stream.

penetration as a cause of sterility in six cases. The absence of a seminal pool when all conditions are favorable for its retention, and there are neither objective nor subjective evidences of definite loss, usually points to marked oligospermia—confirmation being made by direct examination of the male specimen.

When patients have complied with all instructions a definite seminal pool is normally found in the vagina, varying in amount from 15 to 40 minims. Though seemingly incredible I have record of at least two patients who, after traveling more than forty blocks by taxi, reached the office with vaginal specimens exceeding half the quantity of a normal male discharge and a satisfactory specimen was found in one patient who had ridden five niles by motorcycle. When the pool has fully formed in the dependent portion of the vagina its reaction is tested by litmus paper. In some instances where only a small amount of semen is retained the pool will be found to be

acid. Because the motility of the sperm cells is greatly impaired, if not entirely suspended, in an acid medium, one cannot fairly evaluate male fertility by the microscopical examination of such a specimen, although the number and the morphology of the sperm cells may be studied.

When the seminal pool is sufficient in amount to retain its alkalinity, one finds it usually presents, upon microscopical examination, a fair index of male fertility. Exceptions are encountered, however, when an excessive amount of vaginal secretion contaminates the seminal specimen and sperm cell activity is retarded by the vaginal debris. In these cases the fertility of the male may be definitely established when the cervical specimens are examined. A diagnosis unfavorable to the husband is not made until the vaginal findings are

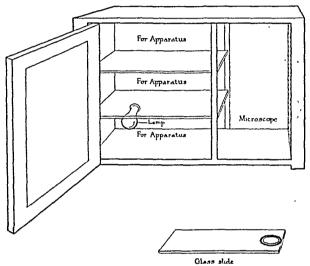


FIGURE 3

A simple cabinet in which the apparatus used and the specimens secured in the post-coital investigation are kept warm. It contains a microscope, 12 pipettes, 12 cervical cannulas, glass slides (with labels) and cover glasses, test tubes, minim graduate, thermometer and litmus paper.

confirmed by direct specimen study. When the reaction and microscopical findings have been noted a portion of the vaginal pool is placed in the warm box for later observations. The seminal discharge is then sponged from the vagina and the examination of the cervix is begun.

### The Cervix Study

The transparent, glistening mucus found in the canal of the normal cervix should be increased in amount and diminished in viscosity after coitus. Evidence of cervix stimulation is not commonly found in the infantile or hypoplastic cervix nor does it occur if the endocervix is chronically infected. The thick, tenacious, muco-purulent discharge characteristic of the severe types of endocervicitis and its destructive action upon the male element is so generally recognized as to need no

further comment, but the post-coital examination has shown that the milder degrees of endocervicitis which often escape casual inspection may also prevent conception. Simple, passive congestion of the uterus is characterized by hypersecretion of the cervix. The canal is sometimes dilated and the cervix may become succulent and eroded. Clear mucus is found within the canal. A considerable quantity of cervical mucus may be found in the seminal pool when these patients are examined after coitus, but this condition is not as apt to block spermigration as the accumulation of highly viscid secretion which is sometimes found in a poorly drained cervix.

The pipettes used for securing specimens of cervical mucus should be well-made and equipped with a strong rubber bulb. The first specimen for microscopical study is taken from the mucus which has escaped from the canal and is spread over the vaginal surface of the cervix. A small portion of this mucus from the region of the external os is engaged in the tip of the pipette and the specimen lifted. Whatever amount of mucus is thus obtained is gently spread on the slide and immediately protected with a cover glass. If this external mucus is too tenacious to be easily secured the pipette should be abandoned at once and the special glass cervical cannula (Fig. 4) which I have devised and which may be attached to any Luer syringe is used. Repeated efforts to engage the mucus in a pipette or forceful efforts to expel it, destroy its value as a microscopic specimen. If it is known that the mucus has been in contact with a vigorous seminal pool and the invading sperm cells are found to be inactive or sluggishly motile the unfavorable character of the mucus is demonstrated. If on the contrary a large number of well-developed spermatozoa are found traveling vigorously in this mucus the male specimen may be considered satisfactory regardless of vaginal pool findings. This slide is then labeled and put aside. After the vaginal surface of the cervix is freed from secretion the tip of the cannula is introduced a short distance within the external os and a specimen from the first portion of the cervical canal is obtained. I do not wish to imply that one can entirely control the amount of mucus secured. The greatest care is exercised, however, and whatever specimen is first obtained is used for the microscopical study. (It is my practice, when possible, to study the character of the cervical secretion at the examination preceding the post-coital study.) time the transparency and viscosity of the speci-men may again be studied (Fig. 5). If, with proper equipment, difficulty is found in obtaining the specimen or in expelling it from the cannula, it usually indicates that the viscosity of the cervical mucus is increased to an obstruction degree.

Under normal conditions many fast-traveling spermatozoa are found in all parts of this first

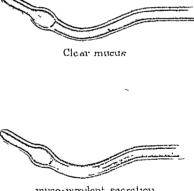


FIGURE 4 A consula which is attached to a Luer syringe and used for withdrawing mucus from the cervical canal.

intracervical specimen. The examiner invariably finds, however, that many of the sperm cells have ceased their activity at this point in their itinerary. When migration of the sperm cells is found to be greatly impaired or to have stopped in this specimen, one may usually determine, by correlating the findings already made, whether this failure is due to reduced male vigor or increased mucus resistance. In occasional instances both factors are involved. Continuance of the rhythmic motion of the sperm cells without progress usually indicates abnormal viscosity of the medium Based upon the results of treatment as well as investigation the writer has found that abnormalities in cervical secretion, due to stenosis or passive congestion, constituted the major cause of sterility in 10 per cent of the cases If mucus remains in the first portion of the canal after this specimen is taken, this excess is removed with a second cannula. Gauze wipes are rarely necessary, except in obviously obstructive conditions. If spermigration is active in this first specimen, the aim is now to trace this migration to the internal os. I attempt to accomplish this by emptying the canal of its secretion. A clean cannula is used for each manipulation (from 3 to 5 being required) as one climbs the canal. The quantity of the specimens obtained varies for obvious reasons but, whatever the amount, all of each specimen is placed on a separate slide, immediately covered and the slides progressively numbered The tip of the cannula is an inch within the canal when the bulge is at the external os. In taking the highest specimens it is important that suction be slowly started and as soon as resistance is encountered the suction is not increased but held steadily at this negative level as the cannula is withdrawn. In this way one may be reasonably sure that the mucus came from the point at which the tip of the cannula stood when suction was begun. I am aware of no other technical tricks save gentleness Proper equipment, patience and time are essential in this work.

### Normal Cervical Findmas

When the post-coital findings are normal the nucroscope will reveal the active migration of sperm cells in all of the cervical canal specimens and this activity continues several hours. Specimens from the upper canal will not differ materially from each other, but they vary markedly from the first cervical specimen which, because of its position and sieve-like action (Illustration 2), contains, as earlier noted, many abnormal,



muco-purulent secretion

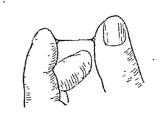


FIGURE 5 Simple methods of testing the transferency and viscosity of mucus.

sluggish and inactive spermatozoa. In the higher specimens the number of sperm cells is greatly reduced-from three to ten being found in the highpower field. Careful examination reveals that these cells have exceptionally long tails and that the heads are well-developed, sharply-outlined, and translucent. Their speed varies considerably, the progress of a cell being occasionally resumed after a moment's inactivity. While studying such specimen under a high magnification, I have seen a spermatozoon collide with a foreign body and hesitate for several seconds while the head, pointing itself by an ameboid fovement, struck repeatedly in a serpentine manner at the obstructing organism. Observations lead one to believe that the lavish production of sperm cells anticipates a tremendous mortality and that relatively few spermatozoa have the energy to complete their migration. The blockade of the sperm cells may be affected abruptly or gradually. A promising start does not necessarily insure the completion of the cervical itinerary; hence, the value of the higher specimen study. The gradual reduction and final disappearance of the sperm cells as we study succeeding specimens is the most convincing observation. The interpretation of border-line findings is often difficult and sometimes impossible. Second investigations are frequently necessary. When only the cervical part of the examination is to be repeated a satisfactory investigation may be made some hours after intercourse. Preparation for the patient may, therefore, be simplified, coitus being allowed at any favorable morning hour, and a prolonged rest in bed increases the opportunity for spermigration.

### Difficulty of Securing Cervical Specimens

Conditions are not uncommonly met which make it impossible to carry out the technical details of the post-coital investigation as herein described. Frequently the difficulties encountered will indirectly disclose the major condition involved in the sterility problem. Microscopic traces of blood may be ignored but when oozing develops the examination must be terminated. If bleeding follows the introduction of a properly made cannula one should suspect the presence of some obstructive lesion within the canal, such as a polyp or an inflammatory stricture. If the external os is known to be punctiform or stenosed

a large hypodermic needle should be ready and substituted for the cannula. By patient effort, however, the cannula can usually be passed. This is impossible, however, when much of the cervical canal has been stenosed and distorted by traumatism. Stenosis may cause changes in the viscosity of the mucus sufficient to bar fecundation. There are cases in which the normally patulous cervical canal is constantly occupied by a mucoid secretion so dense and tenacious as to resist removal, or if secured the specimen is liberated as a long, elastic, ropy mass. While the usual technic cannot be carried out under these conditions an absolute blockade to sperm entrance is definitely established. The cause of increased viscosity in these cases is not clear but as it is also frequently noted in the cervix during pregnancy and the puerperium I assume it is associated with congestion. Finally, there are a few cases in which the cervical canal is small in calibre, its walls apposed and the secretion so scant and tenacious that a satisfactory specimen cannot be obtained. This condition is usually found in the long hypoplastic cervix, and if the vagina is also underdeveloped the seminal pool is immediately lost. A group of conditions exist, therefore, which are unfavorable to spermigration. These cases have been studied with considerable interest. Frigidity is a frequent complaint and after intercourse the cervix is found absolutely unchanged and uninvaded by sperma-

In making these studies one is frequently discouraged by the difficulty of the problem. Endowed research laboratories would find this true in studying questions which pertain to human sexual relations. For obvious reasons, observations made in private practice can rarely be demonstrated to others, although research workers among our patients have been encouraging critics.

Two hundred and sixty-six detailed post-coital investigations with correlated data provide the material for this presentation, I feel that this type of investigation is an essential if not the most important single diagnostic procedure in the study of sterility.

# THE MEDICAL PHASE OF THE WORKMEN'S COMPENSATION LAW\* By JOSEPH S. LAWRENCE, M.D., EXECUTIVE OFFICER MEDICAL SOCIETY OF THE STATE OF NEW YORK

HE operation of the Workmen's Compensation Law in New York State requires the distribution of about \$28,000,000 annually, of which \$20,000,000 is required

for payment of compensation and \$8,000,000 for medical and surgical fees. These figures help to give one an idea of the rapid development in the care of injured and physically incapacitated employees the state has made. We are all more or less familiar with the

<sup>&</sup>lt;sup>1</sup> Moench, G. L., "A Report on Sperm Examination made in Obscure Cases of Sterility," Med. J. & Rec., July 20, 1927.

<sup>2</sup> Dickinson, R. L. "Premarital Examinations as Routine Preventive Gynecology," Amer. J. Obst. & Gyn. Nov. 1928.

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 5, 1929.

evolution of the Workmen's Compensation Law and recall that when it was first enacted, it had few friends and many critics. The employer had never considered the injured employee as a responsibility of his and felt it an imposition that he should be asked to provide medical or surgical care for those injured in his service, and discovering that he could share the responsibility with the insurance company, he promptly did so. He readily authorized the treatment of an employee injured in his service by any surgeon or physician that the employee might select. Free choice of physician or surgeon in those days was the rule, but a number of factors and conditions soon developed which brought about a limitation of choice. The first of these probably was the objection of certain physicians and surgeons to some unpleasant phases of the work. They did not care to have workmen in their greasy clothing and shop atmosphere, come directly to their crowded offices. They could not, nor would they, attempt to hold themselves available for calls at any time during the working hours of industry. Another group simply had no interest in industrial work and chose not to develop such interest. The workman was not always aware of what physicians belonged to these two groups and frequently was obliged to make several calls before he secured the services he sought. Delays of this kind were considered more or less serious by the insurance companies, and to prevent their repetition, they were prompted to make a list of physicians who would be available to the injured employee.

Other physicians lost interest in industrial work because of the arduous paper work it entails. They had limited office force and could not undertake to supply the many reports that the law required, and after having repeatedly failed in getting compensation for their services because of their failure to file the required reports, they declined the work.

The insurance companies, under the law, have no authority to make selection of physician, but they can bring pressure to bear upon the employer whose insurance they carry. If he has many accidents or authorizes medical care unsatisfactory to them, they can refuse to carry his insurance unless he limits his authorizations to those physicians and surgeons who have their confidence, on the ground that his business is too expensive for them to carry.

With these factors working, one can readily appreciate how the present status has developed, and one cannot help but wonder whether conditions would remain different for any length of time if the entire past could be for-

gotten and a free choice of physician again permitted.

Reference has been made to objection on the part of certain physicians to the arduous paper work involved The law requires-and it is not an unreasonable demand-that the physician to whom an injured employee comes, shall make immediately a report of his findings, diagnosis and temporary prognosis; that this report should be filed promptly with the insurance company, that it may be aware of the fact that a liability has been placed against it and that it may take such steps as are necessary to inform itself of the probable extent of the liability. It is also required, and reasonably, that the physician should from time to time inform the carrier, his employer, of the progress of the case and file, at the close of the case, a complete statement of services and the date of discharge. If a physician has only a few cases, filing these reports may not be any particular burden, but when he has many patients and the great majority of them are discharged after two or three visits to the office, one can see how difficult he finds it to comply with the requirements of the law without the help of rather adequate office assistance. It appears that the proper filing of accurate reports has caused more difficulty for physicians who would undertake industrial work, than all other factors combined. One can hardly see how this difficulty can be overcome or reduced, except by physicians taking the pains to inform themselves thoroughly and accurately as to the manner of preparing and filing the reports required.

Accuracy and promptness in preparation and filing of reports cannot be over-emphasized. Physicians have a reputation for tardiness in submitting bills, which they should not be proud of and which may have been appreciated past times, but today society requires promptness. The law permits the physician twenty days in which to file his first report, which should be ample time. The facts in the report should be so clearly stated as to leave no doubt as to their accuracy. A physician who regularly describes conditions so as to create the impression that the patient will be incapacitated for a month, and then discharges him in a week, may think that he is demonstrating great ability, but the insurance company soon discovers the inaccuracy and makes its own deductions. Not only does such a physician's reputation suffer because of his fault, but to a degree he has done an injury to the character of all physicians.

Lifting cases indiscriminately by the insurance company is a practice against which physicians most rightfully object. When a physician has been authorized by an employer to treat a case and, for no reason which he can appreciate, the insurance company orders the patient to report to another physician for treatment, he justly feels that he has been treated unfairly. Insurance companies admit that they do order patients from the services of one physician to another, but claim that they never do so except in the interest of the patient. They state that some physicians realize that certain cases are beyond their experience and might fare better in the hands of another physician, and make no objection to transference under such conditions. We can readily appreciate this, but the transference of a patient from one physician to another because the first physician was not one of the insurance company's selection, we believe is bad practice and will not necessarily be in the interests of the patient. Lifting may readily become a vicious practice. Inspectors can form acquaintances and friendships with certain physicians and permit the influence of those friendships to prejudice them in their supervisory capacity. No one can deny that the insurance company, because of its liability for the charges incurred, should be interested in seeing that the patient receives the most effective treatment available, but an inspector, who may have no medical training, should not have absolute power over the welfare of the injured. On the other hand, instances have come to light where inspectors have refused to transfer cases, although requested by the physicians who have them in charge; for instance, a physician has a patient with tuberculosis of the spine, following trauma. This patient should be transferred to a tuberculosis hospital, but the inspector refuses to authorize the transfer, prefering to accept the diagnosis of trauma rather than tuberculosis. There can be no question as to whether the patient is receiving the best care in this instance.

For a medical system to be ideal, industry must have available at every hour in which the plant is in operation, medical service at a moment's notice. An injured employee should be cared for immediately; he cannot be expected to go a long distance from the plant seeking medical attention, nor to sit in the doctor's office a half hour or more awaiting his turn. If the injury is of such nature that the physician must visit the plant, it should be possible for him to respond immediately that he is called. These conditions are patent to all and have presented the strongest incentive for the creation and operation of industrial service systems. New York City has, at the present time, probably more than one hundred such systems, one of them with eighteen or twenty stations and more than a score of physicians and nurses employed on full or

part time. From this they range in size to one that may have but two stations, operated by one physician and nurse. In a recent conference, representatives of insurance companies stated that the industrial service systems were not ideal and for many reasons they preferred the services of the individual physician, but they admitted the advantages of a system that had a methodical way of preparing and submitting records. The most objectionable feature of these industrial service systems is their manner of securing business. They advertise themselves through placards posted in the industries in their immediate vicinity, and some have unwisely created the impression by the use of their placards, that they have the endorsement of the State Department of Labor. A properly conducted service might readily be likened to a form of group practice, and when conducted by physicians with a proper regard for ethics, can be of great service.

Another advantage the chain dressing system has, is that of transferring treatment from one station to another; for example, if a man resides far from the plant in which he was injured, he can be treated at the station near his home, although the first treatment was made at the station near the plant. Serious charges have been placed against some of the systems for carelessness in handling patients and unjustifiably prolonging treatment. It is very evident that if the systems are to continue, some authoritative body must be given power of supervision and some regulations regarding their conduct must be formulated.

One more source of annovance to the general practitioner, arising in his practice of industrial medicine, needs mention, and that is the habit that insurance companies have of reducing bills. Their defense is that physicians purposely charge them more than they would an individual for similar services. This comes about through a knowledge of the physician's custom of charging a patient in proportion to his income; and the insurance company thinks that, although it is obliged by law and has contracted to pay the fees incurred by the patient, nevertheless the physician should make the fees porportionate to the wages of the man. The insurance companies have little upon which to base an argument of this kind and there is abundant evidence to show that they have been working an injustice upon the people in general by the practice; for instance, workmen are admitted to many hospital wards at the rates of city patients, which everybody knows are but charity rates and entail a deficit to the hospital. Society has no obligation to the insurance company which would warrant its meeting in part its liability. Some hospitals, however,

have always maintained that industrial patients are not the wards of the city or community, but of the insurance company and, therefore, the insurance company must pay the regular hospital rate and not the charity rate. It seems to the writer that their decision is correct and should prevail in every hospital, and physicians, likewise, in their private practice, should make a fair charge for services rendered in compensation work. However, no defense can be offered for the indiscretion of certain physicians, and quite likely all of us have knowledge of some instances of the character where physicians have deliberately overcharged for their services, because the work was to be done for an impersonal insurance company. Whether bill cutting preceded bill padding, is as difficult to determine as the old question of the hen and the egg, but justice should prevail and men should refrain from increasing their charges because they expect them to be reduced, and, likewise, insurance companies should be willing to pay physicians for services rendered, the regular fees they are accustomed to charge.

Many of the vexing problems which beset the practitioner as he enters the field of industrial medicine, could be alleviated, if not entirely eliminated, if a better understanding existed between physicians, insurance companies and employers, with regard to the problems involved. This has been proven to the satisfaction of those who have attended the conference arranged by Commissioner Perkins between the Industrial Council and representatives of Medical Societies and hospitals. There seems to be unanimous agreement by those who have been studying the problem that it is as essential that the State Department of Labor should have the services of a Medical Advisory Council as it is to have the services of a council composed of representatives of employers and insurance carriers. A bill authorizing the creation of such Advisory Council was prepared by the Industrial Survey Commission and introduced in the legislature the last two years, but failed of enactment because of technicalities connected with its introduction. There is little doubt but that such law will be enacted in the very near future. The powers of the Medical Advisory Council, as recommended by the Industrial Survey Commission, should be: (a) To consider all matters connected with the practice of medicine submitted to it by the Industrial Commissioner, the Board, or the Industrial Council, and to advise them with respect thereto; (b) On its own initiative to recommend to the Council such changes of administration or procedure as may be deemed important and necessary from the medical viewpoint; (c) To consider the qualifications of persons being considered for positions in the Department, involving the practice of medicine, and to advise the Commissioner regarding their fitness for appointment.

The Council should have power to confer not only with the medical division of the Department of Labor, but also with the Division of Industrial Hygiene on questions of sanitation. Without doubt, in time this Council could prove itself one of the most valuable additions to the Department of Labor.

The relationship that should exist between physician and industry should approximate that established between physician and individual patient. The objective is the same-the physician's sole interest is in restoring the injured to health, regardless of who pays the bills, and probably his relationship with the individual might be improved in these modern times if he submitted to all of his patients statements for his services more promptly, in cases of short duration, and at frequent intervals in cases of long standing. Laymen who have not required medical service for years, are inclined to speak slightingly of physicians' services, and when suddenly called upon to employ a physician, have been overwhelmed by what they consider exorbitant charges. A certain amount of this might be obviated if the physician took more pains to keep the patient or those interested in the patient's welfare, informed of the nature and extent of treatment rendered, and if the physician, likewise, was more particular about the manner in which he distributes his charity. Every physician is ready and willing to render services for charity when called upon to do so, but in the eyes of many administrators and economists, it is a mistake for the physician to render free services to wards of the state or institutions fully qualified to meet their expenses. The public expects the physician to be paid for his services, except where he chooses to bestow them without charge, and this relalationship should prevail between the physician and industry; between the physician and the state.

Obviously, a system so radical as the workmen's compensation was when inaugurated, requires some years of experimenting before it will work harmoniously. Such has been the case, and now we can expect better times. It is said that medical fees are increasing, but that the loss of time per injury is growing less. Without doubt, these trends indicate better medical care. There is ample opportunity for practice for every physician who wishes to share in industrial work, but on entering it he should thoroughly inform himself of the requirements of the law.

## HYPERTHROPIC PYLORIC STENOSIS IN COLORED INFANTS

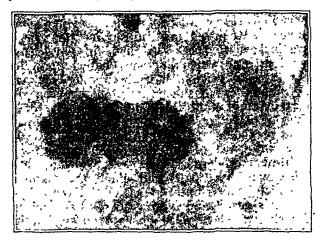
By MORRIS GLEICH, M.D., AND SAMUEL GOODMAN, M.D., NEW YORK, N. Y. From the Pediatric Department of Harlem Hospital

A SEARCH through the literature has revealed the fact that Hypertrophic Pyloric Stenosis is rare in colored infants. For this reason we report the following cases:

Case 1.—G. P.—A colored infant, delivered normally, weighing seven pounds at birth, had been breast fed for three weeks. She ate well, gained ten ounces in this period, and had soft yellow stools.

At the age of one month she began to vomit, lost nine ounces in a week and was constipated. The vomiting was projectile in character.

On admission she weighed seven pounds eleven ounces. Study revealed visible gastric peristalsis, a palpable tumor mass in the pyloric region, projectile vomiting, dehydration, loss of weight, gas-



G. P. Fed a milk-barium mixture and x-Ray taken at once (Immediate).

tric retention and constipation. After four hours x-ray showed that no barium had passed through the pyloris. (See plate.)

In view of a loss of nine ounces in one week and the poor condition of the child medical care was foregone and surgical intervention resorted to at once. Operation by Dr. John F. Connors disclosed a markedly contracted and thickened mass throughout the entire length of the pyloris. It felt like gristle to the knife and we could hear the grating sound. The Fredet-Ramstedt operation was done.

The post-operative period was uneventful with the exception of a few days of vomiting. This was controlled by gastric lavage. Breast milk was fed throughout but hypodermoclyses of 5% glucose were given for ten days.

At the end of ten days the child was retaining one to one and one-half ounces of breast milk

every two hours. Hypodermoclyses were discontinued. After a month the child retained three ounces of breast milk every three hours and was put back to the breast. The infant was discharged at the end of fifty-two days weighing six pounds five ounces and in good condition.

Case 2.—A female colored infant who was a low forceps delivery, weighed six pounds two ounces at birth. She was breast fed for seventeen days. When six days old the infant had lost fifteen ounces and a complementary feeding of a powdered milk was given. From the sixth to the seventeenth day there was a gain of nine ounces. There was no vomiting and the general condition was fair.

Vomiting began on the seventeenth day of life and persisted in spite of all measures. In five



G. P. Four hours later, x-Ray shows gastric retention.
Little barium has passed through the Pylorus.

days there was a loss of twelve ounces. The child was dehydrated and its condition poor.

The infant was seen by us at the age of twenty-two days. Visible gastric peristalsis was noted but no pyloric tumor was palpable. Constipation, projectile vomiting and marked dehydration were quite evident. X-Ray showed no barium passing through the pyloris after five hours. (See plate).

Operation (Dr. John F. Connor's Service) revealed a thickened pyloric ring about one-half inch long and rather hard. A Pyloroplasty was done.

The post-operative care was interesting. Unable to obtain breast milk after five days, Lactic Acid Milk was used. The infant took from one to three ounces every three hours, had soft yellow stools, did not vomit but failed to gain. We resorted to thick cereal feeding with better results. After fifteen days on thick cereal we changed to Lactic Acid Milk again. The infant took it well



A milk-barum mixture ingested by infant and X-ray taken at once (Immediate).

now and thrived This was continued for two and one-half months, when the baby was sent home.

At operation the infant's weight was five pounds five ounces, and at the end of three



Case 2

Five hours later most of the barum is still retained in the stomach (Infant had not been fed for five hours)

months when discharged, it weighed ten pounds two ounces. It's appetite was good. It took five ounces every four hours. There was no vomiting and its stools were soft and yellow.

## THE ADVANTAGE OF A COMPLETE DIAGNOSIS IN CARDIAC CONDITIONS\* By ROBERT H. HALSEY, M.D., NEW YORK, N. Y.

N early times such terms as disease or fever were accepted, as a sufficient diagnosis of the kind of illness. Today it is common habit to state the cause of the fever; as typhoid or pneumonia. More recently yet, the anatomical diagnosis of a broncho-or lobarpneumonia is refined by stating the type, as I, II, III or IV. With more accurate and wilespread knowledge the satisfactory diagnosis of disease requires consideration of minute details to describe the causal agent and effect on the body. These details are of such great importance because they influence matters of public health, determine therapy affecting the individual and indicate the objectives toward which the skill and knowledge of the physician is directed.

For one phase of the study of heart disease by the Heart Committee appointed by this Society questionnaires were sent to the hospitals of the State requesting the etiology of the disease of the heart of patients dying of heart disease. Of the 30,131 heart deaths in the State only the astonishing small number of 2,004 or 66 per cent could be grouped under the simple etiologic factors.

Rheumatic Syphilis Other forms .	. 4%	217 81 1706
•	100%	2004

The conclusion seemed to be justified that hospital historics of patients dying of heart disease did not contain the statement of etiology, hence the record room could not file or cross index the case under headings of etiology

Etiology was reported on only 66 per cent of the whole number of deaths. It is amazing that the significance of this very small number is not recognized by the physicians of the State The teachers of medicine do not realize that few of the students in the medical schools, or serving hospital internships, think of the importance of etiology. The absence of etiology from the recorded diagnosis occurs in hospitals famed for sympathetic skill and in those reputed for teaching and knowledge, as well as in hospitals of lesser distinction

A study was recently made of the clinical and pathologic diagnosis of a small random chance sample from several New York City hospitals of patients dying with heart involvement and coming to necropsy. On the average

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York at Utica, N. Y., June 6, 1929

sixty per cent of the clinical diagnoses did not mention etiology and thirty per cent of the pathologic diagnoses did not mention etiology.

The survey of death certificates on file in the Bureau of Vital Statistics show as causes of death catalogues of names of valvular damage, lining and muscle inflammation, but rarely anything of the etiologic factor. An oft recurring group of terms appearing on certificates reads as follows—cause of death:

Primary

Pericarditis

Endo-and Myo-carditis

Mitral and aortic stenosis and regurgitation Valvular disease

Secondary

Angina pectoris

Cardiac hyperthrophy and dilatation

Fatty degeneration

These might very well be re-arranged to show etiology, anatomic and physiologic defects as follows:

Primary

Etiologic Active or ina

Active or inactive rheumatic

heart disease

Anatomic

Pericarditis—acute: serous

: serofibrinous

Chronic cardiac valvular disease Mitral and aortic stenosis Mitral and aortic insufficiency Physiologic Mitral and aortic incompetency

Secondary Etiologic

Arterio-sclerosis

Anatomic Hypertrophy and dilatation of

heart

Arterio-sclerosis coronary artery

Fatty degeneration

Physiologic Anginal syndrome

The review of these diagnoses recalls the finding, as published in the Report of the Heart Committee, Table IA that in 1926 the profession of this State assigned 48.6 per cent of the deaths to chronic myocarditis, while in 1922 only 34.1 per cent were so assigned. And in 1926 only 15.7 per cent of the deaths were credited to valvular heart disease, but in 1922, 23 per cent had been so assigned. There was no great change in the etiologic factors of heart diseases in this period of five years, yet there was this definite change in the point of view of the physicians of the State. The valve damage appeared to them to be less important than the muscle damage, in accounting for death.

If now the method of grouping is assumed to depend upon the probable etiological factor, the groups might be made as follows: assume that the damage to hearts before forty to be due to the virus of rheumatism; some of the hearts diseased about forty to be due to syph-

TABLE 1-A
"OTHER DISEASES OF THE HEART"
NUMBER OF DEATHS BY BROAD AGE GROUPS
AND PERCENTAGE OF DEATHS FROM EACH TYPE
NEW YORK STATE
(Exclusive of New York City)

			Percentage										
AGE Groups	TOTAL DEATHS	Chronic Myo- carditis	Chronic Endo- carditis	Valvular Disease of the Heart	Mitral Regur- gitation	Mitral Stenosis	Cardiac Insuffi- ciency	Diseases of the Aorta	Cardiac Hyper- trophy and Dilation	Cardio- renal Diseases	Other Diseases of the Heart		
All Ages	14,862	48.6	12.4	15.7	3,6	1.4	4.8	2.1	3.4	.7	7.8		
Under 5 5 to 14	3,717	4.0 7.7 12.0 28.7 46.2 52.4	6.7 33.3 27.3 19.5 13.9 10.9	32.0 32.5 28.4 19.0 15.4 15.0	5.3 9.4 2.7 4.5 3.0 2.9	4.0 5.1 4.4 4.9 1.6	18.7 5.1 8.2 6.6 4.4 4.6	4.0 .9 2.2 3.3 2.4 1.9	13.3 3.4 4.9 5.6 5.0 2,6	  .8 .7 .7	12.0 2.6 9.9 7.1 7.4 8.1		
					192	2			,	······································			
All Ages Under 5 5 to 14 15 to 24 25 to 44 45 to 64 65 and Over	125 157 651 2,777	34.1 2.7 3.2 9.6 14.7 29.9 38.8	13.0 5.5 27.2 28.0 17.1 12.9 12.2	23.0 40.4 33.6 18.5 29.0 24.3 21.8	4.4 3.7 10.4 9.5 5.1 4.5 4.1	1.3 .9 4.8 5.1 4.8 1.3	5.1 16.5 12.8 8.3 6.6 4.5 4.8	2.5 1.8 1.6 4.5 3.2 3.2 2.2	4.8 12.8 3.2 8.9 9.8 6.4 3.7	1.3  .6 .6 1.5	10.5 15.6 3.2 7.0 9.1 11.5 10.3		

ilis, and most of the damage after forty to be due to arterio-sclerosis or senescent changes. There will be some cases of syphilis of the cardiovascular system before forty and some cases due to rheumatism after forty, but the actual numbers in the whole group are small and possibly nearly equal. These assumptions then have a small error of inclusion or exclusion, but because of the nature of the case, as indicated above, will, to some degree, counterbalance each other. Rearranging the figures of the groups on these assumptions will give the following:

Chronic Myocarditis—Under 40, rheumatic; over 40, senescent.

Chronic Endocarditis—Under 40, rheumatic; over 40, senescent.

Valvular Diseases—Under 40, rheumatic; over 40, senescent.

Mitral Regurgitation—Under 40, rheumatic; over 40, senescent.

Mitral Stenosis-All ages, rheumatic.

Cardiac Insufficiency—Under 40, rheumatic; over 40, senescent.

Diseases of the Aorta—Under 60, syphilitic; over 60, senescent.

Cardiac Hyper-trophy and Dilitation. Under 40, rheumatic; over 40, senescent.

Cardiorenal Diseases—all ages, senescent. Other Diseases of the Heart—Under 40, rheumatic; over 40, senescent.

The deaths have been rearranged in this way and the result is summarized in Table II. Rheumatism would account for over six percent, Syphilis for about one per cent, and Arterio-sclerosis for ninety-three per cent of the group. This relation would nearly agree with the age incidence at death; for, about ninety per cent of all the deaths from Heart Disease occur after 45 years.

In a recent Bulletin of the American Medical Association (1929—XXIV p. 101) there are recorded eleven, so-called "circulatory" diagnoses occurring in the private practice of one physician as follows:

### Circulatory

Circulatory
Aneurysm 2
Angina pectoris
Aortitis, 1
Arterio-sclerosis
Cardio-renal 3
Endocarditis 58
Decompensation
Hypertension 3
Myocarditis 44
Pericarditis 2
Ruptured aorta 1
Total

If these diagnoses were grouped under the term cardiovascular would it not help our consideration of the possible etiologic agents?

If the probable causal agents are considered would not the pathology be clearer if arranged in some such manner as follows:

Rheumatic heart disease Pericarditis	2 8
(	60
Syphilis	1
Aortitis	7
Aneurysm	4
Ruptured aorta	Ţ
•	_
	4
Arterio-sclerosis	
Arterio-sclerosis	30
Angina pectoris	18
Myocarditis	
Hypertension	3
Cardio-renal	3
•	_
(	28

The 14 Decompensation may be placed in whole or in part, in rheumatic, syphilitic, or arterio-sclerotic since the term tells nothing as to the causal agent but only states failure of function. It is very probable some of the fourteen should be allocated to each of the three groups.

It may be said then that a review of diagnoses as recorded in private practice, hospital practice and on death certificates reveals rarely a statement of the probable etiologic factor causing the heart damage. Yet it is upon the conception of the scope of the diagnosis that treatment of the patient with a damaged heart is founded.

The defects of the heart that the physician is called upon to remedy are three and may be grouped as follows: the disease or etiologic factor; the structural or pathologic damage produced by the causal agent; the disordered function of the heart resulting from the structural damage.

The causal agent may be inferred from a careful consideration of the anamnesis in which is included; conditions of the environment; the family history as indicative of hereditary factors or direct transmission of infective agents; the experiences of the individual including exposure to infective diseases or emotional and psychic insults; the sensations of the individual and the relation of symptoms to conditions of activity or rest; the patient himself with statement of time, manner and effect of changed physical ability.

The structural damage or pathologic diag-

### TABLE II

REDISTRIBUTION AND RECLASSIFICATION OF HEART DEATHS
BY ASSUMED ETIOLOGICAL CAUSES, BY LARGE AGE GROUPS
NEW YORK STATE EXCLUSIVE OF NEW YORK CITY

	m	RHEU	MATIC	Sүрн	ILITIC	Arteriosclerotic and Senescent		
AGE GROUPS	Total	Number	Per Cent	Number	Per Cent	Number	Per Cent	
All Ages Under 5. 5-14. 15-24. 25-44. 45-64. 65 and Over.	14,858 75 117 183 717 3,717 10,049	935 72 116 179 414 60 94	6.3 96.0 99.1 97.8 57.3 1.6	92 3 1 4 24 60	.6 4.0 .9 2.2 3.4 1.6	13,881  279 3,597 9,955	93.1  38.9 96.8 99.1	

nosis may be inferred from the duration of and the type of etiologic factor considered to be active and from the observation of abnormal physical conditions and functions shown by symptoms during life. These inferences and deductions require experience and skillful examinations—physical and clinical. No physical examination should be considered satisfactory without the assistance of the roentgen ray and often, too, only after the use of instruments of precision.

The enumeration of the methods of obtaining information presents a formidable array of procedures yet their execution does not exceed the possible ability of the average physician.

The outlook for the patient will depend upon the knowledge or estimate of the activity of the causal factor, recognition of the structural damage already done and whether the damage may be increased before therapy can achieve a cessation or complete abatement of the activity of the destructive agent.

The physician must consider the relation of the varied etiology of heart disease to the community health, the possibility of transmitting the infection to others and the necessity of circumscribing the activities of the infected person. He must consider, the relief of the incidental symptoms and complaints of the individual but devise methods of terminating the activity of the causal agent and the restoration of the functional efficiency of the damaged organ.

The titles of the International List of the Causes of Death do not yet give consideration

to etiology, but the Bureau of Vital Statistics of the New York State Department of Health can and will cooperate and tabulate the etiology, if the physicians of this Society and State will state the etiology in the certificates. In its report, your Committee made recommendations for improvement in completing certificates by using an accepted nomenclature. If the physicians of this State, which has the greatest number of deaths of any state, one in every five deaths is caused by heart disease, will think and write in terms of etiology, the records will become at once of first importance in clarifying the heart problem. As yet there is no way anywhere of analyzing the problem on a large scale, but the physicians of this State can do it and thereby lead in elucidation, as they have lead in the study of the problem.

To summarize: the physician who considers etiology is prepared to treat the heart patient intelligently: the patient advised from the point of view of etiology will be better advised how to avoid damage to the heart and how best to conserve the heart when damaged. The inclusion of etiology on certificates of death will make possible the analysis of heart deaths by etiologic groups. Such analysis will make possible the invention and application of effective preventive measures.

The diagnosis of heart defects to be complete must contain the statement of etiology, anatomic damage and physiologic efficiency.

A complete diagnosis of heart conditions is advantageous to the patient, to the physician. and to the community.

### NEW FORM OF BIRTH AND DEATH CERTIFICATES

By J. V. DE PORTE, Ph.D., ALBANY, N. Y. From the Division of Vital Statistics, New York State Department of Health.

Beginning January, 1930, new forms of birth and death certificates will be put into use in the State, exclusive of New York City. The

main change in the birth certificate is an elaboration of the items relating to the occupation of the father and mother. These items

(14-17, 23-26) have been adopted by practically all states in the Registration Area. They are identical in wording with the corresponding sections of the schedule to be used in the coning federal census, so that the returns of birth may be classified on a comparable basis with the corresponding groupings in the census.

¥	14 Trade, profession, or particular kind of work done, as Epinner, sawyer, bookkeeper, etc.	
UPATI	king of work done, as spinner, awyer, bookkeeper, etc.  15 Industry or business in which work was done, as slik mill, sawmill, bank, etc.  16 Date (month and year) last engaged in this work	•
000	16 Date (month and year) last engaged in this work	17 Total time (years) spent in this work

From the Birth Certificate

In the new form of death certificates, the physician is interested in the medical part Compared with the old certificate, a great deal more space has been provided for answers to the various items in this section

Item 25 calls for the "cause of death" and the "contributory causes" The cause of death does not mean the mode of dying, such as heart failure, asphyxia, or asthenia. The cause of death means the disease or injury which causes death. If the death was due to disease, the physician is to state as the "cause of death" the disease, either present at the time of death or of recent occurrence, which initiated the train of events leading to death or was directly the cause of it. For instance, in a case of measles followed by bronchopneumonia, measles is the "cause of death" and bronchopenumonia is the "contributory cause".

If death was due to violence, the physician shall state whether it was accidental, homicidal, or suicidal, and also give the means and nature of the injury. For instance, a statement of the cause of death as merely "poisoning" would not be acceptable unless it was also stated that the poisoning was accidental suicidal, or homicidal. In this particular instance the kind of poison if known, should be mentioned, as for example, strychinine, arsenic, etc.

If there were no contributory causes, an explicit statement of a single cause would be entirely acceptable, for example, "cancer of the liver," "chronic interstitral nephritis," "accidental burns, conflagration"

The column on the right, calling for the "duration of condition" should be answered exactly, or approximately if no exact information is available. For example, if the cause of death were a chronic disease, such as pul monary tuberculosis, it would be impossible for the physician to state the duration correctly to a day, he should be able, however, to state the duration in years and, perhapmonths. In many other conditions, the duration could be given accurrately in months or days.

Item 26 asks "where was disease contracted or injury sustained." It is, of course, fre quently impossible for the physician to deter nine where a disease was contracted. In such an instance an answer 'unknown' is entirely acceptable, but this information is of such importance that an effort should be made to determine it.

Item 28, which asks "what laboratory test assisted diagnosis" may be answered by describing the test in brief form as microscopic, serological, bacteriological, chemical, etc. The term 'laboratory' does not necessarily mean a public laboratory, if a test is made by the physician in his own office, a statement of the test should be given

MEDICAL CERTIFICATE OF DEAT	'H		
21 DATE OF DEATH (month, day and year)			9
25   HEREBY CERTIFY, That I attended of	eceas	ed	fron
, 19, to		, 19.	
I last saw halive on		, 19.	
To the best of my knowledge, death occurred on the	e dat	e st	ate
above, atm	,		
CAUSE OF DEATH*	DUR	ATIO	NOI
	Yes	Mos	Dys
	-L.:		L
CONTRIBUTORY CAUSES			-
(0)	1		
	.	_	-
(p)	-		<b> </b>
(c)			ľ
VI	1	-	_
(d)		_	_
26 Where was disease contracted, or injury sustained?	<u>'-</u> '	!	
27 Nameef operation if anyDate			_
Condition for which performed		,	
Organ or part affected			
28 What laboratory test assisted diagnosis?			
27 Was there an autopsy?			
(S-greed)		t	1. D,
, 19 (Add ess)			—

The reverse of the certificate lists, among other things, a number of "undersirable" terms which the physician should avoid in his statement of the cause of death. Every year the State Department of Health is obliged to make almost ten thousand inquires regarding indefinite statements of causes of death. If the physician would attempt in each case to give a definite statement of the cause of death, this work could be reduced considerably to the satisfaction of the Department and the medical profession.

# PERIODIC HEALTH EXAMINATIONS FROM THE STANDPOINT OF THE OTORHINOLARYNGOLOGIST\*

By ROBERT C. HOWARD, M.D., F.A.C.S., NEW YORK, N. Y.

THE problem of the periodic health examination from the standpoint of the nose, throat and ear specialist is essentially: to recognize abnormalities or disease present in the upper air passages, and if possible, afford relief or amelioration of the condition: to find potential sources of trouble, and remove them, if possible, or reduce this possibility to a minimum: to teach people how to live; that is, how to work, rest, dress, bathe, play etc.; so that, they may get most out of life, live longest, with the least morbidity possible, and to have in mind the aim, to superimpose the ancient Greek ideal of "a beautiful mind in a beautiful body" upon that of Locke, namely, "a sound mind in a sound body." These two conceptions are not incompatible, but are synergistic, and should be kept constantly in mind.

The examination should begin with the taking of a careful history, and with such relevant facts in mind as were elicited by the cross examination, we should proceed to a thorough physical inspection and examination of the nose, throat, larynx, ear and allied structures, and especially of the paranasal sinuses and of the lymphoid tissues of Waldeyer's ring for evidence of infections in those frequent sites of trouble; in fact, if we include the teeth, we have the three most important sites of focal infections—with the possible exception of the intestines.

Laboratory aids, such as x-ray plates of the head and chest, Wasserman tests, blood counts, sputum, urinary and other tests are frequently essential, and nearly always helpful in arriving at a correct diagnosis.

The presence and location of pain is important in trifacial neuralgias, but more especially so in involvements of the paranasal sinuses, and its location will frequently tell us the sinus affected, for example, the frontals give pain over the eyes and about the forehead; the anterior ethmoids, between the eyes; the posterior ethmoids, in the temporal region or about the ear and mastoid; the sphenoids, back of the eyes, in the occiput, or over the vertex of the skull; and the maxillaries, in the upper jaw and teeth with tenderness specially marked in the canine fossa, just above the canine tooth.

Tenderness to pressure is especially helpful in acute sinusitis, when it is to be elicited by

\* Read before the Audubon Medical Society, September 27, 1929, by invitation, as part of the symposium presented by the Special Committee on Periodic Health Examination of the New York County Medical Society.

pressure directly over the sinuses in the case of the antra, anterior ethmoids, frontals and mastoids; and by pressure on the eyeball often, in the case of the posterior ethmoids and sphenoids; also an area of hyperaesthesia can be made out over the corresponding Head zone.

In chronic sinusitis pain is not constant, although a very valuable sign when present. In both acute and chronic sinusitis pain denotes obstruction to drainage.

Pus in the nose or pharynx, except when due to acute processes, such as acute rhinitis and pharyngitis, is usually, presumptive evidence of sinusitis and a thorough search for its origin should be made by the various diagnostic measures, including transillumination, Roentgenograms, use of the nasopharyngo-scope to locate the ostium from which the pus is exuding etc. Frequently, multiple or pansinusitis is present, and when chronic, usually, calls for radical surgical measures.

Acute sinusitis will, as a rule, respond to conservative measures, such as tamponage with argyrol or other colloidal silver preparation, irrigations, sprays, suction, heat etc.

The paranasal sinuses, next to the tonsils, are the commonest sites of chronic or focal infections in otolaryngologic practice, and as a whole, are by far the most difficult to eradicate. This is especially true of the frontal sinuses.

Probably, no greater opportunity of helpfulness is opened by periodic health examinations than that of impressing on the minds of the laity the absolute need of medical care of colds and other respiratory disorders, till they are cleared up as neglect is often followed by chronicity; the late sequelae are legion and often most serious.

The number of fatalities from pneumonia and other acute infections, the result of chronic dripping of pus into the larynx, trachea bronchia and other parts of the respiratory tract, as well as, by absorption directly into the blood and lymph stream, is probably very great, although in the nature of things cannot be accurately estimated.

Deformities in the nose should be noted and where not due to injury or to postoperative dipping syphilis should be thought of and a Wasserman taken.

Perforations of the septum are most frequently postoperative results; but where no such history of operation is present, lues should be ruled out. Ulcers, both simple and tuberculous, are also causes of perforations in the septum.

Deviated septum is the commonest condition calling for operative interference in the nose and when it is causing obstruction to breathing or to drainage of the sinuses, or when a factor in progressive deafness, or as a preliminary to other nasal operations, a care fully performed submucous operation is one of the most satisfactory operations in surgery

Epistaxis occurs in about 90% of the cases, from the anterior portion of the septum, known as Kiesselbach's, or more correctly Lyttle's area, according to St Clair Thomson's Nose-bleed may be just a local manifestation or a symptom of a general condition, such as hemophilia, purpura, hypertension, cirrhosis of the liver etc.

Furunculosis about the ala nasi suggests the need of blood chemistry determinations, especially in reference to carbohydrate metabolism

The condition of the teeth and gums should be carefully noted, as infections in these regions affect the health and are amongst the commonest seats of focal infections causing rheumatic fever, the arthritides, endocarditis etc. Skiagrams should be taken, and cooperation of the patient's dentist should be sought

The lymphoid tissue of the throat is arranged more or less in the form of a circle and is described as Waldever's ring It consists mainly of pharyngeal adenoid, faucial and lingual tonsils on each side. These lymphoid tissues are the port of entry of many of the acute infections such as rheumatic fever, scarlet fever, diphtheria, Vincent's angina etc., as well as, being by far the chief offenders from the standpoint of chronic focal infections, and they are especially apt to be seriously diseased when they have been cut, but incompletely removed leaving stumps, sealed over with scar, which prevents emptying of the crypts into the mouth and throat, thus forcing absorption into the blood stream and causing more severe symptoms than where it is subjected to the germicidal and detoxicating action of the gastric juice

In the ordinary act of deglutition, the tonsillar crypts are emptied of their contents by the action of the throit muscles very much as a sponge filled with soap suds would be emptied by the muscular action of the hand

The other lymphoid tissues especially the phrty ngeal adenoid and lingual tonsils have a similar structure and are subject to the same acute and chronic infections—a fact often overlooked. A searching examination of these structures should always be made and if diseased, they should be completely removed. The indication is just as clear as for the faucial tonsil, and if neglected, the optimizer result will not be obtained.

There are many indications for the removal

of tonsils, but repeated attacks of acute tonsil litis, quinsy, enlarged cervical glands, chronic ally hypertrophied tonsils especially with congestion about the pillars and soft palate are very definite reasons for their removal. The more completely the lymphoid ring is removed the more satisfactory will be the result. The smallest piece of tonsillar tissue buried under scar may become an abscess cavity and is always a potential source of danger.

MacCready' and Crowe have shown that the tonsils are the chief entrepot of the bovine type of tubercle bacilli which do not ordinarily cruse gross lesions of the tonsils but enter the cervical lymphatics, causing enlargement of the glands, whereas the human type of tubercle bacilli cruse gross ulceration of the tonsil and is practically always secondary to pulmonary tuberculosis

Laryngeal examination may reveal chronic laryngitis pachy dermia or papillomata which are often due to chronic foci of infection in the tonsils or more especially in the paranasal sinuses and which will frequently clear up when the foci are removed. These are also potential precancerous conditions and have a definite importance in that connection especially if the patient is past forty.

Many cases of chronic bronchitis and bronchiectasis have as their underlying cause infection in the upper respiratory tract, either of the sinuses or of the lymphoid tissues of Waldeyer's ring

Periodic examination of the ears should reveal evidence of advancing deafness in oto sclerosis and in chronic catarrhil otitis media, also of nerve deafness, if due to lues or to focal infections

A chronic, discharging ear should be investigated especially for evidence of underlying mastorditis, which so often is the condition in, so called "chronic purulent of this media". When present a radical or modified radical mastord operation is usually necessary to clear up the condition and to remove it as a focus of infection and also to prevent intracranial complications.

#### Conclusion

More and more the need of keeping people well is becoming obvious and the desirability of preventing, or arresting the progress of disease, in its incipiency, is recognized everywhere, and it is the duty and function of periodic health examination to play a very important part in this great movement.

#### BIBLIOGRAPHY

1 Thomson Sir St Clur Diseases of the Nose and Throat Textbook third edition p 116
2 MacCrendy P B and Crowe S J 4m J Dis Child 27 111 Feb, 1924

# NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication, WILLIAM H. Ross, M.D., Chairman.......Brentwood Charles Gordon Heyd, M.D......New York DANIEL S. DOUGHERTY, M.D......New York

Editor-in-Chief-Orrin Sage Wightman, M.D.......New York Executive Editor-Frank Overton, M.D.......Patchogue Advertising Manager-Joseph B. Tufts......New York

Business and Editorial Office—2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the JOURNAL. Views expressed in the various departments of the JOURNAL represent the views of the writers.

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### **OFFICERS**

President-JAMES N. VANDER VEER, M.D	Albany
First Vice-President-FLOYD S. WINSLOW, M.D	Rochester
Secretary-Daniel S. Dougherty, M.D	New York
Treasurer—CHARLES GORDON HEYD, M.D	New York
Speaker-John A. Card, M.D	. Poughkeepsie

President-Elect-William H. Ross, M.D. Brentwood Second Vice-President-Lyman G. Barton, M.D. Plattsburg Assistant Secretary-Peter Irving, M.D. New York Assistant Treasurer-James Pedersen, M.D. New York Vice-Speaker-George W. Cottis, M.D. Jamestown

### TRUSTEES

GRANT C. MADILL. M.D., Chairm	on
IAMES F. ROONEY, M.D.,,,Albany	HARRY R. TRICK, M.DBuffalo
APTRIE W ROOTH M D Floring	NATHAN B. VAN ETTEN, M.DNew York
TATION THE DOUBLE, MADE STORES STORES STORES STORES	

### CHAIRMEN, STANDING COMMITTEES

Arrangements-Walter A. Calinan, M.D	Rochester
Legislative-HARRY ARANOW, M.D	New York
Pub. Health and Med. Education-T. P. FARMER, M.I	D., Syracuse
Scientific Work-ARTHUR J. BEDELL, M.D	Albany
Medical Economics-Benjamin J. Slater, M.D	
Public Relations-James E. Sadlier, M.D	
Medical Research—Frederic E. Sondern, M.D.	New York

### CHAIRMEN, SPECIAL COMMITTEES

### PRESIDENTS, DISTRICT BRANCHES

First District-George B, Stanwix, M.D	Yonkers
Second District-CHARLES H. GOODRICH. M.	DBrooklyn
Third District-EDGAR A. VANDER VERR, M.I.	Albany
Fourth District-WILLIAM L. MUNSON, M.	DGranville

Fifth District—Paige E. Thornhill, M.D. Watertown Sixth District—LARUE COLEGROVE, M.D. ... Elmira Seventh District—Austin G. Morris, M.D. ... Rocheste Eighth District—Thomas J. Walsh, M.D. ... Buffalo

### SECTION OFFICERS

Medicine—A. H. Aaron, M.D., Chairman, Buffalo; John Wyckoff, M.D., Secretary, New York.
Surgery—William D. Johnson, M.D., Chairman, Batayla; Charles W. Webe, M.D., Secretary, Clifton Springs.
Obstetrics and Gynecology—Gedore M. Gelere, M.D., Chairman, Rochester; Onklow A. Gordon, Jr., M.D., Secretary, Brooklyn.
Pediatrics—John Aikman, M.D., Chair, Rochester; M.C., Plase, M.D., Vice-Chair., New York; B. C. Doust, M.D., Sec., Syracuse.
Eye, Ear, Nois and Throat—Edwin S. Ingersoll, M.D., Chairman, Rochester; Conrad Berens, M.D., Secretary, New York.
Public Health, Hygiene and Sanitation—James S. Walton, M.D., Chairman, Amsterdam; Arthur T. Davis, M.D., Secretary, Riverhead.
Neurology and Psychiatry—James H. Huddlesson, M.D., Chairman, New York; Noble R. Charbers, M.D., Secretary, Syracuse.
Dermatology and Syphilology—Walter J. Highman, M.D., Chairman, New York; Albert R. McFarland, M.D., Secretary, Rochester.

### LEGAL.

Office at 15 Park Place, New York. Telephone, Barclay 5550

Counsel-LLOYD PAUL STRYKER, Esq.

Attorney-LORENZ J. BROSNAN, Esq.

Executive Officer-Joseph S. Lawrencz, M.D., 100 State St., Albany. Telephone Main 4-4214.

For list of officers of County Medical Societies, see December 15th issue, advertising page xxvi.

### PAPERS AT THE ANNUAL MEETING

The Committee on Scientific Work of the Medical Society of the State of New York is now making up the program of the scientific sessions to be held during the Annual Meeting on June 3 and 4, 1930, in Rochester. The Committee is especially desirous of offering to any member of the State Society the opportunity of submit-

ting a paper along some line of medical progress. Anyone wishing to present a paper is invited to communicate at once with the Chairman of the Section before which the paper is to be read. It is hoped that there will be a considerable number of responses to this appeal.

ARTHUR J. BEDELL, Chairman.

#### TUBERCULOSIS CONTROL

The attitude of practicing physicians to tuberculosis was the subject of serious discussion by the Committee on Public Health and Medical Education of the Medical Society of the State of New York, at its meeting on January 18th in the Hotel Pennsylvania R E Plunkett, Director of the Division of l'uberculosis of the New York State Department of Health, called attention to the great variability in the reporting of cases in different sections of the State, some sections reporting three cases for each death from tuberculosis and others reporting fewer new cases than there have been deaths in those sections. The sigmiscance of the failure to report cases is that it is evidence of the existence of larger number of cases which are not under medical advice and treatment, either by family doctors or by the official health authorities, or by any lay organization

Dr Plunkett asked the following question "What can the Medical Society of the State of New York do to stimulate physicians to take a more active interest in tuberculosis?"

It might seem that the amount and variety of effort already put forth would be sufficient to secure the diagnosis and treatment of every case of tuberculosis in New York State Both the medical profession and the people have been inoculated abundantly along anti-tuberculosis lines, but without a feverish response that is reflected in vital statistics

The weak point in anti-tuberculosis work seems to be the lack of leadership by the medical profession. The control of tuberculosis is a medical problem and its solution belongs to the medical profession. The question before the State Medical Society is this "Shall the physicians who will succeed in controlling tuberculosis be those engaged in general practice, or those employed by the State tuberculosis agencies?" As a matter of fact, both groups will be required—family doctors to give the detriled care to the great mass of patients, and a few experts employed by the agencies to act as consultants and teachers.

Although the control of tuberculosis is a medical problem, yet in this disease more than any other, the physician needs the cooperation and assistance of the patients, of governmental bodies, and of agencies doing social and wel fare work. Who among these four agencies shall be the leader? The answer of science and reason is, that physicians shall assume the leadership. The problem of the Mcdical Society of the State of New York is to make that leadership a reality in every county of the State. Experience has shown that wherever the physicians of a community lead, the public

will follow, for the people trust their doctors because of the stability of their character and the breadth of their knowledge and experience Groups organized along welfare and social lines have done most excellent anti-tuberculosis work, but their leadership has often been like that of the aniateur, and they have not made an effective appeal to the medical profession

Agencies both lay and official have supplied experts and made demonstrations of effective methods of work, but their activities have borne the inevitable fruit of developing inferiority complexes on the part of family physicians, as is shown by the doctors' tendency to say, "We cannot acquire the equipment and skill which the experts consider necessary for the diagnosis of tuberculosis, especially in its incipient stage, therefore let the State or some other agency do it? Some way of curing the physicians of their inferiority complex must be devised before family doctors will do effective tuberculosis work

A decade of experience has demonstrated that the most effective tuberculosis control has been done in those counties in which the leadership of family physicians has been recognized. Experience has also shown that the doctors can get what they want from governmental bodies and lay organizations if they ask for it earnestly and sincerely. The Medical Society of the State of New York now has the opportunity to develop a simple, practical plan for tuberculosis control. This plan will include the participation of family physicians, the patients, boards of health, and lay organizations.

Physicians must be the first group to be considered in the control of tuberculosis, for they will see the case originally and will carry out the details of home care Physicians must also be consulted by State Departments of Health and lay health originizations before any plus of action is instituted in a local complus of action is instituted in a local complusion.

munity

The County Medical Society is the natural organization of physicians to assume the leadership and to advise the other groups engaged in tuberculosis work. The first activity of the Medical Society of the State of New York will be to influence the county medical society of each county to engage in tuberculosis work and to assist the doctors to develop lines of work suited to that county

The patients must also be considered. Any comprehensive plan of anti-tuberculosis work will include that of personal contact with the patients and provision for supplying service for which the patient is unable to pay. An

essential provision for insuring frequent personal contact with patients is the visiting nursing servce. It is also essential that clinics, sanatoria and laboratories be established and maintained in each county for the direct service which they give to the patients. Another essential is that the directors of these facilities shall keep themselves in close touch with the practicing physicians. This system of visiting nurses, clinics, sanatoria, and laboratories is standardized and is well known to physicians generally; and county societies will promote the establishment of the system if they are inspired by the Medical Society of the State of New York.

Departments of Health and essential in any comprehensive plan of tuberculosis control, not only for their formal statistical work, but also because of the essential aid which they give the family doctors through their medical experts. The medical work of the New York State Department of Health is conducted satisfactorily to the family doctors, and its personnel is popular throughout the State. Its peculiar opportunity is now to cooperate with the Medical Society of the State of New York in inspiring leaders of county societies to formulate the plans for tuberculosis control in counties lacking present facilities.

Every county medical society needs the active help and influence of the County Tuberculosis Association and other lay organizations. These organizations also need the help of physicians in order to direct their work into practical channels. It does not seem, for example, that summer camps for undernourished children will reduce morbidity and mortality of tuberculosis to any great extent, at least in the immediate future. However, there is no question of the desirability and even necessity of the advice of local physicians in the use of the funds and the influence of the tuberculosis associations. The promotion of close cooperation between county tuberculosis associations and the county medical societies is one of the specific objects for which the Committee on Public Relations of the Medical Society of the State of New York was founded.

The answer to Dr. Plunkett's question is necessarily complex and involves the activity of many other groups besides the medical profession. However, the general answer may be given that the State Society can inspire each county society to study the tuberculosis problem in its own county, and to prescribe what each organization in the county shall do in developing a complete system for the suppression of tuberculosis.

### LOOKING BACKWARD THIS JOURNAL TWENTY-FIVE YEARS AGO

Advertisements: The question of advertisements was taken up by the Council of the New York State Medical Association on January 5, 1905. This Journal of February, 1905, has a copy of a letter from Dr. E. Eliot Harris to the editors of each of the twelve State Journals which then existed in the United States asking for a reply to a questionnaire on the subject of advertisements. Dr. Harris asked the editors four questions as follows:

"First, do you agree to publish no advertisement of an internal or an external remedy unless the quantity of its active ingredients be published?

"Second, do you agree to edit the copy submitted, and eliminate all so-called extravagant statements from it?

"Third, do you agree that the journal should introduce to its members through its advertising pages only those firms whose reputation for commercial integrity is such that their preparations will prove to be what they are represented to be?

"Fourth, do you agree to keep alive in your journal the question of ethical advertisements, so that the medical profession shall some day demand sworn statements of the quantity of the active ingredients of all internal and external medicines, advertised in medical journals?

"The above is merely suggestive, in the hope that by cooperation an organized and a united effort may be made to separate legitimate commercial interests in drugs and medicines from the illegitimate commercial interests of the nostrum venders; the medical profession directing its influence toward the first and against the second. Even from an imperfect beginning, something better and higher may be evolved."

The standards for which Dr. Eliot stood in 1905 are those of the New York State Journal of Medicine today.



### MEDICAL PROGRESS



Is Angina Pectoris Always Due to Coronary Artery Disease?-Thomas McCrae calls atten tion to the increasing tendency in the recent literature to consider the symptoms of angina pectoris as due to coronary disease exclusively, and to disregard the possibility of any other cause gina pectoris is a clinical syndrome with fairly marked features but without any definite single caus il pathological change. It should be clearly distinguished from acute cormary artery occlusion which has a definite pathological basis two cases which McCrae cites there were early attacks of angina pectoris, which were later followed by attacks due to coronary occlusion Both prinents stated that the early and later at tacks were entirely different, that the pain in the early attacks was beneath the upper sternum while in the attacks due to coronary occlusion the pun was beneath the lower sternum McCrae suggests that the early attacks were due to aortic He cites cases in which angina pectoris was associated with esophageal or gastric symptoms, with severe prostatitis and inflammation of the verumontanum, with invocardial insufficiency and with dilatation of the aorta. Thus, the statement, frequently made, that angina pectoris is always due to coronary disease does not seem to be supported by the evidence. It seems reason able to regard it as having a multiple etiology disease of the aorta in some cases of the coro nary arteries and myocardium in others, probably of both in some instances That it has other cruses in the way of viscero sensory reflexes seems probable Possibly these may represent The possibility of a nervous mechanism alone should not be entirely neglected -American Journal of the Medical Sciences, January, 1930 dxxx 1

The Newer Knowledge of Heart Disease finsley Randolph Harrison, writing in the South ern Medical Journal, January, 1930, xxiii, 1, emphasizes the general principles upon which the treatment of heart disease should be based aim of therapy should be four-fold (1) To rest the heart when this is necessary, (2) to strengthon the heart, if this is possible, (3) to alleviate the patient's symptoms, and (4) to educate the patient in regard to his disease. The last men tioned is perhaps the most important Unneces sary fears of sudden death must be allayed and the patient taught to live within his restrictions After the cirdic reserve has begun to diminish activity should be restricted to a level just below the dyspica threshold. When the patient begins to be short of breath on slight exertion digitalis is indicated. In the stage of paroxysmal dyspucalarge doses of the drug should be used

writer recommends digitalis leaves, 3 gm (45 grams), mide into 30 capsules, two to be taken three times a day for three days, then one capsule for four days a week, and later two capsules three days a week, watching carefully for digitalis intoxication If digitalis fails to prevent paroxysms of dyspnea, opiates are indicated. In severe cardiac asthma complicated with pulmo nary edema, morphine should be given and the prinent bled copiously In ventricular failure with systemic congestion and edema, digitalis is still of great value If, however, it is meffective diffreties are indicated. One of the best of these is theorine, in doses of 0.6 gm (10 grams) two or three times a day for one or two days it should be discontinued for a week or ten days Between courses of theorine, salyrgan, a very potent diuretic, is indicated. It should be given in doses of 1 or 2 cc intravenously, not oftener than once or, at most, twice a week. The neces sity for preventing and controlling edema cannot be too strongly emphasized. The patient with dropsy should be kept in bed and sleep insured by means of sedatives, when possible, hypnotics of the barbital group or chloral should be given in preference to opintes. The total fluid intake should be limited to two pints in winter and three The Karell diet with restricpints in summer tion of salt is indicated. As soon as the edema disappears, it is important that the patient's strength be maintained by a liberal mixed diet Quinidine may improve the rhythm in auricular fibrillation of a few weeks' standing, but there is grave risk in giving it to a pitient whose heart failure is of years' duration

Alastrim, Variola, and Vaccination -Prof Erich Leschke of Berlin after a survey of the incidence of various and its congeners throughout the world, arrives at the following conclusions He would make a rule to segregate all travelers with eruptions who have come from smallpox countries until a diagnosis can be made by the microscopical recognition of the Guarmeri bodies and Pirquet's vaccinal test. Alastrim or mild variola must be dealt with with the same severity as malignant smallpox-that is quarantine must be strict and exposed persons must be at once vaccinated, for the dangers from vaccination are f ir less than those of possible variola vera. Even a mild epidemic is far worse than a possible death Vaccinition must also be from encephalitis carried out thoroughly The author regards alas trun as true smallpox which one may distinguish by the term initigated smallpox. He is out of sympathy with Plehn when the latter would exclude Kaffir pox from the domain of variola in insisting that there is not even a kinship with

smallpox. Alastrim under one or another name is at present native in all the Americas, in the Azores, Switzerland, Holland, and England. differs from the severe type, chiefly in its low mortality which is about 1 per cent. In essentials it is the same, due to the same virus, and preventable through vaccination. Naturally all possible precautions against encephalitis should be observed. Alastrim shows a multiform symptomatology which makes it easy to confuse it with harmless eruptions and especially with chickenpox. There is a diminished tendency to pus formation and scar formation and at the height of the eruption the subject is usually in good general condition. The chief evidence for identity is the fact that in epidemics of alastrim a few patients may present all the symptoms of severe variola. The author, however, cites no example in which epidemic alastrim passed over into malignant variola. - Münchener medizinische Wochenschrift, December 13, 1929.

Controversial Points in Obstetrical and Gynecological Practice.—John Osborn Polak observes that the art of obstetrics is fast passing into history and has been supplanted by surgical intervention which needs curbing. He deplores the present-day tendency to submit women with slight pelvic contraction to cesarean section inasmuch as a very large proportion of labors (from 60 to 80 per cent) in this class of pelves terminate spontaneously. In his clinic each woman with a contracted pelvis is checked at weekly intervals during the last six weeks of pregnancy by Muellerization of the head, and the fetal posture and the general condition of the soft parts are ascertained. This allows, if necessary, the induction of premature labor. The attempt to shorten the second stage of labor by elective version increases the fetal and infant death rate. The routine use of prophylactic forceps is another menace to rational midwifery. The one rule for the safe conduct of the second stage of labor is to watch and record the rate and character of the fetal heart beat during and after each pain. The toxemias of pregnancy are another subject which is ever debatable. It is now generally admitted that a disturbance of the carbohydrate ratio is a basic factor, at least in the early toxemias. The fluid intake must be increased and the carbohydrate deficiency corrected. If the patient loses weight hospitalization with absolute isolation is imperative. The fluid loss must be made up by hypodermoclysis and intravenous infusion of dextrose until diuresis is produced. If hyperemesis continues after a week of this treatment, the uterus should be emptied under morphine and scopolamine narcosis and infiltration anesthesia. The treatment of the preeclamptic state is essentially medical, since the toxic patient is a very poor surgical risk. In the presence of convulsions the indications are never surgical. In the treatment of retroversion the pessary has many virtues which are unappre-

ciated by the surgeon. It will cure acquired retroversion if the uterus can be completely replaced and if the muscular structure in the pelvic floor will hold the pessary in place. Since 1910, in the author's postpartum follow-up clinic, each patient is instructed to assume the knee-chest position night and morning, is taught the "monkey trot" (walking on all fours), and is told to return at the end of a month. Then, if the uterus is retroverted, it is replaced and a properly fitting pessary is adjusted. Under this plan, the incidence of postpartum retrodisplacements has been reduced from 38 to 2 per cent.—Canadian Medical Association Journal, December, 1929, xxi 6.

Intermittent Biliary Stasis.-F. König refers to a type of gall-bladder disease in the absence of stone which has been known by various designations, the author favoring "intermittent biliary stasis." He has six such cases on record, comprising different anatomical conditions. The patients complained of intermittent stomach pains with negative stomach finds. Operation showed the galf-bladder empty, relaxed, not even inflamed, but invested (in 4 cases) with a membrane apparently the result of an error of development of the peritoneum. This formation constricted the gall-bladder, producing a hindrance to the flow of bile. It is probably readily confused with adhesions, which are of course often found about the gall-bladder. The remaining two patients showed each a peculiar and rare anomaly which likewise caused constriction of the organ. The process is purely a mechanical one due either to abnormally developed peritoneal ligaments or to abnormal formation of the lobes of the liver. When the gall-bladder is found filled at operation it may be emptied by manipulations which do away with the constriction; while in membranous cases division of the membrane leads instantly to the same result. It is evident that permanent stasis does not result from the constriction, as would be the case in obstruction of the common duct by a stone. There is therefore a sort of parallel between this condition and certain cases of intermittent hydronephrosis. Tension of the gall-bladder and irritation of the nerves give rise to a picture which suggests ordinary biliary colic from stone. Whether such constriction of the bladder leads eventually to stone formation is not apparent but the author assumes that it will, even although none of his six patients, after years of colic. showed any evidence in that direction. Schmieden would extirpate all such bladders, but the author prefers to leave the question open.—Münchener medizinische Wochenschrift, November 22, 1929.

The Nature and Diagnosis of Constipation.—After discussing the symptoms of constipation and the mechanism of peristalsis, Geoffrey Evans states that in order to make a diagnosis of constipation we must have a measure of the normal

rate of passage of the intestinal contents. A comparison of the figures of various investigators leaves no doubt that, normally, food residues take considerably more than twenty-four hours to pass through the digestive tract. It is a common opinion that the bowels should be empty, but the medical profession is in a position to assure the public that the bowels should normally contain food residues. The two parts which are usually empty are the gullet and the rectum. The physician should not accept the patient's diagnosis of constination, but should establish the diagnosis by the history and clinical examination. Constipation occurs in two forms: (1) Colon constipation, which may be due to a sluggish, a spastic, or an atonic colon; (2) dyschezia, or failure of the rectum and pelvic colon to empty. With a view to accurate diagnosis the patient who complains of obstinate constipation is advised to take a low residue diet, one or two drachms of paraffin oil every night, to stop laxatives, and to report at the end of 72 to 96 hours. At that time rectal dyschezia will be diagnosed by finding the rectum full of feces; sigmoid dyschezia is diagnosed in the same way. When there is a sluggish or atonic colon, the abdomen has a doughy feel and the colon can be palpated. In some cases the diagnosis can be made only by x-ray examination, as when more than one form of constipation is present. It is important that the result of bowel activity be at least seen, if not examined more in detail. A study of Pavlov's work on conditioned reflexes, which are the basis of so-called habit, makes it easier to understand why some people eat one kind of food and others another kind, and makes it evident that one should hesitate before trying to change the patient's dietetic habit. At the same time it is obvious that rectal dyschezia requires a full residue diet and a soft stool, while a spastic colon must be given rest by the prescription of a low residue diet. Where medication is necessary, the drug should be one which can be used indefinitely without variation. A laxative which requires changing is unsuitable. As the colon is more sluggish during the night than during the day, it should not be unduly stimulated by an evening laxative.—British Medical Journal, December 7, 1929, ii, 3596.

Malta Fever in the United States.—Charles W. Wainwright has collected 74 cases of Malta fever occurring in the United States, to which he adds eight cases of his own. From the available data he has been able to classify 51 cases as instances of abortus infection and 25 as melitensis infections. The melitensis infections occurred in a rather limited area, the Southwest, where goats are raised, while the abortus cases were generally distributed throughout the United States. According to board of health reports, the disease is much more prevalent than the literature would indicate. It occurs during all age periods, but predominantly during adult life. It is apparently much more frequent among males than temales.

Occupation played no special rôle except in the melitensis infections, where there was a history of close contact with goats. Insidious onset was the rule in both types of infection. The physical findings were in no way characteristic. Gastroenteric symptoms were present in 84 per cent of the melitensis infections and in 70 per cent of the abortus infections. Constipation was much more frequent in the melitensis cases. Orchitis was a frequent complication in the melitensis cases. It was not unusual for the physical examination to The most common abnorbe entirely negative mality was enlargement and tenderness of the spleen, which was palpable in 48 per cent of the melitensis cases and in 32 per cent of the abortus cases. The organism was recovered from both the blood and urine more readily in the melitensis infections. Leucopenia or normal white cell counts were the rule, and there was frequently a lymphocytosis. The disease may be present and the organism recovered in the absence of positive agglutination reactions. The melitensis infections were generally more typical and more severe than the abortus infections.-Southern Medical Journal, December, 1929, xxii, 12.

The Human Heart During and After Nitrous Oxide Anesthesia,-G. E. S. Ward and Samson Wright made electrocardiographic observations on sixteen healthy young students before, during, and after nitrous oxide anesthesia. The results show that striking functional changes take place in the heart during the inhalation of pure nitrous oxide. These are: (1) Marked tachycardia; (2) reduction, abolition, or inversion of the T wave in Lead II; (3) reduction of the R wave; (4) variable changes in the P wave; (5) little change in the P-R interval. The auricle shows various changes, but conduction in the bundle of His is but little altered. When pure nitrous oxide is breathed an extremely severe anoxemia is acutely produced, to which the tachycardia and modifications in the T wave are There is a general consensus of opinion that abolition or inversion of the T wave in Lead II indicates serious functional or structural cardiac derangement. It, therefore, seems justifiable to conclude that the change produced during anesthesia with pure nitrous oxide seriously depresses the ventricular myocardium. The change is of a temporary nature and is rapidly recovered from, but even in the healthy subjects recovery was sometimes not complete after several minutes It is possible that in patients with heart disease the immediate changes might be of a more serious nature and more lasting. In such patients pains should be taken to avoid any anoxemia developing by giving adequate amounts of air or oxygen with nitrous oxide.-The Lancet. December 7, 1929, ccxvii, 5545.

The Atmosphere and Disease.—Dr. de Rudder makes a contribution to what he terms "general meteoropathology," which is chiefly a review of recent efforts along this line. The subject is an enormous one and the author first seeks a method of approach. One of the most obvious is naturally the study of the individual disease on a background of the weather, as understood by the science of meteorology. Diseases affected in their incidence by the weather are termed "meteorotropic," and the list includes some affections not commonly associated with weather conditions, as puerperal eclampsia and appendicitis. Cumulation of cases in certain well known atmospheric extremes must have some significance. In another group of affections the relation between the individual diseases and the weather is known to all, as in respiratory and rheumatic affections. A distinction must be maintained between weather per se, the season of the year, and the climate. In some maladies the association is obvious-thus in warm season we see "summer complaints," sunstroke, etc. But in another group the association is far less obvious. Seasonal incidence may be influenced indirectly, as when disease spreads in the winter through indoor overcrowding. There is naturally a relationship between sunshiny days and all three categories of meteoropathology—weather, season, and climate. Under the head of climate we have to consider the possibility of change in the same over centuries of time. These changes are largely imagined as the result of a rhythm of longer or shorter duration. Diseases which have been studied over a considerable period of time show fluctuations which may be attributed to the short rhythm of climate—characterized by periods of 30 to 35 years. The motivation behind this rhythm is based largely on the dryness or moisture of the air. Diphtheria is believed to fluctuate in severity with the short or socalled Brückner rhythm.—Klinische Wochenschrift, December 3,

Von Kapff's Acid Therapy in Bronchitis.— A. Hotz writes at great length on this subject giving his results in 20 cases. Von Kapff is apparently a chemist, not a medical practitioner, who has remarked the frequency of immunity of workers who inhale acids to certain affections of the respiratory apparatus and the fact that workers who suffer from these complaints are greatly improved when forced to inhale acids. The affections are all chronic and comprise bronchitis. forms of asthma, and certain cases of tubercu-The substance inhaled must be gaseous and dry and of course an acid. As a pediatrist the author sought to try out the method in the respiratory affections of children. His best results have been obtained in bronchial asthma and asthmatic bronchitis. While not all are benefited the improvement in the majority is striking, although there is no sudden interruption of the paroxysms such as sometimes follows the use of atropine and adrenalin. Instead the attacks be-

The claims made come progressively weaker. that the inhalations prevent the development of influenza he cannot confirm. The method is by no means new for Von Kapff first introduced it in 1910. The medical man who was the first to sanction the method was Hartmann. Apparently the choice of acid is immaterial for the author mentioned hydrochloric, acetic, sulphuric, and formic acids as efficient in the industries. beneficent action may be a bactericidal one or it may be due to the fact that inhalation of acid gas paradoxically increases the alkaline index of the blood. There are two methods of exhibition, the first of which parallels conditions in factories, the air of the room being impregnated by the acid fumes. The second method involves the use of an inhaler and mask. The first method is readily carried out by saturating a carton with some acid and placing it in a saucer in the sleeping room of the patient. When the patient is not in his room an insulating cover is placed over the carton.—Schweizerische medizinische Wochenschrift, November 23, 1929.

Origin of Cancer of the Rectum from Polypi. -Professor V. Schmeiden of Frankfurt read a paper on this subject in 1926 and now gives his experience of the past three years in the same field. He is concerned especially in the development of adenocarcinoma of the rectum and colon from polypi, and his paper refers rather to histological than clinical finds. Many of these polypi contain the socalled precancerous cells and the author is inclined to the opinion that all cancer of the colon may be of this origin. In this view he is by no means alone—in fact he believes that the majority of surgeons are in agreement with him, although the same cannot be said of the pathologists. Sauerbruch, however, dissents wholly from this view and states that a convincing proof of any definite relationship between polypus and cancer has never been submitted. It is true that absolute proof is difficult, but one may note the presence of beginning cancer in polypi, in both colon and rectum, and one may also see cancer occurring with polypi in the same part of the gut. Moreover in cancer the microscope will sometimes reveal residues of polypi. A fourth form of evidence, and one which the author was the first to describe, is a peculiar arrangement of the fields of certain polypi under the microscope; if this is followed up in serial section, the flower-bed like fields may be found at times to lead to genuine cancerous tissue. Numerous sections of tissue, all of low powers, are pictured which show the presence of both kinds of tissue in polypi and cancer respectively. Although an exact transition between the two cannot be shown, the author believes that his four types of evidence amount virtually to proof. -Deutsche medizinische Wochenschrift, November 29, 1929.



### LEGAL



#### MOTOR VEHICLES—CONNECTICUT STATUTE UPHELD

By LLOYD PAUL STRYKER, ESO. Counsel, Medical Society of the State of New York,

In increasing numbers within the last decade, our Courts have had before them the so-called "guest automobile" cases. At first blush it might appear strange indeed to read of cases where. despite the amicable relations between the parties, we find a husband suing a wife, a brother a sister, or a guest his host, in connection with claimed injuries resulting from the negligent operation of a motor vehicle. To find the reason for this condition, one has not far to seek. It will be found upon examination that the defendant in this class of cases is always insured, and hence in the event of an adverse verdict pays nothing out of his pocket.

So often have these cases been fraught with obvious collusion and fraud between the litigants, that the entire matter has been the subject of a great deal of criticism, and in some States of legislative inquiry. The situation has, of course, brought about an increase in the rates for liability

insurance.

The community sentiment against this type of case was crystalized into a statute passed by the legislature of the State of Connecticut in 1927. This statute (Chapter 380 of the Public Acts of Connecticut of 1927) reads as follows:

"Section 1. No person transported by the owner or operator of a motor vehicle as his guest without payment for such transportation shall have a cause of action for damages against such owner or operator for injury, death or loss, in case of accident, unless such accident shall have been intentional on the part of said owner or operator or caused by his heedlessness or his reckless disregard of the rights of others.

"Section 2. This act shall not relieve a public carrier or any owner or operator of a motor vehicle while the same is being demonstrated to a prospective purchaser of responsibility for any injuries sustained by a passenger being transported by such public carrier or by such owner

or operator,"

Subsequent to the passage of that statute, a woman brought suit against her husband for injuries claimed to have been sustained in a motor vehicle while it was being operated by the husband. The lower Courts, basing their decision on the statute above quoted, denied relief to plaintiff. She thereupon appealed to the Supreme Court of the United States, contending that the statute denied her the equal protection of the law guaranteed by the Fourteenth Amendment. The Supreme Court of the United States unanimously affirmed the action of the Courts below, and upheld the constitutionality of the statute.

The Court writing through Mr. Justice Stone, in discussing the question under consideration.

said:

"The use of the automobile as an instrument of transportation is peculiarly the subject of regulation. We cannot assume that there are no evils to be corrected or permissible social objects to be gained by the present statute. We are not unaware of the increasing frequency of litigation in which passengers carried gratuitously in automobiles, often casual guests or licensees, have sought the recovery of large sums for injuries alleged to have been due to negligent operation. In some jurisdictions it has been judicially determined that a lower standard of care should be exacted where the carriage in any type of vehicle is gratuitous. \* \* \* Whether there has been a serious increase in the evils of vexatious litigation in this class of cases, where the carriage is by automobile, is for legislative determination, and, if found, may well be the basis of legislative action further restricting the liability. Its wisdom is not the concern of courts.

\* \* \* It is said that the vice in the statute is not that it distinguishes between passengers who pay and those who do not, but between gratuitous passengers in automobiles and those in other classes of vehicles. But it is not so evident that no grounds exist for the distinction that we can say a priori that the classification is one forbidden

as without basis, and arbitrary. \* \* \* Granted that the liability to be imposed upon those who operate any kind of vehicle for the benefit of a mere guest or licensee is an appropriate subject of legislative restriction, there is no constitutional requirement that a regulation, in other respects permissible, must reach every class to which it might be applied-that the Legislature must be held rigidly to the choice of regulating all or none. \* \* \* In this day of almost universal highway transportation by motorcar, we cannot say that abuses originating in the multiplicity of suits growing out of the gratuitous carriage of passengers in automobiles do not present so conspicuous an example of what the Legislature may regard as an evil, as to justify legislation aimed at it, even though some abuses may not be \* \* \* It is enough that the present statute strikes at the evil where it is felt and reaches the class of cases where it most frequently occurs.

Among the class of persons adversely affected

by this statute is that public pest, the "hitch-hiker." This individual has long been a public nuisance, and his status under the statute here discussed will bring no grief to anyone whose generosity in assisting one of these individuals in "hitch-hiking" from one place to another, has been rewarded by a strike suit for claimed in-

juries, brought in the hope that some small settlement may be obtained.

The evils which led to the adoption of the Connecticut statute are present in our own State, and it would seem that our legislature might do well to emulate the example of the State of Connecticut.

## CLAIMED FAILURE TO PROPERLY TREAT COMPOUND COMMINUTED FRACTURE

In this case the plaintiff came to the defendant doctor with a history of having fallen from a public conveyance and having sustained an injury to her ankle. A fluoroscopic examination of the ankle was made which revealed a compound comminuted fracture of the lower end of the tibia and fibula, contusions and abrasions from the knee to the heel. The leg was placed in temporary splints and a solution of lead and opium wash was prescribed for the contusions and abrasions. following day the patient was visited at her home, the splints taken off and the leg appeared to be covered with large infected blebs which were opened and dressed with sterile gauze dressings and the splints replaced. The same treatment was continued for a period of ten days, at which time the blebs cleared up and the patient called at the doctor's office. On the twelfth day after the injury the ankle was again fluoroscoped and the bones found in fairly good position with union beginning. By manipulation under the fluoroscope the bones were placed in perfect position and molded plaster splints applied. The patient was seen at her home at regular intervals during the following month. On the occasion of the doctor's visits the splints were tightened and the condition of the leg observed. Thereafter the patient called at the doctor's office for the next three weeks, her fracture examined under the fluoroscope and good union found. During this period baking was prescribed and given at the doctor's office. Although the patient, in the doctors' opinion, required additional baking, the patient did not return to the office for a period of approximately three months, at which time she called at the office, limping. The fracture was again fluoroscoped, the bones found in good position with good union, but the leg was swollen.

More baking was advised and after receiving treatment on that occasion the patient did not return.

Thereafter the patient instituted an action against the physician alleging that the defendant physician was negligent in prescribing the lead and opium solution which caused a condition of blistering, by reason of which the plaintiff suffered great pain and anguish, and prevented the proper setting of her fractured bone for a long period of time; that thereafter the defendant carelessly and unskillfully set the bones and unskillfully placed plaintiff's foot and leg in a plaster cast, causing the bones to improperly knit; that by reason of this improper union the plaintiff was compelled to submit to an open operation for the purpose of properly setting her fractured bones; that prior to this operation the plaintiff found it necessary to have X-rays taken and to be confined in a hospital for a long period of time, and learned that her foot and ankle were in a dangerous condition; that the operation resulted in a rebreaking of the bones and a proper setting; that prior to the operation the plaintiff advised the defendant of the result of the X-rays, but that he advised her against any course except waiting until her ankle had properly healed and to exercise the limb.

The case came on for trial and it was established at that time that it was proper to wait several months after the setting of a fracture before an open operation is performed, and the physician who performed the open operation testified that the result he obtained was very little better than that which the plaintiff had received at the hands of the defendant. The issues raised at the trial, however, were submitted to the jury who returned a verdict in favor of the defendant doctor.

### RECTAL ABSCESS—CLAIMED NEGLIGENCE IN TREATMENT

In this case the complaint charged that the plaintiff was suffering from an abscess of the rectum, and went to the defendant's office for treatment; that the defendant operated upon the plaintiff for the purposes of doing away with the abscess, and after the performance of the opera-

tion informed the plaintiff that he would be completely cured in about two or three weeks, and that it would not be necessary for the plaintiff to go to a hospital during the period of his treatment, nor would he lose any time from his business. I he complaint further charged that a few days after the operation the defendant, without informing the plaintiff of the necessity therefor, operated upon the plaintiff again and thereafter informed him that said operation was necessary to hasten plaintiff's recovery, and that thereafter the plaintiff visited the defendant daily for treatment, that about three weeks after the first operation, the defendant again operated upon the plaintiff informing him that it was necessary to hasten the healing of the wound

The complaint further charged that the defendant then informed the plaintiff that he was leaving on an extended vacation, and prescribed certain treatments to be administered by the plaintiff's wife during the absence of the defendant, that thereafter the plaintiff attempted to have the said treatments prescribed by the defendant administered to him by his wife, but found that the pain was so great that he was compelled to visit another physician, who again operated upon him

and gave him extensive treatments

It was claimed in the plaintiff's bill of particulars that as a result of the defendant's negligence, the plaintiff suffered excruciating pain, and was injured in the region operated upon by the defendant, and suffered great pain in his spine Damages were prayed for in the sum of \$25,000

From the facts it appeared that the plaintiff, a middle-aged man, came to the defendant's office, and upon examination the doctor found that he had a rectal abscess. The doctor incised the abscess under a local anesthetic, and dressed it. The patient returned to the doctor's office daily for about a month, and on each occasion the doc

tor dressed the wound. About that time the doctor found that an abscess had formed in a pocket alongside the old abscess. This the doctor opened under a local anesthetic, and after this the plaintiff kept coming back for dressings almost daily for a month and a half, at which time the abscess had healed from the bottom. The doctor had carefully explained to the patient exactly what he was doing with respect to the patient's condition, and the plaintiff thoroughly understood the treatment rendered.

About thus time the defendant was leaving town on his vacation, and he told the man that further dressings would be done by another physician who was assuming his practice during his absence. This physician was located just around the corner from the defendant, and the defendant give to the plaintiff the name of this doctor and his address and told the plaintiff to be sure to go to him for further dressings. This the plaintiff agreed to do, but he never returned to either the defendant or the physician to whom the defendant had referred him.

Subsequently it appeared that the plaintiff developed a rectal fistula for which he was treated by another physician, which fistula after two months' treatment entirely heafed

The plaintiff paid to the detendant a substantial part of the defendants bill but refused to pay the balance, and when the defendant threat ened to place the matter in the hands of an attorney for collection, this action was brought. The action appeared on the day calendar, and the plaintiff failing to appear, on our motion the action was dismissed.

#### CLAIMED NEGLIGENCE IN THE ADMINISTRATION OF LIGHT THERAPHY

In this case a young man came to the doctor's office with a history that he had slipped in his place of business and fallen on his wrist. The doctor examined him, and found a slight sprain of the wrist. He thereupon directed his assistant to give the patient light therapy. This treatment was thereupon given to the plaintiff's wrist for a period of five minutes. The man returned on three other occasions, when exactly the same treatment was given his wrist. When he returned the fourth time, the doctor upon examination found that he needed no more treatments and discharged him.

The plantiff at no time displayed any sign of a burn. The doctor's machine was in perfect condition, and the apparatus was in all respects properly attached before the treatments were rendered to the pritient.

Subsequently the patient sued the doctor, the complaint charging that in attempting to cure and heal the plaintiff's arm, the doctor negligently and improperly baked and exposed the plaintiff's arm to a certain mechanism for a longer period of time than the defendant should have done if he had used proper care and diligence, as a result of which the plaintiff was greatly injured in his health and constitution, suffered great pain and anguish and was prevented from attending to his business, and his right arm was permanently injured.

After the defendant's answer was filed the plaintiff never noticed the case for trial, and finally on our motion the same was dismissed for lick of prosecution, thus terminating the action in the doctor's favor



# NEWS NOTES



### DUTCHESS-PUTNAM COUNTY MEDICAL SOCIETY

### REPORT OF THE COMMITTEE ON PUBLIC HEALTH AND PUBLIC RELATIONS

The Committee on Public Health and Public Relations of the Dutchess-Putnam County Medical Society begs leave to offer the following report of its activities for the year 1929:

Altogether, your Committee feels that the year just past has been a very successful one as regards Public Health and Public Relations; and remembering that this is only the second year of the Committee's existence, we are justly proud of what has been attempted, and in a great measure achieved.

The recommendations suggested by the Committee a year ago, and adopted by the Society, are worthy of brief consideration as part of the Committee's activities during 1929.

The Toxin and Anti-toxin campaign against Diphtheria has been continued with satisfactory results. Especially has this work for the pre-school child been effective, and all doctors who have co-operated either publicly or otherwise are to be congratulated on the success attained.

While figures for 1929 are not yet available, the Committee feels the results will be most gratifying.

The Infant Welfare and pre-school clinics have been continued and the attendance satisfactory. A new clinic was established at Wappingers Falls; and Poughkeepsie, Beacon, Rhinebeck and Wappingers Falls now hold regular clinics, and eight were held in other

rural districts.

The recommendation that this Society attempt to work out some plan with the Dental Society, for the improvement of the dental defects so prevalent among the children, has not been accomplished, due to the fact that the Committee has not made contact with the Dental Society in regard to this matter.

The Tuberculosis clinics have been continued, and are being held regularly in some

sections.

Four regular pre-natal clinics have been established at Millbrook, Pine Plains, Red Hook, and Vassar Hospital in Poughkeepsie, and one is being established at Wappingers Falls. These clinics are held monthly; and while the attendance is not large, the most encouraging feature of the work is the interest shown by the local physician conducting the clinics.

The survey of crippled children in the County has been made by one agency, but such

survey was not considered to be complete enough by the Committee, and so another is being conducted by another agency, which we feel will be quite satsifactory when finished.

The Board of Supervisors again appropriated \$500 for honorariums to physicians conducting various clinics. They were not asked for more money this year, for it was felt that in those communities where definite health activities were undertaken and funds raised for these matters, such towns or villages should pay instead of the county at large.

During the year the Dutchess County Health Association added to its Board of Directors the Chairman of the Public Health and Public

Relations Committee of this Society.

The question of the Infant Mortality Rate in Poughkeepsie referred to this Society by the Poughkeepsie Board of Health, and delegated to this Committee, has been given considerable consideration, and the findings of such investigation are embodied in this report at its close.

Such in brief is a summary of your Committee's activities for 1929; and again at this time the Committee desires to extend to the Dutchess County Health Association and other agencies and especially to Miss Dorothy Carter, the executive secretary of the Association, the thanks of the Committee for the valuable assistance and co-operation received. The Committee feels that the spirit of co-operation shown and the friendly relations maintained between the Society and these lay agencies have been of inestimable value in improving the health conditions of the County.

The Committee would make the following recommendations for your consideration:

1. Continuation of the Toxin-Antitoxin work. Particular effort should be made to finish up or catch up, especially with the preschool child, and permanent plans made for carrying on the work in the following years.

In this connection, the message of Dr. Mathias Nicoll, Jr., State Commissioner of Health, given at a recent meeting of the Diphtheria Commission, is not amiss, and expresses the views of the members of the Committee much better than they could attempt to do in their own verbiage:

"Until the medical profession is able to Iay aside its cloak (of ethical reserve) and forget the attitude that they are soliciting trade from patients, the campaign will never be success-

ful. It is up to the medical profession to have the children of their clientele immunized. The campaign will never succeed unless the doctors are willing to do their part in looking after their patients children and have them immu nized continually '

2 Continuation and increased interest in the tuberculosis work. with especial given to the examination of groups of children for childhood tuberculosis, which still seems to be the weak spot in the reduction of mor tality from tuberculosis

3 Continuation of the regular, and inception ot more, Child Welfare chinics, throughout the County While the Committee feels that this is more of a nursing problem, yet pressure by the members of this Society in their own communities will do much to incite added interest

4 The pre-initial clinics should be continued and new fields opened up. The Committee feels that this is of great importance, for only by increased work in this and the Child Welfare work, can a decided reduction in infant mortality be

accomplished

In this connection, it is also urged that the members of this Society give serious consideration to the importance of breast feeding most appalling to see the vast number of babies that are being put on the bottle and only through the insistence by the doctors that mothers nurse their babies can this evil be overcome, and an other aid in the reduction of infant mortality be accomplished

These are practically the same recommenda tions that were made in the previous report, given one year ago, and your Committee has but one further recommendation to make, but before sug gesting that, we concur in the message of the State Commissioner of Health, as follows

'It is customary to make resolutions beginning with a new year. As Commissioner of Health, I would suggest for 1930 that all agencies, interested in the health of the public, shall devote their energy to perfecting work already under way, which in many instances is a mere scratch on the surface of most important public health prob lems, rather than suggest additional activities, the adoption of which have very frequently resulted in the neglect of well established programs other words, let us resolve to accomplish still more definite results in the protection of health and the swing of life, insofar as possible under the present provisions of the law and with the financial resources available from public and private agencies, before venturing into new fields, however attractive they may appear "

During the pist year, your Committee has given considerable attention to the question of County Health Departments, and has watched with great interest the development of such in Catturingus and Suffolk Counties After studying the investigations undertaken by Cortland and Westchester Counties, which have also adopted the idea, it is not amiss at this time to bring certrun facts to the attention of the Society for its serious consideration

In matters concerning the betterment of conditions regarding roads and other engineering prob lems and the relief of the poor, or what is known as Public Welfare the State has taken a decided stand and passed laws, so that all matters concerning the building and upkeep of roads is now in the hands of the County Engineer, and not a Iown Road or Highway Commissioner as heretofore, and all poor relief is delegated to one head, namely, the Public Welfare Officer of the County, thereby concentrating the activities of these bodies for the general betterment of service and economy

So in matters of Public Health, six advantages

have been cited as follows

I Centralization of authority in one board, with the consequent elimination of conflicting au thority between townships and villages

2 Availability of expert professional personnel beyond the ability of a single township to finance, giving full time service in all branches of public health administration

3 More and better service for the same ex-

penditure of money

4 An organized unit for prevention of disease. and a continuous program for the entire county with special emphasis on problems requiring community efforts 5 An organized unit for the prevention and

suppression of epidemics of disease

6 An official central organization for the cor-

relation of all health activities

This does not at present do away with the various Health Officers in the various towns or cities, but makes them Deputy Health Officers to the central authority

Furthermore, fifty per cent of all moneys ap proprieted for such work by Boards of Supervisors, is paid back by the State. Thus it will be seen that such an arrangement is of great advantage to any county adopting a County Health Department

After giving this matter very serious consideration, your Committee recommends

5 (a) That this Society approve and en dorse the establishment of a County Health Department in Dutchess County, and petition the Board of Supervisors at their next meeting, for a thorough investigation into its merits, with the ultimate idea of adoption of such Department for Dutchess County

(b) I hat this Society request the Dutchess County Health Association to co operate in whatever way possible, looking toward the

adoption of such Department

Concluding this part of its report, the Com-

mittee wishes to thank all members of the Society for the cordial co-operation that has been given, and asks you to work with the new committee on Public Health and Public Relations as well as you have with us, for only by giving any committee loyal support can anything of importance be accomplished.

What a County Medical Society is expected to do is best given in an address by the President of the Illinois State Medical Society and reported in the Illinois Medical Journal for Oc-

tober, 1929:

"There are many things that the members of a County Medical Society can do, should do, and are expected by the public to do, for the good of their communities. They should not only be the advisers, but should assume leadership in all matters pertaining to the public sanitary measures. They should disseminate knowledge needful to a clear understanding of

the cause, prevention and cure of various diseases. They should be active in measures necessary for correction of the physical defects and ailments of children, in order that they may not be handicapped throughout life and become a burden to the community, state, and nation.

"Sickness and death are no longer looked upon as a private personal matter that concerns only the patient and the physician. The public is taking an interest in the conservation of health and life; and unless the medical profession assumes leadership in these measures, they will soon be riding in the rear seat and be embarrassed and humiliated by seeing laymen at the steering wheel."

JOHN A. CARD, Chairman. W. A. Krieger AARON SOBEL

# DUTCHESS-PUTNAM COUNTY MEDICAL SOCIETY REPORT OF THE COMMITTEE ON INFANT MORTALITY

The Committee on Infant Mortality of the Dutchess-Putnam County Medical Society submits the following report for the year 1929:

The infant mortality rate is in reality the index of the sanitary progress of any community. With the possible exception of tuberculosis, there is no other question before us upon which we have so much absolute knowledge as to the answer.

We are beginning to recognize the vast difference between theory and practice, between what ought to be done and what must be done, if we are definitely to lower the infant death rate and keep it to its normal ratio. This subject has been thoroughly and exhaustively discussed from almost every point of view.

The truism that fifty per cent of infant deaths are preventable has become trite through frequent repetition. They are prevent-

able but not prevented.

Sherman S. Kingsley once said: "Where the white hearse goes most often, there you will find the weakest places in your municipal

housekeeping."

Infant mortality is a complex problem. The many factors may be classed as sanitary, social, hygienic, economic, humanitarian, and individualistic. Every factor must be reckoned with, every beneficent feature used to its utmost, and every undesirable one eliminated, and even then only the high spots may be touched.

Because of the recent publicity given in the newspapers to the infant mortality rate for 1928 in Poughkeepsie, the Board of Health has referred to this Society this question, and your

Committee has given the matter enough serious consideration to venture the statement at this time that Poughkeepsie's infant mortality rate is not high, comparable with other cities in the State with similar population. As a matter of fact, in the eleven Cities of New York State with a population of from 25,000 to 50,-000, Poughkeepsie, during the nine years from 1920 to 1928, inclusive, stood 10-5-6-7-9-5-10-7-6 respectively, and has shown during those same years a gradual decline in the infant mortality rate save for one year, 1926. Something happened in 1926 in the City which this Committee, after careful study, is unable to solve. but the sudden drop the following year puts the City back in its rightful place.

The accompanying charts will give a much clearer picture of the conditions existing in Poughkeepsie, as well as Beacon, and Dutchess County, than any words this Committee could utter. The figures speak for themselves, and only a few statistics will be quoted here.

In quoting infant mortality rates for Pough-keepsie, nothing was ever done, until 1927, in correcting the rate by including the births in St. Francis Hospital, where the residence of the mother was in the City; and if that is done, which we believe should be, and including the deaths under one year, which occurred under similar conditions, it changes the picture considerably.

Before 1926 the rate was well above 70 each year, and after 1926 with corections made, the rate drops well below 70.

The City of Beacon compares favorably with

	CITY OF POUGHAEEPSIE				CITY OF BEACON				DUTCHESS Co. (Cities Excluded)			
r •	Torte Livra Birnis	<b>Делтіз Счрен Оче Убан</b>	Iveant Morealet Per I 000 Living Berths	Spilairths	Тотаь Living Bitths	DRATHS UNDER OAR YEAR	IVELY MORTALITY PER 1,000 Little Birtus	STLDIENS	Total Living Britis	Deaths Under One Year	frent Momities Per 1 000 Living Bintus	, LILLAUMTBA
1920	809	78	96	32	203	22	108	4	634	58	98	16
1921	729	51	70	27	199	15	75	14	715	58	81	20
1922	676	51	75	19	203	13	64	5	659	51	77	24
1923	770	64	83	32	198	11	56	9	659	44	67	30
1924	685	64	93	34	208	21	101	7	657	38	57	21
1925	672	48	71	30	160	7	44	11	699	43	62	20
1926	720	75	101	25	172	8	47	11	687	46	67	23
1927	702	46	66 55*	25	198	16	81	7	680	47	69	26
1928	685 842*	50 53*	73 63*	26 37*	203	14	69	10	618	32	52	30
1929	669 874*	51 63* 53†	76 72* 60†	19 26*								

\*Including St. Francis Hospital Resident in Poughkeepsie † Totals for Residents of Poughkeepsie.

Poughkeepsie with the peak of its infant mortality rate in 1920, and a gradual lowering except for 1924.

Dutchess County, exclusive of these two cities, is also similarly rated The Infant Mortality Rate in 1920 was 98 with a gradual de-

cline to its lowest of 52 in 1928.

If one other correction is made, that of eliminating 10 deaths occurring in the City of Poughkeepsie in 1929, which do not belong there by reason of residence, and assuming the deaths at St. Francis Hospital properly belonging in the City, also including the birth at St. Francis Hospital belonging to Poughkeepsie, then the infant mortality rate for 1929 in Poughkeepsie is only 60, which, while not as low as should be, is the lowest in 10 years, and shows that improvement is taking place.

Incidentally the Committee wishes to call the attention of the Society that the town of Rhinebeck, which contains two villages, and surrounding rural community, during the past three years, has had 178 live births, and only two deaths under one year of age, and three still births, which is an exceptionally good

record.

An analysis of the causes of death (see chart), in infants less than one year of age in the City of Poughkeepsie, during the years of 1924, 1926, 1928 and 1929, show clearly that prematurity, congenital defects, and birth injuries, contribute thirty per cent and upward of all such deaths, and diseases of respiratory system following, with 10 to 30 per cent. While all of these are not preventable, a large per-

#### INFANT DEATHS, CITY OF POUGHKEEPSIE

Causes of Death Under One Year	1924	1926	1928	1929
Premature .	11	12	10	16
Congenital Defects	11	1#	10	1 2
Birth Injuries	4	10	4	1 :
Pneumonia and	4	Į.	4	4
Respiratory ,	12	17	16	6
Digestive Diseases	7	l ii	i	6 7 5
Marasmus	5	3	1	5
Meningitis (Inc.)	12 7 5 1 2 1 3	11 3 5	1 1	1
Encephalitis .	2	}	1 .	1
Convulsions	1	2	0	0 0
Heart Disease	3	2 2 3	0	0
Communicable	3	3	0	0
Septicemia		i	1	
Erysipelas	1	2	1	Ó
Accidental	2 0 1		, o	0
Syphilis	0	0	2 0	0
Starvation	1	0	0	1
Miscellaneous .	0	0	4	2
Totals	64	75	50	51

centage of them could be reduced under proper conditions.

Another observation that causes the Committee a great deal of concern is the large number of still births occurring not only in the cities, but the entire county. This is significant, and deserves special consideration.

An examination of infant mortality rates for other countries show that with but three exceptions the rate has been materially decreasing since 1910, in every country of the civilized world, save three, namely Uruguay, Bulgaria,

and Ceylon.

The Committee concurs in the remarks of Miss Dorothy Carter to the Board of Health, that "the circumstances of prevention include a great many things not necessarily in the control of Departments of Health, general living conditions and standards, housing, nationality, education, etc., as well as early and accurate diagnoses by the physicians, and good medical and nursing care, including not only acute bedside care, but also the necessary follow-up instruction and advice."

The vast number of still births and big percentage of deaths from prematurity, congenital defects and birth injuries require more proper pre-natal care and adequate care at time of delivery.

We approve and emphasize the importance of the suggestions made to the Board of Health

by Miss Carter.

- 1. Since the Board of Health maintains a Child Welfare Nursing Service whose specific aim it is to help preserve infant lives, the Board should see to it that that service measures up to the standards set for such a service, and that the nurses employed are qualified to do this important piece of work.
- 2. More emphasis should be placed on prenatal care and supervision both from the nursing and medical standpoint. The nursing pro-

fession feels that it can be of great assistance to the physicians in finding expectant mothers, in referring them to the physicians for care, and in instrucing the mothers during the entire pre-natal period particularly regarding their own care, the preparations for confinement, and the care of the coming baby, many of which things the physician often does not have time to do. But we still find many physicians in the city who are unwilling to have nurses call on their patients for this purpose.

The establishment of pre-natal clinics to facilitate the earlier discovery of the expectant mother and earlier medical examination and

care might very well be considered.

3. The Board of Health should consider the advisability of recommending to the Medical Society that it take up the question not only of the infant mortality, but also the maternal mortality rate with the view of determining what the Medical Society might do as its share in bringing about a reduction of these rates.

4. A general educational campaign among the mothers and fathers throughout the city on the necessity and value of good pre-natal delivery, and post-natal care would undoubtedly

help.

In conclusion, we quote from Dr. Josephine Baker, former director of Child Hygiene of

New York City:

"To be practical is essential. Facts must be faced, and no part of the problem must be left unstudied. But it can and will be solved if we can arouse the public to its importance. Even in the face of insurmountable difficulties we have travelled a long way, and can afford to have that necessary optimism which catches glimpses of ultimate victory over our modern and many-sided Herod."

John A. Card, Chairman, W. A. Krieger, Aaron Sorel

### COMMITTEE ON PHYSICAL THERAPY

The Committee on Physical Therapy of the Medical Society of the State of New York has issued the following statement on "The Pres-

ent Status of Physical Therapy."

The term "physical therapy" comprises the treatment of diseases and injuries by physical agents such as heat, light, massage, exercise, various forms of electrical currents and hydriatic procedures. Physical therapy rightfully forms part of the practice of medicine and should be given the same consideration and study as materia medica and surgery, or any other division of the healing art.

The main advantage of physical measures is that they often enable the physician to give immediate relief to the patient, and that most of the time they are capable of direct application to the affected part. Their use never runs counter to other indicated medical or surgical measures; hence they give best results in the hands of the broadly trained physician who employs all therapeutic measures with an understanding of the underlying pathology.

The previous indifference of part of the medical profession has led to the extended uses of these measures by inadequately trained lay people and there is a growing menace of the development of a physical therapy cult.

Trained lay personnel (nurses or technicians) are useful in administering physical

measures as physicians' assistants in offices, and are indispensable in institutional work, but the initiation and prescription of physical meisures belongs solely to the physician, and he must also be responsible for the proper carrying out of his orders. Physical measures will benefit patients most when administered under the immediate and continuous control of a physician who knows why when and how to apply them. Physicians should not refer their patients to private offices of masseurs gymnasts or licensed physical therapy technicians because of the lack of adequate supervision there.

The general practitioner should be familiar with the theory and the practical use of the principal physical measures. He may possess a reasonable amount of equipment such as (1) a lamp to administer infra red or luminous rays, (2) a lamp to administer ultra violet rays (3) a dirthermy apparatus for the production of penertating heat, and for the removal of superficial growths (4) a small electric vibrator, (5) a galvanic faradic sinusoidal outfit along with the knowledge of hand mas sage and corrective exercise in order to obtain He should know how to mechanical effects use these measures efficiently and safely, this implying adequate previous instruction by physicians and not by a sales agent, and not least, the allotment of proper office space for undisturbed application and for a proper length of time for each patient. A busy physician should not attempt to do much in physical therapy without the aid of a skilled assistant He should not attempt to use these measures on every patient who visits the office, but only when really indicated and where prompt re sults can be expected just as with other meth If unable to institute proper physical therapy, he should refer patients to a competent brother practitioner of to the physical therapy department of his hospital

I playmeal therapy department forms an integral part of every clime or hospital be under complete control of a specially trained physician and shall possess sufficient personnel and equipment to administer treatment in the clinic and it the bedside. About one fifth to one quarter of the patients in a general hospital will be benefited by some form of physical therapy in surgical orthopedic or neurolo gical hospitals about three-quarters of the pretients will require physical therapy physical therapy department should be mainly a reference department like the x-ray depart ment and patients should have the benefit of ill indicited diagnostic procedures before or while they are receiving physical therapy smaller communities, the establishment of a compact department in the local hospital will

best solve the problem of aftording physical therapy to the patients of all physicians, but such a department should never be established on the basis of depending on a trained technician only. It must be actually directed by a specially trained physician who is capable and willing of assuming full responsibility for its proper conduct. Directors of physical therapy departments should be on a salary or should receive the net earnings of the department or at least a substantial part of them

Post graduate training in physical therapy. Short courses under commercial suspices are to be condemned because the main object of most of them is sales propaganda to medical and lay audiences. Those actually wishing to practice physical therapy should take a postgraduate course of at least four weeks duration in a recognized institution. The following approved courses on physical therapy are being offered during the forth coming months.

(1) The Committee on Public Health and Medical Education of the State Society will arrange for a short lecture and demonstration course of four lectures, free of charge, for any County Society The object of this course is to give broad information about the principal measures, their scope and limitation

(2) The Polychnic Medical School and Hos pital of New York offers a four weeks' course, daily, on the theory and practice of physical therapy in all departments of medicine, with four weeks optional additional chinical work, this course is given regularly every two months

(3) Columbia University Extension and School of Medicine offers an eight weeks' course at Montefiore Hospital for chronic diseases in New York, January 17th to March 22nd, two hours a week Columbia University also sponsors other extension courses given at intervals in other institutions (Mt Sinu Hospital, Beekman Street Hospital)

Nurses and other wishing to quality as physical therapy technicians should sepecially be warned against commercial courses on the subject offered by low grade massage schools, these offering training to pupils, often of low est intelligence and education. The course of forced by the Hospital for Ruptured and Crippled, of New York under the auspices of New York University, is the only one at present that is recognized by the University of the State of New York towards requiring a physiotherapy liceuse.

The Committee on Physical Therapy stands ready to answer any inquiries, and offers active cooperation on any problem pertaining to this subject

RICHARD KOVACS Chairman Dec 14 1929

### LEGISLATIVE BULLETIN NO. 1-JANUARY 15, 1930

A number of the bills that we were considering last year have already found their way

into the legislature this year:

Senate Int. No. 17—Fearon, would permit a child welfare board to grant allowance to a mother judicially declared incompetent or insanc. A similar bill last year endeavored to secure an allowance for a mother while incapacitated.

Senate Int. No. 18—Love, would make all disabling diseases and disabling illnesses compensable under the Workmen's Compensation Law. Similar bills have been before the legis-

lature for the last three years.

Senate Int. No. 20—A. J. Kennedy, would amend the Military Law to extend to veterans of any war provisions which are now limited to world war veterans for \$500. Annuity for those permanently and totally disabled by

reason of loss of sight.

Senate Int. No. 32—Mastick, would amend the Workmen's Compensation Law by providing compensation for all diseases arising out of employment. This is a very far-reaching bill, because it would make every employer under whom a workman might have been employed, liable for a share in the compensation allowed the employee if he dies or becomes permanently disabled because of a disease arising out of the employment, unless the earlier employers can prove that the employee was well when he left them.

Senate Int. No. 46—Patrie, legalizes the \$100,000 bond issue of Lewis County for es-

tablishing a general hospital.

Assembly Int. No. 9—Mr. Cuvillier has introduced his health insurance bill very much enlarged this year by adding to it sections on old age pension and maternity benefits.

Assembly Int. No. 44 and No. 45-Mr. Esmond has introduced his chiropractic bills of

two years ago.

Assembly Int. No. 88-Whitcomb, would

amend the Health Law to provide for state aid to counties appropriating money for nurses to care for crippled children. At first glance this bill seems necessary, inasmuch as the law is being interpreted by the Commissioner of Health to cover the expenses of nurses so employed.

Assembly Int. No. 116—Whitcomb, would amend the new Public Welfare Law by providing that a patient whose care is to be a charge on a public welfare district shall be cared for in a hospital located in the city, town or village where patient resides. In Orange County, a joint committee appointed by the Board of Supervisors and the County Medical Society for the purpose of working out the best method of administering the Public Welfare Law, made this one of its recommendations.

Assembly Int. No. 120—Mr. Dominick has reintroduced his bill for sexual sterilization of the insane.

Bills this year will be sent out to the County Chairmen separately, with the Committee's comments attached, and we hope that the Chairmen will cooperate by writing us such comments as occur to them when they receive the bills. Please do this promptly, in order that your Committee may be fully advised as to the position the Society would take with regard to furthering or opposing the proposed legislation. If your comments could be received before Tuesday, the 21st, when the Committee meets, they can then receive its consideration.

Address your communications to the office in Albany, at 100 State Street.

HARRY ARANOW
WALTER A. CALIHAN
JOHN J. RAINEY

Committee on Legislation Medical Society of the State of New York

# EDUCATIONAL PROGRAM OF THE WOMAN'S AUXILIARY OF THE AMERICAN MEDICAL ASSOCIATION

The Executive Board of the Woman's Auxiliary of the American Medical Association, at its November meeting, appointed Mrs. (James) Agnes Blake, of Hopkins, Minnesota, as Editor in charge of the educational program of the Auxiliary, consisting of an outline of study of the principles involved in public health work. This outline is of value for any group that studies a public health service, and it is therefore printed in full, as follows:

Fundamental Principles: Fundamentals upon

which the Woman's Auxiliary work for improvement of public hygiene should be based:

(1) Recognition of the fact that public health work is a highly technical job, requiring scientific, technically trained workers. That health work undertaken by lay women with no knowledge of the public health problem as a whole is necessarily fragmentary and ineffective.

(2) Recognition of the fact that every state, county and city is entitled to a scientific full-

time health department, organized not to treat the sick but to prevent disease and promote health, adequately huanced free from political domination, and providing continuity of service to a truned personnel so long as work is efficient.

(3) Recognition of the fact that the first and most fundamental job for lay organizations like the Auxiliary is to secure such scientific full time health departments and adequate health protection, in their state, their county, their

city or town

(4) Recognition of the fact that where effi cient, full time, scientific health departments do not exist (and only about ten per cent of the rural districts of the United States have any thing approaching adequate health protection) health activities must be initiated and carried on by volunteer unofficial agencies, but that all such work should be so planned and admin istered as to serve as stepping-stones toward the full-time official health department, and that when the full time official health department, with workers trained for public health work, has become an accomplished fact, lay organizations should support and cooperate with the official workers and should be willing to take orders from them

(5) Recognition of the fact that no health department—state, county or city—can do effective work without intelligent cooperation of the public, that such public cooperation depends upon wide sprend health education, that lay organizations can do this educational work, and are needed for it, and that the Auxiliary can be one of the most valuable tools for an official health department to use in this work, because it can, by its education of the public concerning the official health department's work and needs be the means of gradually eliminating or preventing political interference with an efficiently working department, and thus insure to it uninterrupted public service

Most volunteer agencies do not yet realize the wastefulness of their individualistic efforts One of the first things the Auxiliary should do is to work for a change of attitude in other vol-

unteer women's organizations

Health officials know that the work which makes the greatest emotional appeal to the public is not always that which most needs to be done. Unfortunately most women do not know this. The doctors' wives might well under take to teach this to other women.

The National Auxiliary recommends, therefore, that each State Auxiliary undertake, under the direction and with the help of the Public Health Committee of the State Medical Association and of its Advisory Council a study

along the following lines:

(1) The fundamental principles of health promotion and disease prevention.

(2) The set up, considered essential by public health experts for in effective state health department, of qualifications of personnel adequate budget and the like.

(3) The state health conditions. It shall device means of acquainting all the state board members with the result and make recommendations for educational work by the county Auxiliaries based upon the conditions found

In states where all is well, and where time has developed good official health machinery and good health conditions, general knowledge of the fact will tend to prevent interruption of the excellent work, and will be a source of satisfaction to the women of the state

In those states where there is much yet to be done, this investigation will indicate what sort of work needs doing first. For example

(a) In those states which are not in the Birth Registration Area, the Auxiliaries would without doubt, wish to tackle as their first job, the miety per cent birth registration problem

(b) In those states in which the state health department believes the "County Health Unit" to be the solution of the rural health problem, the county auxiliaries should be encouraged to take as their chief work such persistent and wide-spread education of the public as will gradually create a general demand for the full time county health department

(c) In those states where the rural health work is directly done "long distance" by the state health department, the county auxiliaries if willing to work and work under the directions of the state health department, can carry on intensive local health education work which would be impossible for the state department without intelligent local cooperation

Outline of Study To those Auxiliaries which agree with these ideas the committee recom

mends the following outline of study

### PUBLIC HYGIENE

(1) Vital Statistics Their value

Compare the vital statistics of the state with those of other states

Compare the vital statistics of the different counties of the state

Compare the vital statistics of the cities with other cities in the state, and in the United States

- (2) The State Health Department, its organization and program
  - (a) For general State work
- (b) For cooperating with the counties in improving county health conditions
- (3) The value of the Public Health Nurse, to the community
- (4) The County Health Unit as a possible solution of the rural health problem

(5) Community-wide conditions which affect health.

(a) Milk:

Milk standards, why necessary, what milk standards your community needs. How are these needs being met?

(b) Housing:

Your community housing laws.

Housing conditions as they have developed under these laws and as they affect health.

(c) General Sanitation and its relation to the death and morbidity rates.

Sewage disposal.

Water.

Garbage.

Flies.

Dust and street cleaning, etc.

### B. PERSONAL HYGIENE

The improvement of personal hygiene in any community is almost entirely a matter of education. Here again the Auxiliary members must first educate themselves before they can

take a safe part in educating the public. The committee therefore recommends that the Auxiliary study programs shall include such subjects as:

Health Promotion:

Prenatal care.

Child Welfare:

Infant and pre-school hygiene.

School hygiene.

Mental hygiene. Social hygiene.

The advantage to the public of general compliance with health regulations.

The periodic health examination. Control of communicable diseases.

The entire program should close with a survey of all the private agencies doing health work in the community, and a discussion of the possibility and desirability of centering the direction of all such work in a full-time, scientific health department, under which the private agencies, while still maintaining their identity, would work in complete cooperation.

### CHAUTAUQUA COUNTY

The Annual Meeting of the Medical Society of the County of Chautauqua was held on Wednesday, December 18th, at Hotel Jamestown, Jamestown, N. Y. Business meeting at 12:30 P.M. was followed by a dinner, the Scientific Session being held immediately after dinner.

The business session was taken up by routine business, and followed by the election of officers for the coming year. The Society moved and unanimously adopted a resolution favoring free choice of physician by injured employes.

The election of officers resulted as follows:

President, Dr. F. J. McCulla, Jamestown; Secretary, Dr. Edgar Bieber, Dunkirk; Treasurer. Dr. F. J. Pfisterer, Dunkirk; Delegates to State Society, Dr. George W. Cottis, Jamestown; Dr. Edgar Bieber, Dunkirk.

Scientific Session following the Business Meeting was taken up by a most interesting and instructive illustrated talk on Pyogenic Infections of the chest, by Dr. Edgar W. Phillips of Rochester, N. Y.

EDGAR BIEBER, Secretary.

### BROOME COUNTY

The first monthly meeting of the year of the Broome County Medical Society was held in the Hotel Arlington, Tuesday evening, January 7, 1930. Interest in the meeting was evidenced by the large attendance of members and visitors, Dr. Conway of the State Department of Health being among the latter.

A very interesting program was given, with Dr. John A. Lichty, Superintendent of the Clifton Springs Sanitarium heading the list by reading a paper on 'The Colon and its Relation to Associated Diseases.' The chief salient point in the paper was his disapproval of the present methods of high colonic irrigations. In

the discussion following, the same feeling was manifested by the vast majority of the members.

A resolution was introduced to the Society by one of its members, Dr. John H. Martin, asking that the Broome County Medical Society give full support to Doctor Grant C. Madill of Ogdensburg, candidate for the medical representative on the Board of Regents of the State of New York. This resolution was accepted and the Secretary was instructed to notify the Senator and Assemblymen of Broome County.

HENRY D. WATSON, Secretary.

#### DUTCHESS-PUTNAM

The adjourned annual meeting of the Dutchess Putnam Medical Society was held on the evening of Mondry, January 13 in the Hudson River State Hospital, Poughkeepsie with Vice-President Dr. C. O. Cheney in the chair, and fifty-five members and three guests present

The following officers were elected for 1930 President Dr Airon Sobel Poughkeepsie Vice President Dr C O Cheney, Pough

keepsie Secretary-Treasurer Dr H P Carpenter

Poughkeepsie

Associate Secretary Dr Gordon Mac

Kenzie, Millbrook, N Y

Delegate for three years Dr C Knight Deyo, Poughkeepsie (1930 1931, 1932), Dr Aaron Sobel, 1930, hold over Dr W A Krie ger, 1931, hold over

Alternate delegate for three years Dr I D LeRoy, Pleasant Valley (1930, 1931 1932) Dr E R Richie 1930, hold over, Dr R H Breed 1931, hold over

Censors Dr. A L Peckham S L Smith

and A W Thomson

membership

Counsel Dr G V L Spratt, Poughkeepsie Dr C E Niles, Hudson River State Hospital, Poughkeepsie N Y, was elected to

The Committee on Public Health and Public Relations, and the Committee on Infant Mortality rendered comprehensive reports Doctor Sadher moved that the Society approve the reports and recommendations as received, that they be printed in the New York State Journal of Medicine, and reprints be obtained for each member with extra copies for the Legislative and Public Health Committees Seconded by Doctor Furlong and carried

Doctor Card moved that the portion of the report dealing with the establishing of a County Health Department be sent to the Board of Supervisors Seconded by Doctor Krieger and carried

Doctor Sadher moved that it is the sense of the Dutchess Putnam Medical Society that we are in favor of the establishment of a County Health Department and that the committee composed of Drs Card Sobel and Krieger be continued to transmit the resolution to the Board of Supervisors. Carried Doctor Sadher moved that it is the sense of the Dutchess Putnam Medical Society that we approve the candidacy of Dr William H Ross of Sulfolk County as Commissioner of Health of the State of New York, and that this be so communicated by telegram to the Governor Unanimously carried

The Secretary's and Treasurer's report was accepted and ordered placed on file

Canada Danie	
Secretary's Report	
Membership January 1 1929	112
Members reinstated	7
Gains by election for the year	2
Members died .	1
Members automatically dropped	15
Members in good standing January 1, 1930	104
Meetings held	10
Average attendance	38

#### Treasurer's Report

Ceceints	1	
Balance from 1928		\$1017 00
Current and back dues		1662 00
Luncheons and dinner		186 00
		\$2865 00
		\$2003 W

#### Expenses

APENSES	
State Treasurer .	\$1140.00
Stationery and Printing	70 00
Stamps and typing	40 00
Secretary	150 00
Cigars and cigarettes	54 41
Flowers	20 00
Luncheons and dinners	222 70
I egislative committee and delegates	87,45
Speakers expenses	34 28
Dues refunded	15 00
I elephone	2 20

\$1836 04

\$1089 90

### Scientific Program

Bunk balance January 1, 1930

Dr Walter Timme, "Clinical Aspects of some interesting Endocrinological Conditions" Lantern Slides

there was discussion by Drs Baldwin,

Cheney and Krieger

The meeting adjourned at 1100 pm for refreshments

II P CARLLATIR, M.D., Sec -Treas

### QUEENS COUNTY

A stated meeting of the Medical Society of the County of Queens was held on October 29, 1929, it 8 30 pm, at the YMCA building, 90th Ave

nue and Parsons Boulevard Jamuer with Dr Lavelle, president, in the chur

The secretary reported for the Comitive Minora

The following physicians were elected to membership: Clyde Nelson Baker, Flushing; Howard J. P. Boylana, Richmond Hill; James Joseph Gleason, Astoria: Carl Krenz, Long Island City; Daniel Lehrman, Jamaica; Aaron Meister, Hollis; Daniel Porte, Jamaica; Charles W. Scheib, Little Neck; James H. Walvoord, Hollis; Joseph C. Watts, Bayside; Alfred Angrist, Queens.

Reports were received from Dr. H. P. Mencken for the Board of Censors: Dr. E. E. Smith for the Committee on Publicity; Dr. Carl Boettiger, for the Committee on Public Health and

Public Relations.

It was voted that the report on health examinations and inspection of laboratories be published in the Bulletin. Dr. Bohr reported for the Committee on Medical Economics, and Dr. Chalmers for the Trustees.

The nominating committee appointed by the chair consisting of Drs. Steiner, Klein, and Stein,

made a report.

Dr. Herrlin spoke relative to Workmen's Compensation and the matter was referred to the Committee on Economics.

Scientific Session:

- 1. Case Report—"A Case of Hydronephrosis in a Lobulated Kidney" by Lester Samuels, M.D.
- 2. Paper—"Sudden Blindness," by Guernsey Frey, M.D. Discussion by Dr. Gainsburgh and closed by Dr. Frey.
- 3. Talk—"The Program of Health Examinations of the Greater New York Committee of the Five County Societies," by Alec N. Thomson, M.D. County of Kings.

Mr. Walsh addressed the meeting on the subject of the Bazaar to be held December 7-14, in the Society Building; which subject was discussed by Drs. Chalmers and F. G. Riley.

Attendance 66.

E. E. SMITH, Secretary.

The annual meeting of the Medical Society of the County of Queens was held in the auditorium of the Y.M.C.A. building, 90th Avenue and Parsons Boulevard, Jamaica, on Tuesday evening. November 26th, 1929, at 8.30 p.m., with I'resident Lavelle in the chair, and 64 members present.

The election of officers, boards and delegates, as published in the October minutes were, on motion duly seconded, unanimously elected as follows:

President—Edward A. Flemming, Richmond

Hill.

Vice-President-Albert L. Voltz, Richmond Hill.

Secretary—Ernest E. Smith, 50 East 41st St., N. Y. C.

Treasurer—James M. Dobbins, Long Island

The following reports were received:

For the Comitia Minora, the Secretary, Dr. E. E. Smith.

For the Treasurer, Dr. James M. Dobbins. The report was referred to Drs. Reuling, Steiner and Neail as an Auditing Committee and upon their report that they had examined the books of the Treasurer and found them correct, the Treasurer's Report was received and ordered on file. Chairman Reuling commended the Treasurer for the excellency of his books.

The Chairman, Dr. T. C. Chalmers, rendered the monthly report for the Trustees. The annual report was submitted for publication by

Dr. Albert L. Voltz.

The Chairman, Dr. H. P. Mencken, reported for the Censors in abstract, and on motion the annual report was ordered published in the Bulletin.

The following, on recommendation of the Censors, were unanimously elected to active membership in the Society:

Nathan Feld, M.D., Richmond Hill. Emanuel Fletcher, M.D., Flushing. Harry Harris, M.D., Astoria.

S. Zachary Vogel, M.D., Kew Gardens.

Walter E. Kiefer, M.D., Room 104, Long Island Station, Jamaica; by transfer from the Medical Society of the County of Northumberland, Penna.

The Chairman, Dr. E. E. Smith reported for the Committee on Publicity.

The report of Chairman, Dr. L. N. Rohr, for the Committee on Medical Economics was ordered published in the Bulletin.

A letter was read from James N. Vander-Veer, M.D., in regard to the appointment of a member of the Board of Regents, whereupon Dr. Chalmers moved that the Medical Society of the County of Queens heartily endorses the candidacy of Dr. Grant C. Madill of Ogdensburg for the appointment on the Board of Regents of the State of New York and that it pledges its wholehearted support to this end. Seconded and unanimously passed.

The following scientific program was presented:

1. Paper—Radiation Treatment of the Female Genitalia. By William P. Healy, M.D.

Discussion by Drs. Mencken, Neail, Flemming, Thomas, Barber, Voltz. Klein, Frey, Hodkin; closed by Dr. Healy. The usual collation was served.

E. E. SMITH, Secretary.



### THE DAILY PRESS



### REDUCING BODY WEIGHT

A balance to the agony of reducing depicted in the accompanying cartoon is the joy and satisfaction implied in the following quotation from the New York Sun of January 20 describing what a prize fighter ate in one evening:—

He had gone to a theater after eating by himself a meal consisting of:

- 3 herrings.
- 4 dill pickles.
- Bread.
- 2 plates of soup.
- 1 double sirloin steak.
- 2 orders of between-acts potatoes.
- 3 cars of corn.
- 2 hottles of beer.
- Pot of coffee.
- Half a pie.

and after the show, which was about three hours later, sat down and ate:

- 3 golden buck rarebits.
- 2 bottles of Schmidt's malt tonic.
- Pot of tea.

When he arrived home (he was staying at my house for the night) we ransacked the icebox and managed to find a half cold roast chicken, several slices of ham, beer and bread. He ate all of it.

Though he is a friend of mine, I am thankful that he does not visit me often, for he sure knows how to cat. In fact, he is known as

"Endicott's Champ Pie Fater." Yet a funny thing about him is that there's not an ounce of fat on him. He's all muscle and his usual weight is about 196 pounds.



The emotional side of "Reducing" as seen by J. N. Ding in the New York Herald Tribune of December 29, 1929.

### A PIONEER IN ANTISEPTICS

A bit of possible medical history is contained in the following abstract from an editorial in the New York Sun of December 7, referring to Dr. Lamartina G. Hardman, Governor of Georgia:—

"On Blackwell's Island (New York) in 1877, he saw the first demonstration of Sir Joseph Lister's spray utilizing carbolic acid as an antiseptic in operations and for wounds. Sir Joseph's discovery of the potentialities of carbolic acid in control of gangrene is commonly fixed as of 1867. Governor Hardman writes that five years before this, in 1862, Dr. L. A. Dugas of Augusta, Georgia, during the war letween the States, used it in the City Hospitals

where gangrene was prevalent. Dr. Dugas obtained the carbolic acid or the tar water from the pine tar, applying it in all these infections and wounds and prevented the spread of gangrene. As a student of medicine, Hardman was taught by Dugas in Augusta Medical College. He declares that Dugas is really the father of antiscptic surgery; that he was the first to suggest laparotomy for gunshot woilinds in the abdomen and the first to use animal ligature—catgut—in the closing of wounds in the intestines, which he did in Wilkes County, Georgia, in 1856 or 1857. This catgut was a violin string taken from a fiddle at a party; the patient recovered."

### SURVIVAL OF THE FITTEST

James J. Montague is a poet, not a scientist; and in his verses in the New York *Herald Tribune* of December 4 he assumes that the dinosaur of ancient days was as healthy as he

"Although he wears a coat of mail The beetle is but weak and frail. But paper thin The rigid skin Which he employs for armor; And yet, though easily destroyed, He's always actively employed On plans to foil The honest toil Of nurseryman and farmer.

A giant was the dinosaur, A hard and horny hide he wore, He had a wreath Of gleaming teeth To masticate his prey with. was big and strong, while beetles were weak and puny. At any rate his conclusions will be interesting to doctors who respect a poet's license.

> He's been extinct time out of mind And never left a thing behind But fossil legs And flinty eggs For scientists to play with.

The dinosaur is not alive;
But beetles multiply and thrive
And daily eat
Good, useful wheat
By methods sly and stealthy.
Though feeble, they outken the ken
Of able scientific men;
So one might say
It doesn't pay
To be too doggone healthy."

### THE RADIO AND QUACKS

Dr. Shirley W. Wynne, Commissioner of Health of New York City, is taking steps to prevent radio broadcasting by quacks. The New York Ilerald Tribune of January 5th states that Dr. Wynne has suggested "a nation-wide survey, of the extent to which medical quacks are using the radio in their advertising." The articlé continues, quoting Dr. Wynne:—

"Such a survey would probably lead to country-wide exclusion of medical fakers by broadcasters on a basis similar to that approved Friday by the broadcasters of New York and its vicinity.

"I am convinced from our own survey and the telegrams received from medical officers all over the country that the problem is a national one. Local broadcasters have shown me that they are ready and willing to clear the air of fakers here, but the range of radio is so great that while this co-operation will protect us for a time, it will not prove a final solution of the problem.

"Our experience with quacks makes me certain that the refusal of local stations to aid them will be followed by a general migration to cities where broadcasters may be found who will accept their advertising. Thereafter we again will be flooded with fake promises and nostrum propaganda.

"It is only fair to our local stations that I make some attempt to bring about voluntary scrutiny of radio advertising on a national scale. I believe that the Federal Trade Commission, the Federal Radio Commission and the United States Public Health Service are bodies of sufficient scope and power to make the necessary survey and to bring the matter to the attention of the entire broadcasting industry for the purpose of securing a voluntary control."

### WHERE DANGER LURKS

The New York Herald Tribune of January 16 has this to say editorially about fatal accidents in one's home:—

"It has been computed that the average New Yorker could spend 1,600 years, eight hours a day, on the city streets without being killed. At home, the fatal accidents would be delayed on the average, for 2,000 years. The automobile probably the most dangerous device which ordinary people habitually use, kills its

average passenger in about 400 years. Among the different kinds of home accidents, but one has been computed, so far as we know, to take account of the average hours of risk. This is the bathtub accident. The data are not precise, but apparently a bathtub is almost as dangerous as an automobile. Otherwise, homes are relatively safe places, as one would expect, instead of relatively dangerous ones in which to stay.

### S.

### BOOKS RECEIVED



Ackt owledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review as littled by their merits or in the interests of our readers

- BIOOD GROUILIC IN RELATION TO CLINICAL AND LEGAL MEDICINE BY LAURENCE H SNYDER, Sc D Octavo of 153 pages Baltimore, The Williams & Wilkins Company, 1929 Cloth, \$500
- CORONARY THROMBOSIS ITS VARIOUS CLINICAL FEATURES BY SAMUER A LEVINE OCTAVO of 178 pages, illustrated Bultimore, The Williams & Wilkins Compuny, 1929 Cloth, \$3.00 (Medicine Monographs v 16.)
- HE VOLUME OF THE BLOOD AND PLASMA IN HEALTH AND DISEASE. By LEONARD G ROWNTREE, MD and GEORGE F BROWN, M D 12mo of 219 pages Phila deliphing and London W B Saunders Company, 1929 Cloth \$3.00 (Mayo Clinic Monographs.)
- Memorial Clinics of North America Vol 13, No 3 November, 1929 (New York Number) Published every other month by the W B Saunders Company, Philadelphia and London Per Clinic Year (6 issues) Cloth \$1600 net, paper, \$1200 net
- FHE TREATMENT OF THE COMMON DISORDERS OF DIGES TION A Handbook for Physicians and Students By John I Kantor Ph D M D Second Educion Oction of 300 pages illustrated St Louis, The C V Moshy Company, 1929 Cloth, \$600
- Ind. IRECTALLY OF FRACTURES AND DISLOCATIONS IN GUNERAL PRACTICE By C MAX PAGE, DSO, MS, I RCS and W. Kowity Bristow, MB, BS I RCS. Third Edition. Octavo of 284 pages, illustrated. London and New York. Oxford University Press, 1929.
- THE PRINCIPLES OF LLECTROTHER LY AND THEIR PRACTICAL ALLECATION BY W J TURREL, MA, DM, B Ch Scond Edition Octavo of 413 pages London and New York Oxford University Press, 1929
- AN OUTTING OF NEUROLOGY AND ITS OUTLOOK Being the Fleventh Earl Grey Memorial Lecture By Sig L. LARQUITER BUZZARD K.C.V.O., M.A. M.D. Octivo of 24 pages. London and New York, Oxford University Press, 1929. Paper, \$35
- A Hemato-Respiratory Study of 101 Consecutive (ASES of Stammering A Heese Presented to the Faculty of the Graduate School, University of Pennsylvinia in Partial Luffilment of the Requirements for the Degree of Doctor of Philosophy By Max Brimil R Octay of 72 pages, illustrated Philadelphia [The Author], 1928
- SURGICAL CLINICS OF NORTH AMERICA Vol 9, No 6 December 1929 (Lahey Chine Number—Index Num 1cr) Published exery other month by the W B Saunders Company Philadelphia and London Per Chine Year (o 1 sacs) Cloth \$1000 net, paper \$1200 net
- V TEATROOK OF THE PRACTICE OF MEDICINE, By Various Authors Edited by Frederick W Price M D flurd Ldition Octivo of 1871 pages London and Viw York Oxford University Press, 1929 Cloth, \$11.50 (Oxford Medical Publications)

- MANMALIAN PHYSIOLOGY A Course of Practical Extraises By E G T Lindell, M M, and Sir Charles Sterrington, O M M D New Edition Quarto of 162 pages, illustrated London and New York [Oxford University Press], 1929 Cloth, \$5.50
- HYGIENNE OF THE MOUTH AND TEETH BY THADDLUS P HIATT, DDS, FACD 16mo of 64 pages Brooklyn, N Y, Brooklyn Dental Publishing Company, 1929
- THE PRACTICAL MEDICINE SERIES Comprising Light Volumes on the Year's Progress in Medicine and Surgery Series 1929 Chicago, The Year Book Publishers, 1929 General Medicine. Edited by George H Weaver M D, and others 12mo of 829 pages, illustrated Cloth, \$300
- OUTLINE OF PREVENTIVE MEDICINE FOR MEDICAL PRACTITIONERS AND STUDENTS Prepared under the Auspices of the Committee on Public Health Relations, New York Academy of Medicine 12mo of 398 pages New York Paul B Hoeber, Inc., 1929 Flexible leather, \$500
- EPIDEMIC ENCEPHALITIS
  Treatment Report of 1
  Commission William Da
  849 pages New York,
  1929
- Nos to Orthol Spil. Sureerl By Eric A Crook, MCh PRCS Iono of 232 pages, illustrated New York, William Wood and Company, 1929 Cloth, \$150
- 7 HIF TREATMENT OF VARICOSE VEINS OF THE LOWER EXTREMITIES BY INJECTIONS BY THERM TRANS BARBER MD, B Sc. 12mo of 120 pages New York William Wood and Company, 1929 Cloth, \$2.25
- AN OUTLINE OF ENDOCRINOLOGY BY W. M. CROFTO 6, BA, M. D. Second Edition 12mo of 163 pages illustrated. New York, William Wood and Company, 1929. Cloth, \$300.
- THE EVE IN GENERAL MEDICINI The Constitutional I ictor in the Causation of Diseases with Special Reference to the Treatment of Diseases of the Eye By A MAITLAND RAMSAN, M.D. LI D. Second Lilition of Diathesis and Octubar Diseases. Octavo of 255 tages. New York William Wood and Company 1929. Cloth, \$500.
- A Manual of Milwiters for Students and Practitioners By Hynry Julett, BA, MD, and David G Madil, BA, MB, BCh Fourth Edition Octavo of 1281 pages illustrated New York, William Wood and Company, 1929 Cloth, \$10.00
- Applied in the Basic Medical Sciences and Tinical Instruction at the Harvard Medical School Octavo of 194 pages Cambridge Harvard University Press, 1929
- THE STORY OF SAN MICHELE. By AXEL MUNTHE. Octavo of 530 pages. New York F. P. Dutton and Company, 1929. Ct th. \$375.



# BOOK REVIEWS



THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. A Complete Dictionary of the Terms Used in Medicine. Surgery, Dentistry, Pharmacy, Chemistry, Nursing. Veterinary Science, Biology, Medical Biography, etc., with the pronunciation, derivation, and definition. By W. A. NEWMAN DORLAND, A.M., M.D. 15th Edition, revised and enlarged. Octavo of 1427 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1929. Flexible binding, plain \$7.00 net; thumb index, \$7.50 net.

The fifteenth edition of this standard dictionary has undergone thorough revision and is fully abreast of the latest terminology in medicine and the allied sciences. Several thousand new words have been added to the fourteenth edition, many of which appear for the first time in any dictionary. In addition, a number of the older definitions have been improved. A definite standard in spelling, terminology and hyphenization is followed.

FREDERIC DAMRAU.

Tuberculosis: Its Prevention and Home Treatment. A Guide for the Use of Patients. By H. Hyslop Thomson, M.D. Third Edition. 12mo of 99 pages. London and New York, Oxford University Press, 1928. Cloth, 75 cents.

In the third edition of his small handbook, Dr. Hyslop Thomson gives to the public those plans for the prevention of tuberculous disease and the home care of those sick, which have proven of value. It would seem, in this country at least, as if the public had been thoroughly educated on the subject but when some one in a family becomes ill, or is awaiting sanitarium admission, the ignorance of details of home care and prophylaxis is at once apparent.

Into these details the author goes; details of rest, exercise, air supply, nursing, hygiene with care of sputum, quality and quantity of food, symptoms of relapse and the importance of patient, persistent, definite routine. The proper feeding of children from the viewpoint of prophylaxis receives special attention.

A third edition appearing vienteen years after the

A third edition appearing nineteen years after the first is a splendid commendation of the original.

T. A. McG.

PROTOZOOLOGY. A manual for Medical Men. By John Gordon Thomson, M.A., M.B., Ch.B., and Andrew Robertson, M.B., Ch.B. Octavo of 376 pages. illustrated. New York, William Wood & Company, 1929. Cloth, \$11.00.

The authors have been successful in contributing a manual on this important subject that meets the requirements of the medical man of the large cities and of those in the tropics who have common occasion to deal with protozoan disease.

The volume is beautifully illustrated and is presented in a most practical style. Among the subjects described are some of the vegetable organisms and bodies the nature of which is doubtful, such as, for example, Histoplasma, Cryptococcus, Rhinosporium, Chalydoza and Rickettsia.

A section of technique has been included which will be found most useful to the laboratory worker.

H. M. FEINBLATT.

HEFMAN'S DIFFICULT LABOR. A Guide for Students and Practitioners. Seventh Edition, revised by CARLTON OLDFIELD, M.D. (Lond.). F.R.C.S. (Eng.). 12mo of

560 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$5.50.

The seventh edition of this well known book is, like its predecessors, clear, concise and to the point. There is very little lost motion, and the answer to almost any obstetric problem can be found almost at once. The student is told to bring down a leg, after version, by means of a Willett forcep inserted through a small cervicalos. And this in placenta previa, where manual separation of the placenta is advised before the version. Mechanical dilators and laminana tests are still recommended. Willett's forceps to the baby's scalp and a weight over the end of the bed are said to be on trial. The text on difficult labor is very good and well arranged, and on the whole the book deserves the popularity it has enjoyed for thirty-five years.

C. A. G.

RICKETS INCLUDING OSTEOMALACIA AND TETANY. By ALFRED F. HESS, M.D. Octavo of 485 pages, illustrated. Philadelphia, Lea and Febiger, 1929. Cloth, \$5.50.

No better evidence of the great increase in the amount of research and acquisition of knowledge on the subject of rickets, can be thought of than that this one single disease justifies the publication of a book upon it with well over four hundred pages of text. Nobody, either in America or elsewhere, is better qualified to write on this vitally important subject than Dr. Hess. It is largely through his efforts that our present day knowledge of the nature, etiology, and the control of rickets has been developed. Incidently, in this work upon rickets other important advances have been made, some of which are; the development of irradiated ergosterol as a highly potent source of vitamin D, also the irradiation of food-stuffs for use in prevention and cure. There is some tendency on the part of the medical profession at large, and the laity, to be rather indifferent to the repeated statements of investigators, that this disease is universally prevalent in most parts of North America. An especially valuable thing to be remembered is that the second half of the first year of the child's life is the most important time and that when this period corresponds with the fall, winter, and early spring season the danger and probability of the development of rickets are greatly increased. There is no field of medicine in which rickets has not some importance, therefore, it is not only to the children's specialist that a book like this one should appeal, but to all those who wish to keep abreast of the times with regard to what used to be called in Europe "The English Disease" but which might now be better called "The Universal Disease." The study and application of heliotherapy, both natural and artificial, is intimately bound up with the investigations described in this book and would seem well worth reading by any practitioner of medicine who wishes to get a summary of the up-to-date knowledge on this vitally important subject.

WM. HENRY DONNELLY.

PRINCIPLES AND PRACTICES OF ELECTROCARDIOGRAPHY. By CARL J. WIGGERS, M.D. Octavo of 226 pages, illustrated. St. Louis, The C. V. Moshy Company, 1929. Cloth, \$7.50.

The arrangement of the book is in three parts, the first dealing with the general principles of electrocardiography, with the physics of galvanometers and the remainder of the electrocardiographic equipment. The different types of instruments are described.

About a hundred pages are devoted to a full description of the fundamental facts. The second part explains the cause of the normal electrocardiographic deflections and their relation to physical and physiologic processes in the heart, the third section presenting a series of abnormal records which are analyzed.

In discussing the mechanisms of extrasystolic production, bigeminal or coupled rhythms are believed to be most satisfactorily explained by assuming that "owing to abnormal conduction rates or states of block the original impulse is not spent after it has excited the ventricle but re-enters the ventricle at some point which then apparently becomes the focus of a new contrac-

tion."

With regard to the differentiation between auricular pure and impure flutter, the latter often spoken of as coarse fibrillation, the author concisely states that pure flutter is indicated when the auricular rate does not exceed 370 per minute, when the auricular deflections are regular in form, size and especially duration and when a definite relation between auricular and ventricular complexes can be established.

The complexes characteristic of bundle branch block and of arborization or intraventricular block as conceived by Oppenheimer and Rothschild are described. Wilson and Herrmann are inclined to attribute the latter type to incomplete bundle branch block. The author

believes that the differentiation is unsettled.

The book will take its place with the authoritative ones on the subject W. E. McCollon.

THE TREATMENT OF FRACTURES. By LORENZ B HLER M.D. Authorized English translation by M. E. Steinberg, M.S., M.D. Octavo of 185 pages, illustrated. Vienna, Wilhelm Maudrich, 1929. Cloth, \$500.

Similar to most books coming from the pens of continental authors this treatise on fractures has features

foreign to the American reader.

The great number of special splints and devices for the reduction of fractures described by the author have never found favor in this country. fractures under local analgesia, though far from being a closed chapter, has likewise not earned general approval in America.

The clinical part of the book is excellently presented and, though short, is very complete and intensely prac-The illustrations are numerous and well selected. A feature to be deplored is the paucity of roentgenograms, since the accurate reading of skiagrams is an essential part of the training of the modern traumatic

The reflection of a vast fund of knowledge gathered from the treatment of many thousand fracture cases together with numerous practical suggestions make the book a valuable addition to the surgeon's library.

GEO. WEBB.

GONORRHEA AND KINDRED AFFECTIONS. GONORThea in the Male Chancroid and Verruca Acuminata, by George ROBERTSON LIVERMORE, M.D., F.A.C.S., and Gonorrhea in the Female, and the Infectious Granulomata, by EDWARD ARMIN SCHUMANN, A.B., M.D., F.A.C.S. Octavo of 257 pages, illustrated, New York and Lon-don, D. Acaleton & Correction 1998 Cells 1990

don, D. Appleton & Company, 1929. Cloth, \$5.00. This little volume is a brief and extremely practical discussion of a very important subject presented by men who have obviously had very large clinical experience. It should provide an excellent guide to the general practitioner who includes in his practice the

treatment of venereal diseases.

If one were to make any criticism it would be of the multiplicity of suggestions for treatment which makes it rather confusing and difficult to decide the author's own preference. However, it is a book which can be read with profit by anyone interested in this line of work. N.P.R.

OTOSCLEROSIS A Resume of the Literature to July, 1928. Compiled under the Direction of the Committee on Otosclerosis, American Otological Society, Arthur B Duet, M.D., Editor. Two octavo volumes of 684 pages. New York, Paul B. Hoeber, Inc., 1929.

These two volumes can be considered the beginning of a definite research work that a medical society has

As the result of a paper read by Doctor Arthur B. Duel, at the annual meeting of the American Otological Society in June 1924, a Committee of that Society was appointed to collect a permanent fund, the interest of which was to be used by them in research—at first, in otosclerosis, and later in other otologic subjects. That fund has not been entirely raised, but under a grant of \$90,000 made by the Carnegie Corporation, the research in otosclerosis is being carried on.

Otosclerosis, a disease of the ear that is the cause of much of the hardness of hearing in the world, is one of the problems in medicine. Much work has been done to find its cause, but so far that cause remains unknown.

This subject is being attacked, not by independent workers in a haphazard manner, but by workers in all parts of the country considering the same problem from different angles; the results finally to be gathered to-gether by the Committee. As a foundation for their work and their future reports, all the literature published on the subject from 1735 to July 1st, 1928 has been abstracted and presented in these two volumes under the four headings:—Pathology, Etiology, Symptoms and Diagnosis, and Treatment. There are no comments by the author. The abstracts, which are well done, are concise, ample, very easy to read, and arranged chronologically. The index and bibliography are complete.

This is a book primarily for the research worker: but the Otologist who wants to find anything that has been written on the subject, in any language, will find it here.

JOHN W. DURKEE,

MENTAL DEFICIENCY (AMENTIA). By A. F. TREDGOLD, M.D. (Durh.). Fifth Edition. Octavo of 335 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$7.50.

This book first appeared in 1908. Its author speaks from a very rich experience and mature judgment. The subject is discussed from every conceivable angle, and the work is quite encyclopedic in its scope. The problem of mental deficiency is confronting many workers in almost every field of human activity. The physician should be acquainted with the elementary aspects of the subject. Because of its thoroughness and the unbiased and mature judgment of its author, the work is highly recommended. The neuropsychiatrist, will do well to add it to his personal library as work of reference.

IRVING J. SANDS, M.D.

THE COMMON HEAD COLD AND ITS COMPLICATIONS. By WALTER A. WELLS, A.M., M.D., F.A.C.S. 12mo of 225 pages. New York, The Macmillan Company, 1929. Cloth, \$2.75.

New York, The Macmillan Company, 1929.

This book presents in a form especially suited for non-medical readers the present knowledge of the origin and nature of the common cold. The basic facts of the anatomy and physiology of the nose and throat are brought out. Various factors considered important in the etiology are discussed as are the usual methods of treatment. Vaccines are not believed to be of value for prevention or treatment.

# OUR NEIGHBORS



### A LEGISLATOR'S OPINION IN NEW JERSEY

The Journal of the Medical Society of New Jersey for December contains the stenographic report of a special meeting of the Welfare Committee of the Society called for the purpose of hearing a Senator of the Legislature present his views concerning the Medical Practice Act of New Jersey. The Senator, who had a personal interest in a naturopath called Mr. Heinze, is reported as saying:

"Heinze(?) is a radical but he is and I believe he has a very good knowledge of the subjects embraced in what he is trying to practice. He is a naturopath and has made a study of electrotherapeutics, and massage, and treatments of that kind. At the present time he is practicing illegally. Might it not be possible to have an examination given to some of these people who have studied and extended their work? If, as a result of that examination, these men are found qualified to carry on that work and they are allowed to practice their particular lines, they will become good citizens and will be a help to you and your Board. Those who cannot pass such examinations should be chased out of the state. I have no idea of providing for a separate Board or giving them special privileges, except to submit them to this test by your own Board.

"Some of the doctors ask me whether I would think of admitting to the practice of law any one who had not graduated from a law school. My answer is that we require that a man must have actual experience of practice in a law office and then pass an examination before the Bar Association. I believe some of these men practicing medicine without having passed all the college tests are doing some good and I think the public feels that they are being persecuted when their practice is interfered You must remember that every time one of these men is prosecuted he has 50 or more friends who feel that it is persecution. Elmer Long said to me the other day that while he realized some of these naturopaths are not practicing within the law, he thought some of them might be doing good work. Why is it that they cannot be admitted to practice in a limited way? I believe it would be a step in the right direction to give these people the privilege of taking a special examination. I would have them admitted to practice legally and then put them under control of the state. If you can see your way to recommend such a change in the law it would not harm you and

it would be appreciated by the public. haps it might be done as in Pennsylvania, I believe, where physiotherapists are required to practice in association with a legally registered

physician.

"I am not representing a group of chiropractors or naturopaths. I came into this matter because of friendship for this one man. I defended him years ago when the osteopathic Board prosecuted him, and I got him off. He is not bitter about the matter but wants a chance to show that he is capable of doing what he claims ability to do. I have refused to take other cases of the kind and I am not interested financially in defending this man.

Dr. Green: "I would like to ask the Senator two questions: First, does he wish to extend his proposition to include letting down the bars also to those taking the examination to practice medicine proper-young men perhaps who have a medical degree, obtained from a second or third rate college? Second, how long does he propose to leave the bars down for the naturo-

paths?"

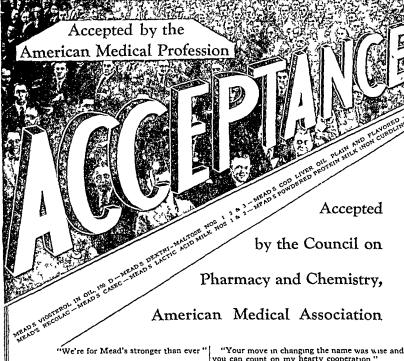
Senator: "I have no desire to lower the bars at all, and interfere with the structure of the present law but just in the case of men who have practiced 10 years or more, to inquire into what they have been doing, and to examine them in the particular branches of medicine they practice. It is my idea that they should come before the present State Board of regular Medical Examiners. The present legal requirements are not too high for the future but they are too high for some of the men who have been practicing for 10 years past and who have probably gained in knowledge by their own study and experience. You could ascertain their fitness by giving them a special examination, preferably an oral examination that would soon determine their capabilities. Heinze (?) was interested in electrotherapeutics even before he took the chiropractic examination and he has continued to study in that direction."

The Senator was asked: "Just what are you going to do with the 500 or more unqualified applicants that want to come in? Would you admit them without examination?"

The reply was: "No. Give them an educational test on the basis of requirements at the time they graduated—say in 1921."

The Senator agreed to draft a bill and submit it to the Secretary of the Committee.

Continued on page 176-adv. xvi



"We're for Mead's stronger than ever "

"I stopped using Acterol because of the name but now I li specify Mead's "

"Regardless of the name, I'm for your product"

"Your unselfish attitude in deferring to the cannot fail to redound to your best interest "

"Your move in changing the name was wise and you can count on my hearty cooperation "

"Mead's Viosterol or Mead's Acterol-all the same to me-but you have shown by your very commendable action that you are working for the best interests of the A M A "

"Your pioneer work on activated ergosterol Council's wishes in the matter of nomenclature commands the respect and support of the American medical profession "

≡For the prevention and cure of rickets and the treatment of tetany and osteomalacia =

Mead's Viosterol in Oil, 100 D (originally Acterol) is the first American preparation of activated ergosterol biologically standardized at one hundred times the vitamin D potency of pure Cod Liver Oil. Licensed, Wisconsin Alumni Research Foundation. Accepted, Council on Pharmacy and Chemistry, A. M. A.



No dosage inhels-No dosage circulars

Specify the American Pioneer Product—MEAD S Viosterol in Oil, 100 D—Mead Johnson & Co., Evansville, Ind \*



In bottles of 35 intact from laboratory to patient.

Physiologically standardized more accurate than tincture drops.

Sample and literature upon request

Davies, Rose & Co., Ltd., Boston, Mass.

# As a General Antiseptic

in place of
TINCTURE OF IODINE
Try

# Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein) 2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

It does not burn, irritate or injure tissue in any way.

## Hynson, Westcott & Dunning

Baltimore, Maryland

(Continued from page 176-adv xvi)

Years and Eight months from thence next ensuing and fully to be compleated and ended. During all which Term the said Apprentice his said Master well and faithfully shall serve, his secrets keep, his lawful commands gladly every where obey. He shall do no damage to his said Master, nor see it to be done by others without letting or giving notice to his said Master. He shall not contract matrimony within the said term. At cards, dice or any other unlawful game he shall not play, whereby his said Master may have damage. He shall not absent himself day or night from his Master's Service without his leave, nor hant Ale houses, Taverns or play houses, but in all things as a faithful Apprentice he shall behave himself towards his said Master all during his said term. And the Said Master during the Said term shall by the best of his Means or Methods Arts and Mysterys of a Physician and Surgeon as he now professes Teach or cause the said Apprentice to be Taught to perfection in consideration of the sum of One Hundred Pounds Lawful money of New York to him in hand paid by the said James Hubbard (in four payments) that is to say Thirty Pounds in hand down, and the remainder in Four Equal payments, One each year till the whole is paid. And the said William Clark Acknowledges himself therewith contented and the Receipt thereof. And the said Master is to provide his said Apprentice with sufficient Meat Drink Washing and Lodging and Mending his clothes within the Said term. And the said James Hubbard is to find him in wearing apparel during said term aforesaid. At the end of Said term the Said Master shall and will give unto the said Apprentice a new set of surgeon's pocket instruments-Solomon's Dispensatory, Quences Dispensatory and Fuller on Fevers, and for the true performance of all and every of the said covenants and agreements of Either of the said parties Do bind themselves Jointly and Severally to the other by these presents. In witness whereof they have hereunto set their hands and Seals the Day and Date first written.

Sealed and Delivered Jacobus Hubbard, L.S. in the presence of Wm. Clark, L.S. Pocket interlined before signing Johnnis Gerritson, James Hubbard, L.S. Rich, Prest.

Receiv'd Thirty Pounds in part of the within this Seventh day of August 1760.

Wm. Clark

1761 July ye then Received by ye hands of Mr. James Hubbard ye sum of £17.10/0 it being ye first payment of £17.10/0.

Received pr me Wm. Clark"

# Vomiting of Pregnancy

THIS condition, so common in obstetrical practice, not infrequently assumes a serious aspect by impairing the nutrition. It has been found, however, that many patients can be carried through the early months of pregnancy with but slight loss of weight and strength by the use of

### LUMINAL-SODIUM

"Luminal" Trademark Reg U S. Pat. Off. and Canada

Brand of PHENOBARBITAL-SODIUM

In cases of moderate severity, Luminal-Sodium may be given by mouth in doses of 1½ grains an hour before meals and, if necessary, at bedtime. After four or five days, the frequency of administration is reduced.

When nothing is retained by way of the stomach, Luminal-Sodium is given hypodermically in amounts of 2 grains three or four times daily. For this purpose, ampules containing 2 grains of the sterile powder are available. A solution is readily prepared in the ampule by adding 1 cc. of distilled water.

How Supplied: For oral use only, 1½ grain tablets in bottles of 50. For injection, ampules of 2 grains in boxes of 5.

WINTHROP CHEMICAL COMPANY, INC.
170 Varick St. WINTHROP New York, N.Y.

Windsor Ont. Canada.

# Pomeroy Girdles

and

# Supports



WHETHER of elastic (Handwoven) or fabric, or elastic and fabric, there is a Pomeroy to meet your requirements. Made to measure and designed for the individual, you are certain to obtain the desired results.

In seeking support for movable kidney, ptosis or after - operation, you have at your service a corps of fitters trained in the making and adjusting of surgical appliances.

**-**42*9*₹%3×

# POMEROY COMPANY

16 East 42nd St., New York

400 E. Fordham Rd., Bronx

Brooklyz Newark Boston Springfield Detroit Chicago Wilkes-Barre

# MEDICAL LEADERSHIP IN KENTUCKY

The Kentucky State Medical Association has an officer called the Orator in Surgery, and another called the Orator in Medicine. The Oration in Medicine delivered before the State Meeting on October 21, 1929, was by Dr. E. L. Gowdy, of Campbellsville, whose address is printed in the December Kentucky Medical Journal, the closing paragraph of which reads:

"County hospitals and community health centers all over the state are consummations we are devoutly wishing for. They are coming, but if they are to be real health centers and not mere invalid hotels and repair shops, we are going to have to have general practitioners to carry out the premier rôle in the forwarding of the scheme. In Kentucky, our health departments are controlled by the medical profession, and, if they are successful, they should be so conducted that the public will be taught the necessity and usefulness of individual ministrations of the general practitioner in medicine. Where are they coming from, these general practitioners of the near future? Cannot all of us slip a kindly word to some young man about to begin the study of medicine about this wonderful field where the harvest will be great and the laborers few? I desire to close this address with an appeal to the medical profession of Kentucky to assert its leadership so as to preserve for the public the general practitioner, that keystone in the arch of scientific medicine, and place him on that pedestal in the hearts of the people he formerly occupied."

# PUBLIC RELATIONS COMMITTEE IN MAINE

The December issue of the Journal of the Maine Medical Association contains the following account of the November meeting of the Penobscot County Medical Society:

"The annual meeting and dinner of the Penobscot County Medical Society was held at the Bangor House, November, 1929. Dr. H. E. Thompson, retiring President, presided, and delivered an interesting paper on 'Leucocytes,' illustrated by charts and drawings.

"Through the courtesy of the Metropolitan Life Insurance Company an interesting moving picture reel was exhibited entitled 'Diphtheria.' A plan is on foot to secure the protection of the children of Bangor, by immunization, against this dread disease, the Insurance Company undertaking to finance the cost of all immunizing material.

"Dr. Cook, of Newport, was elected President, and Dr. Scribner, of Bangor, retained as Secretary for 1930."

### SERVICES OF STATE MEDICAL SOCIETIES

The following résumé of what the State Medical Society does for the doctor is contained in Minnesota Medicine of January:

"1. Publishes the scientific journal Minnesota Medicine.

"2. Creates a fraternal feeling among physicians and enables them to cooperate with each other in local and state matters.

"3. Studies constantly the many changes that are taking place in scientific and economic medicine through the many activities of the

committees.

"4. Notifies members of current events that effect the profession through Minnesota Medicine, and also sends special communications of unusual, legal, and legislative occurrences.

"5. Conducts graduate courses covering the

newer aspects of medical practice.

"6. Proposes state legislation in the interests of scientific medicine and the public health. It has also been instrumental in defeating many measures which have been proposed to the

detriment of scientific medicine and public health.

"7. Assists local societies in presenting programs of interest and in securing speakers.

"8. Enables its members to secure malprac-

tice insurance at a reduced rate.

"9. Conducts an Annual Meeting to which the best medical men in the state and county bring the results of their latest experience and research.

"10. Furnishes the members, prompt and confidential information on any subject relating to the practice of medicine through the Con-

sultation Bureau.

"11. Sends our Legislators Hygeia and Everybody's Health in order that they may be properly informed on matters of health.

"12. Maintains a Speakers Lay Library containing material on subjects suitable to laymen and loans the material to the doctors upon request.

"13. Sends weekly health stories to two hundred and sixty rural newspapers."

# This is the merger age-

Consolidation and combination are the twin screws of modern business methods. Therapeutic practice has long endorsed the use of synergistic medication. Combination of Lubricant, Laxative and Antacid action assures successful results.

# Magnesia-Mineral Oil (25)

formerly HALEY'S M-O, Magnesia Oil,

is a uniform, permanent, unflavored emulsion of Magma Mag (dram iii) and Liq. Petrolatum (dram i) to the tablespoonful.

A countrywide questionnaire of physicians and dentists gives as indi-

Gastro-intestinal hyperacidity, fermentation, flatulence, gastric or duodenal ulcer, constipation, autotoxemia, colitis, hemorrhoids, before and after operation, during pregnancy and maternity, in infancy, childhood, old age, convalescence, invalid or cachectic states.

AN EFFECTIVE ANTACID MOUTH WASH

Accepted for N.N.R. by the A.M.A. Council on Pharmacy and Chemistry

Generous sample and literature on request.

THE HALEY M-O COMPANY, INC., GENEVA, N.Y.





# Doctor— Why Ask a Patient to Decide?

There are many good brands of Cod Liver Oil on the market, but there are also many commercial, untested and inferior oils. Is it fair to your patient to merely suggest that he get some Cod Liver Oil and leave the decision of which kind to him or to chance?

Aren't you putting him in a position where he must rely upon a clerk's recommendation (rather than yours) or else decide for himself from the

slightest of knowledge or none at all!

When you recommend or prescribe Nason's by name you remove all uncertainty from the patient's mind and add to the virtues of the Cod Liver Oil itself, the effectiveness of your authority and knowledge.

Your patient is not likely to know of Nason's except through you as this pure, pleasantly flavored and vitamin-potent Cod Liver Oil is advertised

only to the profession.

# High Vitamin Potency Plus + Palatability

The vitamin potency of Nason's Palatable Norwegian Cod Liver Oil is warranted to be not less than 800 vitamin A units per gram and not less than 100 vitamin D units per gram. Each lot is biologically tested.

Accepted by Council on Pharmacy and Chemistry A. M. A.

# Nason's Palatable -Norwegian

# Cod Liver Oil

The Better Tasting Kind



TAILBY-NASON COMPANY	
Kendall Square Station, Boston, Mass.	
Pharmaceutical Manufacturers to the Professions of	f
Medicine and Pharmacy since 1905	

	Tite air.	ne un	G 2 714	, ,,,,u., .	, 3111100 22	0.5	
Gentlemen:	You	mas	send	me	(without	charge)	sample
bottle of Nasa	n's Pa	latable	Cod	Liver	r Oil.	•	•

Name		
Name	•••••	

My Druggist's Name......(N.Y.J. 2 30)

### ..... ......(10.1.3.2.00)

# POPULAR HEALTH EDUCATION IN ILLINOIS

The Illinois State Medical Society conducts popular medical education along several standard lines which are described in the *Illinois Medical Journal* for January. The report of the educational committee of work done during the last four months of 1929 gives the following items:

four months of 1929 gives the following items: "Speakers' Bureau: Forty thousand people attended 143 meetings where subjects relating to 'good health' were discussed by speakers scheduled through the office of the Educational Committee. Special assistance was given to organizations sponsoring public or community meetings. Speakers were furnished by the Committee for fifteen community meetings in one county where a diphtheria immunization campaign was being conducted.

"Radio: Thirty-four health education talks have been given over radio stations WGN and WJJD. Copies of these talks covering thirty-three subjects are on file in the office of the Committee, among them being, High Blood Pressure; What the Public Should Know About Gastric Ulcers; Nervousness, and Pre-

natal Care.

"Scientific Service: Thirty-six physicians presented scientific papers before twenty-one county medical societies, on twenty-five subjects, ranging from gastro-intestinal diseases to

endocrine factors in common colds.

"Dr. Camp has sent to all county secretaries a list of physicians who have agreed to assist the Scientific Service Committee and the subjects they have consented to present to medical societies of Illinois. The Educational Committee has assisted some counties in securing better attendance. Seven hundred and twenty-five news items announcing meetings of these societies have been released to newspapers in Illinois, Indiana, Missouri, and Iowa.

"Press Service: 2,652 news articles were released to newspapers during the months of September, October, November and December. This number included notices of special meetings, the regular meetings of the Chicago Medical Society and its Branches, and the health educational column which is now supplied to

about one hundred papers in Illinois.

"Fifty-six educational articles have been written about such subjects as sore throat, that first cold, thumb-sucking, worms in children, the oys-

ter season, and frost bite.

"More than 5,000 clippings were received and filed in the office of the Committee. Physicians of Illinois are invited to make use of these files where information on almost every health topic may be found. One hundred and eighty-five package libraries have been sent out to speakers. Films have been secured for (Continued on page 183—Adv. xxiii)

(Continued from page 182-adv xxu)

la) groups and physicians I hese were loaned by the State Department of Public Health, the American Society for the Control of Cincer, and the Metropolitan Life Insurance Company The Committee will gladly order films or other illustrative health inaterial for the use of schools or clubs.

The Committee has outlined a program for cooperation with the Chicago Woman's Club in the matter of education of the public to the cirly danger signals of cancer Cooperation is also being given the Chicago Council of Jewish Women in furnishing speakers to give talks on cancer before the eighty one clubs in the Council and in scheduling speakers to give talks before mothers of school children in certain sections of the city. Through this Council the Committee is also furnishing health plays, songs, films, etc., to these schools

Material is also being collected for some of the Women's Auxiliaries who are forming groups to study questions of particular interest to the medical profession

The Commuttee has also assisted one county in paving the way for the establishment of a county health organization as outlined by the Child Hygiene Advisory Council of the State Department of Public Health"

# PHILLIPS Milk of Magnesia

# THE IDEAL LAXATIVE-ANTACID

The name "PHILLIPS" identifies Genuine Milk of Magnesia. It should be remembered because it symbolizes unvarying excellence and uniformity in quality.

Supplied in 4 oz, 12 oz, and 3 pt Bottles

THE CHAS. H. PHILLIPS CHEMICAL CO.

New York and London

# Tycos Recording Sphygmomanometer

Perfected to eliminate error due to the personal equation in blood pressure technique. The reading, permanently recorded on a chart, gives systolic and diastolic pressures, and also rhythm and amplitude. Your surgical supply dealer will glidly demonstrate this instrument or write for particulars.







# PUBLIC HEALTH EDUCATION IN MINNESOTA

The January issue of Minnesota Medicine contains the following report of the Public Relations Committee of the St. Louis County

Medical Society:

"The Public Relations Committee is completing its second year. During this short period it has developed into a committee with more demands on it for service than any other in the society. This has been brought about in spite of the fact that no aggressive attitude has been taken, but rather the committee has stood ready to render service whenever called upon. This proves conclusively that up to two years ago we were passing a golden opportunity to sell a modern scientific medium to the public. No one will dispute the fact that information given to the public, through talks and other methods, promotes better health and more happiness. With less preventable diseases, there will be more efficiency and greater production with the general benefit to the whole community. Looking at it from a selfish point of view, it gives us an opportunity to create a greater demand for medical services. Scientific Medicine has much to offer and nothing to hide. Having goods of merit, the better the public is acquainted with, the greater will be the demand for them. We have so many

lines that have hardly been touched, the foremost, perhaps, being periodical health examinations.

"About one hundred talks have been given to groups and organizations during the past year. Nearly sixty were given during health week last winter. Material was furnished for the 'Annual Baby Section' of one of our daily papers, which provoked a very complimentary editorial for us. Speakers have been provided for the 'Sixth Industrial Safety School' which was conducted by the Chamber of Commerce last month. The audience consisted of seven to eight hundred foremen and superintendents from Duluth and surrounding towns, who in turn take the message home to the men working under them; and so, ultimately, we will reach many thousands.

"Work with the newspapers has been rather discouraging. Material presented to them is so badly revamped, it is almost impossible to recognize it in print. Their attitude is changing and they are now calling for material more often; and so it is hoped that before long they will be less suspicious that we are looking for free advertising and will be more willing to co-

operate."

# In pneumonia Start treatment early

In the

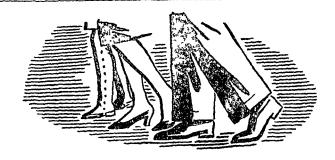
# Optochin Base

treatment of pneumonia every hour lost in beginning treatment is to the disadvantage of the patient. Valuable time may often be saved if the physician will carry a small vial of **Optochin Base** (powder or tablets) in his bag and thus be prepared to begin treatment immediately upon diagnosis.

Literature on request

MERCK & CO. INC.

Rahway, N. J.



# Who is your Patient?

MAN or woman? Adult or child? A very necessary question when you prescribe a remedy for constipation—unless it is Agarol the original mineral oil and agar-agar emulsion with phenolphthalein. Then you need to give thought only to the dose. And that is simple. Begin with a tablespoonful for adults and a teaspoonful for children, at bedtime. Reduce the dose as improvement takes place.

No excess of mineral oil to make adjustments of the dose necessary. An emulsion as fine as it can be made that mixes thoroughly with the intestinal contents, carries unabsorbable moisture to them and makes evacuation casy and painless.

Besides, it gently stimulates peristalsis, and thereby makes the result certain and reeducation of the bowel function possible.

One tablespoonful at bedtime

—is the dose

I mal decision on the true worth of Agarol cests with the physician. We will gladly send a twin package, withliterature, fortrial.

AGAROL for Constipation

WILLIAM R. WARNER & COMPANY, Inc. :- 113 West 18th Street, New York City

### MEDICAL PUBLICITY IN TEXAS

The State Medical Association of Texas has promoted medical publicity by means of paid advertisements inserted in newspapers by county medical societies, as described in the December, 1929, issue of the *Texas State Journal*. The issue of December, 1929, quotes the following editorial from the Vernon Record, approving the medical publicity of the State Society:

"There can be no doubt that medical men owe it to themselves to let the world know what they are doing. This is an age of frankness and openness, not one of secrecy. Publicity has created public interest that has made for improvement in almost every human activity. It is really surprising that a group of people as intelligent as medical men must be in order to maintain their standing in their profession still subscribe to a

policy of an almost forgotten age.

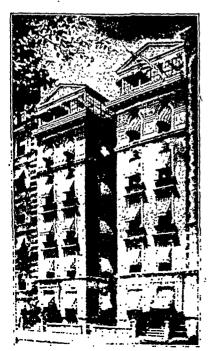
"The Record does not view the matter from the point of the individual physician, but from that of the public. Orthodox medicine owes it to the public to keep it informed as to its capabilities for preventing and curing diseases. Newspapers of today are overburdened with advertisements of certain cures for almost every disease imaginable. The makers of these so-called cures are getting rich because there are thousands of people anxiously looking for something that will

alleviate pain or suffering of some sort, and they are ignorant of what to do. It is grossly misjudging the people to conclude that each person that buys a so-called cure is illiterate and actually expecting the medicine to do all that the advertisement said it would.

"Obviously the medical profession could render the person in that state of mind a great service by publishing reliable information from time to time. The medical profession is obligated to serve humanity, and the public distinctly needs a service of this type. Advertising, or publicity, as it may be, is educative. Through advertising the public has been taught to adopt higher living standards, and now confidently expects to be kept informed of new developments through the medium of advertising. Higher health standards could be taught in the same way. They should be. It would mean improved health conditions and would result in a great saving to the public annually by reducing graft of the producer of widely-heralded panaceas that are really worthless.

"Perhaps it would be more practical for the medical men to advertise in groups, representing associations. That could be worked out among themselves. The fundamental fact is the public needs to know more about the medical profession.

# For Alcoholism and Drug Addiction



Provides a definite elimination treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.

Physicians are invited to be in attendance on their patients. Complete bedside histories are kept.

Department of physical therapy and well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction"

# CHARLES B. TOWNS HOSPITAL

293 CENTRAL PARK WEST

Between 89th and 99th Streets

New York City

Telephone Schuyler 0770

# The Silencer Effect



HE one function of a cough syrup is to stop, as quickly as possible, the barking, racking, hacking paroxysm, while, by other methods, you are relieving the cold.

And this function Thiate performs perfectly. It is a synergistic combination—a new idea, in which with Potassium Guaiacol Sulphonate are combined Benzocaine Benzoate, Sodium Mono-Benzyl Succinate, and Sodium Salicylate.

It is easy to prove if a cough syrup really performs. The silencer effect really tells the story, and one trial of Thiate is sufficient. For that trial we will send you a bottle, free of charge. A request brings it.

THE WM. S. MERRELL COMPANY
Cincinnati, U. S. A.



# "INTERPINES"

GOSHEN, N. Y.



PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-QUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt.

DR. C. A. POTTER

DR. E. A. SCOTT

# ROSS SANITARIUM, Inc.

Brontwood, L. I., N. Y. Telephone, Brentweed 55

The Ross Sanitarium is for convalescents, the aged, chronic invalidism, and for those needing rest and relaxation. Resident medireal and nursing staff. The Sanitarium is homelike, with close attention to diet and comfort of the patient. The number is limited, thereby making it possible for the medical and nursing staff to give individual attention. Physicians sending patients may direct their management and treatment. Rates \$35 to \$100 per week. Established 32 years.

W. H. ROSS, M.D., Medical Director

# WHITE OAK FARM

PAWLING, DUTCHESS COUNTY, **NEW YORK** 

Located in the foothills of the Berkshires, sixty miles from New York City. Accommodations for those who are nervous or mentally ill. Single rooms or cottages as desired.

Flavius Packer, Physician-in-Charge

Telephones: Pawling 20

New York City-Caledonia 5161

HENRY W. ROGERS, M.D., Physician in Charge HELEN J. ROGERS, M.D.

# DR. ROGERS' HOSPITAL

Under State License

345 Edgecombo Ave. at 150th St., N. Y. C.

Mental and Neurological cases received on voluntary application and commitment. Treat-ment also given for Alcoholism and Drug addiction. Conveniently located. Physicians may visit and cooperate in the care of their patients.

Telephone, EDGecombe 4801

# Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases. Also Cases of General Invalidism. Cases of Alcoholism Accepted.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country. Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City. Frequent train service.

For terms and booklet address

F. H. BARNES, M.D., Med. Supt. Telephone, 1867 Stamford, Conn.

# WEST HILL

HENRY W. LLOYD, M.D.

West 252nd St. and Fieldston Road Riverdale, New York City

B. Ross NAIRN, Res. Physician in Charge

Located within the city limits it has all the advantages of a country sanitarium for those who are nervous or mentally ill. In addition to the main building, there are several attractive cottages located on a ten acre plot. Separate buildings for drug and alcoholic cases. Doctors may visit their patients and direct the treatment. Under State License.

Telephone: KINGSBRIDGE 3040

# The Westport Sanitarium

WESTPORT CONN.

A Private Institution for the Care and Treatment of Nervous and Mental Diseases

Large private grounds. Home-like surroundings. Modern appointments. Separate buildings for Patients desiring special attention. Single room or suite. Hydrotherapeutic apparatus. Terms reasonable. New York Office, 121 East 60th St., 1st and 3rd Wednesdays only, from 1 to 3 P. M. Tel., Regent 1613.

Dr. F. D. Ruland, Medical Superintendent

Westport, Conn.

# **BRIGHAM HALL** HOSPITAL

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiene

Founded in 1855

Beautifully located in the historic lake region of Central New York. Classification, special attention and individual care.

> Physician in Charge Henry C. Burgess, M. D.

# BREEZEHURST TERRACE

DR. HARRISON'S SANITARIUM For Nervous and Mental Diseases and

Alcoholic Addiction

Beautiful surroundings. Thirty minutes from Pennsylvania Station, New York

For particulars apply to DR. S. EDWARD FRETZ, Physician in Charge Whitestone, L. I., N. Y.

Phone: Flushing 0213

# HALCYON REST

JOSEPHINE M. LLOYD 105 Boston Post Road, Rye, N. Y.

Henry W. Lloyd, M.D Hulda Thompson, R.N. Attending Physician Supervisor

TELEPHONE Rye 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted. Special attention to Diets.

Hydro-therapy, Ultra Violet and Alpine Sun rays, Diathermy, Massage, Colonic irrigation. Inspection invited. Send for illustrated Phone Westport 4 | booklet.

# X-Ray Courses for Physicians

nurses—technicians—X - Ray physics—technique—interpreta-tion. Classes now forming. Applicants may enter first of any month.

For information write

DR. A. S. UNGER, Director of Radiology Sydenham Hospital, 565 Manhattan Avenue, New York City 60 Advertisers have taken space in this issue of your Journal. Give them your business when possible.

# CREST VIEW SANATORIUM GREENWICH. CONN.

(20 Miles from Grand Concourse, or 25 Miles Grand Central Station)

P. St. CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to. Charmingly located, beautifully appointed; in the hilly country 1½ miles from L. I. Sound, where the air is tonic. Easy, quick drive from N. Y. City. Physician's copperation invited on cases. Families who must travel leave invalid or elderly relatives with us in fullest confidence. Truly homelike; no institu-

tional appearance, beyond nurses' uniforms. Committments seldom necessary. (Disturbing cases, addicts, cancer and tuberculosis, are not desired.) Senile, infirm, gastric, cardiac, post-paralytic, and invalid types accepted—beside mildly mental elderly, \$25-85 weekly. N. Y. office, 121 East 60th St. Tel: Regent 8587; hours 11—1.

OR, TEL. 773 GREENWICH Established 35 Years

# TWIN ELMS

Syracuse, N. Y.

For the care of mild nervous and psychiatric disorders. Modern therapeutic principles applied in a cultured, dignified and homelike atmosphere.

Studio for occupational therapy in charge of trained therapist. Gardening, tramping, motoring, golfing, handball.

All nurses trained in psychiatry.

Address: MEDICAL DIRECTOR 658 West Onondaga Street

# Aurora Health Farm

Mendham Road, MORRISTOWN, NEW JERSEY

Beautiful country; elevation 700 ft., only one hour from New York. Open all year. Diet, electro-therapy and hydro-therapy. Personal medical supervision. Suitable for convalence, compensated heart lesions, hypertension, rheumatism, diabetes, anomia, etc. Homelike atmosphere. No bed-ridden, contagious or mental cases.

Robert Schulman, M.D. Medical Director Adolph Weizenboffer, M.D. Associate Physician

Telephone-MORRISTOWN 3260

# Dear Doctor:

What would you do if those who advertise in this Journal should suddenly go out of business?

Would you like to grow your own medicinal plants?

Or go to the blacksmith shop to get your instruments made? Or shred lint and tear up your old sheets to make surgical decisions?

Would you like to go without anti-toxin-for of course you could not make fit?

You are dependent on our advertisers for the means of prac-

ticing medicine.
Patronize them.

THE PUBLICATION COMMITTEE.

# HOLLAND-RANTOS

COMPANY, Inc.

Gynecological & Obstetrical Specialties

> Descriptive leaslets, reports and price list sent on request

156 Fifth Avenue

New York City

New York Post Graduate Medical School and Hospital

Offers a six weeks' course in

# PLASTIC SURGERY

beginning April I, 1930

The course includes: Demonstration of Plastic Operations for the various sequelæ of burns, injuries, congenital malformations and destructive diseases: Lectures on Principles and Practice of Plastic Surgery; Demonstrations of Plastic procedures on the Cadaver; Ward Rounds; post-operative care, etc. The course is given to surgeons who are graduates of approved medical schools and who have had an average training in general surgery. Por descriptive booklet and further information, address

THE DEAN, 302 East 20th Street, NEW YORK CITY

Please mention the

when writing to advertisers

## CLASSIFIED **ADVERTISEMENTS**

Classified ads. are payable in advance. To avoid delay in publishing, remit with order. Price for 40 words or less, 1 insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening. No charge to employers. Established 1896. AZNOE SERV-ICE is National, Superior. AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

DOCTOR'S OFFICE to let—1472 Brook Avenue, near 171st Street, Bronx, New York City. Rent \$55.00 per month (concession); 5 rooms, all improvements. Formerly occupied by a physician for 6 years. Inquire, Super-intendent

FOR SALE—Active general practice, tenroom house including office suite, large lot, four-car garage. City of twenty-five thousand drawing from one hundred mile radius. Three hospitals. Owner leaving to specialize. Apply M. G. Sheldon, M.D., Olean, N. Y.

FOR SALE—House with garage, desirably located, Richmond Hill, established by physician. Excellent opportunity due to doctor going abroad to specialize. Communicate with Joseph J. Keller, Chamber Commerce Building, Jamaica, N. Y. Telephone, 5815 Jamaica.

### SANITARIUM FOR SALE

40 sleeping rooms for patients (now occupied); 8 for servants; 6 baths, a Turkish bath outfit complete; all modern conveniences, electric lighted, oil heated; building is mostly brick with hardwood finish on interior; located in New Jersey, thirty miles from N. Y. Citynear main railroad station. Sold complete with all furnishings, \$100,000 with terms. Address Box 125, N. Y. State Journal of Medicine. Medicine.

### GOLD RADON IMPLANTS

Removable gold radon implants are now available to the Medical profession. Unlike the gold implants previously procurable these are under permanent seal so that there is no possibility of leakage of radon. Moreover they are fashioned in such a way that the ends are perfectly smooth-no rough and jagged edges to traumatize the tissues or cause irritation in those cases where it is decided to leave them permanently in position. Inasmuch as irritation is regarded as one of the most potent predisposing factors to the establishment of malignancy, the avoidance of any form of treatment which has even a remote possibility of inducing it, is of paramount importance in preventing recurrence. With such a means of application the uses of radon can now be greatly extended. The implantation method is steadily supplanting other forms of administration, inasmuch as it is adaptable to a multitude of situations where no other form of application is possible. Screened with 0.3 or 0.4 mm. of gold, practically all caustic action by Beta radiation is eliminated, while the deep penetrating, short-length gamma radiation-upon which the radium therapist depends to produce results-is unimpeded.

Radium, in the convenient adaptable form of radon implants, can no longer be regarded as a "last resort"-to be employed when surgery and all other methods prove futile or impossible. It is now used alone in many situations where surgery a few years ago would have been deemed the only effective method, and even where surgery is still the main reliance, the wisdom of bringing in radium implantation as a postoperative auxiliary, is acknowledged on all sides. In the form at present available the field of its usefulness seems likely to be indefinitely extended, an the entire science of radium therapy has received a new impetus which will place it on a par with any other therapeutic methods now known to medicine. See back cover .-- Adv.

### A PHYSIOLOGICAL REMEDY FOR CONSTIPATION

The modern treatment of constipation aims to relieve atony by increasing the bulk of the intestinal contents. To this end, numerous indigestible substances capable of absorbing water and swelling in the intestinal tract have been tried.

A new physiomedical remedy for constipation-Normacol-possesses to a marked degree the valuable property of absorptive capacity.

Volume for volume, Normacol has a swelling capacity several times greater than that of psyllium seed or agar agar. Another advantage is that it swells most in the alkaline medium of the intestines, where this action is desirable, and least in the acidity of the stomach, where it would be less desirable.

This increased volume stimulates peristalsis and consists of coated granules of bassorin sap reinforced by onefifth the U.S.P. dose of cascara sagrada. When in contact with water, it swells to approximately 25 times its original bulk, supplying the volume needed to stimulate peristalsis.

The usual dose is 1 to 2 teaspoonfuls taken dry on the tongue and followed by a drink of water, once or twice a day after meals. Unlike most laxatives, Normacol does not lose its effectiveness on continued medication. No increase of dosage is required.

Normacol is supplied in packages containing 100 and 200 Gm. respectively. It is the product of the Schering Corporation, 110 William Street, New York City, who will send samples to physicians on request. See page viii.—Adv.

### MAGNESIA

Among the simple remedies of the present day that have been used for centuries and have stood the test of time and experience is Magnesia.

"Magnesia" was originally a general

had the power of attracting some principal from the air, from Magnes, th. Loadstone. It was first used as a medicine in the beginning of the seventeenth century by a Roman Ecclesiastic, under the title Magnesia Alba or Count Palma's Powder. The mode of preparation was kept secret until 1707, when Professor Valentine of Giesen pointed out how this substance could be prepared. At present, the term Magnesia is restricted to Magnesium Oxide-MgO-(Burnt or Calcined Magnesia). For many years Magnesia and Mag-nesia Alba (Magnesium Carbonate) were used only in their solid forms.

About half a century ago, Mr. Chas. H. Phillips, a New York Chemist, invented a Concentrated Liquid Magnesia under the title "MILK OF MAG-NESIA", which has received the unqualified support of the best practitioners. This liquid preparation possesses all the medicinal properties of the solid forms of Magnesia without their disadvantages and objectionable features, and is the most convenient and dependable form in which Magnesia can be used. See page xxi.-Adv.

### BELLAFOLINE "SANDOZ"

contains in pure form all the therapeutic principles of belladonna leaves and is more constant and more stable than belladonna tincture, a preparation often lacking in dependability. Bellafoline is twice as active as atropine in doses of equal toxicity and is, therefore, more suitable for long continued treatment so often necessary in cases requiring belladonna or atropine therapy. It has no narcotic effect and acts solely by moderating vagus functions and not through general depression of the nervous system. Its indications are those of belladonna generally: vagotonies, spasm, hypersecretion.

Bellafoline "Sandoz" is marketed in tablets and solution for oral use (dose: 1-2 tablets, or X-XX drops solution. 3 times daily), and in ampules for subcutaneous use (dose: 0.5-2 cc. per day). -See page xiii.-Adv.

## CASCARA EVACUANT (PARKE. DAVIS & CO.)

Cascara Evacuant, Parke, Davis & Co., represents genuine Cascara Sagrada bark (Rhamnus Purshiana) from which the bitter constituents have been removed (not merely neutralized) by a special process which does not weaken the activity of the remaining constitu-

Cascara Evacuant, a tonic laxative, is prescribed by physicians in the treatment of all forms of constipation. Best administered just as it comes from the term, expressive of any substance which bottle, without dilution with water.

Small doses of 10 to 15 minims three times a day are recommended; the treatment should be continued until the desired tonic action on the intestinal tract has been produced, when the dose should be gradually reduced and the Evacuant finally withdrawn.—See page XXXV.—Adv.

### LILLY'S EPHEDRINE INHA-LANT

Of the 130,000,000 cases of disabling illness that occur in the United States each year, the chief offender is the common cold. Men are said to be down once on an average, women twice, and children more than twice.

The great spread of such easily commitmented diseases as respiratory infections is in no small measure due to the prevalence of ambulatory cases and to careless personal hygiene. Since there is no specific preventive, relief is next in order and to date physicians have at their command no agent more useful for alleviating the highly uncomfortable feeling produced by a "head cold" than ephedrine in topical applications.

Intranasal applications of Lilly's Inhalant Compound No. 20 have used with marked satisfaction. Item undoubtedly leads all other Ephadrine Products in nopularity with physicians. Occasionally an inhalant with milder aromatic properties is indicated and Lilly's Ephedrine Inhalant Plain, No. 21, will then be found highly satisfactory. Both of these items contain one percent of ephedrine. Eli Lilly and Company also make available a three percent solution which is in large demand, we are informed. This item is occasionally very helpful when diluted with equal parts of normal salt solution and used as a spray.

A comparatively new vehicle for ephedrine has recently been introduced by Eli Lilly and Company in the form of a water-soluble base containing ephedrine sulphate one percent. It is especially useful in treating children, being non-greasy and requiring no atomizer or equipment of any kind.—See page xiv.—Adv.

### RADON

Radon, the source of the therapeutic plants, These implants being pure gold tubes of approximately five millimeters length and seventy-five hundredths of a millimeter in diameter. The wall thickness of 0.3 millimeters of gold absorbs 99.6% of the beta rays.

Radon implants screened with 0.3 millimeters of gold reduce the intensity of the inflammatory reaction and the area of complete necrosis. The emitted radiation from 0.3 millimeter wall gold implant is 8.8% beta and 91.2% gamma, whereas from a glass implant, 96.5% of the emitted radiation is beta and 3.5% gamma.

Radon, a surgical agent, should be

available in sufficient quantities when operations are performed on malignant tumors. Radon implants, inserted into the remaining tumor tissue at the time of operation, extend the attack on the malignant disease.

Radon is particularly adaptable in the treatment of tumors in body cavities and in localized tumor areas. It may be applied at varying distance from the tumor, or implanted.—See page xxxv.—Adv.

### FELLOWS' SYRUP

An attack of Grippe, however slight, may have serious consequences. It is a depressing illness of the first order. Convalescence is slow and the difficulty of the organs in recovering their equilibrium, exposes the patient to secondary infections, or functional diseases.

It is important, therefore, to promptly raise the "Nervous Tone" of a patient convalescing from Grippe.

The Salts of Iron, Sodium, Potassium and Manganese which are the principal elements of the Nervous Tissues are combined in scientific proportions in FELLOWS SYRUP, to meet the requirements of the Cerebro Meduar centres. Furthermore, these mineral foods are associated with dynamic agents, which restore the energy of a weakened organism.

This explains the durable effects of FELLOWS' SYRUP and the regularity with which they are obtained in cases of nervous depression. See page xvii.—Adv.

### TYCOS SURGICAL UNIT

For Blood Pressure Determination in the Operating Room

For the convenience of anaesthetists and surgeons, who are finding that accurate blood pressure readings are invaluable during anaesthesia and surgery, we lawe designed this Tycos Surgical Unit.

It consists of a large easy reading type Tycor Sphygmomanometer and a universal clamp. The clamp enables the Sphygmomanometer to be adjusted to any position convenient for the anaesthetist and out of the way of the surgeons and assistants. The adjustments can be made instantly, but once made the instrument is firm as the table itself. It it is inconvenient to have the instrument attached to the table, the clamp will accommodate it to the anaesthesia equipment or instrument stand.

Modern trends make it extremely important for hospitals to include the Tycos Surgical Unit in their operating room equipment.

Your dealer can supply you with this equipment. Complete unit \$52.50. Clamp only \$15.00. Write today for additional information, See page xxiii.—

Adv.

### THE BACTERIOLOGY OF IN-FANT DIET MATERIALS

It is not generally realized, the extent to which Mead Johnson & Company carry their research.

Efficient and systematic as are the research activities carried on for years in their own laboratories, this progressive house is constantly adding fellowships at leading universities and other institutions.

One of these has recently corroborated\* a fact of great importance to all who feed infants: No Mead Product contains hemolytic streptococci or other pathogenic bacteria.

The significance to pediatricians of this brief statement lies in the fact that the presence of hemolytic streptococcus has been suspected in infant diet products, its relationship to scarlet fever, septic sore throat, enteritis, etc., naturally being a source of alarm.

It is reassuring to all physicians to know that not only have Mead Products never been under suspicion but that from authoritative unbiased sources comes additional proof that as a result of careful technic and long experience, Mead Products are bacteriologically clean and safe to prescribe: Dextri-Maltose, Recolac, Casec, Lactie Acid Milk, Powdered Protein Milk.

\*New York State Agricultural Experiment Station Bulletins Nos. 153 and 154.—See page xv.—Adv.

### DIGITALIS SUPPOSITORIES

Digitalis Suppositories are of value in the advanced stages of myocardial insufficiency, after surgical operations, and in the treatment of Pneumonia. The rectal administration is a valuable and efficient method of Digitalis The absorption of Digitalis through the rectum proceeds at the same rate as when the drug is administered by mouth and the total dosage required for digitalization is identical with the amount required when the drug is given by mouth. The Rectal Suppositories are manufactured by the LEDERLE ANTITOXIN LAB-ORATORIES who will be very glad indeed to give you detailed information regarding them .- See page vii .- Adv.

### KALAK WATER

Many, diseases are complicated by an "acidosis." An important part in their treatment consists in replacing those elements needed to maintain the alkali

In clinical practice a rational and agreeable method of alkalinization is afforded in Kalak Water.—See page in Adv.

# ... NEW/

# NON-LEAKABLE Gold Radon Implant

A Decided Forward Step in Radium Therapy

Radium therapists will instantly recognize the advantages of this new Gold Radon Implant<sup>†</sup>.

No longer need there be uncertainty as to the loss of radon through leakage. The new Gold Radon Implant is hermetically sealed. Certified concentration is now assured.

The serious objection to the irritating effect of sharp and ragged edged implants is now completely overcome. With perfectly hemispherical ends, highly polished, the *new* Gold Radon Implant can be passed through the implanting instrument without difficulty, and will not cause irritation to implanted tissue.

Every implant is uniform in dimensions, and has these physical characteristics: outside diameter 0.9 millimeter; length 4 millimeters; wall thickness 0.3 millimeter instead of the usual 0.2 millimeter. All implants are made from 24 karat gold. Absorption of Beta rays 97.6% as against 91.5% for 0.2 millimeter gold formerly used.

We furnish the new Gold Radon Implant in two types—permanent or removable. Removable implants can be withdrawn from tissue immediately treatment is concluded.

You may enjoy these added advantages at no increase in price.

Implanting instruments will be loaned without charge.

Quick deliveries to all parts of the United States or Canada.

Wire, write or telephone your orders.

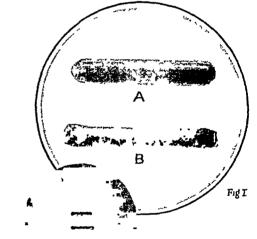


Fig II

- Fig. 1 Comparison as revealed by the microscope—magnification 5<sup>1</sup>4 diameters.
  - (A) New Gold Implant with perfect hemispherical ends Filtration 0.3 mm
  - (B) Old type Gold Implant. Filtration 0 2 mm

Fig II Same seeds-actual size.

Both Reproductions Unretouched

GOLD RADON IMPLANT

CORPORATION OF AMERICA

LEXINGTON AVE ON NEW YORK CITY

LEAK-PROOF GOLD

RADON IMPLANTS

Telephone Lexington 1847

\*Prepared and Sold under License U.S Patents Nos 1,655,156-1,658,245



# Substituting a Harmless Fermentation



# Fermentation for DISEASE-PRODUCING PUTREFACTION

I N the normal colon, Nature protects against harmful putrefaction of wastes by promoting the growth of such protective germs as the B. acidophilus and bifidus.

Given the right kind of soil, these beingn organisms thrive and flourish. The experiments of Distaso, Torrey, Rettger and others, have shown that Lactose and Dextrin are by far the foods of choice for encouraging the growth of these protective germs in the colon.

Best results, however, are found to be secured by a combination of these two carbohydrates in the form of "Lacto-Dextrin."

# Lacto-Dextrin

Is Not a Drug

but a food with a medicinal effect. The full story of its use alone or, in obstunce cases, combined with the bulk and lubrication-giving plant seed, Psylla (plantago psyllium) is fully described in the interesting book, "The Intestinal Flora."

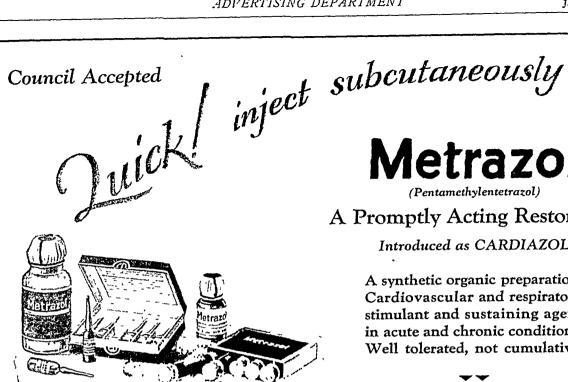
Send for your copy and also for clinical trial packages today.

Mail Us This Coupon Today

### The BATTLE CREEK FOOD COMPANY

Dept. NYM-I, Battle Creek, Michigan
Send rec, without obligation, trial time of LactoL at Sella, also copy of treatme, "The ge"
It ites
NAL' a pargin televa h. Aut.

Flease mention the JOURVAL teken



# Metrazol

# A Promptly Acting Restorative

Introduced as CARDIAZOL

A synthetic organic preparation, Cardiovascular and respiratory stimulant and sustaining agent in acute and chronic conditions. Well tolerated, not cumulative.

Ampules, Tablets, Powder. Soluble in water, stable.

Literature and samples from

E. BILHUBER, Inc. - 25 West Broadway, NEW YORK, N. Y.

### **ADVERTISERS**

RULES—Advertisements published in the Journal must be ethical. The formulas of medical preparations must have been approved by the Committee on Publication before the advertisements can be accepted.

Page	Page	Page
ABDOMINAL SUPPORTERS, ETC.	Brigham Hall Hospital xxiv	G. W. Carnrick Co ×
S. H. Camp & Co xiv	Charles B. Towns Hospital xxiv	Davies, Rose & Co xiv
K. L. Storm, M.D xviii	Crest View Sanatorium xxiv	Drug Products Co viii
ARTIFICIAL EYES	Halcyon Rest xxiv	Eli Lilly & Co
	Interpines xxi River Crest Sanîtarium xxiv	Mutual Pharmacal Co., Inc xxiv
	Riverlawn xxi	Niketol, Inc
COLLEGES AND SCHOOLS	Roney Medical Clinic v	1
Sydenham Hospital xxii	Dr. Rogers' Hospital xxiv	Nonspi Co xvii
University of Buffalo xxii	Ross Sanitarium, Inc xxiv	E. R. Squibb & Sons ii
DIETĖTIC FLOUR	Shannon Lodge	Upsher Smith Co viii
Lister Bros. Inc i	West Hill Sanitarium xxiv White Oak Farm xxiv	William R. Warner & Co., Inc xix
1	white day raim	RADIUM
ELECTRICAL APPARATUS AND X-RAY	LABORATORIES	
1	5 ·	Radon Co., Inc xxv
Wappler Electric Coxxvi	Cheplin Biological Labs, Inc. v Lederle Antitoxin Labs xvii	CIIDGIGIT INDITINGE THOMBIT
FOODS	Avii	SURGICAL APPLIANCES, INSTRU- MENTS, SYRINGES, THERMOM- ETERS, ETC.
Battle Creek Food Co iii	MISCELLANEOUS	, , , , , , , , , , , , , , , , , , , ,
Mead, Johnson & Coxi	Classified Advertisements xxii	Robert Linder, Inc viii
Mellin's Food Co ix	McGovern's Gymnasium, Inc xii	Taylor Instrument Companies xx
Milter Laboratories, Inc xiii	Official Registry for Nurses xvi	George Tiemann & Co xviii
HEALTH RESORTS AND	Vitaglass Corp vii	
SANITARIUMS		WATERS, BATHS
Barnes' Sanitarium xxiv	PHARMACEUTICAL PREPARATIONS	Kalak Water Co iv
Barrow Manor xii	E. Bilhuber, Inc vi	Poland Spring Co xxiii
	1	

# Proofs of the Permanency of Vita\* Glass

[Presented in the belief that this product affords a public health benefit of the highest importance, and merits the serious study of the medical profession]

The therapeutic benefits of natural ultra-violet light are today universally accepted.

The fact that ordinary window glass does not transmit the vital ultra-violet rays of sunlight is universally acknowledged.

Scientific tests have established that windows of Vita glass transmit a constantly effective volume of the vital ultra-violet light.

In discussing this new glass with your patients you will from time to time come across two entirely baseless rumors now extant in the New York area. The first is that Vita glass "wears out"—that its effective power diminishes with time. The second is that winter rays, or rays in smoky cities, are not effective.

Both rumors are groundless: both are based on misinterpretation of scientific data. Vita glass is being marketed only after exhaustive tests have established the permanency of its life and values.

Such tests are those of Professor Walter H. Eddy, Professor of Physiological Chemistry, Teachers' College, Columbia University, conducted in New York City for the past two years in the severest of winter months.

"In 1929", writes Dr. Eddy, "using a glass two years old, we not only obtained protection between February 16th and March 16th, but we also proved that three to four bours exposure was equivalent to a full 24-bour exposure in protective value."

"I am convinced by these experiments that the installation of Vita glass windows in New York City insures the utilization of rays of real health value even in winter", Dr. Eddy concludes.

The Eddy experiments confirm anew results obtained with winter sunlight and Vita glass by the Council on Physical Therapy of the American Medical Association, Post Graduate Hospital, New York, U. S. Army Medical Corps, Washington, and other individuals and groups. Full details of these tests will be mailed you on request.

Substantiated by four and one-half years of actual use throughout the world, and by exhaustive accelerated tests by leading scientists and physicists through exposure to both intensive sunshine and artificial light, and by controlled biological tests made with solarized and stabilized glass, Vita glass is sold subject to the following guarantee:

THE PROPERTIES OF VITA GLASS ARE PERMANENT. AFTER A SHORT STABILIZATION PERIOD IT IS GUARANTEED TO TRANSMIT AN EFFECTIVE VOLUME AND COMBINATION OF RAYS OF VITAL ULTRA-VIOLET LIGHT PERMANENTLY.

THE VITAGLASS CORPORATION
50 LAST 42ND STREET NEW YORK CITY

VITA GLASS

CLASS THE COLORS

\*VITA is the trade mark (Reg. U. S. Pat. Office) of and indicates glass and glasswaremanufactured for and sold by Visaglass Corp., New York City

# Orthopedic and Surgical Appliances



Catalogue

and

Literature

on

Application

Established 1863

# ROBERT LINDER

148 EAST 53rd STREET NEW YORK CITY

Telephone: { Plaza 7378 Plaza 7379

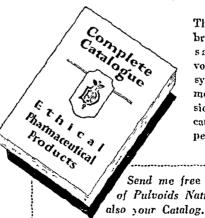


# 23 -an epoch-making improvement in tablet manufacture

PULVOIDS quickly disintegrate in the stomach, resulting in the absorption of all ingredients in their full medicinal value. Thus they are far superior to mass-made tablets, many of which yield only 25 to 75 per cent medicinal value.

Pulvoids are pulverous under thumb pressure and are made with or without sugar coating. They are among the important improvements in pharmaceutical manufacture originated by





This coupon will bring you a free sample of Pulvoids Natrico, for symptomatic trea'ment of Hypertension, also comp'ete catalog if you dispense.

Send me free sample of Pulvoids Natrico

.....State.....



# Merthiolate Lilly

# (SODIUM ETHYL MERCURI THIOSALICYLATE)

MERTHIOLATE is a new organic mercurial germicide and antiseptic, potent in action in the presence of organic matter, non-toxic in effective concentration, and non-hemolytic for red blood-cells.

Merthiolate is non-irritating to tissue surfaces. It does not stain, is stable in solution.

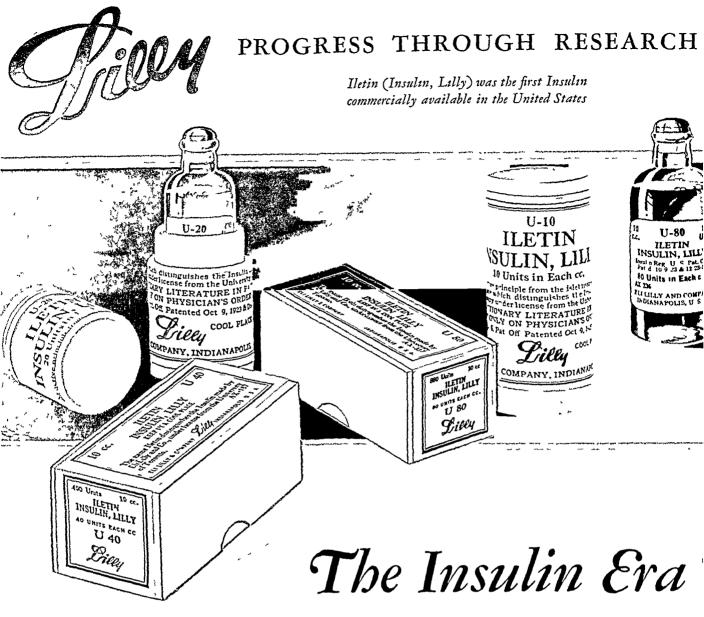
Merthiolate is an effective agent for disinfecting the skin and tissue surfaces, for the preparation of obstetrical cases; for application to fresh cuts, abrasions, denuded areas, for use as wet dressings and packs; for topical application to nasopharyngs.

Merthiolate is supplied by four-ounce and one-pint bo-

NY, Indianapolis, U.S.

ide in 1:1000 isotonic solution in

ELI LILLY AN



BEFORE Insulin was discovered the child diabetic under ten years of age rarely lived more than two years; in the second decade, from four to six years; and after thirty years of age, from five to fifteen years. Now, with Insulin, life may be extended indefinitely in so far as diabetes is concerned.

It should not be necessary to urge Insulin therapy today in those cases where it is indicated but the fact remains that many diabetics are dying without having used it.

Both the physician and the patient have a responsibility in materially improving the morbidity as well as the mortality rate of diabetes mellitus in this the Insulin era.

On account of its characteristic uniformity, purity and stability Iletin (Insulin, Lilly) may be relied upon whenever Insulin is needed.

Supplied through the drug trade in 5 cc. and 10 cc. vials.

Write for pamphlet and diet chart.

# Rheumatic Diseases

Arthritis, Sciatica, Lumbago, Neuritis, and Gout Treated Exclusively

Painstaking diagnosis and therapy as indicated; complete clinical laboratory and department of physiotherapy.

SHANNON LODGE is centrally located and fully equipped. Only rheumatic patients accepted. All treatments under the careful and constant supervision of the Resident Medical Director. Reports available to referring physicians, who may at all times retain contact with patients. A completely equipped pathological laboratory supplements diagnoses and treatments. Especially trained staff. Limited accommodations are carefully restricted. Reservations necessary in advance. Inspection cordially invited.

120 acres of woodland privacy; 800 feet elevation with 20-mile view. 42 miles from New York. Tastefully furnished and beautifully landscaped. Accommodations to meet the requirements of patients, single rooms or suites.



Shannon Lodge Bernardo'ille, M.G.

Complete information,
rates,
treatments, etc.,
gladly sent
upon request
to the
Medical Director

# Mellin's Food

All the resources and experience of the Mellin's Food Company are concentrated upon the one thought of making a product of the highest possible excellence that can always be relied upon to accomplish its mission—

A means to assist physicians in the modification of milk for infant feeding.

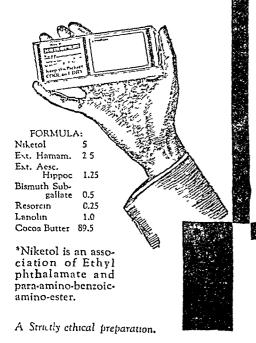
This single-minded devotion to one job has its reward in the sincere esteem and ever-increasing confidence held for Mellin's Food by physicians everywhere.

# A Maltose and Dextrins Milk Modifier

Mellin's Food Company

Please mention the JOURNAL when writing to advertisers

Boston, Mass.



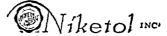
# HEMOREM SUPPOSITORIES

arrest rectal pain and discomfort

ìn

HEMORRHOIDS-PRURITUS ANI-AFTER EXPLORATORY OR SURGICAL INTER-VENTION IN THE ANAL REGION

The rapid and prolonged analgesic effect of Hemorem is due to the presence of 5% Niketol\*—a new local anesthetic of very low toxicity and particularly effective by absorption through the mucous membranes. Its other ingredients exert a palliative and antiphlogistic action.



37 West 47th Street, New York, N. Y.



# AMENORRHEA DYSMENORRHEA MENORRHAGIA

# HORMOTONE

which is a combination of tonic hormones from thyroid, pituitary, suprarenal and gonads, has been used with success as a glandular aid in menstrual conditions.

G. W. CARNRICK CO.

20 MT. PLEASANT AVENUE

NEWARK, NEW JERSEY

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol. 30, No. 2

NEW YORK, N. Y.

January 15, 1930

# THE TREATMENT OF MENTAL DISEASES IN A GENERAL HOSPITAL\* By THOMAS J. HELDT, M.D.

From Division of Neuropsychiatry, Dept. of Medicine, Henry Ford Hospital, Detroit, Mich.

A S a constituent unit of the United States, New York state has always been a pioneer in blazing that difficult trail—more adequate care for the nervously and mentally ill. In the history of modern psychiatry the State of New York is noted for its readiness to make provision for the neuropsychiatric patient. A special honor and privilege, therefore, was extended to me when your chairman, Dr. D. C. Wilson, invited me to tell you something of our results in the care of neuropsychiatric patients in a general hospital.

Our earlier experiences have been recorded.¹ Accordingly, we shall make reference to those past experiences only in summarizing manner. We judge that the establishment of a division of neuropsychiatry in any particular general hospital should be a matter of gradual growth than a sudden installation. We are convinced that all types of psychiatric patients can be managed in a general hospital with adequate facilities and understanding personnel. More liberal provision by general hospitals for the care of neuropsychiatric cases will do much to relieve our state institutions.

### Facilities and Organization

In order to more appropriately emphasize some of the results of our venture of maintaining a division of neuropsychiatry in a general hospital, let me first burden you with some details of hospanization.

From the print thrown on the screen you will observe that the hospital building approximates in form a roughly blocked letter H (See illustrations I and II). Its cross bar is disproportionately long and is halved by the central octagonal building which houses the major administrative functions. Observe also that this central portion is a seven floor structure, whereas the remaining portion of the main hospital building has only five floors. The outline of the cross bar of the H is quartered by open air porches at the level of each floor on both the north and the south sides. Similar

porches project from each floor on both ends of the wings, or sides of the H, and their middle portions. The floor plan of that portion of this main hospital building given over to the housing of patients is essentially the same in arrangement. Each floor unit consists of 24 single rooms with a centrally placed nursing station With 12 rooms in direct line on each side of it, this nursing station affords unusual opportunity for supervision (See illustrations III and IV) No patient can enter or leave his room without being seen, the call bell is displaced by a signal lighting system. The patient on pressing a button at his bedside turns on a small light above and outside his room door and with the same movement a light appears on the signal board before the nurse at the central station Neither of these lights can be extinguished without pressing a companion button in the patient's room. This mechanical safeguard, therefore, requires the attending nurse to go to the patient's room to give the requested attention. All rooms at present available for patients in this main hospital building are single rooms with bath, hence considerable hydrotherapy can be resorted to on that provision alone. These and many other details of organization have also been recorded previously.23 We will for that reason dispense with further general discussion of a background the necessity and the importance of which is surely granted.

The majority of our neuropsychiatric patients are cared for on the first floor of this main hospital building. A considerable number, however, are treated on the other floors as well and the treatment of some is successfully managed in double rooms or in 3 to 4 bed wards in another building (the "M" building). The personnel in attendance on these patients is highly important. We feel no general hospital should undertake the venture of treatment for mental cases unless the services of a well qualified neuropsychiatrist are liberally available. Our own staff consists of full-time members only, a neuropsychiatrist in charge, an associate neuropsychiatrist, a senior assistant, 4 junior assistants, a psychologist, and a psychi-

Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929,

atric case-worker. Just at this time the positions of associate and senior assistant are vacant and "sledding" is correspondingly harder I can assure you. In addition to this unit staff we have the

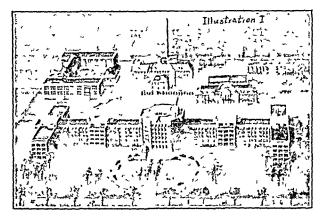


ILLUSTRATION I

Aeroplane view of the Henry Ford Hospital, Detroit, Mich.

A. Main Hospital Building.
B. Clara Ford Nurses' Home and Training School.
C. Educational Building.

D. Central Laboratory Building.

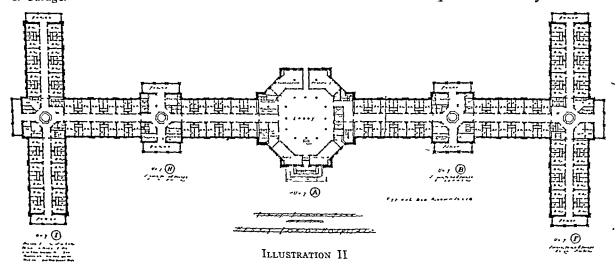
E The "M" Building, which remains as the principal unit of the original "Detroit General Hospital" conceived and fostered by the Detroit General Hospital Association from 1909 to October 1, 1915, when it became a part of the Henry Ford Hospital.
F. Surgical Pavilion.

G. Power Plant. Service Building.

I. Garage.

day is divided into three sections. During the morning section, from 7:30 A.M. to 3:30 P.M., supervising nurse with 4 nurses assisting; during the second section, 3:30 P.M. to 11.30 P.M., a supervising nurse with 3 nurses assisting; during the third section, 11:30 P.M. to 7:30 A.M., one supervising nurse and 1 nurse assisting her. This < applies to the F unit, 24 beds on the first floor, where most of our nervous and mental patients are treated-and differs but slightly from nursing provisions in other parts of the hospital. Two orderlies, or attendants, are constantly on duty from 9:00 A.M. to 5:00 P.M. and one from 5:00 P.M. to 9:00 A.M. Maids, men from utility force, and kitchen help carry out all cleaning procedures and serving of meals.

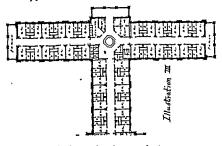
To promote uniformity of examination and to facilitate a reasonable opportunity for observation, we have long maintained that we cannot satisfactorily undertake the study of a psychiatric inpatient, i.e., a patient admitted to a room in the hospital and whose primary problem is psychiatric, unless that patient is willing to stay at least 7 days and better 10 days. In other words, we hold that 10 days is the minimum period of observation upon which we can reasonably base diagnosis and advice in a strictly psychiatric difficulty. In some cases the 7 day period of study is sufficient, but detailed reports and medico-legal interpretations are too frequently called for to permit us to take any chances on shorter periods of study. For neu-



assistance of two internes and one supervising second or third year physician, the latter in the capacity of an assistant to the resident physician of the medical department. All three rotate, as a rule, every two months. Nurses are provided after the following plan: All nurses of the hospital force are on eight hour duty. Special nurses called in from outside sources are on 12 hour duty. For our "regular duty" nurses, then, the rological conditions we have found a 4 to 7 days period adequate.

We have no barred windows or locked doors. nor are the large panes of our windows reinforced. The size of the window and the glass used of course is taking things as we find them rather than having them made to order. Naturally, we would prefer the window size somewhat different and the glass, also, of different

We insist that no physical restraint be used. Occasionally physical restraint has been necessary but in those instances, order for such restraint must always be approved by the neuropsychiatrist in charge. Dry packs are regarded as forms of physical restraint. The wet pack is not, formally, so regarded, especially if the patient is put at the same time into a portable tub. No narcotic drugs are prescribed without the approval of the Division Chief. We per-



sonally feel the only drugs of that category that are at all permissible are apomorphin and

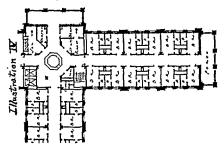
very occasionally hyoscine,

We like a certain number of routine laboratory determinations, not only for the reason that they are to be checks on the patient's physiology, but also that we have repeatedly found that such tests have a wholesome and reliable suggestive effect. Mental patients, as other patients, in the majority of instances credit laboratory determinations with a much greater reliability and precision than the physician himself, and such attitude causes the patient to feel that he is receiving truly noteworthy attention and it therefore helps to orient his general mental attitude. Among such routine determinations we number: Count, including: R.B.C., haemoglobin, W.B.C., and differential; blood Wassermann with Kolmer and Kahn techniques; urinalysis; stool examination; and blood chemistry for non-protein nitrogen and sugar. We, as other hospitals, have found the food, sleep, and weight chart an almost indispensable criterion. Although in general hospitals the temperature, pulse, and respiration charts stand as truly demandatory as the law of the Medes and the Persians, we have found equally important directory evidence in the food, sleep, and weight charts,

In the case of any patient showing symptoms of mental depression, it is a routine rule that when put to bed on admission, his street clothes are removed from his room as well as all obviously dangerous articles. If there is frank danger of suicide or elopement, the windows of the patient's room are blocked so that they cannot be raised or lowered more than 4 inches. This is a simple procedure and is always carried out while the patient is temporarily out of his room. For these cases precautionary nursing also is ordered. By such nursing we mean that some nurse on the floor must visit that patient every 10 or 15 minutes according to written orders. Occasionally we speak of vigilant nursing by which the nurse understands that she is to make occasional extra visits, e.g., she may have just made a visit to the patient and almost immediately return to make another in order that the patient may not be able to plan the frequency of her coming. If a depressed patient is actively suicidal, special nurses must be in attendance at all times.

Thus far we have avoided medico-legal entanglements to a surprising degree. It is very possible, however, since we are about to close our sixth year, that we may expect more such embroilments in the future. Even procedures of habeus corpus have thus far been avoided.

Male and female patients have not been segregated regardless of their conditions but have been permitted to occupy separate rooms on the same floor. Occasionally a male or female psychotic patient, sparsely clad, will wander



into the room of some patient of opposite sex, but a nurse is there almost as quickly. Naturally one anticipates consternation and even pandemonium. Thus far in our experience the latter has never happened and the former has been of such brief duration that it promptly yielded to explanatory persuasion. In such persuasion and in our attitude generally we encourage and maintain that the "co-ed" idea may be carried out in hospital treatment as in educational institutions, provided always of course that adequate understanding supervision is at hand at all times.

### Results of Treatment

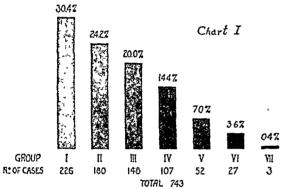
In our treatment of the nervously and mentally ill we have emphasized a careful diagnostic period followed by a period of therapy. On

ing these visits. By a unit of service we mean the carrying out of one therapeutic provision of any kind. Since a patient may receive one or more units of services on the occasion of any one visit, for example, a psychotherapeutic talk by the physician, a diathermy treatment, and even an intravenous injection of some tonic hematinic, the total units of service are of

### TABLE I

Dist	ribution of Diagnoses-I.P.D. Patients-1928.
II. III. IV. V.	Psychoneuroses
VII.	Mental Deficiencies
	Total

### DISTRIBUTION OF DIAGNOSES - I.P. D. PATIENTS-1928

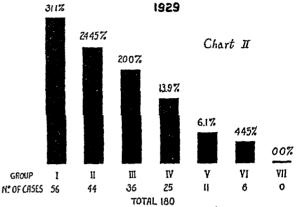


course somewhat greater than the number of patients seen. 743 patients were admitted to the hospital on the In Patient service. 546 patients on other services were seen in consultation. Our 743 In Patients included 77 patients transferred to us from other services in our own hospital. Of the patients admitted-into the hospital, there were 139 old cases, that is, patients with whom our Division had had contact in the past. 604 were new cases. The sex of the 743 admissions was 323 males and 420 females. About this same ratio seems to hold true so far this year, there being 118 males and 143 females for the 261 admissions for the first four months of 1929. Again, the 743 In Patients for 1928 were divided into 688 first admissions and 55 readmissions. The time our In Patients spent in the hospital during 1928 ranged from one day to 209 days giving an average of 14.48 days (median 9.27 days, mode 2 days).

Table III setting forth the disposition of the I.P.D. patients for 1928 shows that 75% of the total number of admissions were returned to extramural supervision. Nine percent were discharged as recovered and only 4% required transfer to other institutions. In grouping our

cases we have made one grouping according to the Army or the World War Classification (Table I and Charts I and II). That grouping gives us 226 psychoneuroses or 30% of the total number of admissions. Psychoses under this classification number 107, or 15½%. To give the diagnoses in a little greater detail, we

# DISTRIBUTION OF DIAGNOSES-1.P.D. PATIENTS FIRST THREE MONTHS



# TABLE II

### Table of Diagnoses—1928 With Psychoses

Senile Psychoses	8
Brain Tumor with Psychosis	1
Alcoholic Psychoses	5
Dementia Praecox	34
Psychopathic Personality with Psychosis	4
General Paralysis	13
Manic Depressive Psychoses	
Involutional Melancholia	8
Paranoid States	8
Psychoses with Somatic Disease	5
Post Partum Psychoses	10
Traumatic Psychoses	2
Psychoses with Mental Deficiency	3
Undiagnosed Psychoses	17
	_
Total 13	21

### Without Psychoses

Psychoneuroses         226           Symptomatic Mental Depression         65           Brain and Nervous Diseases         58           Alcoholism         42           Arteriosclerosis, Cerebral         47           Syphilis, C. N. S         33           Epilepsy         22           Psychopatic Personalities         12           Brain Tumor         8           Drug Addiction         5           Chorea         2	
Other Conditions         92           Total         612	
Grand Total 743	

list them according to the classification of the American Psychiatric Association (Table II). Strict adherence to that classification gives us 131 psychoses. Recalling that only 30 of the psychoses were transferred to custodial Insti-

tutions, we judge that a general hospital Division of Neuropsychiatry has considerable to recommend it.

#### TABLE III

Disposition of I.P.D Cases-	-1928	
	% of Total	No o
Discharged to Extramural Supervision		561
Discharged to Former Attending Physician	6.7-	50
Transferred to Other Institutions Discharged as Recovered	4 0— 8.9—	30 66
Removed Against Advice	1.8	13 23
Total	100%	743

attitudes are thus constantly subjected to correctional interpretations.

The successful management, without transfer to other institutions, of two mental depressions arising among the professional staff members of the hospital served to bring about a confidence and an enlightenment impossible under the old attitude: "If he's a mental case get him out quick."

Educating not only the lay public but also the surgeon, the internist, and the other medical confrères of the neuropsychiatrist, that nervous and mental diseases are no less tangible than somatic diseases and that the patients suffering from them have as much right to their

TABLE IV

NUMERICAL SUMMARY OF SOME OF THE ACTIVITIES OF THE DIVISION OF NEUROPSYCHIATRY

1928	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
O. P. D. Patients from Gen. Adm. Clinic	99	90	109	91	112	115	90	104	99	145	92	66	1,212
Units of Service in O. P. D	1514	1531	1689	1770	1768	1611	1206	1020	1060	1214	1303	1287	16,973
I. P. D., NP., Ad- missions	71	65	68	70	49	55	53	80	56	61	52	63	743
I. P. D., NP., Consultations	58	50	47	60	43	37	37	48	37	52	39	38	546

O. P. D. refers to the Out-Patient section of our service, that is, patients examined and treated only as they visit us in our offices or examining rooms.

General Admission Clinic refers to the hospital's main reception service. All ambulatory patients reporting for

and revis () and in 12 the proof of the rank. For a state of the rank of the r amuscular, or intravenous administration. Each of such items gly, although the majority of patients receive only one unit of

rvice, that is, the patients admitted and treated in the hospital.

. . . : sted as we do not know their exact number month

number of patients were seen in the Out-Patient re seen in our In-Patient service. Again, August 

Important as the significance of the foregoing data may be we judge that a still greater significance may be attached to the reception accorded a division of neuropsychiatry in a general hospital and the possibilities such relationship afford for appraising all concerned with the need of early recognition and appropriate treatment of neuropsychiatric ailments. Our hospital of some 475 beds carries on its roll roughly 1,000 employees inclusive of 120 doctors and 367 graduate and student nurses. These employees are sure to come in contact with our divisional activities and their mental

A 43 / 10 10 P

in the approximation of the contract of the

eri n

M. P. (1)

thoughtful consideration as the somatic ailments, is the keynote in bringing about alterations in the general management of neuropsychiatric patients.

In closing, may I enjoin you to ponder long and intensively this very need and put into action any constructive deduction your pondering may have yielded.

### ABSTRACT OF DISCUSSION

Dr. C. P. Oberndorf (New York City), empha-sized the need of "a half-way house," a semi-insti-tutional home where border-line cases of all kinds might be treated in the hope of avoiding the cer-

TABLE V QUARTERLY COMPARISONS

	January				Februar:	7	March		
MONTH AND YEARS	- 1927	1928	1929	1927	1928	1929	1927	1928	1929
O. P. D. Patients from Gen. Adm. Clinic	61	99 .	66	71	90	63	80	109	118
Units of Service	684	1514	1200	727	1531	1864	743	1689	1387
I. P. D., N. P., Admissions	63	71	62	59	65	50	78	68	68
I. P. D., N. P., Consultations.	70	58	47	45	50	49	57	47	46

tification stage, and expressed the belief that our results in a general hospital were further evidence of that need.

He asked: Does a psychotic patient in the general hospital patient population alarm the neurotic? Dr. Edw. L Hanes (Rochester, N. Y.), asked the following questions:

Does the psychoneurotic actually cooperate in the

presence of a psychotic?

What really happens when a partially clad male psychotic steps into the room of some unsuspecting female patient?
How is such event interpreted by the hospital staff

and especially the lay personnel?

Do such and similar instances not promote more r less constant staff hostility and if continuous effort is necessary to bring peaceful understanding, is not that effort then out of proportion to the satistactory stability of the service you are trying to establish?

If you are not encountering such hostility, how have you avoided it and can others undertake the project you have outlined with reasonable assurance of success?

Dr. Thos. J. Heldt (in closing): Chemical restraint is a big subject in itself. It is too frequently resorted to, especially in our smaller sanatoria and the "Nursing Homes" with only periodic visits from a physician. My own habits of therapy and my instruction to those associated with me are very much against the use of the heavier sedative drugs. In soporific or hypnotic dosage such drugs mask highly important symptoms and befoggle observation.

At a time when the lay mind still rather doggedly adheres to the notion that mental illness is synonymous with personal or family disgrace, it behooves us, if we would seek gradually to change that atti-tude, not to be too dogmatic in our nosological designations. In tabulations and statistical reports it is proper and acceptable to use diagnoses of single word or abbreviated phrase but in dealing with the medical profession generally and especially the pub-lic it is our experience that the longer descriptive diagnoses of psychiatric ills and difficulties are more effective in selling our interpretations and in avoid-Observation and examinaing misunderstanding. tion of a particular patient may favor the diagnosis

psychosis with cerebral syphilis. We prefer to
record—syphilis of the central nervous system, with
irritability and excitement (or with depression, agitation, some intractability, etc.). If perchance the case be of meningitis type, we say-meningitis, luetic-emphasizing the commonly accepted etiology but making secondary record only of the associated nsychotic behavior. In our general hospital setting the written data on file in a patient's folder may be summarized and reported to the family physician or even the patient himself by someone other than a

staff member of the Division of Neuropsychiatry. In other words, the Division of Cardiorespiratory diseases may hold primary responsibility in the patient's case and the neuropsychiatric division only consultation or secondary interest. Accordingly, neuropsychiatric findings, language, and records, must not offend patient, family, or their physician, however definite our own mental reservations and guarded our therapy and prognosis. It is, therefore, obvious, we believe, why in practicing neuro-psychiatry in a general hospital that the patient should always receive the benefit of the doubt.

As remarked in the body of my paper, a sparsely clad psychotic patient does occasionally step without warning into the room of some patient of opposite sex. The patients concerned and the attending personnel meet the situation at once and usually so effectively and amiably that nothing further comes of the incident. Should a provoked relative make his way to the superintendent (a non-medical man) or the physician in chief, both of these officials will calmly try to clarify the situation by appropriate explanation. If much vituperation is indulged in these same officials have always shown me the deference of letting me get in on it, and, as a rule, the final result is just another lesson in social psychiatry to all concerned. In other words, the hospital authorities accept their neuropsychiatrist and his division at face value. He is expected and does, "peddle his wares and strut his stuff" as much and as well as any other hospital division. Dissatisfaction are not disproportionate to the importance of our project nor are they so frequent as to be discouraging,

Dr. Oberndorf in referring to the "half-way house" emphasized an urgent need not only for the State of Michigan but many other States. We understand New York has for some years been considering a preventorium for mental diseases and we judge Dr. Oberndorf's suggestion is but a further expression in that direction,

Since the majority of our psychiatric patients are cared for in single rooms and since their average length of hospital admission is only two weeks, the occasion for acquaintanceship of one patient with another is limited. If the psychotic behavior of any patient should come to the attention of a neurotic or a psychoneurotic it is quite as likely to incite pity and solicitation as it is fear or alarm, especially if the attitude of all attending personnel is in the direction of the former. Hypercritical relatives give us far more difficulty than the patients. Such relatives are usually dealt with in one or all of the following three ways: No visitors allowed for a specific product of the such as t cial period of adjustment ranging, as a rule, from three days to a week; painstaking persuasive ex-planations; or frank invitation to take the hypersensitive beloved patient to a more protected hospital or home environment. Our patients generally yield promptly to understanding persuasion in the

absence of interference from relatives and our most refractory ones become cooperative within a week

to ten days Just at this time in our venture one of our greatest difficulties is to convince the lay hospital personnel that neuropsychiatry is considerably more than the art of persuasion, that it has its technical and time consuming procedures just as truly as general surgery, and brain surgery in particular. A painstaking mental exploration to determine the patient's ego-strivings and the various urges of his libido cannot be crowded into that short space of time in which the nose and throat man explores and treats all the nooks and crannies in an aching head. One, two, and three hours at a single sitting are often necessary and a repetition of such sittings is common, as all will agree, not for persuasion but for technical psychiatric evaluation. Although we have our share of misunderstandings in the management of our division of neuropsychiatry in a general hospital, we feel certain that others may safely and profitably undertake the project.

We manage our noisy patients at present mainly rough intensive hydrotherapy and carefully planned exercise, principally walking and by an oc-

casional and timely dose of apomorphin. We are looking forward to more liberal facilities. With an ample "day-room" and sound-proof rooms, it should be a pleasure to care for the noisy patient and not a hardship.

No, we do not confine ourselves to the milder psychoses. We frequently admit acute and ful-minating types. We have treated several actively

violent and homicidal.

### BIBLIOGRAPHY

1. Heldt. Thomas J.: The Functioning of a Division of Neuropsychiatry in a General Hospital, Amer. Jour. of Psychiatry, 1927, Vol. VII, pp. 459-481.

2. Graham, W. L., et al: Hospital Management, 1924, Vol. XVIII, pp. 28-46.

3. Sladen, Frank J.: The Hospital Staff Conference.

especially Chart 2, J.A.M.A., Chicago, 1929, Vol. XCII, pp. 1573-1575.

4. Yealland, L. R.: Hysterical Disorders of Warfare, Macmillan, New York City, 1919, pp. 252.

5. Brown, William: Psychology and Psychotherapy, Longmans, Green & Co., London, 1921, p. 196.

6. Heldt. Thos. I.: L.c.

### THE PRACTICE OF MEDICINE—INDIVIDUAL AND COLLECTIVE By LINSLY R. WILLIAMS, M.D., NEW YORK, N. Y.

N endeavor will be made in this paper to outline some of the changes that have taken place in a comparatively short time in the individual practice of medicine, the advantages and disadvantages of the various schemes for the collective practice of medicine, and their relation to the economic status of the medical profession and the community. It is clear that in the limits of time it will not be possible to touch upon every point which has arisen on these two questions, and certain aspects of the problems will necessarily have to be dealt with with extreme brevity or not at all.

There is little need to outline to you the history and the traditions of the individual practice of medicine. We all recognize the importance of the general practitioner and his personal relationship to his individual patients. We often speak with regret in our large modern cities of the passing of the family physician, who was not only a physician, but a valuable advisor, counselor and friend. There have been important changes in this relationship which have in large part been due to the actions of the members of the medical profession themselves. The medical profession has contributed largely to the increase of scientific knowledge in all the branches of medicine and these contributions have come from medical schools, hospitals, outpatient departments, laboratories, and from individuals working alone in their own private laboratories, or as a result of study of their own private pa-

\* Read before the Medical Society of the County of New York, October 28, 1929

tients. This increased amount of knowledge has resulted in the growth of specialism and the limitation of practice by many physicians. It has not been uncommon in our larger cities for a patient to go to his family doctor to have a brief interview and to be referred to a specialist. Theoretically the patient is to return to the general practitioner so that he may continue his interest in the patient and see that the therapeusis is carried out. The patient, however, after a number of incidents of this kind, asks himself, "Why is it necessary for me to go to my family physician first? I pay him his fee-he does nothing for me except to refer me to someone else." Consequently, the patient has begun to go direct to the specialist, and among the more well-to-do classes in our large cities, specialists may be consulted on a number of occasions during the year and the patient never sees the family doctor. In many of these instances the services rendered by the specialist are no more than could be rendered by the family physician if he were willing to take the time and make the effort necessary, and very probably to the advantage of the patient and also of the family practitioner. There are other instances in which a question of diagnosis may arise, where the patient is referred to several specialists and laboratories because the physician feels himself less competent than the expert to make the proper technical examinations, and in some instances it has happened that such examinations are made so that the family practitioner may receive a rebate of the specialist's fee,

## Disadvantages of Individual Practice

Some of the advantages of individual practice have already been commented on and are clear to most physicians. There are also a number of disadvantages. The general practitioner frequently loses contact with his patient or loses him altogether. It has not been an uncommon practice in New York for a general practitioner to send a patient to a privately endowed hospital for a surgical operation. If, during the course of the disease, some medical difficulty arises, one of the hospital attending staff has been called to advise with the surgeon, instead of telephoning the family physician and asking for his advice. Further, in the case of a ward patient upon discharge, it has not been found uncommon to have the patient referred to the outpatient department for follow-up instead of referring the patient back to the family physician. This last situation has received a good deal of consideration by the profession in New York City with the hope that the hospitals will make some effort to correct what is obviously an unfair practice. There are certain definite disadvantages of the prevailing system to the public. There is a considerable loss of time in seeing one specialist after another, a lack of understanding in learning that one or more specialists will not accept the laboratory findings furnished by another specialist, and require a duplication of the work, for which the patient sees no value but only an added expense.

The fees paid for professional services by the individual patient may not have been increased any more than the increase in the cost of living during the last decade warrants, but the fees of several special consultants for examinations which might possibly have been done in some instances by the general practitioner, have largely increased the total expenditure for professional service. The question therefore is definitely raised: "How far can the general practitioner accept the responsibility without any special consultants or laboratory examinations?" A little over a decade ago, a patient was under treatment for a disease which was then called angioneurotic oedema. Upon the retirement from practice of his physician the patient was referred to a very competent practitioner. Several months later the patient had a severe attack of localized oedema and the new physician was consulted. There were x-rays, blood analyses, metabolism tests and so on, and after these were completed, the doctor told the patient that he had angio-neurotic oedema. "What can be done for the disease?" "Nothing more than has been done before." The examinations cost the patient nearly \$300. Is work of this kind conscientiously done for the interest of the patient

or it is done primarily for the interest of physician - not necessarily financial? One other instance will show the apparent necessity of completeness of examinations. A middleaged woman had an epileptic seizure, the first one in her life, and the family physician was called, who made a diagnosis of epilepsy atarda. He suggested that it would be advisable to have her examined by a neurologist. A complete examination was made by the neurologist, a Wasserman was taken, the spinal fluid was examined and an x-ray of the skull made. It is recognized that in a case of convulsion, it is worth while to exclude any possible organic lesion in the central nervous system, but the case is recorded here to show that whereas ten years ago the cost of professional service for this patient would have been three or five dollars, in this year of grace, it cost over one hundred dollars.

## Cost of Medical Care

There has been a great deal of loose thinking and writing on the subject of the cost of medical care. We should be extremely careful in differentiating between the cost of medical care, which includes payments made to institutions, to technicians, for nursing service, etc., and the actual cost of professional services paid to physicians. It may be accepted pretty generally that professional fees, whether charged by the general practitioner or the specialist, have not increased any more than the increased cost of living warrants. We must, however, exclude a certain number of instances where physicians really charge far more than the patient can afford. In an editorial entitled: "An Exploded Myth," published in the June, 1929 Bulletin of the Toledo Academy of Medicine, there is a reference made to an article entitled: "The High Cost of Medical Care," by Dr. C. W. Waggoner, President-Elect of the Ohio State Medical Society, and without quoting from this article. the editor goes on to say:

"The average net income of physicians throughout the United States is \$3,000 per annum. Twenty million dollars worth of free medical care is donated each year by the physicians of the State of Ohio alone. Twenty-two million dollars are spent during the year in the United States on super-luxuries such as cosmetics, candy, tobacco, etc. Between two and four millions in a year are spent on medical service."

It has been assumed that this statement was made inadvertently, as it is obviously incorrect. For if the average earnings of a doctor in Greater New York per annum are \$3.000, this makes a payment of \$30,000.000 for professional services alone in one city. If

only four millions are spent on medical service in the United States, this distributed amongst over 150,000 physicians, would be \$26 per annum per physician. If only four millions are spent in the State of Ohio where there are 8,432 physicians, their average income would be less than \$500. Is the statement of the editor then convincing that two to four millions are spent on medical care in the United States or Ohio if he meant Ohio? If the average income of the physician is \$3,000, and there are 150,000 physicians, the amount spent is \$450,000,000 on professional services. Twenty million dollars worth of free medical care is donated to the State of Ohio alone in one year." There is no way of estimating the value of medical services which are donated. It is a common statement of physicians that they donate their services to the poor in their hospital work. Is it really a donation? physician gives his services to the hospital or outpatient department free, but if one should ask the visiting physician or surgeon of one of our larger hospitals why he gives this service, and why doesn't he resign his position if it is so burdensome to him, he will very promptly reply that the position is very valuable to him, that he keeps up his study of medicine by this means, that he sees a considerable number of younger physicians, who, as they pass out from the hospital or dispensary, call him in consultation, that the prestige of the hospital brings him new patients and that the position absorbs his interest and is a very valuable one to him and there is actually a quid pro quo in the matter which should be recognized.

The suggestion has been made in many quarters that hospitals and dispensaries should pay for the services of physicians. It is evident that in a number of dispensaries, physicians are now being paid for the simple reason that they do not receive any other return for the services rendered. This is particularly true in the fields of laboratory work, pathology, and x-ray, and the hospitals and dispensaries will only begin to pay for the services of physicians when the physicians are so busy that their private practice will make them unwilling to give the time without being adequately compensated therefor. In other words, the old economic law of supply and demand will hold here irrespective of the wishes and desires of the physician.

### Further Disadvantages

It is quite clear that a number of prominent laymen are keenly interested in the medical profession and are very desirous of seeing some change in medical organization that will make it possible for the medical profession to render more and better services to the com-

munity. These laymen recognize as keenly as we do that there is no restriction placed upon the practitioner from attempting any surgical or special procedure that he desires except the limitations of his own conscience. We recognize with perfect clarity that many physicians are not competent to undertake certain procedures and that in some instances physicians may feel that they are qualified, and make mistakes which are disastrous. The patient has no redress until after the damage has been done, when he may bring a civil action. Our lay friends therefore say. "Why do not you of the medical profession determine who are qualified in the various fields?" It is recognized that no process of education will be able to guarantee the character of the physician licensed to practice or determine his powers of judgment. He may be well informed in detail but yet unscrupulous in character and lacking in judgment. We recognize too the fact that not a small number of physicians who have only limited their practice, actually hold themselves out as specialists after little or no training or experience, with the sole expectation of receiving the specialist's fee, which may be double that of the ordinary practitioner.

### Collective Practice

By the term "Collective Practice" is included:

- 1. The practice of medicine in hospitals, medical school clinics, pay or free, outpatient departments, general or special.
- 2. Such individual practice as may be carried on under the direction of health or educational departments which employ physicians to perform vaccinations against small-pox or typhoid, or for the administration of toxin antitoxin, and for the examination and diagnosis of patients in school clinics, child welfare clinics and special venereal disease clinics.
- 3. Voluntary health agencies, which maintain services similar to those mentioned under health and educational departments.
- 4. Industrial medicine.

Our modern hospital is a business organization, organized for the purpose of diagnosing and treating patients within the walls of the hospital. It provides special consultants and technicians so that all of the work relating to the patient can be done in one place. As a rule hospital treatment conserves the time of the patient and also that of the doctor. The patient is able to have all the examinations and treatments made without going from one place to another, as is commonly the case in private practice, and the physician is able to see a considerable number of patients

in the wards and in private rooms in a shorter space of time than he would were the patients in their own homes. This is a demonstration of the economic fact that proper distribution of labor increases production. On the other hand it is noted that there has been a marked increase in the cost of medical care in the hospitals. This is largely due to the interest of the physicians in securing for the patient every possible type of diagnostic test which may not always be of benefit to the patient but is of marked benefit in the training of the interns and attending staff, It is quite evident that in many of our larger hospitals, the standard of medical and nursing care is far better than that usually obtained at home, even under the best of circumstances. There is another factor in the hospital care which is of importance and that is that the house staff and the junior members of the attending staff have their work under the constant supervision of their seniors, which does not obtain at all in private practice. By this method the juniors are able to learn more, to have their work checked up and to be daily advised by their older and presumbly wiser staff members. In the surgical field the exactions of the American College of Surgeons have been of considerable value although some surgeons complain that it consumes too much of their time. In our large private hospitals as organized at present, the senior members of the staff undoubtedly receive many privileges-the opportunity of making use of private rooms and the friendship and admiration of the junior staff members and the interns who come and go. There has been a great deal of criticism of this system of closed hospitals and many have urged that other physicians be given the privileges of the hospital. If a system could be devised which would permit of general practitioners sending their patients to a hospital and the management of the patient to be controlled by the seniors of that hospital and the physician to have the opportunity of seeing not only his own patient, but to make rounds with the visiting staff, it would undoubtedly improve the situation in many of our cities.

# Encroachment on Individual Practice

It is quite clear that the hospital care which is generally accepted by county societies as a necessity for the care of patients even though they pay part or all of the cost of ward treatment, encroaches on private practice. It is not uncommon in this city for patients to pay \$21 a week for ward treatment, and this may be about half of the total cost to the hospital, not including any interest on the building, but a patient who is able to pay \$21 a week, might under certain circum-

stances, be equally well cared for at home and be able to pay part of this sum weekly to a private practitioner.

On the other hand, it is quite obvious that many patients can be far better treated at a hospital than at home, and many of these patients cannot afford to pay a small fee for medical care, but when they enter the hospital, their payments are made primarily for institutional care and nothing to the medical staff. There is undoubtedly a loss of income here to the medical profession.

In the outpatient department of the hospitals, the college clinic and the dispensary, whether they be recognized as pay clinics or whether they only charge a nominal fee to pay an overhead cost of the maintenance, the situation is very similar to that of the hospital. These clinics are conducting a group practice where all the special consultations may be made under the one roof, conserving the time of patient, and it also offers opportunity for the physician engaged in work in the dispensary to consult with each other to their own mutual advantage. It is recognized, however, that in many dispensaries the medical administration is very lax. Physicians are irregular in their attendance and apparently there is not a sufficient quid pro quo to make the service attractive to them. In these cases it would be better to have the physicians paid so that it would be possible to definitely control the hours of their coming and going. If it is true that physicians are serving outpatient departments and dispensaries less and less, and are demanding pay for their services, it indicates that their practice is too lucrative for them to expend their time on this type of work, and that in the course of time salaries will have to be paid for this work. It is recognized further, that in the dispensary as well as in the hospital there is some supervision of the junior members of the staff, although this is not recognized as such by the juniors.

## Encroachment on Private Practice

There have been a great many statements made by county societies and members of the medical profession, of the encroachment made on medical practice by patients being accepted at dispensaries who are able to pay. It may be true that people drive to a dispensary in automobiles and it may be true that an individual earning \$75 a month may own an automobile which cost \$50, and who does not feel that he has money to spend on medical service, but it is recognized that dispensaries are more and more employing social workers to investigate the financial conditions of the patient, and that many patients are refused treatment at the dispensary because they can afford to pay. A very vexing question often occurs when the patient can afford to pay: to whom should the patient be referred? It is not uncommon for a patient to go to a dispensary fairly well able to pay, who has been to several private physicians who have given him no relief and to whom he has naid a considerable amount of money. A number of cases are known of definite neglect on the part of the general practitioner. One instance will suffice-A patient came to one of our city clinics some years ago who had seen seven different physicians and who had paid out over \$100 in cash to them and was told that he had rheumatism or neuritis in his shoulder. He stated that none of these physicians had made a physical examination of his shoulder. He was accepted into the dispensary, examined and had a simple dislocation of the shoulder joint corrected to his great relief. May it not be true then that in a certain number of instances the increased use of dispensaries is a result of improper medical practice in the offices of private physicians?

### Voluntary Health Agencies

It is claimed by many physicans that voluntary health associations are constantly encroaching upon the legitimate practice of medicine. These associations have been active particularly in the fields of tuberculosis and child welfare and they have conceived their chief functions to be the organization of dispensaries, the employment of nurses and the carrying on of health propaganda or health education.

The tuberculosis dispensaries as created have been maintained usually under the voluntary associations direction and in almost every instance subsequently transferred to a local authority, usually the health department.

There has been considerable discussion in the voluntary associations as to whether or not there should be a financial investigation of a patient affected with tuberculosis. Many of our health authorities and physicians and lavmen have insisted that as tuberculosis is a communicable disease, the health authorities should examine, diagnose and advise patients and if found to be open cases, recommend their segregation in hospitals. On the other hand, many physicians have been more insistent that whether this was a communicable disease or not, the patient should be investigated and if able to pay, should go to a private physician. There has also been a good deal of criticism by physicians that some of these patients are accepted who could pay, and that they are occasionally treated in one of the dispensaries. It is quite true that in many instances patients have been treated in

accordance with the precepts of the health department.

Child welfare stations have grown up in large numbers and have usually been centers where well children are brought by their mothers for consultation and advice as to feeding and means of keeping the child well. In these stations, it has not been considered that they were interfering with private practice if home remedies were suggested.

It would be very difficult to prove how much economic loss there had been to the medical profession as a result of these two types of work. On the other hand, it is believed that as a result of continuing propaganda used over many years throughout the country, many mothers take their infants to see a doctor in order to have the doctor keep the child well and that many patients go to private offices to be examined for tuberculosis who would not have gone had it not been for this propaganda. Whether these two factors balance each other or not can not be ascertained. In general it is felt that the total amout of practice has increased but that the encroachment on private practice in these fields has not been serious.

### Health Departments

Health departments from their inception have been engaged in two distinct branches of work—public health work and preventive medicine. By public health work is meant mass measures which do not deal directly with an individual, as for example, the purification of the water supply. With these measures the medical profession has had no quarrel although there has been the rare selfish individual who has complained of water purification because it took away his annual income from typhoid patients.

Health departments have been engaged in the practice of preventive medicine by examining, diagnosing and treating individuals, primarily those who may be affected with communicable diseases. It has been recognized for generations that it was the function of the health department to maintain communicable disease hospitals where the more acute contagious diseases were isolated and cared for by the department irrespective of their financial status.

Also, the health departments have employed public vaccinators who vaccinate against smallpox, their salaries being paid by the city, and although this function is usually accepted by the physicians they are quite generally opposed to health departments carrying on a similar activity in the administration of toxin antitoxin.

or the Panel System of Britian. Two features of the Panel System should be commented upon. First, the individual patient has a certain freedom of choice in the selection of his physician and is allowed to change his physician and second, all of the industrial and agricultural workers are insured and pay their part toward the cost of the insurance, and as all of them are required to go to a panel doctor all their professional services are paid for by the Government so that there are no uncollected bills among the insured individuals and the average income of the panel physician for his panel practice alone is over \$2,000 a year.

## Voluntary Insurance

No scheme of voluntary insurance has been suggested which would provide professional medical care for the insured. If such a proposal were made by a large insurance company, there would be an immediate discussion as to how the insurance company would provide professional care. There could only be one of three methods—to employ physicians of their own on a salary basis and to establish their own hospitals, clinics and laboratories and this system would undoubtedly be severely criticized by the medical profession. The insurance company might make use of the existing facilities and pay hospitals, dispensaries and laboratories for work performed or it might contract with the organized medical body in the vicinity to furnish such medical care. If this latter scheme were suggested and accepted by the medical society, the medical society would be obligated to define certain standards of medical practice in the specialties and to determine whether or not its members were qualified by training and experience to perform the duties which would be required of them.

# The Future of Medical Societies

During the past three decades, it has been the usual practice of medical societies to oppose all encroachments upon the individual practice of medicine.

It must be recognized by the medical societies that the cost of professional services and medical care has increased in our large cities at least although the fees of the general practitioner have generally not increased, the various agencies engaged in the collective practice of medicine have in most instances reduced the cost of professional services even though many of the hospitals have not reduced the total cost of medical care.

What suggestions have been made by medical societies to meet the criticisms of the public? What suggestions have been offered by the medical societies which would reduce the

cost of professional service? Be it noted here that although medicine is not a business. it is influenced by business methods and economic law and if business can reduce the cost and increase production may it not be true that medicine may do likewise. So far as is known, the only constructive suggestion made has been that the medical society operate its own clinic. What further could the medical society do? Could they organize their own hospitals, clinics and laboratories and establish group practice? Are the medical societies at the present time organized to undertake such efforts? Can they raise the capital necessary and construct and maintain the building and equipment necessary? Can they determine, which of their membership would serve in the first hospital, clinic and labora-Can the medical society determine tory? what type of service is to the best interests of the medical profession and what to the best interests of the community? Will they take the community point of view or will they take the point of view of the advantage to their own membership?

The population of the City of New York of nearly 6.000,000 has a large group which very regularly make use of our outpatient departments. \*In 1927 there were 1,250,000 individuals making nearly 6,000,000 visits at our dispensaries. These dispensaries were primarily organized for indigents who could not afford to pay anything for a physician. is known, however, that in the City of New York the number of indigents recognized as such by the Department of Welafre and the voluntary agencies, is less than a tenth of this figure. 342,337 patients made 2,375,396 clinic visits. This large group of individuals have no money in their budgets for professional services and they do not have for the reasons enumerated above. Can the medical society suggest some scheme by which these individuals either voluntarily or under compulsion may set aside a small amount of their earnings weekly or monthly? If there are 1,250,000 going to the dispensaries and outpatient departments and paying 25 or 50 cents or a dollar a visit when occasionally ill, could not these same individuals set aside the modest sum of \$6 a year which could be used for professional services? At least the sum of \$750,000,000 is lost annually by the medical profession because there is at present no means of persuading or compelling these individuals to consider professional services as a necessity of life. Will we as medical organizations, do anything constructive about it?

<sup>\*</sup> Report of Committee on Dispensary Development. Davis, p. 6, 1927.

# A CASE OF HEART BLOCK, WITH STOKES-ADAMS SYNDROME, TREATED WITH BARIUM CHLORIDE AND DIGITALIS

By G. M. PARKHURST, M.D., BATH, N. Y.

ASES of complete heart block are relatively rare, and the one I am reporting showed not only complete block, but repeated attacks of typical Stokes-Adams syndrome, i. e. a stopping of ventricular contraction for fourteen to sixteen seconds, cyanosis, loss of consciousness, and general convulsive movements.

Sir James Mackenzie, in discussing the Stokes-Adams syndrome, states that these attacks are most likely to come before complete heart block is established, that is, when partial heart block is occasionally interrupted by periods of complete block. Other authors seem to consider the attacks are just as prone to occur after complete block is established.

As regards treatment, it is manifestly out of the question to re-establish the normal conduction impulse to an auriculo-ventricular bundle which is the seat of fibrous or other degenerative changes. The aim of treatment. therefore, is to increase the irritability of the ventricle, thus lessening the chance of prolonged cessation of ventricular contraction, with the accompanying Stokes-Adams attacks. Barium chloride, in doses of gr. 1/2, four times a day, has been reccommended by Levy and Mackie, Journal A.M.A., August 6, 1927, as affecting the ventricle in this manner. Other authors point out that full doses of digitalis may produce the same effect, when block is complete, although contra-indicated in partial block.

Both drugs were used in the following case, with no increase in ventricular rate, as might have been expected, but with complete cessation of the Stokes-Adams attacks.

Case report—Mrs. C. A., age 54, admitted to Bath Hospital on April 24, 1929.

Chief complaint—Two attacks of generalized convulsions, with loss of consciousness, occurring three and one days before admission. Considerable loss of weight during past six months.

Family history. Essentially negative.

Past history. Usual childhood diseases. No serious illness in recent years.

Present illness. Except for a steady loss of weight, amounting to some 20 pounds during the past months and slight shortness of breath on exertion, the patient had no untoward symptoms, until the first convulsive attack three days before admission.

A second attack had occurred two days later, and on the day following her entrance to the hospital a typical Stokes-Adams attack was witnessed, with cessation of ventricular contraction, cyanosis, loss of consciousness, and generalized convulsive movements.

Physical examination. The essential findings were a heart, moderately enlarged to left, action regular, beating 34 times a minute. In the 3rd and 4th space, just to left of the sternum, could be heard the faint, muffled auricular contractions Blood-pressure 190-70. Very slight oedema of feet and ankles.

Laboratory findings. Wassermann and Kahn negative. Blood-sugar 258 mg. 100 c.c.

Urine. Albumin a trace, sugar heavy reaction, acetone and diacetic acid faint traces. Phenolsulphonthalein test, 35% in two hours.

The patient was kept in bed for a period of ten days. Barium choloride gr. ½, put up in a simple elixir, was given four times a day and Digitalis, ten minims of the tincture, three times a day. This was later cut to twice a day. The Diabetic condition was controlled on a diet of Protein 63 grams, Fat 154 grams and Carbohydrate 111 grams. Insulin 20 units before breakfast, 15 units before supper.

Since the day following admission to the Hospital there have been no further Stokes-Adams attacks—six months, as this is being written. The pulse has not varied perceptibly at any time during this period, always being counted from 34 to 36 beats a minute. The oedema about the ankles has disappeared, and with the diabetic condition controlled, the patient feels much better and has ceased to lose weight.

### THE TREATMENT OF EPIDEMIC MENINGITIS\*

By JOSEPHINE B. NEAL, M.D., NEW YORK, N. Y.

In charge of the Meningitis Division, Research Laboratory, Department of Health, New York City Director of the W. J. Matheson Survey of Epidemic Encephalitis

ALTHOUGH antimeningococcic serum has been accepted in the treatment of epidemic meningitis for 22 years, there is still considerable difference of opinion in regard to the

best method of its administration with respect to route, frequency and amount.

Epidemic meningitis is a rather rare disease except in times of epidemics and during these 22 years there have been comparatively few outbreaks reaching epidemic proportions. In

\* Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 6, 1929.

with meningitis is most important. They should be disturbed as little as possible, and if they are restless, sedatives must be administered. Adequate nourishment should be given and the fluid intake must be sufficient. Care should be taken to prevent acidosis. Retention sometimes occurs so that catheterization is necessary. Constipation is the rule and enemas or high colonic irrigations are better than purgatives.

Meningitis is a serious illness, by reason of the vital nature of the structures involved and the irregularity of the course due in part to the possibility of blocking or adhesions which prevent or render difficult the application of serum to the foci of infection. This gives rise to a great variation in the problems presented by different patients. For this reason it cannot be too strongly emphasized that experience in dealing with cases of meningitis is very essential. Aside from factors beyond our control, such as the severity of the infection and the resistance and age of the patient, the three most important factors in the mortality are the stage of the disease at which treatment is begun, the potency of the serum and the method of treatment.

It is generally accepted that, other things being equal, the earlier serum treatment is given, the better is the prognosis. The great variations in the therapeutic value of different sera has been demonstrated most conclusively in the past few years. Unfortunately there is no laboratory test that adequately measures this difference. As a result much serum has been used that has passed the accepted standards but that has proved to be useless clin-Indeed the exact way in which the serum exerts its curative action is not entirely understood. That its action is specific and not due to a general protein reaction would seem to be proved by the fact that some serum is very effective while other serum is of practically no value. The serum seems to have little bactericidal power, at least by its action in vitro. From the changes in the smears of the spinal fluid of cases responding to treatment, it would seem that its chief action lies in increasing the phagocytic power of the cells or in so affecting the organisms that they may be more easily ingested by the cells. In laboratory tests this action takes place when the serum is highly diluted. Serum injected intraspinally does not entirely pass out of the subarachnoid space for about 24 hours. For this reason a 24-hour interval of injection seems to be logical. We have thought it probable that removing fluid at more frequent intervals might remove cells that had been stimulated to a high degree of phagocytic power, and were, therefore, actively combating the infec-tion. Since the serum has apparently so little

bactericidal power, the administration of large amounts at frequent intervals as in the intensive method of treatment, seems to us unnecessary from a theoretical viewpoint. Moreover, performing a lumbar puncture and administering serum two to four times daily, subjects a patient to considerable pain and discomfort, and keeps him in an almost constant state of local reaction to the serum. By this reaction I mean the rise in temperature and increased meningeal symptoms and restlessness which in the great majority of instances takes place in two to four hours after the serum is injected and continues for a varying length of time. Then too, horse serum is a foreign protein that must be eliminated and that usually shows definite evidence of being more or less toxic. I am not at all convinced that the large quantities of serum that are given when the patient is intensively treated, may not be actually harmful in a certain percentage of instances.

To return to the question of the therapeutic power of different sera, I wish to congratulate the New York State Health Department on the excellent quality of their serum. spring and summer, we used a considerable amount of it with most gratifying results. While for a time recently our City Health Department serum was not of good quality, since the fall of 1928, it has been satisfactory. have lately studied 65 consecutive cases treated at Willard Parker Hospital where a conservative method of treatment is used and by the members of the Meningitis Division. Of these cases 30 were treated by the Meningitis Division. Four patients died, a mortality of 13.3 per cent. Two of these cases had only one injection of serum. Of the 35 cases at Willard Parker Hospital, 8 died, a mortality of 22.9 per cent. Of these eight fatal cases two had only one injection of serum and two more were suffering from bronchial pneumonia when they were admitted to the hospital. The mortality of the 65 cases was 18.5 per cent.

In the fall of 1926, as the results of the use of the ordinary antimeningococcic serum had been for some time rather unsatisfactory, Dr. Banzhaf, at our request, made for us an antibody preparation from the serum.

As the preparation of the antibody is still more or less in the experimental stage, and as certain lots of the antibody proved unsatisfactory, probably because of the poor quality of the serum used, complete statistics of the results of treatment with the antibody will not be given at this time.

In a general way it may be stated that, when a satisfactory preparation was used, the results were generally especially favorable. The mortality in the first twenty-four- cases that were adequately treated with the antibody was only 12.5 per cent. Of the three that died, one had

been sick six weeks before the meningitis was recognized and was in a state of extreme malnutrition. One patient died during a relapse which had been present more than a week before we were informed of the recurrence. The third patient developed a severe meningeal hemorrhage and died as a result of it.

Of these patients, a certain number were treated with antibody from the first, and most of them responded with unusual promptness In other cases the autibody was used after the ordinary serum had failed to produce results

The agglutinating titer of the antibody prep arations has been much higher than the serum from which it was made. We hesitate however, to stress the value of the agglutination test as we have observed that it does not run parallel with the therapeutic action of the serum

During the past year and a half, the demands for serum have been so great, that it has not been possible for us to experiment further with the antibody, as the production of it is very costly in serum. While we realize that it is still in the experimental stage our experience leads us to hope that it may be so developed as to be more effective in the treatment of epidemic meningitis than the serum as ordinarily prepared.

# METHOD FOR COMPLETE QUALITATIVE AND QUANTITATIVE ANALYSIS OF GASTRIC CONTENT WITHOUT WITHDRAWING ANY SPECIMEN

By MOSES EINHORN, M.D., NEW YORK, N. Y.

LTHOUGH the average stomach test will yield sufficient specimen to enable the exammer to make a complete qualitative and quantitative analysis, it occasionally happens that when the stomach is examined for fasting content the amount obtained is insufficient for the many tests required by the methods in current Aside from the theoretical interest which attaches to the method I am about to describe, I believe that it provides a practical solution for those cases where an analysis of the fasting content of the stomach is necessary and where even the best technique fails to produce any specimen at all or where the amount obtained is insufficient for such analysis Based as this method is upon several of my past contributions to this field, I find it necessary to give a short description of those contributions which are concerned here in order to show how they were combined to enable one to obtain a complete qualitative and quantitative analysis of gastric content without withdraw ing any specimen

This method involves the use of my recently devised Analytic Bucket which was itself a modification of my original New Tip for Gastroduodenal Tubes<sup>2</sup> The essential features of this bucket are its three-part composition, capsule shape and its distribution of weight which makes the bottom third of the bucket three times hervier



Figure 1
Analytic Buelet six times the actual size

The bottom third of the than the rest of it bucket is so constructed that there is a space between the outer shell (which contains four fenestra) and the central column the end of which is threaded to receive the lower cap of the bucket (Fig 1) The lower cap of the bucket is un screwed and in the space between the central col umn and the outer shell are inserted the following test strips used in gastric analysis Toepfer's Solution, Blue Litmus, Phenolphthalein and Saturated Solution of Benzidine instances, where it is necessary to determine whether there is bile present in the stomach, one of the above mentioned strips is replaced with a strip of plain paper By introducing this bucket into the stomach in the usual fashion and noting the changes on the strips through the fenestra provided for that purpose, a qualitative analysis of the stomach content can be obtained as shown by the table on page 84

Note that after the removal of the bucket, a few drops of hydrogen perovide are added to the strip of saturated solution of benzidine and a few drops of concentrated nitric held are added to the plain paper strip

In the Medical Journal and Record, I described my simple method for Quantitative Analysis of Gastric Content As shown by the following series of equation, I evolved the standard readings shown below

3 cc of N/10 NaOH is required to neutralize 10 cc of gastric content giving the final rending for free reid in 100 cc of gastric content as F 30

- (1) or 60 mm of N/10 NaOH is req to neut 10 cc of gas con giving  $\Gamma$  30
- (2) or 6 min of N/10 NaOH is req to neut 1 cc of grs con giving f 30
- (3) or 6 min of N/10 NaOH is req to neut 20 min of grs con giving F 30

		INTER	PRETATION	OF READING	S	
	(Toepfer's Solution) strip	(Phenolph- thalein) strip	(Blue Litmus) strip	(Sat. Sol. of Benz.) strip	(Plain paper) strip	Indicates
Reading 1	Red	No change	Pink	No change	No change	Free and combined acid present; blood and bile absent.
Reading 2	Red	No change	Pink	Blue	First blue or green, then red	Free and combined acid present; blood and bile present.
Reading 3	Orange-yellow (no change)	No change	Pink	No change	No change	No free acid present; acid medium, prob- ably combined acid; no blood or bile present.
Reading 4	Orange-yellow (no change)	Scarlet	Blue (no change)	No change	First blue or green, then red	Alkaline medium; no free, combined or other acids present; bile present (indicates regurgitation from duodenum).

(4) or 3 min. of N/10 NaOH is req. to neut. 10 min. of gas. con. giving F 30.

(5) or .3 min. of N/10 NaOH is req. to neut. 1 min.

of gas, con, giving F 30.

(6) or 3 min. of N/100 NaOH is req. to neut, 1 min. of gas. con. giving F 30.

(7) or 1 min. of N/100 NaOH is req. to neut. 1 min. of gas. con. giving F 10.

Now, substituting N/200 NaOH for N/100 NaOH in equation 6 we get:

(8) 6 min. of N/200 NaOH is req. to neut. 1 min.

of gas. con, giving F 30.

(9) or 1 min. of N/200 NaOH is req. to neut. 1 min. of gas. con, giving F 5.

Again substituting N/200 N/400 NaOH for N/100 NaOH in equation 6 we get:

(10) 12 min. of N/400 NaOH is req. to neut. 1 min. of gas. con. giving F 30.

(11) or 1 min. of N/400 NaOH is req. to neut. 1 min. of gas. con. giving F 21/2.

Summarizing the results obtained in the above series of equations, with especial reference to equations 7, 9 and 11, it is evident that every time we use one minim of N/100 NAOH in neutralizing one minim of gastric content it is an indication that free acid is present in the content to the extent of ten c.c. in one hundred c.c. of content or F equals ten; in like fashion, every drop of N/200 NAOH used indicates the presence of five c.c. of free acid in one hundred c.c. of gastric content.

It will be noted that in the above series there were used minims each of which was 1/20 of c.c. in size. The standardicity of the readings does not, however, depend upon the fact that this particular size minim was used but holds true for any size minim provided that the same size minim is used for measuring the gastric content as is used in applying the neutralizer. Briefly, this method ascertained the quantity of free and total acid contained in the specimen in the following manner: One drop of the gastric specimen was placed in a paper tray. If the examiner were testing for Free Acid, he would add a drop of Toepfer's Solution to the drop of the gastric specimen and then proceed to neutralize with the different utralizer (N/100 NAOH, N/200

NAOH and N/400 NAOH) as required. Fig. 2). Thus, if it required 3 drops of N/100 NAOH and one drop each of N/200 NAOH and N/400 NAOH before the specimen acquired the yellow color sought for, the reading for free acid in 100 c.c. of the specimen would be Free Acid equals 371/2. If the examiner were seeking to determine the Total Acid contained in the particular specimen under examination, he would take another clear drop of the gastric specimen, place it in a new paper tray and proceed as follows: After the addition of one drop of Phenolphthalein, the examiner then proceeds to neu-



FIGURE 2

tralize with the various strengths of NAOH as required until the scarlet color is obtained in the specimen. Thus, if after adding one drop of Phenolphthalein to the specimen, 5 drops of N/100 NAOH, 3 drops of N/200 NAOH, and one drop of N/400 NAOH were used to obtain the scarlet color, the reading for Total Acid in 100 c.c. of the specimen would be T equals 671/2. It must be again emphasized that the standardicity of the readings used in this method does not depend upon the use of pipettes which deliver 20 minims to the c.c. but rather upon the fact that no matter what size minim has been used by the examiner he has taken care that the same size minim was used throughout the entire test.

For use in conjunction with the Analytic Bucket, I have prepared special booklets (Fig. 3), containing strips of Toepfer's Solution, Phenolphthalein, Blue Litmus, Saturated Solution of Benzidine and also plain paper strips. Since each of the above-mentioned strips is of the same size and made of the same kind of paper, it is possible to find a standard saturation point which will enable us to determine the quantity of liquid contained in each strip after it has been introduced into the stomach. In order to correlate our findings in this regard with the standard readings used in the above-mentioned method, it will be

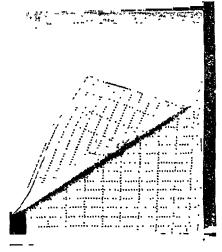


FIGURE 3

necessary to measure the saturation point of these strips in the same size minims used in that method. In the illustration of the Simple and Rapid method which is given in this article it will be noted that the minims which were used measured 20 to the c c. Using the same size drops in determining the saturation point of these strips, I have found that one minim of the above-mentioned size will saturate (Six) strips. Hence, each strip when saturated will contain (One-Sixth) of a minim. Thus the index for these strips when drops, measuring 1/20 of a c.c. are used throughout the test, is (Six). Now, the examiner can proceed and use the Simple and Rapid method directly upon the test strip itself for knowing the amount of specimen contained in the strip under examination, he can multiply the readings he has obtained by the appropriate index for the particular size

minim employed (in our illustration the index is Six) and thereby obtain a quantitative analysis of the gastric content without removal of speci-After considerable experimentation, I have evolved the following indices for the size minims enumerated below.

Index for pipette which delivers 20 minims per cc. is Six (6) Index for pipette which delivers 16 minims per ce is

Method A. To Determine the Amount of Free Acid. After the Analytic Bucket has been removed from the stomach and the qualitative analysis has been made according to the table given above, the examiner proceeds to determine the amount of free acid in the gastric content in the following fashion The strip of Toepfer's Solution is removed from the bucket and inserted in a small tray The examiner then adds drops of the different strengths of neutralizer as reguired (N/100 NAOH, N/200 NAOH, and N/400 NAOH) and notes how many minims of the different neutralizer were necessary in order to make the Toepfer's Strip regain its yellow color. The number of drops of neutralizer used are then multiplied by the appropriate standards as shown in the series of equations given above. Having obtained the readings according to the Simple and Rapid Method, the examiner then multiplies the index appropriate to the size of minim delivered by the pipette which was employed and the results obtained are the final figures for the amount of Free Acid in the speci-To give an actual illustration, suppose that one minim of N/200 NAOH and one minim of N/400 NAOH were applied to the Toepfer's Strip before it regained its yellow color. According to the standards given above, the reading for Free Acid would be 71/2. However, in this illustration, we used pipettes which delivered 20 minims to the c c The index for this size minim is six (6) and applying it to the preliminary reading, we learn that the Free Acid in 100 c.c of the specimen equals 45 The amount of Total Acid is determined in the same fashion as it was applied to the amount of Free Acid, except that the neutralizer is now applied to the Phenolphthalein strip, until the scarlet color is obtained.

SUMMARY: This method presents a means of obtaining a quantitative and qualitative analysis of the gastric content without removal of any specimen.

#### REFERENCES

1. Einhorn, Moses Analytic Bucket for Quick Qualitative Analysis of Gastric Content and for Differentiating Bleeding Gastric and Duodenal Ulcers, J.A.M.A., 89, October 15th, 1927, and Einhorn, Moses Analytic Bucket,

October 15th, 1927, and Einhorth, Moses Analytic Bucket, J A M.A., 90, March 17th, 1928 2 Einhorn, Moses: A New Tip for Gastroduodenal Tubes, Ibid, 86, May 22, 1926. 3 Einhorn, Moses: Simple and Rapid Method for Quantitative Analysis of Gastric Content, Medical Jour-nal and Record, Nov. 16, 1927.

# NEW YORK STATE JOURNAL OF MEDICINE

Published semi-monthly by the Medical Society of the State of New York under the auspices of the Committee on Publication, WILLIAM H. Ross, M.D., Chairman......Brentwood Charles Gordon Heyd, M.D.....New York DANIEL S. DOUGHERTY, M.D......New York

Editor-in-Chief-Orein Sage Wightman, M.D.......New York Executive Editor-Frank Overton, M.D...........Patchogue Advertising Manager-Joseph B. Tufts......New York

Business and Editorial Office—2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056

The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions, published in the JOURNAL. Views expressed in the various departments of the JOURNAL represent the views of the writers.

#### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

#### **OFFICERS**

President-James N. Vander Veer, M.D	Albany
First Vice-President-FLOYD S. WINSLOW, M.D	Rochester
Secretary-Daniel S. Dougherty, M.D	New York
Treasurer-Charles Gordon Heyd, M.D	New York
Speaker-John A. Card, M.DPo	ughkeensie
	-o-rechare

President-Elect—WILLIAM H. Ross, M.D. Brentwood Second Vice-President—Lyman G. Barton, M.D. Plattsburg Assistant Secretary—Peter Irving, M.D. New York Assistant Treasurer—James Pedersen, M.D. New York Vice-Speaker—George W. Cottis, M.D. Jamestown

#### TRUSTEES

GRANT C. MADILL, M.D., Chairm	anOgdensburg
JAMES F. ROONEY, M.DAlbany	HARRY R. TRICK, M.DBuffalo
ARTHUR W. BOOTH, M.DElmira	NATHAN B. VAN ETTEN, M.D
	11/11/11/11 21 17(1) 221/2011 12(1)

#### CHAIRMEN, STANDING COMMITTEES

ATTORGEMENTS-WALTER A. CALIMAN, M.D	Kochester
Legislative—HARRY ARANOW, M.D	ew York
Pub. Health and Med. Education-T. P. FARMER, M.D.,	Syracuse
Scientific Work-ARTHUR J. BEDELL, M.D	Alhany
Medical Economics-Benjamin J. Slater, M.D]	Rochester
Public Relations-James E. Sadlier, M.DPou	ghkeensie
Medical Research-Frederic E. Sondern, M.D.	Jam Vorle
minima itelia in a kontra Di Donorai, ili.D	AIOT MOI

#### CHAIRMEN, SPECIAL COMMITTEES

#### PRESIDENTS, DISTRICT BRANCHES

First District-George B. Stanwix, M.D	.Yonkers
Second District-CHARLES H. GOODRICH, M.D	Brooklyn
Third District-EDGAR A. VANDER VEER, M.D	Alhany
Fourth District-WILLIAM L. MUNSON, M.D.	Cooperille
TOWNS DISSINGTIFULIAN D. MOREON, M.D	Granvine

Fifth District—Paige E. Thorneill, M.D. Watertown Sixth District—LARUE COLEGROVE, M.D. Elmira Seventh District—Austin G. Morris, M.D. Rocheste Eighth District—Thomas J. Walsh, M.D. Buffalo

#### SECTION OFFICERS

Medicine—A. H. Aaron, M.D., Chairman, Buffalo; John Wyckoff, M.D., Secretary, New York.
Surgery—William D. Johnson, M.D., Chairman, Batavia; Charles W. Webb, M.D., Secretary, Clifton Springs.
Obstetrics and Gynecology—George M. Gelser, M.D., Chairman, Rochester; Onslow A. Gordon, Jr., M.D., Secretary, Brooklyn.
Pediatrics—John Airman, M.D., Chair, Rochester; M.C. Plass, M.D., Vice-Chair., New York; B. C. Doust, M.D., Sec., Syracuse.
Eye, Ear, Noise and Throat—Edwin S. Ingersoll, M.D., Chairman, Rochester; Conrad Berens, M.D., Secretary, New York.
Public Health, Hygiene and Sanitation—James S. Walton, M.D., Chairman, Amsterdam; Arthur T. Davis, M.D., Secretary, Riverhead.
Neurology and Psychiatry—James H. Huddlesson, M.D., Chairman, New York; Noble R. Chambers, M.D., Secretary, Syracuse.
Dermatology and Syphilology—Walter J. Highman, M.D., Chairman, New York; Albert R. McFarland, M.D., Secretary, Rochester.

#### LEGAL.

Office at 15 Park Place, New York. Telephone, Barclay 5550

Counsel-LLOYD PAUL STRYKER, Esq.

Attorney-Lorenz J. Brosnan, Esq.

Executive Officer-Joseph S. Lawrence, M.D., 100 State St., Albany. Telephone Main 4-4214.

For list of officers of County Medical Societies, see December 15th issue, advertising page xxvi.

#### EDITORS AND PREACHERS

The position of medical editor is similar to that of a minister in a church. The easiest form of preaching is that of condemning defects and But calling the Devil bad names does not promote spiritual health among church members. The modern minister of the Gospel practices preventive theology by promoting an active immunity to the Devil.

Physicians have little need for condemnatory journalism, for they are already acutely aware of their defects and short-comings; but they respond to constructive appeals, such as those of the officers and committees of the Medical Society of the State of New York, to increase their own efficiency, so that they may provide all the forms of medical service that the people need.

#### HEALTH SERVICE TO COLLEGE STUDENTS

The Tenth Annual Meeting of the American Student Health Association, held on December 30 and 31, 1929, in the Hotel Astor, New York City, was an event of great importance to the medical profession of New York City. The Medical Society of the State of New York, in common with most other state societies, is trying to educate the people along medical lines. They do this directly by personal contact with their patients. They also do it indirectly by their contacts with the departments of Health and Education: with Tuberculosis and Public Health Associations and other lay organizations; with newspapers; and through their own medical periodi-But college students probably have more potential influence than any other group; yet little is heard of medical work in the colleges. Cornell University has developed an efficient health service through over ten years of experience. University of Michigan also has an efficient health service, and its Bulletin of September 11, 1926, entitled "Health Service in American Colleges and Universities" is an excellent review of the subject. Yale, too, has an efficient health service. But the medical societies of the states and counties have taken very little interest in the matter. The Ohio State Medical Society, however, has taken up the matter of student health service in the Ohio State University.

The argument for student health service is twofold—it is of immediate benefit to the students, and is of great future benefit to the public.

At first thought it would seem that the students of colleges have sufficient intelligence to take care of their own health, but such is not the case. They are young and vigorous, and their slight ills are subject to prompt recovery. On the other hand the students expose themselves to dangers on the athletic field, and to late hours and other influences which use up their strength. No matter how much Latin and mathematics they may know, they are usually ignorant of their own bodies, and many are filled with apprehension and misinterpret their feelings. There are many psychopathic states among college students, even among those in West Point. They consult a doctor in late illness. They take their health advice largely from physical trainers who prescribe only exercise and fresh air indiscriminately to all comers. Every college has need of an organized health service directed by the college authorities.

What form of health service does every college student need? In the first place the sick need care. The infirmary for bed patients is as necessary as a chemical laboratory for the scientific student. The college also needs a dispensary for the diagnosis and treatment of walking cases, with a doctor there at a certain hour every day in order to give prompt service. The ideal dispensary

sary is for the detection of incipient diseases, and the doctor will encourage patients to consult him for ailments which seem trivial in order that he may interpret them to the student, and also detect diseases in their earliest incipiency. Where a dispensary is established, it is used by the students, even to the extent of three or four calls per year per student. These contacts, trivial though they may often be, afford excellent opportunities for educating the students in scientific medicine. Then, too, the records of each indivirual will be a valuable help to the student in interpreting his future illness.

The service to the sick will necessarily be personal. Some students will tend to monopolize the time of the doctor while others will not go near him at all. But the success of the personal service will depend on the readiness of the college

physician to give the service.

The second form of student health service is the physical examination of every student. The older form of the examination was for the purpose of detecting evident defects in order to exclude the unfit from athletic games. The newer form of examination is for the purpose of detecting physical defects and tendencies to sickness. It cannot be done in a cursory way, but the examination of each student will require at least a half an hour. This service will cost money, but it is necessary if health service is to be of much benefit to the student aside from the care of his health when he is actually sick.

The record card of the physical examination will also be available for recording his ailments as he visits the dispensary. In four years the record will be a valuable reminder of the health conditions which the student will probably encounter throughout life.

The third form of student health service is that of general instruction. Students will not know what the health examination is all about unless they are told in a logical, consecutive manner. The health service will not be complete without class-room instruction. Cornell requires every student to attend classes for a year. Text books are used, lessons are assigned, and examinations are required. The course includes both personal hygiene and community health service. The college is used as a laboratory for the demonstration of sewage disposal, water purification, milk control, food inspection, and the heating and ventilation of buildings. The social side of medicine is also taught, including the relations of societies to the boards of health and to lay organizations, and especially to public health education.

The results in Cornell demonstrate the great value of the class-room instruction. The students understand what the dispensary service means to them, and they consult the doctors with intelligence. Moreover, when these students graduate and engage in business or the practice of their profession, they know what public health service means, and will be ready to support it in their future communities.

There has been little interest shown by general practitioners in student health. The Ohio State Medical Society is almost a pioneer in taking up the subject, and it confines its activities to the

State University.

A sufficient reason for the interest of the State Medical Society in student health is found in the personal service to the student; but a far greater reason is that of the effect on the medical education of the people. Every State Medical Society is trying to tell the people about medical service by means of lectures, writings, demonstrations, newspapers, and all other available forms of ad-

vertising and publicity. Here is an opportunity to educate the future leaders of communities. It would seem that if a State Medical Society were planning to reach as many people as possible in the most effective way, it would seek a group of future leaders and educate them rather than trying to reach the great mass of people directly. New York State has at least 30 important colleges with 50,000 students, which means that at least 10,000 intelligent leaders are added to the several communities of the State each year; and each graduate can be a cepter of community influence. It would seem that the Medical Society of the State of New York is presented with an opportunity to utilize the group composed of the most intelligent people of a community who are now receptive to instruction and who will be the future leaders in all civic lines.

#### DR. C. FLOYD HAVILAND

Dr. Clarence Floyd Haviland, aged fifty-four vears, one of the outstanding medical leaders in New York State, died on New Year's day in the Anglo-American Hospital in Cairo, Egypt, from acute influenza and broncho-pneumonia. Dr. Haviland was noted for his friendliness as well as his skill in psychiatry, especially along

administrative lines. Practically all his life was devoted to the service of the State in the Kings Park and Ward's Island Hospitals, except for a term as chairman of the State Hospital Commission. His father, hale and hearty at the age of eighty-six, still practices medicine in Fulton, N. Y.

#### LOOKING BACKWARD

This Journal Twenty-Five Years Ago

Pure Milk: Twenty-five years ago the campaign for pure milk was just becoming efficient, as is shown by the following editorial from this

JOURNAL of January, 1905:

"The Health Board of New York, under the presidency of Dr. Thomas Darlington, is making vigorous war on the sellers of impure milk. No milk can be sold in the city without the permission of the Health Department, and the source of the milk supply being known, it is essential to know the character of the dairies. Special agents were sent to Blooming Grove, Orange County, and they visited the dairy owned and operated by the Metropolitan Milk and Cream Company. They found the floor of brick and stone dilapidated, puddle of dirty water in places, and the drainage broken or stopped up. The ground about the creamery was saturated with filth and had an offensive

odor. There was dirty water in the milk-room tanks, the water for washing the cans was taken from a spring in the center of the buildings, and a horse was stadled in one of the rooms of the dairy. Cans marked buttermilk were examined and found to contain skimmed milk and water. Several bottles containing a preserving fluid were, on analysis, found to contain formaldehyde. The Department of Health revoked the license of the Metropolitan Company. In connection with securing pure milk in the large cities of the State, Dr. Darlington has held several conferences with Dr. W. C. Greene, of Buffalo, to extend the system of examination and control of the dairies supplying milk to the dealers in the large cities. It is expected to carry forward the work among the cities of the second class, and thus practically cover all milk supplies.



## MEDICAL PROGRESS



Relationship Between "Strumous Buboes" and Lupus of the Vulvoanal Region .- Professor W. Frei, who was one of the first to differentiate lymphogranulomatosis inguinalis from chancroidal bubo, discusses the relationship of the former-which coincides in part with the strumous bubo and tropical bubo of older authors-with chronic elephantiasic ulcer of the vulvoanal region which in turn coincides largely with the clinical affection esthiomenus or lupus of the external genitals. His conclusions are as follows: The condition now known as lymphogranuloma inguinale is shown to be entirely specific and a positive seroreaction is decisive. But should the reaction turn out to be negative we cannot at once make a diagnosis of chancroidal bubo, for certain circumstances tend to vitiate the test. No proof has ever been submitted that a chancroidal bubo can simulate a strumous bubo. The author is equally outspoken in connection with esthiomenus. Although others have also advanced the hypothesis that lymphogranulomatosis and chancroid might be at the bottom of the lymphatic obstruction which has been thought to make possible the formation of esthiomenus he accepts this view only as it applies to the former and not in any sense to chancroid. No proofs have ever been submitted that chancroidal bubo may be responsible He now has a material of for esthiomenus 13 cases, of which number, two are quite recent, in which clinical esthiomene of the vulvoanal region has given the seroreaction of lymphogranulomatosis. Thus far he has found no case which gave a negative reaction. Of great importance is the fact that lymphogranulomatosis can destroy the inguinal lymphatics and cut off the lymphatic circulation without any clinical manifestations, which would explain why in esthiomenus no trace of past buboes may be present. Finally in regard to including syphiloma anorectale in the esthiomenus group the author has thus far seen no case of the latter which gave the lymphogranulomatosis reaction.-Klinische Wochenschrift, October 29, 1929,

The Treatment of Chronic Rheumatism.—Maurice Davidson, writing in the Practitioner, November, 1929, exxiii, 6, emphasizes the importance, in any attempt at methodical investigation of a patient complaining of painful symptoms referred to the joints or connective tissues, of remembering the possibility that the cause may be found in some generalized constitutional disease or in some gross organic

lesion in a region of the body other than that to which the pain is referred. In dealing with focal infection, wholesale extraction of teeth is to be deprecated By extraction of one or two teeth suspected of being the chief offenders, with careful clinical observation of any subsequent effects, one may gauge the amount of further interference, if any, that may be necessary. The same caution applies to the maxillary antrum, ethmoid, etc. Vaccine therapy has undoubtedly a place in the treatment of arthritis and kindred maladies. cific immunization is uncertain in its action but true specific immunization by means of carefully prepared autogenous vaccines is likely to yield more satisfactory results, although it involves greater attention to detail than is accorded by most pathologists. On the whole, drugs are of little permanent value, though thyroid extract is of some value in chronic arthritis at the period of the menopause, and likewise French tincture of iodine is useful in some cases. Good results have been reported from the intravenous injection of various organic combinations of sulphur and other substances, such as contramine and intramine. The author has been more encouraged by the results of intravenous injections of sodium salicylate in physiological saline solution. The dose is usually from 10 to 30 grains of sodium salicylate, dissolved in 10 c.c. of sterile saline, repeated at intervals of a few days. The element of mechanical strain is often a factor in the aggravation, or possibly even the production, of chronic affections of the joints and fascial structures. It is thus highly regrettable that the orthopedic surgeon is left out in serious attempts at team work in the investigation and treatment of rheumatic affections.

Apparent Cure of Noma by Insulin Injections. — Dr. Meltzer, medical director of a hospital in Rumania (Brezoi-Valcea), struck by certain resemblances between the disease pictures of diabetes and noma, such as moist gangrene and toxic coma, tested insulin in a case of noma of the cheek in a young infant, and the result was excellent. The patient was a nursling, one of twins, but its fellow had succumbed on the fifth day post partum of congenital debility. The family were living under poor sanitary conditions, but the child, breast fed, had been well up to the time of supervention of the noma. When first seen the lesion on the left cheek which had begun a week before as a black seab, was now an ulcer with a sanious offensive discharge. The child

was small and dystrophic, but appearently free from any other mischief. Treatment consisted at first of ordinary antiseptic dressings. Two days later the temperature had risen to 30 3C. (103.0°F.) and the child had severe diarrhea, vomiting, and coma, while the gangrene was spreading. Twenty units of insulin were now injected and repeated the following day. Improvement was evident by the third day as all of the general symptoms had subsided while the progress of the gangrene seemed checked. Insulin was continued every other day in small dose and the ulcer began to granulate. A good recovery was made although the patient a girl will show a bad scar with a certain amount of ectropion of the left lower evelid but a plastic operation will be performed to correct the deformity. The author is well aware that noma sometimes heals spontaneously but in this case the state of the child appeared hopeless when the drug was exhibited. The local treatment was of the simplest kind-a mere dressing with bismuth subgallate ointment.—Deutsche medizinische Wochenschrift, Oct. 25, 1929.

The Diagnosis of Acute Food Poisoning.— William G. Savage, in discussing the causation and clinical problems of food poisoning, classifies the causes as follows: (1) Food may be contaminated with comparatively simple chemical substances, such as zinc arsenic, copper, and the alkaloids. (2) Poisoning may result from foods inherently poisonous or which become poisonous under certain conditions, such as mushrooms, poisonous berries, and the tropical and other poisonous fish. (3) It may be due to the toxic action of certain bacteria, such as B. botulinus, Salmonella species (aertrycke, enteritidis, and other types), and dysentery bacilli. determinate bacteria or their products may be responsible for possibly 25 to 35 per cent of the cases which are at present unexplainable. There is no evidence of any value that putrefactive changes in meat or other foods has ever caused an outbreak of food poisoning, although it is possible that the consumption of incipiently putrefactive food might disagree with individuals. B. proteus has often been credited as the cause of food poisoning, but in nearly all instances the evidence is worthless, though this bacillus cannot be entirely excluded. Ptomaines are late protein degradation products never found in food until it is far too nasty to eat. They have nothing to do with food poisoning, and should be relegated to the limbo reserved for unfounded esses. Most the chemical poisons cause but usually have a than bacterial poisons.

vomiting are absent,

constipation

as are visual

disturbances, throat symptoms, and general muscular weakness; the temperature is generally subnormal. This type has the longest incubation period (18-36 hours). In Salmonella food poisoning acute diarrhea, severe vomiting and abdominal pain are invariably present, other symptoms being a rise in temperature, cramps, and subsequent prostration. The incubation period is usually from two to four hours. The fact that some members of a group escape an attack, even if they all consume the same food, does not of necessity invalidate a food hypothesis, but it is unlikely that a food consumed by several persons should make only one of them violently ill. Food poisoning must sometimes be differentiated from influenza of the gastroenteric type.—The Lancet, November 16, 1929, ccxvii, 5542.

Endocrine Keratoconus Corrected by Pluriglandular Opotherapy.—Drs. W. and A. Meerhoff and J. Montes Pareja, of Montevideo, report this case. They have studied seven cases of this affection, which an authority such as Fuchs has declared progressive and incurable, and have found in each some endocrine anomaly. The first patient was a boy of 14, vision normal up to the age of 8 when a high degree of myopia developed and was not corrected by glasses. There was recognized by the authors a bilateral keratoconus, worse to the left. The boy showed also anomalies of growth, was very fat, genitals atrophic, defective development of hair aside from the scalp. A hypophyseal tumor could be excluded as a causal factor and there was no confusion of sex apparent. The diagnosis was Froehlich syndrome or adiposo-genital dystrophy, with marked mental infantilism. The incretory organs which showed insufficiency included thyroid, adrenals, gonads, pituitary, and possibly the thymus. Pluriglandular therapy was given. Three months later vision had improved somewhat for both eyes without correction with glasses. At no time were lenses of service. The boy became able to read and study. At the same time the adiposogenital syndrome showed proportionate improvement. There was no other treatment of any sort. A coincidence seems out of the question and the conclusion must be reached that the dystrophy of the eye was in this case at least a part of a general endocrine syndrome of deficiency. hitherto incurable deformity of the eye has yielded to treatment and without the least aid from lenses. The publication of the other six cases will be awaited with interest although it is expecting too much to anticipate that all will respond to the same treatment in the same manner.—Revue française d'Endocrinologie, Oct., 1929.

Scarlatina and Nephritis.—According to Prof. Huebschmann of Düsseldorf this subject, once thought a simple one, has become increas-

anticipate the possibility of a parenchymatous uephritis or nephrosis, but at least two forms of actual nephritis have been isolated as scarlatinal -glomerular and interstitial. There may also be transitional forms, but in most cases either one or the other is typically represented. There are two forms of interstitial nephritis-diffuse and focal. The author has worked on this subject since 1911 and has paid particular attention to the presence or absence of leucocytes, eosinophiles plusma cells, etc., for upon such a basis have attempts been made to distinguish between different forms of nephritis Autopsies on subjects in the earliest stages of nephritis are naturally rarely obtained, and these histological criteria are worth little in the absence of knowledge as to the stage of the disease Differential diagnosis from urine examination is not yet sufficiently cleared up Clinically interstitual nephritis is chiefly a com plication, an early form, while the glomerular form is more apt to be a sequela or late manifestation The author can explain the pathogene sis only on the toxin assumption-the endotoxins of the bacteria and chiefly the streptococci. The peculiar interstitual nephritis of scarlet fever is in the opinion of the author the true type of scarlet fever nephritis, the glomerular form might occur as a complication of other acute gen eral infections. But the author regards cases of nephritis seen after anginas and diphtheria as examples of the interstitial form and closely related to typical scarlet fever kidney. The kidneys in scarlet fever must have some special sensitiveness or allergy toward the toxins of the strepto coccus and probably of other microorganisms It may be shown in time that the disease is not due to the streptococcus, which may be only a secondary offender -Klinische Wochenschrift, November 26, 1929 The Treatment of Electric Burns by Immediate Resection and Skin Graft -Donald B

ingly complex. In any general infection we may

Wells outlines the differences between electric contact burns and all other types of burns. The heat which produces an electric burn is far more intense and usually acts for an infinitely shorter period of time. The pathological picture is, therefore, radically different from that of other types of burns Third degree electric burns are always sharply circumscribed, with a central area of necrosis extending well down into the subcutaneous areolar tissue, often including muscle and tendinous structures These burns usually progiess to gross sloughing and exuberant granula tion, with healing unduly tedious and prolonged In the treatment of gunshot wounds during the World War the procedure known as debridement and primary suture was developed and perfected This principle seems not to have been applied to burns During the past three years Wells has employed it in the treatment of a small series

of electric burns, completely resecting the burned area and closing the wound either by primitry suture or immediate application of a skin graft With this procedure there is great saving of suffering on the part of the patient, a material shortening of the period of disability, and ultimate conservation of the functional capacity of the injured part — lunials of Surgery, December, 1929, ic, 6

Pyemia vs Sepsis -M Martens points out that these two terms are used in a loose fishion although the two processes are radically distinct In the past authors have stressed the various differences but often to little purpose Pyemia originates in the venous system as a thrombo phlebitis while with sepsis the propagation is through the lymphatic system. There is no pyemia without this initial purulent thrombophlebitis and no genuine sepsis with it Cases of the double transmission probably occur but have not been proven and the term septicopyemia means as a rule that we do not know the original focus In pyemia the purulent thrombus breaks down and the blood is flooded with pus which originally gave rise to the word pyemia. There is an inter mittent fever with chills and sharp rise, and metastases will occur unless we can tie the veins in season. Any other plan of treatment is absolutely worthless, and this includes surgery how ever radical which does not care for the veins. and when ligation does not have the desired result it is because the intervention is too late or certain vems are overlooked. To refuse to operate early in these cases is a sin of omission. The greater part of the author's paper is devoted to pyemia with citation of many statistics, but it would have been of unusual interest had he adhered to outliming a parallel throughout with cases of sepsis The latter is a condition which can be treated with a great variety of general measures, such as cold baths, antipyretics, feeding, the use of sera, etc, all of which, as has been stated, are not only of no value in pyemia but hold out a specious hope of recovery. There is, however, one point which must not be overlooked for when pyemia has done its fatal work the patient is actually septic, that is has a bacterio toxemia, and sepsis is the actual cause of death in such cases —Deutsche medizinische II ochenschrift. Novem bei 1, 1929

Increase in Thrombosis and Embolism—The increase in these conditions noted in recent years and notably after surgical operations has been hastily attributed to the increasing use of intravenous injections but H Schleussing of Dusseldorf, who has made an extensive statistical research into the incidence of these complications is certain that no single cause can be assigned His figures extend from 1911 to 1928. Thrombosis is shown to lave been more common in 1911.

and 1912 than for many subsequent years. Then in 1926 there was a notable increase, while in 1927 and 1928 the percentage of thrombosis found at autopsy had reached 17 from a minimum of about 6. No such increase was found for embolism but in the interval 1926-8 inclusive it was decidedly more common than in the preceding years. Fatal embolism began to increase in 1924 in a similar manner. The author also has a contrasting table of cases treated by internists and surgeons. The number of cases in the internist wards shows a notable cumulation since 1927 as far as numbers go, but the percentage This applies to both shows no such change. thrombosis and embolism, and the same may be said of the cases developing in the surgical wards. In regard to absolute frequency the medical cases are increasing while the surgical ones show rather a decline; and this difference ought to throw light on the causal factors. A study of the incidence of these complications over many years shows first of all marked annual variations. A study of individual locations will show that fatal embolism of the lungs, for example, varies much in annual incidence. Thrombosis as stated was very common in 1911-2, at which period very few intravenous injections were practised. In 1924-6 before the increased incidence one half the patients had been subjected to intravenous injections which is a somewhat higher figure than that of the period 1927-8 (50% as against 43%),—Klinische Wochenschrift, November 12, 1929.

Pneumococcal Infections.—C. H. Whittle, writing in the British Medical Journal, November 16, 1929, ii, 3593, reports observations which confirm the main conclusions which he reached last year. He finds that primary lobar pneumonia and empyema due to pneumococci are invariably caused by strains of high virulence. In the period under examination (1924-1929) 70 per cent of the strains occurring in pneumonia, bronchopneumonia, and empyema belonged to Type I. In the first three months of 1929, there occurred in Cambridge a number of cases which were diagnosed as of acute bronchitis and presented rather unusual symptoms. Though there were no physical signs of lung consolidation, the prostration, severity, and length of the illness, and the persistent cough with copious sputum, suggested some involvement of the alveoli of the lung. In the sputa of five of these patients pneumococci belonging to Type II and Type III were found. These strains, which showed a lower order of virulence than the lobar pneumonia strains, were able to set up a particularly toxic form of infection of the bronchioles, which probably extended to patches of lung too small to be differentiated from the rest by auscultation and percussion. Hence a clear dictinction must be drawn

o grow in the aborate toxin.

The task of converting strains of low virulence. recovered from cases of nasal catarrh, conjunctivitis, and bronchitis, into those which are sufficiently virulent to set up lobar pneumonia in healthy subjects was again attempted and again proved impossible by any known experimental procedures for raising virulence. By the introduction of pneumococci of moderate or feeble virulence into the peritoneal cavity of mice a condition of subacute otitis media with involvement of the semicircular canals has been set up. The condition bears the closest resemblance to the spontaneous otitis media occurring in laboratory rodents. Though the pathology of the infection has not been worked out in detail, it is clear that the pneumococcus has a special predilection for the middle ear both in man and in the mouse.

Pathology of Arteriosclerosis .-- W. Ceelen, pathologist of the University of Bonn, distinguishes three forms of this affection, 1. genuine; 2. calcification of the media, and 3. a peculiar hyaline-sclerotic alteration. A knowledge of normal histology and of certain experimental data is necessary to visualize the disease. If the blood pressure is notably lowered for a length of time the intima undergoes proliferation until the vessel is obstructed. If the same vessel is the seat of increased tension we also see a proliferation of the intima which becomes thickened. There is, however, a marked range of individual variation, due probably to the fact that numerous other factors enter into the pathogenesis, such as alimentary, toxic, nervous, etc. In addition to the hyperplasia of the intima the latter is exposed to lipoid degeneration. Arteriosclerosis then contains two distinct and opposite elements, hyperplastic or progressive and degenerative or regressive. Genuine arteriosclerosis is thus an affair of the intima. In calcification of the media we are dealing with an entirely different type of disease, and one commonly associated with senescence, senile gangrene, etc., although the same condition may be seen in the diabetic. Certain arteries, as the popliteal and tibial, are predisposed to this form. Obliteration, thrombosis, etc., are also prone to occur in this form. The third type is seen especially in the kidneys and in renal arteriosclerosis in general. Naturally this summation of the author leaves many important questions untouched, among them cerebral and cardiovascular sclerosis, so important clinically as causes of death. To sum up, the first type might be known as scleratheromatosis, illustrating both progressive and regressive lesions of the intima; calcification of the media in senility and diabetes. and the predominantly renal lesion which may be called sclerosis of the smaller arteries-arteriolosclerosis-which for the most part is associated with high tension pulse and cardiac hypertrophy. -Deutsche medizinische Wachenschrift, November 18, 1929.



## LEGAL



By LLOYD PAUL STRYKER, ESQ. Counsel, Medical Society of the State of New York.

#### MALPRACTICE LIMITATION STATUTE HELD NOT APPLICABLE TO NURSES

A claimant in the ordinary personal injury action based upon the negligence of a party has, under our law, a period of three years within which to commence his action. The legislature, however, has wisely determined that certain actions must be begun within two years. Among the actions which must be begun within two years is an action for malpractice.

There was recently presented to the Supreme Court for decision an extremely interesting question involving the definition of "malpractice" as contained in the statute of limitations regarding malpractice, to which reference has already been

made.

An action was commenced against a nurses' employment bureau and a registered nurse. The charge against the nurses' agency was breach of warranty based upon the claim that the agency had represented that the defendant nurse was "able, competent and skillful," and that the plain-tiff employed the defendant nurse on the strength of that representation. The complaint further charged that such representations were, and were known to be false and untrue, because the defendant nurse was not an able, competent and skillful nurse, but had been and was suffering and disabled by shell shock.

The complaint further charged that the defendant nurse treated the plaintiff in a careless, reckless, incompetent, negligent and unskillful fashion in that, while the plaintiff was in a hospital under a doctor's care, the defendant nurse placed a hot water container against the limbs of the plaintiff at a time when the plaintiff was unconscious, and allowed the container with the hot water therein to remain on the limbs for such a length of time that the plaintiff's flesh was severely burned. It was further charged that the ailment from which the plaintiff claimed the defendant nurse was suffering, to wit, shell shock, rendered the defendant nurse nervous and forgetful, and because of this she could not properly care for the patient as a nurse.

It was conceded that the action was not commenced within two years after the nurse had last treated the plaintiff, although there was some question as to whether or not during those two years the nurse was available for service of process on behalf of the plaintiff. That situation, however, is not material to the question treated

in this editorial.

After the service of the complaint, the attorneys representing the defendant nurse made a motion to dismiss the complaint, contending that the action against the nurse was one for "malpractice" within the meaning of the statute requiring that an action for malpractice must be begun within two years. The lower Court dismissed the complaint as to the defendant nurse, sustaining her attorneys' contention that the action against her was one for maloractice and hence barred by the statute of limitations. From that ruling the plaintiff appealed to the Appellate Division.

The question before the appellate Court was "whether or not the carelessness and negligence of a nurse in her professional employment may be considered as malpractice." The Appellate Division reversed the lower Court, and held that the meaning of the term "malpractice" in the statute was limited to physicians and surgeons, and did not include actions brought against a registered nurse for claimed negligence in the treatment of a patient. In the opinion of the Appellate Division it was held that the law should be interpreted as follows:

"In any event, with respect to the main question, we conclude that malpractice is to be considered in its primary meaning, and as generally understood by the ordinarily intelligent and reasonably informed person, and in this respect, according to such common usage and acceptance, it has continuously been intended to import an improper treatment or culpable neglect of a patient by a physician or surgeon. As an added significance it has been used to indicate a corrupt or culpably incompetent practitioner of either law or medicine, but in no instance is it found to have possible application to a nurse, nor is there anything in the test of this complaint which indicates that the gravamen of the action is other than the negligent conduct and reckless, careless and incompetent performance of common duties of a person engaged in an employment for such specified duties as distinguished from lack of or improper performance of work requiring purely professional skill."

Thus, the Court squarely held that it would not extend the meaning of "malpractice" in the statute so as to include actions based upon the claune negligence of nurses in the treatment of the natients.

#### SYPHILIS-CLAIMED NEGLIGENCE IN INJECTIONS

In this case actions were brought by the husband and wife against the defendant. The negligence claimed was that the defendant did not properly diagnose the illness from which the wife was suffering, and further, that he treated her in such a negligent and unskillful fashion that he not only failed to cure her of the malady from which she was suffering, but in addition greatly aggravated and prolonged her illness. In the wife's case damages were prayed for in the sum of \$50,-000 and in the husband's case in the sum of \$10,000.

The doctor was called by the husband to see this woman at her home and gave a history of having pains in her legs and back, and suffering from indigestion. From the doctor's examination he determined it best to have an x-ray taken, and arrangemens were made for the plaintiffs to come to his office, which they did and an x-ray was taken. The doctor made a vaginal examination of the plaintiff wife and found a retroversion of the uterus. A blood test was taken and when returned it showed the presence of a syphilitic condition. To treat this condition, on three occasions thereafter the doctor injected neo-salvarsan, giving on each occasion less than one-half the full dose. After these injections another blood test was taken which, upon examination, showed that the syphilitic condition of her blood had cleared up. On the day of the third injection upon examination the doctor found upon the chest of the plaintiff wife a few small spots, which he describes as minute macules. About a week later, this condition which the doctor found had spread into a rash. For about a week the doctor continued to treat this rash with an astringent of zinc sulphate and calamin solution and other remedies. rash cleared up in spots, but was spreading to other parts of the body. The doctor could not account for this reaction other than the woman was an idiosyncratic. About this time the plaintiff husband called the doctor up and said that he need not come to see his wife any more, that she was going to a hospital. The doctor requested the husband to permit him to see the wife at the hospital, but he refused to do so; and the doctor never saw the woman again until these actions were commenced.

The plaintiffs after commencing the actions. however, took no steps to prosecute the actions and on our motion they were dismissed for lack of prosecution.

#### CLAIMED NEGLIGENCE IN TREATMENT OF BREAST

In this case an action was brought by the husband and wife against the defendant physician claiming that the defendant had been employed by them to treat and cure the plaintiff wife of a malady from which she was then suffering, to wit, infective mastitis of the right breast. The complaint further charged that the defendant examined the plaintiff wife and gave as his diagnosis that the right breast was in a normal condition, except for a sore nipple and advised that no treatment or medicine was necessary and refused to give any treatment or medicine to the plaintiff wife; that the defendant negligently failed to discover the true illness from which the plaintiff wife was suffering. Damages were prayed for in the husband's action in the sum of \$2,000 and in the wife's case in the sum of \$10,000.

The doctor was called in to see this woman. She complained of disability in her legs. An examination disclosed she had enlarged varicose veins of both legs and the legs were swollen. At that time she also informed the defendant that she was pregnant and requested him to attend her on delivery. The doctor prescribed for the varicose veins and also saw the woman several times and gave her pre-natal care. On the night the woman was delivered the doctor arrived at her ' ome about five o'clock in the afternoon and remaind there continuously until after midnight when the baby was delivered. It was an uneventful delivery. The doctor saw the woman and the baby for about three or four days and then he was told not to return unless they requested him to do so. About a month after the delivery the doctor was requested to go to the home of the plaintiffs and upon arrival he found the plaintiff wife complaining of a sore right breast. An examination disclosed that it was somewhat swollen, the nipple was cracked and tender, but the breast was not caked. The doctor pumped out the breast with a breast pump and massaged the same, and the woman told him that she felt much better. The doctor then instructed the woman's mother who was present to pump out the breast every two hours, to massage the breast and to put cold packs on, but he told her not to permit the patient to become chilled. He also told the people to let him know if the plaintiff wife's condition got worse. He also instructed them to get a glass nipple shield which would permit the baby to nurse, but not to let the baby nurse that breast for a day or two. The doctor never heard from them again.

Some time after the doctor's answer had been interposed, the plaintiffs discontinued the action

against the doctor.



# LONDON LETTER



Radium: The National Radium Fund, started in March, 1929, as a Thanksgiving for the King's recovery, has reached a total of £300,000 and, as a result, there will soon be a large increase in the amount of radium available for use by the medical profession. How best to utilize the new supply has been a matter for discussion. Its distribution is in the hands of the National Radium Commission which, under the Chairmanship of Lord Lee of Fareliam, is actively engaged on the problem. It has decided to recognize as Radium Centers only such places as possess Medical Schools with complete clinical courses, and the necessary facilities for instructing students and post-graduates in the principles and practice of radium therapy. The Commission hopes to allocate three grammes by the end of 1929 and a further seven grammes by October, 1930, in addition to the four gramme "bomb" on loan from the Belgian manufacturers which has been placed in the temporary keeping of the Westminster Hospital. This decision well accords with the report of the Committee appointed by the American Society for the Control of Cancer, published in the Journal of the American Medical Association. It is obvious that in both countries the need is felt for special training not only on the clinical side but equally on the physical, chemical, and biological sides of the whole Cancer problem; and to confine the use of radium-this potent, and if wrongly applied. dangerous adjuvant to the surgery of malignant disease-to the hands of those making a special study of its complex problems. It does not reonire a very vivid imagination to realize the danger of a trade association acquiring a large amount of radium and hiring it out at so much a milligramme to all and sundry. A very timely warning has been issued by the National Radium Commission emphasizing the dangers of exaggerating its healing properties or under-rating them. The case is most fairly stated and the conclusion that radium is a new weapon and a powerful one, but how effective it is impossible to say, sums up the opinion today of those best qualified to judge.

Buckston-Browne Dinner: I had the good fortune to be invited to the second Buckston-Browne dinner at the Royal College of Surgeons this week. The function originated in a desire by Mr. Buckston-Browne, a pioneer in urological surgery, to gather together at the College once a year an equal number of Fellows and Members of the College in a cheery gathering, and as is the custom

one hundred of us sat down to an excellent repast, and there was no after-dinner speaking, except that Lord Moynihan, President of the College, in welcoming the guests, mentioned that their host had acquired and presented to the College the country home of Darwin (where he wrote the "Origin of Species") which he hoped would be used by the College as a center for experimental research. The evening was a great success and there is no doubt that the desire of our host was amply fulfilled. The first person I saw after greeting my host was an old fellowstudent at Bart's, now in practice on the South Coast, whom I meet all too rarely, then a surgeon at Liverpool, then a general practitioner in the Midlands, and at the dinner table I sat next to two old friends, one from Bristol and the other from Cardiff. Everything was very jolly and informal, and of those present no one seemed to enjoy the evening more than Dr. Dixon, the oldest medical man in England, who at the age of 98 dealt faithfully with the dinner and a large cigar afterwards. The absence of speeches after the dinner did not seem to depress the company. A few days ago the Lord Chief Justice of England was telling us how at a Lord Mayor's Banquet he asked his neighbor, the Chinese Ambassador, whether after-dinner speaking was a custom in China. The Ambassador, gazing impassively at the somewhat prosy orator of the moment, said that it had not been thecustom for eight thousand years and was now a capital offense!

Recreations of Medical Men: The recent accident in the hunting field sustained by my friend, Sir William Willcox, the famous toxicologist, directs one's thoughts to the recreations of our eminent medical men. William is a keen horseman, and is one of the best known figures in the Row, where he is to be seen every morning at a very early hour, and Sir Richard Cruise, the King's Ophthalmic Surgeon, is constantly in the hunting field. But the severe curriculum of the medical student, and later the claims of practice combine to limit all too closely the medical man's opportunities of excelling at any sport. The late Dr. W. G. Grace devoted his life to cricket and has become the legendary hero of this typically English game. and of recent years Dr. Tweddell at golf and Dr Gregory at lawn tennis have reached the very top of the tree, but most of us are perforce content to follow our recreations less strenuously. An interesting story could be written round the recreations of the leaders of any profession, and perhans some day it will be done to

tionship now existing is an asset to the medical profession of the State and should be fostered and developed still more. These departments of the government of the State look to the Public Relations Committee for advice on occasion, and the Public Relations Committee must have some authority to express an opinion or else the medical profession will not have a part in many decisions because these decisions must be made promptly by the Department of Health or the Department of Education. If we are going to medically guide these departments in their decisions, they cannot wait in all respects for the action of the House of Delegates. Major things and major decisions can wait. Minor ones must be decided at the time. Though this may seem a departure, it is, nevertheless, essential; and the

Public Relations Committee believes that to withhold this power entirely is inimical to attaining the high position that the medical profession should attain in the councils of the health organizations of the state.

Dr. Ross also called attention to the gratification expressed by the official representatives of the State Departments of Health and Education that the Public Relations Committee would advise the Departments regarding medical matters that came before the Departments (See this Journal, February 1, 1929, pages 170 and 171).

On motion duly seconded and carried the Council approved the report of the Committee on Public Relations and the four principles suggested by Dr. Ross.

#### PUBLIC RELATIONS COUNTY SURVEY No. 9—RENSSELAER

This report is in the nature of a general survey of work already done, and work that should be done in the future toward the restoring, safeguarding, and preserving of health, by the medical and dental professions with hearty cooperation of several lay organizations.

Public Health Committee.—The Board of Supervisors at its December, 1928, meeting appointed a Public Health Committee of five members. This committee divided the county into four sections assigning a public health nurse to each section. In making this division the population, area, schools, school children, and physicians were considered.

The Public Health Committee holds its meeting once a month at which time the district sanitary supervisor and district nurses are present together with the secretary of the Rensselaer County Tuberculosis and Public Health Organization.

Tuberculosis Sanitarium.—Rensselaer County has a tuberculosis sanitarium known as the Pawling Sanitarium. In 1908 the Board of Supervisors of Rensselaer County appropriated \$25,000 for the erection of a county hospital to be used for the treatment of contagious diseases and tuberculosis.

The hospital was to be erected on county property adjacent to the Alms House, and to be under the management of the Superintendent of the Poor. Before completion the hospital cost approximately \$35,000 for construction and \$5,000 for furnishings.

At the time of opening of the hospital, which was August 9, 1910, there was such need for quarters for tuberculosis patients that it was decided to devote the use of the entire hospital for that purpose, and consequently contagious cases have never come under its supervision.

The hospital continued under the management of the Superintendent of the Poor until 1912, when by an act of the County Tuberculosis Hospital Law, it was reorganized and put under the direct control of a Board of Managers, appointed by the Board of Supervisors and on October 1, 1912, the newly appointed Board assumed control and the hospital was put under the management of a resident superintendent.

Soon after the organizing of Lakeview a movement was set on foot for a new sanitarium, as it was realized that Lakeview was inadequate to meet the demands of Rensselaer County. An active campaign was maintained until 1915 when the Board of Supervisors purchased a site of some 150 acres in the town of North Greenbush, one mile from the village of Wynantskill and two miles from the city limits of Troy.

The site cost \$11,500.00. No further progress was made during the next year, but in the fall of 1916 after a vigorous campaign, the people at a general election voted to appropriate \$156,000.00 for the erection of a tuberculosis hospital. In August, 1917, ground was broken and construction begun. Owing to the increased cost of all materials an additional \$150,000.00 was appropriated and, at final completion the cost was approximately \$328,000.00.

The institution comprises six buildings besides the superintendent's and assistant physician's cottages. The patient capacity is 182 beds. There is a separate pavilion for children—40 bed capacity. The institution is fully equipped for modern treatment of all forms of tuberculosis. It has a fully equipped x-ray and laboratory. The past fall provision was made for heliotherapy treatment. Artificial pneumothorax is performed on all suitable cases. Ultra violet ray treatment is also used with favorable results.

A part-time dentist is employed. There is also a consulting staff of physicians from the city of Troy. The sanitarium is an incorporated school district under the regulations of the State Department of Education and a full time school teacher is employed. It will be necessary to add another school teacher for the coming year. We also have a full time occupational therapist.

During the last year 168 patients were admitted with a total of 316 cared for during the year. This number included all stages and con-

ditions of tuberculosis.

Since January 1, the county has been under the generalized nursing plan and being more or less supervised by the State Department of Health. On the advice of the State Department of Health, the clinics are held under the so-called "consultation clinic" system, meaning that each patient before being admitted to the clinic must secure an admission card from his family physician or the health officer of the district and clinical reports are sent directly to the family physician. sanitarium has a portable x-ray and x-ray plates are taken on all patients examined. It is planned to hold frequent clinics throughout the rural section. During the short period that clinics have been held under the consultation clinic plan, they seem to have met with very favorable reception as the attendance has been large.

Chest clinics are held yearly in each township by the superintendent of Pawling Sanitarium and country health nurses for the early diagnosis of During the past year a portable tuberculosis. x-ray machine has been purchased which makes possible the detection of hilus tuberculosis in children, and, as most authorities concur that hilus tuberculosis is the seat of the primary lesion, much concentrated effort is being used along this line. Due to the increased number of hilus or juvenile cases discovered and admitted to the sanitarium, plans are under way for a new school building to be erected. Since 1907, according to statistics, the death rate of tuberculosis in Rensselaer County has been reduced 50%.

Hoosick Falls,—Hoosick Falls maintained by popular subscription a health center which recently has been re-organized and is fully equipped with modern operating room and maternity ward and will accommodate about fifteen patients.

Rensselaer.—In the city of Rensselaer there is a school nurse employed by the Board of Education, a public health nurse by the city and parochial schools, and through the Tuberculosis and Public Health Association, the schools are provided with a nutrition teacher.

Rural Sections.—There are thirteen health officers in the tural section, all of them having taken the course in public health. Every town in the country has a resident physician exception of Petersburg and Grafton w

a combined population of 1,800. There are twenty-five physicians in the rural sections outside the cities of Troy and Rensselaer. These physicians are so well distributed that every section of the country is well cared for.

There is one school nurse under the supervision of the Educational Department and the Renselaer County Public Health Organization. She works in conjunction with the county nurse in her district so that the work does not overlap.

There are 4,600 school children outside of the cities. An intensive campaign on the toxin anti-toxin immunization has been organized. Many defects have been corrected, such as removal of tonsils and adenoids, and attention to eyes and teeth. Orthopedic clinics and pre-school consultations are held by the State Health Department at intervals throughout the county.

Public health education has been stimulated by

literature, motion pictures and lectures.

Tuberculosis Associations.—The Rensselaer County Tuberculosis and Public Health Association, which is supported by a sale of tuberculosis Christmas seals, holds semi-weekly tuberculosis clinics at the health building, namely: on Wednesday from 6:30 to 9:00 P.M., and on Friday from 3 to 5 P.M. The staff includes a part-time clinician, Dr. R. H. Irish, and two full-time tuberculosis visiting nurses, one engaged by the Tuberculosis Association and one by the City Department of Health. There were 93 clinics held during the year 1928 with a total attendance of 482. On December 31, 1928, there were 267 patients on the clinic register, and 395 cases under the supervision of the nurses; of this number 310 were positive cases and 85 suspicious cases.

Psychopathic Clinic.—The psychopathic clinic, held at the Samaritan Hospital on the first Wednesday of every month, is under the direction of Dr. Clarence C. Cheney of the Hudson River State Hospital at Poughkeepsie, New York, and his assistants. This clinic is conducted for the parole patients from the State Hospital, or for anyone asking advice on any special problem. The interest that parole patients and their families have in taking advantage of this clinic is noted by the attendance each month. Very frequently when patients are unable to attend on account of the inclement weather, a telephone call or letter indicates the present condition of the patient since the last clinic. During the year 1928 there were 75 new cases admitted to this clinic. and 364 revisits from old cases. There are two doctors in attendance, and a social worker for the histories and field work.

Cancer Clinic.—The Cancer Clinic is conducted by the Rensselaer County Committee of the American Society for the Control of Cance. Clinics are held once a month at the Samuel cancer are made without charge, except in the case of x-ray films when the charge is reduced for those unable to pay. All patients, at the completion of the examination, are referred to their own attending physician and a letter is sent to him telling of the findings.

The examinations are made by the attending physicians at the hospitals who happen to be on

service at the time of the clinic.

The object of the clinic is to detect the presence of cancer as early as possible and to bring those cases under treatment promptly.

The funds to bear the expense of the clinic have been contributed by the Lions Club of Troy.

Troy Health Department.—The Board of Health for the city of Troy was superceded February 1, 1928, by the creation of the Department of Health headed by a Commissioner of Health appointed for a term of four years. The Health Commissioner is charged with the responsibility of Health activities in the city of Tuberculosis clinics were held twice weekly during the past year, a full time nurse is assigned to this line of work, working in conjunction with the Rensselaer County Tuberculosis Association. Child Welfare Clinics are held weekly at the New Health Center where children are examined and advised as to care and diet. This work is in charge of a physician and two full time nurses. Venereal clinic is held twice weekly and is in charge of a physician and a full time nurse. Prenatal Clinic is held twice monthly, a physician and a full time nurse being in charge. The special value of the nurse in these cases is that she is the authorized agent who is charged with the duty of securing the proper attention for the expectant mother.

Sanitary inspectors, whose duties consist of investigating nuisances and unsanitary conditions, and serve notices, thus relieving the health officer of the burden of the inexpert field work, were appointed. There are six sanitary inspectors employed in the city Troy; they are each given a district and held responsible for the conditions of that district.

In regard to communicable diseases, a full time nurse is assigned to this line of work whose duties are to investigate ail cases of contagion that come to the attention of the Health Department.

Laboratory.—A public health laboratory usually conducts six lines of work: 1. bacteriologic examinations, 2. chemical analysis, 3. the production of vaccines and serums, 4. field work, 5. research, 6. education. The greatest number of individual specimens received for examination and analysis in a public health laboratory are examined for the presence of disease germs, or the products of disease. The laboratory also makes bacteriologic examinations of water, sewage, milk, food, and air. The laboratory may also examine these substances on economic grounds, especially

if they have an indirect bearing on public health. Specimens of food are often examined for the detection of objectionable impurities and adulterations, and for lowered standards of composition; but the usual rule is that a laboratory of a department of health shall examine only those specimens which have a bearing on public health. It will examine all specimens sent by physicians from persons suspected of having communicable disease, or of being carriers of disease germs. Milk samples are taken twice weekly and are sent to the laboratory for the bacteria count and butter fat; and if they are found to be below standard an investigation is made to find where the real trouble lies.

Immunizations.—Toxin antitoxin clinics are held twice daily, the Department of Health acting in conjunction with the Department of Education. During the past year over 3,000 children were immunized. At present practically 90% of the children in the city exclusive of the parochial and private schools have been immunized. A clinic for crippled children is held once a week at the New Health Center and is under the supervision of a competent physician. This clinic is supported by the Elks.

Swimming Pools.—All swimming pools are inspected monthly. The importance of swimming pool sanitation should not be minimized. An increase in the number of sinus, ear, nose, and throat infections among individuals who make frequent use of swimming pools indicates that the proper methods for the control of such are not being carried out successfully or the right methods found. Bacteriological examination is generally made from the standpoint of gastric-While this is sufficient for enteric infections. drinking water, where water for swimming is being considered, the type of bacteria is more important than the relative number of bacteria it contains. The water in a pool during the time of swimming represents the combined washings of the nasal and mucus membranes of every swim-Therefore, some definite standards to render and keep the water in such pools safe for the swimmers is important if we are to prevent infections of the respiratory tract and paranasal sinuses. That is the reason why this city is so particular regarding swimming pools.

A Division of Vital Statistics is maintained to prevent disease and promote public welfare.

Plumbing Inspection.—There is need of plumbing inspection in our city. The subject of cross connections, the possibility of waste matter in the plumbing fixture finding its way back into the domestic water supply system, either by gravity or by syphonage, is a condition that may be serious. Preventive measures can be carried out efficiently only by a qualified sanitary pluming inspector. The point where a safe water supply ends and sewage begins is sometimes very finely

drawn A study of this question has produced conclusive evidence that plumbing has a close relation to health and that its installation, supervision, and inspection must be from a health, rather than building construction standpoint

District Physicians—Troy employs four district physicians who are assigned to the Department of Charities and are each given a district to take care of the poor of this city

Social Hygiene—The social hygiene clinic is conducted by the city of Troy, at the Health Building, Seventh Avenue and State Street I his clinic is under the charge of a physician and a graduate nurse

The clinic is conducted for the treatment of the social diseases, syphilis, gonorrhea and chaircroid in men, women and children. Only those patients are treated who are unable to pay for private medical care. No charge is made for any treatment at this clinic. This clinic was started during the war by the United States Public Health Department but shortly afterwards was taken over by the city of Troy. At the start the clinic was held at the Samaritan Hospital but was transferred to the Health Building on its completion.

The object of the clinic is not only to treat patients sick with these diseases, but also to render them incapable of spreading the infection to others. In this way, in conjunction with the clinics in other cities throughout the state, it is expected that the incidence of these diseases will be materially reduced.

Report of social hygiene clinics, 1928		
New patients admitted—syphilis		40
" gonorrhen		60
Patients discharged well—syphilis		8
" " gonorihen		40
Total number of treatments	2	2,776
Wassermans taken		193
Smears "		76
Spinal treatment for syphilis		54

Hospitals—The city of Troy is fortunite in hiving four modern hospitals—The Troy City Hospital with 268 bcds controlled by the Sisters of Charity, The Samantin with 175 beds controlled by a board of directors, The Leonard with 60 beds controlled by a board of directors, St Joseph Maternity Hospital with 40 beds controlled by Sisters of St Joseph, and The Rensselaer County Hospital within the city limits, which is a part of The County Alins House, has 60 beds where chronic, incurrible, and veneral cases are cared for

The American Red Cross is a very active organization in Rensselver County

Rensseher County is as well if not better equiped in regard to modern hospital accommo dations than any other county of its size and population in the state, but there is room for improvement

CHESTER A HEMSTREET, M D , Chuitinn HARRY W CAREY, M D DAVID H FAUI KNER, M D J J QUINLAN, M D

#### PUBLIC RELATIONS COUNTY SURVEY No 10-ULSTER

Ulster County, situated on the west bank of the Hudson River, is one of the ten original counties of New York State It has a total popu-Intion of about 83,000, divided between 35,643 classified as urban, and 47,409 classified as rural Most of the urban population is concentrated in Kingston City, the County Seat, situated on the Hudson, about 90 miles up the river from New York City, with a population of about 28,000 There are five incorporated villages within the county, three with small populations that are classified as rural, and two, Ellenville and Saugerties, with over 3,000, and over 4,000 population respectively, classified as urban The population of the county is practically the same as it was fifty years ago There has been a decline in the three major industries of fifty years ago, blue stone quarrying, cement making and agriculture A fourth major industry of the county is brick making, which has introduced many foreign and negro laborers who have complicated the Public Health and Public Welfare problems of the county The county includes a large expanse of the Catskill Mountains and is increasingly popufar as a resort. In addition, increased transportation facilities and the expanding metropolis of New York City, are bringing the county increasingly in touch with metropolitan influences.

Supply of Physicians—In December, 1929, there were ninety physicians in Ulster County, divided between forty seven in Kingston and forty three in the county outside of Kingston

In the City of Kingston there has been a remarkable change of physicians in the last three years. In 1926 there were forty seven physicians in Kingston and between that time and December, 1929, sixteen of these died and one left town Seventeen new physicians have started practice in that period. Thus, there has been a change in over one third of the personnel of the physicians in the city in three years' time. The new men are younger, so that whereas the average age of the Kingston doctors was fifty-seven years in 1926 in 1929 it was forty-nine and one-half years.

There are seventy-four members of the Ulster County Medical Society. In other words, about 80% of the doctors belong to the local County Medical Society.

Attendance at the meetings averages 38% for the year, but 87% of these in attendance are from Kingston while only 13% represents out-of-town members.

PublicHealth.—The organization of the Kingston City Health Department consists of three inspectors, a public health nurse and a clerk for the vital statistics. A part-time health officer receives \$1,800 a year. The Health Department operates on a budget of around \$12,650, making a per capita expenditure of about fortyfive cents for the city of Kingston. The city prides itself upon its water supply which is delivered by gravity from the Sawkill watershed in the Catskill Mountains. The Health Department stringently regulates the milk supply, and the city is free from water and milk-born epidemics. About two years ago the Health Department, with the cooperation of the local doctors and others, put on an intensive campaign for toxinantitoxin immunization. A rough estimate would indicate that about two-thirds of the public school children are so immunized. The Health Department has continued this work in more or less regular clinics and a good proportion of the preschool and school children of the city have received the toxin-antitoxin. In the matter of immunization against smallpox the situation is not so good, in that the medical supervisor of the school system judges that only a little over one half of the school children have been vaccinated.

Outside of the city of Kingston, the local Public Health is administered by the system of parttime village and township health officers that is in vogue in New York State. Eight of the twenty townships of the county are without a resident physician. In other words, the health officer does not live in the township. The standard of work done by the health officer varies in different townships and on the whole is not entirely satisfactory. The township is too small a unit for public health administration. Ulster County, semi-rural as it is, would be an excellent county in which to start a county-wide Health Department.

The city of Kingston supports a laboratory in space furnished by the county in one of the county buildings. The services of this laboratory are competent and are extended to the health activities of the county and to the private doctors.

General Hospitalization.—There are two general hospitals in Kingston, the Kingston Hospital (a private corporation) with a bed capacity of 120 beds and 15 bassenets, and the Benedictine Hospital (Our Lady of Victory Hospital) with 90 beds and 10 bassenets. In addition there is a small hospital (Veterans' Memorial Hospital) of 14 beds in Ellenville. This gives the

county a total of 234 acute beds, or one for each 355 inhabitants. The hospitals of Newburgh and Poughkeepsie are also available to the citizens of the southern part of the county. On the other hand, Kingston hospitals draw from the neighboring counties of Greene, Delaware and Sullivan.

In the last five years the Benedictine Hospital has increased its capacity from 50 to 100 beds, and the Kingston Hospital from 65 to 135 beds, but this expansion of bed capacity does not tell the whole story of the marked improvements in plants, equipment, and professional services made in the matter of general hospitalization in Kingston in the last five years.

Each of the Kingston hospitals conducts a registered school of nursing.

Besides the general hospitals, there is an accredited private sanitarium (the Sahler Sanitarium) of 120 beds which handles neurological, mild psychiatric, and cases of general invalidism. While this sanitarium draws from a wider area than the county, it is also available to the people of the county in these conditions.

There are no facilities in Ulster County for the handling of acute psychopathic cases or of cases of infectious diseases.

Tuberculosis.—Ulster County was one of the first counties in the State to start a tuberculosis hospital. A modest beginning was made in 1909, and by 1910 there was a bed capacity of 22 beds. This hospital at present is antiquated and inadequate, and for the last five years or more there has been an agitation to build a new hospital. In spite of the efforts of the County Medical Society and others, progress toward a new hospital has advanced only to the stage of aquiring a new site and connecting the site with water, gas, electricity and sewers. Plans for a new hospital have been drawn, but no contracts have been let. The building of this hospital has been one of the major projects of the County Medical Society, and great efforts have been made to further the project both by the Society as a whole and the individual members. The prospects are now very good that construction on this new hospital will start early in 1930.

While no exact figures are available, the incident rate and mortality from tuberculosis in the country are probably rather high, due to several factors, among which are the racial make-up of the people, and the fact that the county is a mountain or resort one, attracting invalids from the metropolitan region, etc.

One tuberculosis public health nurse has been supported by the Committee on Public Health and Tuberculosis for the last eighteen years or so, and this committee also supports a fresh-air camp for two summer months for undernourished and contact children, in which about sixty children participate.

sixty children participate.

School Health.-The Kingston Board of Education supports a Medical Department for the 4,500 pupils of the public school system, consisting of a school medical supervisor, assisted by a woman physician, together giving the equivalent of full-time medical service, and three school nurses. The school medical supervisor is a neurologist and it is planned to combine the mental with the physical work in the school system. So far, this has been more of a prospect than a fulfillment. The school system conducts one special class for the retarded, and encourages the distribution of milk during the morning sessions, especially to the undernourished pupils. The Kiwanis Club of Kingston pays for this nulk in the cases of undernourished children whose parents cannot afford to do so. Negotiations are well under way to start a free dental clinic in the public school system in conjunction with the Medical Department.

Clinics.—The only organized work in maternity, infant, and pre-school child welfare is carried on by the Junior League of Kingston which maintains a headquarters and fairly regularly sponsors clinics in these departments of public welfare. This work has the approval of the County Medical Society, but only the half-hearted

support of the individual doctors.

Besides the Junior League and the immunization clinics conducted by the Kingston Health Department, there are no other local clinics. However, the State conducts regularly mental and child guidance clinics, and occasionally chest and orthopaedic clinics. There are no suitable accommodations or rooms in Kingston for the holding of these clinics. There are no dispensaries, no venereal clinics (although a recent survey of the State Board of Health indicates the need for the same) in Ulster County.

Health Agencies.—There are altogether sixteen public health nurses and welfare agents in the county, including a Kingston city public health nurse, a county tuberculosis nurse, three Kingston school nurses, a Metropolitan Life Insurance nurse, a school nurse and a township nurse in Saugerties, a nurse in the townships of Lloyd and Mariboro, a school nurse in Ellenville, a county agent for dependent children, a Catholic Charities agent, a Hebrew Charities agent, and one industrial nurse.

Among the agencies operating in behalf of public health and public welfare in the county, besides the Junior League and the Catholic Charities, which have already been mentioned, and which are rendering excellent services, there is the semi-official Board of Child Welfare associated with the State Charities Aid for the care of dependent children, and a county Agent for

the same is supported.

There is a County Committee on Public Health and Tuberculosis which is small and geographi-

cally unrepresentative, and whose work is carried on by a few enthusiastic and dependable people. The medical profession is well represented on this committee which works along harmoniously with the organized Medical Society.

There is a County Chapter of the American Red Cross whose work is mainly national, but which does some work within the county. There is an active county organization of the American Legion which carries on welfare work among ex-service men. The Salvation Army carries on actively among indigents.

Civery annong margenes.

The Federation of Women's Clubs is interested, through its Committee on Public Health and in other ways, in the public health and wel-

fare activities of the county.

There are nine active Parent-Teacher Associations in Kingston which are eager to promote welfare activities, especially among the children. In the summer of 1929 they sponsored a summer round-up of the pre-school children about to enter school in the fall. In addition, several of the communities outside of the city have Parent-Teacher organizations.

The Ulster County Farm and Home Bureaus and various granges are well organized and active associations which are doing much to disseminate facts of Public Health, especially rural health in the county. They have pronoted much toxin-antitoxin immunization work in the rural communities and they have made a beginning toward the establishment of infant and pre-school child clinics.

Indigents.—The problem of the indigents is one that is of medical interest in that the doctors are continually called upon to solve social problems, to make social placements, to render medical service to institutions, and to individual indigents.

The city of Kingston runs a well conducted City Home, averaging about 60 inmates on a budget which, including outside relief, averages around \$50,000 a year. The city pays two physicians \$600.00 a year to act as city physician to treat the indigents, and one of these physicians acts as attending physician to the City Home. Indigents requiring hospital care are referred by the Commissioner of Public Welfare to the general hospitals which are re-imbursed so much a day for their care.

For the county outside of Kingston there is a Poor Farm at New Paltz. It is equipped to function as a hospital or infirmary, but the only medical attendance is that of a local doctor who comes from a distance and receives only about \$600 a year remuneration.

There is an excellent home in Kingston for dependent children with a capacity of about fortyfive, with a voluntary attending physician, and a large consulting staff of local doctors. This home, together with the placement facilities afforded by the Board of Child Welfare, through its agent takes good care of the dependent child. There is also a large Catholic orphanage in the county (Sacred Heart Orphanage) which not only draws from the county but also from a wider radius.

At the present time there is being constructed a new and complete Home for the Aged, with a capacity of about forty beds to replace the present smaller and less adequate one. There is a voluntary staff of local physicians for this institution.

Criminology.—The relationship of medical activities and the administration of justice in the county could be improved. Due to the low remuneration (about \$400.00 a year) it has been difficult to secure a physician who will act in the rather arduous capacity of jail physician. There is no systematic effort on the part of the local authorities to avail themselves to any great extent of the medical and psychiatric aids that might

be of service to them in their administration of justice.

The probation officer is a welfare agent, but the one individual who attempts to serve in this capacity to the municipal, county and juvenile courts of Ulster County at a salary of about \$1,000 a year, is unable, however zealous, to perform this work completely satisfactorily on a parttime basis.

There has been a standing committee on Public Health and Public Relations of the Ulster County Medical Society since December, 1926. This committee is trying to fulfill its functions as laid down by the State Committee and has succeeded in some particulars, at least to the extent of making this inadequate survey.

RAYMOND S. CRISPELL, M.D.,
Chairman of the Committee on Public
Health and Public Relations of the Ulster
County Medical Society.

#### ORLEANS COUNTY

The annual meeting of the Medical Society of the County of Orleans was held at the Alert Club Rooms, Medina, N. Y., November 21, 1929.

The meeting was called to order by the President, Dr. F. W. Scott. The following officers were elected for the year 1930:

President, Donald, F. Macdonell, M.D., Medina. Vice-President, Ralph E. Brodie, M.D., Albion. Sec'y-Treas., Robert P. Munson, M.D., Medina. Censors, J. Fred Eckerson, M.D., Medina, D. F.

Macdonell, M.D., Medina, and L. G. Ogden,

M. D., Holley.

Delegate to State Society, C. E. Padelford, M.D., Holley.

14----

Alternate to State Society, D. F. Macdonell, M.D., Medina.

The president and secretary were named to constitute all standing committees.

The committee named to survey the by-laws

at the last meeting reported several changes which seemed to them to be advisable. Motion was carried that these by-laws be amended in accordance with the committee's recommendations. This will be voted on at the next meeting.

The following candidates having been favorably reported upon by the Censors, were unanimously elected to membership:

Adfur E. Maines, M.D., Medina, and Julius J.

Layer, M.D., Lyndonville.

Following the business meeting Dr. A. H. Aaron of Buffalo gave an excellent paper on "The Therapeutics of Gastro-Intestinal Disease." Discussion was led by Dr. W. D. Johnson of Batavia, and Dr. Francis Leopold of Buffalo.

A turkey dinner brought to a close a most en-

joyable and enthusiastic meeting.

Members present, 15; candidates, 2; guests, 5.
ROBERT P. MUNSON, Secretary.

#### KINGS COUNTY

The stated meeting of the Medical Society of the County of Kings was held November 19, 1929, in McNaughton Auditorium. The program was given over to the health examination idea in cooperation with the Five County Societies of Greater New York Committee on Health Examinations.

A motion picture film was presented showing the technique of a complete physical examination, featuring an arrogant young man who is induced to be examined on a dare, and who is found to have several things wrong with him of which he was unaware. His resolve to return for a periodic examination on each birthday is the keynote of the whole picture. Following the showing of the film, there were short, concise addresses, emphasizing certain particular features of the special examinations which a general practitioner is required to make. The guest speakers of the evening were Louis Cassamajor, M. D., and Henry S. Dunning, M. D., from the Neurological and Oral Surgical Services, respectively, of Columbia University Medical Center; and Wesley M. Hunt, M. D., and Thomas H. Johnson, M. D., from the Otological and Ophthalmological Services, respectively, of New York University and Bellevue Medical School. A discussion of the practical application of the physical examination to the specialities was opened by Dr. Alec M. Thomson.

#### SENECA COUNTY

The regular meeting of the Seneca County Medical Society was held October 10, 1929, at Willard State Hospital. Officers were elected as follows:

President, A. J. Frantz, M.D.; Vice-President, L. W. Bellows, M.D.; Secretary and Treasurer, R. F. Gibbs, M.D.; Delegate to State Society, F. W. Lester, M.D.; Alternate to State Society, W. M. Follette, M.D.; Delegate to 7th District Branch, A. Letellier, M.D.; Alternate to 7th District Branch, R. F. Gibbs, M.D.; Censors: Drs. Lester, Bacon and Bellows.

The Committee on Public Relations through the chairman, Dr. C. A. J. Brown, reported that the services of the Committee offered to the Parent-Teachers Association of Seneca Falls, the State Charities Aid Society and the Tuberculosis Clinics had been acknowledged and accepted. The Committee has made an earnest endeavor to impress all lay organizations that the physicians of the County were ready to assist at all times.

An amendment to the By-Laws. Chapter 9, was offered by the revision committee, Drs. Brandt, Gibbs, and Lester, relative to increasing the number of meetings from two to four a year. It was resolved that action be deferred until the next regular meeting, and that copies

of the proposed amendment be sent to all members in the interim.

The meeting then adjourned for dinner on the invitation of Dr. R. M. Elliott, Superintendent of the Willard State Hospital.

On reconvening at 2 P.M. the Scientific session was as follows:

1. "Some of the developments in the Modern Practice of Urology" by Dr. Thomas F. Laurie of Syracuse. Dgsuria, Hematuria, pyuria and renal Calculus were especially stressed. Discussion by Drs. Elliott, Gordon, Letellier and Lester.

2. "Rupture of the Uterus at Full Term." by Dr. Frederick W. Lester of Seneca Falls. Causes, symptoms and treatment were discussed. A case of complete rupture of a full term uterus was fully described in which there was complete extrusion of the contents into the abdominal cavity. Operation was performed with complete recovery. Discussion by Drs. Elliott. Frantz and Letellier.

The thanks of the Society were voted to Drs. Laurie and Lester for the scientific program and to Dr. Elliott for his hospitality at the Willard State Hospital. The meeting was adjourned to meet at Seneca Falls the second Thursday in May, 1930.

R. F. Guns, Secretary.

#### SUFFOLK COUNTY

From the Monthly News Letter of the Suffolk County Medical Society for November, 1929

The Annual Meeting of the Suffolk County Medical Society was held in the Henry Perkins Hotel, Riverhead, on October 31, beginning at 11:30 in the morning Forty-two doctors were in attendance, twenty health nurses, six members of the Suffolk County Tuberculosis and Public Health Association, and other visitors, bringing the total attendance up to eighty-two. The President, Dr. E. R. Hildreth, presided, and the Secretary, E. P. Kolb recorded.

Reports were given by the various committees. That of the Public Health Committee by the Chairman, Dr. Frank Overton, was published in the October issue of the News Letter.

Dr. W. H. Ross, Chairman of the Legislative Committee, reported that there was little medical legislation introduced last year, and that therefore the Committee had little to do.

The question of physicians' insignia supplied by the American Medical Association for automobiles was taken up, and on motion the Comitia Minora was authorized to investigate the matter with power to act.

The Secretary reported the deaths of Dr. Harold Hewlett, of Babylon, Noah S. Wadans, of Westhampton Beach, and Lewis A. Twining, of Center Moriches. On motion, the President appointed Drs. A. H. Terry and M. B. Lewis a committee to prepare suitable memorials for the deceased members.

At the request of the President, Dr. A. T. Davis, County Health Officer made a report of the activities of the Health Department. Dr. Davis introduced the County Veterinarian, the Sanitary Engineer, Mr. Cook, and Miss Bradly, Supervising Nurse, who made brief addresses.

New members proposed were Dr. Hans Jergenson of Greenport; Dr. Reginald Stin, of Kings Park; and Dr. Myron L. Hafer, of Pstchogue. These were referred to the Censors, and on their favorable report, were elected bership.

The President appointed Drs. E. M. Overton, Frank Overton, and A. G. Terrell a committee on nominations for the year 1930. This committee reported as follows:

President, Dr. A. E. Payne, of Riverhead. Vice-President, Dr. William J. Tiffany, of

Kings Park.

Secretary, Dr. E. P. Kolb, of Holtsville, Treasurer, Dr. Grover A. Silliman, of Sayville

Censors, Drs. George H. Schenck, Southampton, Frank S. Child, Port Jefferson, and James S. Ames, Babylon.

Delegates to the State Society: Drs. A. E. Payne and William J. Tiffany.

On motion these officers were unanimously elected and the delegates were authorized to appoint their alternates with the approval of the Comitia Minora.

The report of the Treasurer, Dr. G. A. Silliman showed the monthly News Letter costs the Society \$746.63 annually, but the Suffolk County Tuberculosis and Public Health As-

sociation paid the Society \$581.92 for copies purchased and sent to laymen interested in health.

The local Society dues of five dollars provides for all the expenses of the Society, and also a surplus which now amounts to over two thousand dollars.

The President appointed Drs. C. C. Miles and J. I. Halsey as auditing committee, which reported later that they found the accounts correct.

The members and guests then dined together, after which Doctor Hildreth gave the Annual President's address.

The address of the day was by Dr. Allan W. Freeman, Professor of Public Health at Johns-Hopkins University, who had been engaged by the Comitia Minora to make a survey of the County. (See this JOURNAL, December 15, 1929, p. 1503.)

The meeting adjourned at four o'clock after one of the most successful and enthusiastic meetings ever held by the Society.

E. P. Kolb, Secretary.

#### JEFFERSON COUNTY

The annual meeting of the Medical Society of Jefferson County was held at the Black River Valley Club November 14.

The speaker of the evening was Dr. Anthony Bassler, New York City, who addressed the Society on "Toxemia of the Gastro-Intestinal Tract," his subject being demonstrated by lantern slides.

The following officers were elected for the ensuing year:

President, F. G. Metzger, M.D. Vice-President, J. E. McAskill, M.D.

Secretary, Walter Atkinson, M.D. Treasurer, Walter F. Smith, M.D.

Censors: D. G. Cregor, M.D., Chairman; J. A. Barnette, M.D., G. F. Bock, M.D., F. R. Calkins, M.D. and P. E. Thornhill, M.D.

Dr. Eggleton Clifford Soults was elected to membership.

It was a very interesting meeting with fortyeight members present.

WALTER S. ATKINSON, Secretary.

#### ART EXHIBITIONS

The fourth annual exhibition of the New York Physicians Art Club, will be held at the Academy of Medicine, 103rd Street and 5th Avenue, New York City, from February 15th, until March 15th, 1930.

Contributions of original work will be gladly received from all physicians who are interested in painting, sculpture, etching, or any other works in the liberal arts or craft. Those wishing to enter exhibition of their

work are requested to communicate at once with, Dr. Herman Fischer, 35 East 84th Street, New York City. Physicians up-state are invited to show their work.

The exhibit of last year was described in this Journal of February 15, 1929, page 228. Over fifty physicians contributed more than three hundred works of art which would have done credit to any museum or art gallery in the land.



# THE DAILY PRESS



#### COUNTY SURVEYS

New Year resolutions look backward as well as forward, like the two faces of Janus, the ancient god of beginnings, after whom the first month of our year was named. Some leaders of county medical societies are in the plight of the business man represented by J N Ding in the New York Herald Tribune or January second. This Journal for January first contained a list of the civic achievements of county medical societies during the past year. That list consisted of those activities which were of such outstanding importance that they were worthy of perpetuation in the public records of the Medical Society of the State of New York, because of their originality or their practical value as examples for other counties to follow. No insinuation was intended that those county societies not on the list were failing to measure up to the standards set by the leaders of the Medical Society of the State of New York. Practically all the county societies are following the example of Ulster and Rensselaer, whose surveys appear on page 102 and are quietly taking stock of the medical needs of their counties and devising ways of supplying the needed service.

County Society leaders may be perplexed as they think over what they have done, for most people are afflicted with an inferiority complex, and look on defects rather than perfections. The six-page index of Medical Society activities published in the Journal of December fifteenth, is a revelation of the ever increasing

activities of Medical Societies the impetus of last year's progress will doubtless extend through all the year 1930.



I. N. Ding in the New York Herald Tribune of January

#### PROLONGING LIFE

An editorial in the New York Times of December 14, refers to an offer of Mr. Du Pont to assist life insurance companies in a research into the prolongation of human life, and says:

"A united effort of this nature and magnitude would be the greatest challenge that man ever made to death. It would, of course, not aim at a mere prolongation of life. According to the story which Virgil tells in the Aeneid, she who was promised the fulfillment of her utmost wish if she would accept the love of Apollo took a handful of sand and, holding it torth, said "Grant me as many birthdays as there are sand-grains in my hand' But she forgot to ask for enduring youth. She lived on for 700 years, and when Acneas accompanied her back from the journey to the Elysian Fields she had still to see '300 Springs'

and 300 harvests,' but with a body that 'shrifer up as the years increase.' The lengthening of life should be attended by maintenance of the faculties that give fullness to life. To treadded years without growing incapacity is the major problem.

"The increasing stress laid upon and cation has in its thought the prolemant rest in life—postpouling the end are the insurance of lengthened placed lengthened conomic life must prove the life insurance job placed lengthened it is the life insurance job proven what Apollo gave to an ancier and are end life, it will be the oblice that the fullness of life does a series of the categories and the fullness of life does a series of the categories and the fullness of life does a series of the categories and the fullness of life does a series of the categories and the fullness of life does a series of the categories and the fullness of life does a series of the categories and the fullness of life does a series of the categories and the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories and the categories are the categories are the categories and the categories are

Numerous are the popular formulas for attaining old age. The New York Herald Tribune of January second, quotes W. P. Draper, a Civil War survivor now ninety years old, as saying:

"If water will rust pipes, it will rust those inside the body. Avoid drinking it, if you would live long. Coffee, tea, ale, beer and a

discreet number of highballs are the drinks worthy for any man."

The article states that Mr. Draper acquired his aversion to water when he was ship-wrecked as a sailor, and also when he was lowered over the side of Admiral Farragut's Flagship to caulk shotholes during the battle of New Orleans.

#### BETTER LIFE INVESTIGATION

The New York *Herald Tribune* of December 20 contains the following announcement regarding a new research institute by President Hoover:

"The White House announcement outlined the project as follows:

"At the request of a number of interested agencies the President has appointed a Research Committee on Social Trends to direct an extensive survey into the significant social changes in our national life over recent years, paralleling in character the investigation of economic changes made over a year ago. Such subjects will be studied as the improvement of national health and vitality, its bearing upon increased number of persons of 'old age' and other results; the changes in the maladjusted, such as insane, feeble-minded, etc.; the effect of urban life upon mental and physical health; the institutional development to meet these changes; the problems

arising from increased leisure; changes in recreation and the provision for it; the changes in occupations; occupations likely to continue to diminish in importance; those likely to increase; the changes in family life, in housing, in education; the effect of inventions upon the life of the people, and many others which may indicate trends which are of importance.

"The funds for the research have been provided by the Rockefeller Foundation, and invaluable preliminary aid in defining the nature of the survey has been rendered by the Social Science Research Council.

"The Chairman of the Committee is Wesley C. Mitchell, professor of economics, Columbia University, director National Bureau Economic Research, and past president of American Economic Association and of American Statistical Association."

#### LAMARCK AND EVOLUTION

The New York Times of December 18 has an editorial on Lamarck, which says:

"The centenary of Lamarck's death has arrived, but proof of his theory concerning the transmission of 'acquired characteristics' has not come to share in the celebration of this day. Professor McDougall is still going forward with his experiments, with rats repeating the training process and "selecting adverseley," thus putting Lamarckian transmission to its severest test. In Lamarck's own prefatory statement of his doctrine a new want gives birth to a new organ or function, or, as a later philosopher has maintained: "The soul is sure to mold for itself such a body as its wants and vocation require." In addition, the change wrought through 'appetence,' the reaching out in one direction or another, is transmissible to the offspring."

The editorial closes with the following quotation from Lamarck's writings which sums up

his theory:

"All that has been acquired, laid down or changed in the organization of individuals in the course of their life, is conserved by generation and transmitted to the new individuals which proceed from those who have undergone these changes."

Lamarck believed in the transmissability of acquired characteristics. A trained scholar, for example, would transmit a capacity for scholarship to his children. But thirty years after Lamarck's death, Charles Darwin first stated the modern view that evolution consisted essentially of the transmission of capacities only; and no amount of training could affect their transmission to offspring. pregnant women, without musical ability, practice on the piano daily in hopes that their children will be musical, and many others decorate their boudoirs lavishly in order to make their babies artistic, and still others seclude themselves at home in order to avoid sights which might "mark" their children.

#### **\***

# BOOKS RECEIVED

£133

Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.

- DISEASES OF THE BLOOD. By PAUL W. CLOUGH, M.D. 16mo of 310 pages. New York and London, Harper & Brothiers, 1929. Flexible leather, \$2.50 (Harper's Medical Monographs).
- THE MOST-NEARLY PERFECT FOOD. The story of Milk. By SAMUEL J. CRUMBINE, M.D., and JAMES A. TOREY, Dr. P.H. 12mo of 292 pages, illustrated. Baltimore, The Williams & Wilkins Company, 1929. Cloth, \$2.50.
- OUTLINE OF BACTERIOLOGY. BY HENRY A. BARTELS, B.S., D.D.S. Octavo of 128 pages, illustrated. New York, William Albert Broder, 1929. Cloth, \$2.00
- FUNDAMENTALS OF PATHOLOGY. By JOSEPH SCHROFF, B.S., M.D., D.D.S. Octavo of 109 pages, illustrated. New York, William Albert Broder, 1929. Cloth, \$2.50.
- MENICAL LEADERS FROM HIPPOCRATES TO OSLER, By SAMUEL W. LAMBERT, M.D., and GEORGE M. GOODWIN, M.D. Octavo of 331 pages, illustrated. Indianapolis, The Bobbs-Merrill Company, 1929. Cloth, \$5.00.
- THE MEDICAL RECORD VISITING LIST OR PHYSICIANS' DIARY FOR 1930. Revised. 16mo New York, William Wood & Company, 1929. Flexible leather, \$2.00.
- Text-Book of Embryology. By Frederick Randolphi Bailey, A.M., M.D., and Adam Marion Muler, A.M., 5th revised Edition. Octavo of 687 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$7.00.
- THE PATHOLOGY OF THE EYE. By JONAS S. FRIEDEN-WALD, A.M., M.D., F.A.C.S. Octavo of 346 pages, illustrated. New York, The Macmillan Company, 1929. Cloth, \$450.
- THE FEMALE SEX HORMONE. By ROBERT T. FRANK, A.M., M.D., F.A.C.S. Part I. Biology, Pharmacology and Chemistry. Part II. Clinical Investigations Based on the Female Sex Hormone Blood Test. Octavo of 321 pages, illustrated. Springfield, Ill., Charles C. Thomas, 1929. Cloth, \$3.50.
- METHODS AND PROBLEMS OF MEDICAL EDUCATION. (Four-teenth Series.) Quarto of 207 pages, illustrated. New York, The Rockefeller Foundation, 1929.
- The Physician Throughout the Ages. A Record of the Poctor from the Earhest Historical Period. By Artius Relwyn-Brown, B.Sc., M.A., Ph.D.,L.D. Two folio volumes. v. 1. 848 pages, illustrated, v. 2, 884 pages, illustrated. New York, Capehart-Brown Company, Inc., 1928 Cloth, \$2500 per set.
- POSTURE AND HYGIENE OF THE FEET. By Philip Lewin, M.D. 16mo of 47 pages, illustrated. New York and London, Funk & Wagnalls Company, 1929. Flexible leather, \$30. (National Health Series.)
- AIDS TO DERMATOLOGY AND VENEREAL DISEASE. By ROBERT M. B. MACKENNA, M.A., M.B. 16mo of 236 pages. New York, William Wood and Company, 1929. Cloth, \$1.50.

- Synopsis of Midwifery and Gynecology. By Aleck W. Bourne, B.A., M.B., B. Ch. (Camb.). Fourth Edition. 12mo of 434 pages, illustrated. New York, William Wood and Company, 1929. Cloth, \$4.50.
- THE NERVOUS CHILD. BY HECTOR CHARLES CAMERON, M.A., M.D. Fourth Edition, 12mo of 249 pages. London and New York, Oxford University Press, 1929.
- COMMON INFECTIONS OF THE FEMALE URETHRA AND CERVIX. BY FRANK KIDD, M.A., M. Chi, and A. MALCOLM SIMISON, B.A., M.B., D.P.H., Octavo of 197 pages, illustrated. London and New York, Oxford University Press, 1929. (Oxford Medical Publications.)
- GRENZ RAY THERAPY. By GUSTAV BUCKY, M.D. Translated by WALTER JAMES HIGHMAN, M.D. Octavo of 170 pages, illustrated. New York, The Macmillan Company, 1929. Cloth, \$3 50.
- THE NEWER KNOWLEDGE OF NUTRITION: The Use of Foods for the Preservation of Vitality and Health. By E. V. McCollum, Ph.D., ScD., and Nima Simmonds, Sc.D. Fourth Edition. Octavo of 594 pages, illustrated. New York, The Macmillan Company, 1929. Cloth, \$5.00.
- A PRACTICAL TREATISE ON DISORDERS OF THE SEXUAL FUNCTION IN THE MALE AND FEMALE. By MAX HOUNER, M.D. Third Edition. Octavo of 342 pages. Philadelphia, F. A. Davis Company, 1929. Cloth, \$3.00.
- PRACTICAL MASSAGE AND CORRECTIVE EXERCISES WITH APPLIED ANATOMY. By HARTVIG NISSEN, Fifth Edition, revised and enlarged by Harry Nissen. Octavo of 271 pages, illustrated. Philadelphia, F. A. Davis Company, 1929. Cloth, \$2.50.
- THE BLOOD PICTURE AND ITS CLINICAL SIGNIFICANCE (INCLUDING TROPICAL DISEASES): A Guidebook on the Microscopy of Blood. By Professor Dr. Victor Schilling. Translated and edited by R. B. H. Gradwohl, M.D. Seventh and Eighth Revised Edition. Octavo of 408 pages, illustrated. St. Louis, The C. V. Mosby Company, 1929. Cloth, \$10.00.
- MODERN METHODS OF TREATMENT. By LOGAN CLENDEN-1NG, M.D. Third Edition. Octavo of 815 pages, illustrated. St. Louis, The C. V. Mosby Company, 1929. Cloth, \$10.00.
- An Introduction to the Study of the Nervous System. By E. E. Hewer, D.Sc., and G. M. Sandes, M.B., B.S. (Lond.). Octavo of 104 pages, illustrated. St. Louis, The C. V. Mosby Company, 1929. Cloth, 65.50.
- A SYSTEM OF BACTERIOLOGY IN RELATION TO MEDICINE, [By Various Authors. Prepared under the direction of the Medical Research Council.] Volume IV. Octavo of 482 pages. London, His Majesty's Stationery Office, 1929. Cloth, £8.8-0 a set; £1-1-0 cach.
- Dr. Colwell's Dally Log for Physicians: A Brief, Simple, Accurate Financial Record for the Physician's Desk. Octave, Champaign, Illinois, Colwell Publishing Company, 1929.



# BOOK REVIEWS



DIAGNOSTIC METHODS AND INTERPRETATIONS IN INTERNAL MEDICINE. By SAMUEL A. LOEWENBERG, M.D. Octavo of 1032 pages, illustrated. Philadelphia, F. A. Davis Company, 1929. Cloth, \$10.00.

This book contains information which can only be acquired by a wide experience gained from general practice as well as specialization. The various chapters, all of which contain a wealth of material, emphasize the great importance of skill in physical diagnosis and yet do not minimize the practical value of the various laboratory tests. The latter are carefully interpreted in a way in which the general practitioner can grasp their signifi-cance and thus properly evaluate them. The simplest technical methods are described.

Special chapters are devoted to Neurology and Roent-genology written by Drs. M. K. Meyers and Leon Solis-Cohen respectively, Each of these are text books in themselves. The last chapter makes this volume vven more unique. It deals with physical examination as applied to Industry, Life Insurance, Health Preservation and Detection of Malingering. These are problems of which other text books of this type neglect to treat, yet are of inestimable value to the practitioner as well as the

S. H. POLAYES, M.D...

RELLECTIONS AND OPERATIONS. By SIR JOHN O'CONNOR, K.B.E., M.A., M.D. Octavo of 361 pages. London, Bailliere, Tindall & Cox, 1929. Cloth, 21/.

This book is delightfully interesting. Sir John must have been a rare man and one whom it would have been a pleasure to know. His life was filled with interest from the time of his boyhood when as a redheaded Irish urchin he frolicked by the waterside of the beautiful Shannon till the last great "innings" (as he himself would express it) was closed, and he left the world to those who had known and loved him, infinitely the poorer.

The reading of the collection of his writings, edited by Beatrice and May O'Connor with a foreword by Her-bert J. Paterson, has proved of such great interest that the reviewer can well recommend it, not only to those interested in the history and progress of Surgery but to those who are interested in literature and humanity.

The most extensive review could give but a slight idea of the pleasure and profit which may be had from reading this book. It is so real that you will want to treasure it.

RUSSELL S. FOWLER.

WHY WE ARE MEN AND WOMEN OR FACTORS DETERMINING SEX. By A. L. BUNEDICT, A.M., M.D. 12mo of 270 pages. New York, Allen Ross & Company, 1929. Cloth, \$2.50.

In the first chapter of this somewhat unusual book, the author speculates as to what would be the result if human beings were able to regulate "in advance" the sex of their offspring. Potential parents would be influenced by the desire to maintain the family-name and thus would prefer a boy; yet authorities in charge of institu-tions which have children for adoption, report that 75% of the applications are requests to adopt girls.

The author sees a practical advantage to sex control as a factor in climinating such diseases as hemophilia, color blindness, etc., in which the abnormalities may be shown to be definitely linked with sex in the parent

Further, the ability to control sex would stimulate

interest in the study of heredity along practical human lines, Dr. Benedict believes.

The author devotes several chapters to a consideration of the physiology of reproduction and discusses a few of the theories that have been adduced to explain the why and wherefore of sex determination.

The apparent date of fecundation in relation to the menstrual cycle has been thought by some observers to influence the sex of the resulting offspring, but the evidence is not conclusive.

It has also been claimed that "fresh" semen is more likely to produce a male, and "stale" semen a girl, but here again the conclusions are purely speculative.

The riddle of sex remains unsolved, and the author frankly admits it.

FRANK E. MALLON.

THE CYTOARCHITECTONICS OF THE HUMAN CEREBRAL CORTEX. By CONSTANTIN VON ECONOMO. Translated by Dr. S. Parker. Octavo of 186 pages, illustrated. New York, Oxford University Press, 1929. Cloth, \$6.25. (Oxford Medical Publications).

This volume on the cytoarchitectonics of the human combral parter is your much passed and those interested.

cerebral cortex is very much needed and those interested in the subject will do very well to read this volume. It is a very great aid to the larger volume on this subject by Professor von Economo and others. The material is particularly well arranged. The illustrations which are so necessary in this subject are very numerous and well arranged. The descriptive text is in great detail considering the size of the volume which includes some of Professor von Economo's original work.

GERALD C. PARKER.

DISEASES OF THE GUMS AND ORAL MUCOUS MEMBRANE. By Sir Kenneth Goadby, K.B.E. Third Edition. Octavo of 412 pages, illustrated. New York and London, Oxford University Press, 1928. Cloth, \$13.00. (Oxford Medical Publications.)

A most worthy book made more so by its revision in this Third Edition.

In its general make-up and composition, it is precise and to the point. The subject at hand has been covered not only better than previously, but better and more exactly than in any book that has recently come to the reviewer's attention.

Special mention must be made of the rewriting of the entire chapter on "Diseases Originating from Mouth Affections" which, though in need of great amplifica-tion, gives much food for thought and study.

It is a medical book, written by a keen observer of oral conditions and its concomitants which would make a valuable addition to any man's library.

LEONARD KOHN.

THE LIFE OF HERMANN M. BIGGS, M.D., D.Sc., LL.D. Physician and Statesman of the Public Health. By C. E. A. Winslow, Dr.P.H. Octavo of 432 pages, illustrated. Philadelphia, Lea and Febiger, 1929. Cloth, \$5,00.

This is the story of an unusual man. It is human in every detail, not only as to the life incidents of the man, but also the work which he broadened and established on a firm basis. Dr. Winslow has very ably and subtly reviewed the history of public health by bringing out Dr. Biggs' contributions and reactions to his contemporaries.

It is intensely interesting and worthwhile from an educational standpoint.

J. J. W.

A MANUAL OF HELMINTHOLOGY, MEDICAL AND VETERI-NARY. By H. A. BAYLIS, M.A., D Sc. Octavo of 303 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$10.00.

This volume of almost 300 pages is illustrated by numerous drawings and has a special index of the

parasites and the hosts in which found.

The important relation of this branch of zoology to disease need not be here emphasized; it is well appreciated by the world at large.

The author has succeeded in presenting the subject

in an interesting style.

H. M. FEINBLATT.

· GYNECOLOGY WITH OBSTETRICS. A Text-Book for Students and practitioners. By John S. Fairbairn, M.A., B.M., B.Ch. Second Edition. Octavo of 810 pages, illustrated. New York and London, Oxford University Press, 1928. Cloth, \$8.00. (Oxford Medical Publications.)

Dr. Fairbairn has offered the profession in this book a complete survey of the title subject. The prologue is one of the finest resumes of medical history that twenty-five pages of printed matter can offer.

Besides treating the subject in the latest and most authoritative manner, he also includes chapters on public health service and vital statistics, social and ethical

aspects.

This book should be read not only by students but

by the profession in general.

G. W. P.

A MANUAL OF ELEMENTARY ZOOLOGY. By L. A. BORRA-DAILE, ScD. Sixth Edition 12mo of 683 pages, illustrated. New York and London, Oxford University Press, 1928. Cloth \$5.00. (Oxford Medical Publications.)

This book does not require much of an introduction That it is already in its sixth edition speaks for itself. It discusses in academic fashion the various representatives of the animal kingdom, and brings to mind in a refreshing ma

bae, parameciae, lower animals.

in assisting the in animals.

EMANUEL KRIMSKY.

GYNECOLOGY: A Text-Book of the Diseases of Women. By LYNN LYLE FULKERSON, A.B., M.D. Octavo of 842 pages illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, \$9.00.
Dr. Fulkerson offers the medical profession a textbook which to the reviewer has its larger appeal not

so much from the section devoted to gynecology but rather to the section devoted to the urinary tract, anus and rectum. Despite the close anatomical relation of these various parts, many gynecologists are prone to slur over them. Backache, gonorrhoea, syphillis, tuber-culosis, protein therapy and radium are each treated in separate chapters. Caudal anesthesia is also care-fully reviewed. The section of the book devoted to operative technique is indeed of value as a careful perusal of the illustrations alone will aid and guide anyone who is doing surgery.

THE ELEMENTS OF CRIME (PSYCHO-SOCIAL INTERPRETA-TION). By Boris Brasol, M. A. Octavo of 431 pages, illustrated. New York, Oxford University Press, 1927.

Cloth, \$5.00.

For one interested in this phase of sociology, this is an extremely valuable book. And though the author was a former prosecuting attorney of St. Petersburg, he adopts the medico-sociological interpretation. He stresses the fact that we cannot cure crime until we get at the causes.

He divides his book into two parts,-the first dis-

cussing crime in its relation to social phenomena; the second, the psycho-physical nature of crime,

His chapter on mental disease and crime, though very brief, would be very helpful to the average physician not especially trained in Psychiatry. This book is one we highly recommend, JOHN F. W. MEAGHER.

A STUDY OF EDUCATIONAL ACHIEVEMENT OF PROBLEM CHILDREN. By RICHARD H. PAYNTER, Ph.D., and PHYLLIS BLANCHARD, Ph.D. Octavo of 72 pages. New York, The Commonwealth Fund, Division of Publi-

cations, 1929. Problem children are commonly encountered by physicians, who generally have but a faint knowledge of their subject because of its neglect by the average medical school. A good deal of work in this field has been done by clinics established by endowment funds by charitable organizations. The volume under discussion is one of several works recently published dealing with the findings of cases coming to these clinics. The book contains the data taken from the case records of the demonstration child guidance clinics in Los Angeles and Philadelphia, conducted by the National Committee for Mental Hygiene. As a result of the study, the authors tentatively concluded that problem children show no general tendency to low educational achievement. The book is replete with valuable data, and will prove of interest both to the physician and the educator.

IRVING J. SANDS, M.D.

ORTHOPEDIC SURGERY. By Sir ROBERT JONES, Bart., K.B.E., C.B., and ROBERT W. LOVETT, M.D., F.A.C.S. Second Edition, revised. Octavo of 807 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$11,00.

It is difficult to appraise a volume as "the best" or rate it in some grade below this without incurring criticism, but surely there is no more complete or wellassembled volume on the subject in the English language than Jones and Lovett's Second Edition of "Orthopedic

Surgery.' Since the publishing of the First Edition five years ago, Dr. Robert W. Lovett has passed on, but the American viewpoint has been splendidly presented by Dr. Nathaniel Allison, Professor of Orthopedic Surgery in Harvard Medical School, who is acting in the capacity of American Editor-in-Chief. Not to forget the able assistance of Dr. Frank Ober, who gave value

able help to Dr. Lovett in preparing the First Edition. One hundred pages of subject matter have been added, largely due to the addition of sections on Diseases of the Tendons, Muscles, and Fascia, Nerve Lesions, Pyo-genic Infections, Vascular Lesions of the Extremities, Amputations, and Artificial Limbs.

The book contains an infinite amount of knowledge for which every physician has a constant need. The General Surgeon will find it invaluable, and the Orthopedic Surgeon may well consider it a fitting tribute to his specialty.

DISEASES OF THE LARYNX, INCLUDING THOSE OF THE TRACHEA, LARGE BRONCHI AND ESOPHAGUS. By HAR-OLD BARWELL, M.B. (Lond.), F.R.C.S. (Eng.), Third Edition. Octavo of 278 pages, illustrated. New York and London, Oxford University Press, 1928. Cloth, \$3.65. (Oxford Medical Publications.)

This book is intended as a practical treatise especially for the physician and surgeon and for the student. The author has done so well in so few pages that this work should attract the attention of the laryngologist.

The volume is well illustrated and the arrangement is admirable. The chapter on conditions of the larynx in general systemic disease is a feature.

The author and his publishers are to be congratulated

M. C. MYFRSON,



# OUR NEIGHBORS



#### HOUSE OF DELEGATES OF COLORADO

The Annual Meeting of the Colorado State Medical Society was held in Greely, September 3-5, 1929, and reports of the proceedings fill thirty-two pages of the December issue of Colorado Medicine.

It is interesting to note that following the example set by New York, a very full index

of the proceedings is printed.

The Publication Committee reported the following cost of the Journal, Colorado Medicine, which is also the organ of the Wyoming State Medical Society.

"Appropriation (\$2 per capita), Colorado. Wyoming subscriptions	343.84
EXPENDITURES	,
Salary of Editor \$ 300.0 Salary of Editor's Secretary 600.0 Printing and mailing of "Colorado Medicine" 4,637.2 Commissions on advertising 784.6 Incidental 83.2	0 6 1
Deficit	35.26
\$6,405.10	5 \$6,405.16

During the year Colorado Medicine received sixty books for review and sixty-two volumes of exchange journals. All of these became the property of the Colorado State Medical Society and are available at the Library in December.

The Executive Secretary, Mr. Harvey T. Sethman, made an interesting report on his management of the central office of the State Society. First he described his visit to the other State Societies in order to become familiar with various methods of running an office. Concerning Wisconsin he said:

"J. G. Crownhart, the Executive Secretary and managing editor of the Journal, is a former newspaper man and has had his office in operation about four years. He has an assistant and a stenographer-mailing clerk, and employs a newspaper writer part time. Their suite of offices is close to the State Capitol in Madison. In this situation, Mr. Crownhart emphasizes more than do other societies the matter of personal service to members. He makes a special point of the ability of his office to obtain for members every con-. ceivable sort of information available in the capitol that a member might desire, whether or not it is pertinent to organized medicine. I see no reason why we cannot gradually build up a similar service, and save many a doctor's time and expense in trips to the capitol.

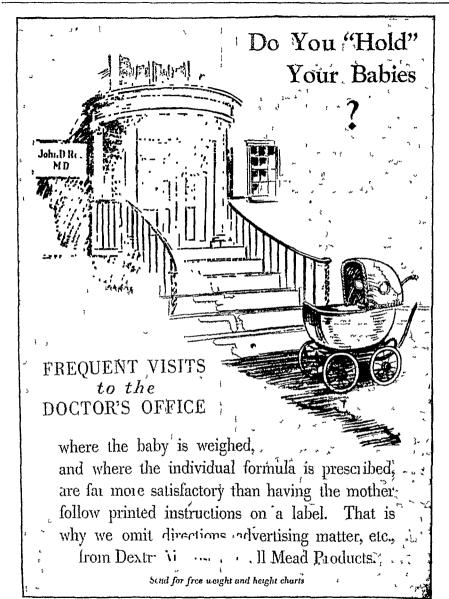
"He makes a special point of a monthy mimeographed bulletin to county society officers and committees, in addition to laying great emphasis on semi and quasi-medical news items in the Journal.

Comparing the Wisconsin Library with that of Colorado (see this Journal October 1, 1929, page 1230) Mr. Sethman says:

Mr. Crownhart emphasizes particularly a library service that I want to dwell upon for a moment, for so far as I know it is unique to Wisconsin—and yet our own Society has all the potentialities for the same work and I think we have failed to realize it. Wisconsin has worked out a plan of co-operation with the State Medical School Library. I do not believe it can be compared with our own library in either size or value, yet Wisconsin members get 50 times the service from their library that our members do from ours. The reason for our apparent failure is no fault of the library or librarian, it is simply lack of information as to what our library can do. We have the machinery, but we have never thrown it into gear. Let us take an example. Suppose you are an internist in Wisconsin. You have before you a peculiar case, difficult of diagnosis, one you have never heard of before. You write, wire, or telephone to the library, from any part of the state. You name to the librarian the probable diagnosis, one of which you think would apply. The librarian refers to an index, and in the next mail there goes out to you a new book or two and from one to a dozen recent jurnals containing the hest papers on those particular subjects. You pay the postage both ways and that is the only cost. You can understand better than can I, a layman, what this must mean to the isolated doctor in the small community. You can see also what it means to the man called upon to prepare a paper on an intricate sub-

Now then, our library is and has been prepared for years to give this very service. Yet look at comparative figures: Our library receives possibly one such request a week. In Wisconsin it is perhaps 100 a month, three or four a day. With the help of Miss Goehring, our librarian, I hope to inform our members systematically as to just what our library can do for them. Eventually it must mean an additional employee for the library, but I'm

(Continued on page 118-adv. xii)



# "Upon the Advice of My Physician"

THE majority of men and women who come to McGovern's Gymnasium to correct some physical condition are sent there directly by their physicians.

For more and more physicians are realizing the futility of leaving patients to their own resources when exercises are prescribed, and have learned that through individual attention at McGovern's, their instructions will be faithfully carried out.

A work-out will convince you of the superiority of the McGovern Method. Let us send you a guest card. No obligations, of course.



(for men and women)

41 East 42nd St., at Madison Ave. New York City

# BARROW MANOR

New York's Most Attractive Suburban Convalescent Home

A Private Home for Convalescents Semiinvalids and Elderly People. Mental Patients Not Accepted

Quiet, Restful, Exclusive, Accessible

Medical Service Exclusive Services of Nurse Semi-Private and

Private Accommoda-

tions

Diets Laboratory Analysis Alpine Sun Lamp Physio-Therapy Massage Colonic Irrigations

Physicians are invited to supervise in care of their patients

Henry J. Barrow, M.D. Medical Director

Violet C. Smith Superintendent

No. 1 Broadway Dobbs Ferry N. Y.

Telephone Dobbs Ferry 2274

Inspection invited Information upon Request (Continued from page 116)

sure you will agree with me that it is worth

Mr. Sethman has this to say about the Indiana system of Popular Medical Education:

"Indiana's system of public education is divided into two parts: articles prepared for newspapers and magazines, and radio lectures.

"The release is sent in mimeographed form, to every newspaper in the state. It is impossible right now to go into detail, but suffice it to say that the program has worked wonders in increased friendship for scientific medicine and increased respect for the Society and for the profession. It has helped build the membership. These bulletins are issued over the name of the Bureau of Publicity of the Indiana State Medical Association, without signature by any one physician, are highly ethical, and approved by the A. M. A."

#### CONFERENCE OF STATE SECRETA-RIES AND EDITORS

The annual conference of secretaries and editors of the State Medical Societies was held on November 15 and 16, 1929, in Chicago, under the auspices of the American Medical Association. The Conference is outlined in the following description in the December issue of the

Pennsylvania Medical Journal:

"'The Public Activities Committee of the Nebraska State Medical Association.' by Dr. E. R. Hays, Falls City, Neb. The author detailed the activities, and laid stress upon the methods of lay education, especially taking advantage of a booth at the State Fair. Here lectures were given on first aid, pamphlets were distributed to those visiting the booth, five thousand being given out the first day, return visits made interesting friends, and physical examinations were made to demonstrate the value of periodic health examinations. A tabulated report was made of the discovered pathologic conditions in people apparently well. Letters were sent to two hundred who had been examined, requesting permission to forward the result of the examination to their attending physician. Of the replies received, 137 accepted the offer. The booth had between fifty and sixty activities (including numerous allied societies, associations, etc.) but all under the control of the State Society.

"'A State Medical Association Constitution and By-Laws.' Dr. George H. Kress, Los Angeles, Calif. This paper detailed the salient features of the constitution and by-laws of the California Medical Association, a copy of which

was distributed.

"'Why a State Medical Journal?" Dr. J. H. Musser, New Orleans. Dr. Musser considers

(Continued on page 119-adv. xiii)



Comfort and Support with New Inner Pad Belt

Where scientific abdominal uplift and support are de-sired, this new Camp Inner Pad Belt serves admirably. With the Patented Adjust-ment attached directly to the soft inner pad, the belt pro-vides for correct upward and backward support. This Adjustment makes manipulation easy and a stronger pull possible. The outer lation easy and a stronger pull possible. The outer elastic section controls extra adipose tissue. The Inner Pad Belt insures maximum comfort with proper support Dealers stocking these items add a service which custom ers will appreciate . . . and, at the same time, increase profit possibilities Sold by surgical houses and the better drug stores.

S. H. CAMP AND COMPANY Manufacturers, JACKSON, MICHIGAN
CHICAGO LONDON NEW TORK
Madison St. 252 Regent St., W. 330 Fifth Ave.





Pil. Digitalis

(Davies, Rose)

Physiologically tested leaves made into physiologically tested pills.

Convenient, uniform and more accurate than tincture drops.

Prescribe "original bottle of 35 pills" which protects the contents from exposure from the time of manufacture to the time of administration. This further insures dependability of action.

Each pill contains 0.1 gram, the equivalent of about  $1\frac{1}{2}$  grains of the leaf, or 15 minims of the Sample and literature upon request.

DAVIES, ROSE & CO., Ltd. Pharmaceutical Manufacturers, BOSTON, MASS,

(Continued from page 119-adv. xiii) abetted by a few physicians, to discredit, to hold up to public scorn, to destroy the well-earned prestige and the confidence of the people in, to humiliate, and no doubt most important to them and the real desideratum, to subjugate the medical profession. The very name of the undertaking, the cost of medical care, immediately and constantly suggests that the cost of medical care is too high, and the blame attaches to the physician. Why not use the term, 'The Cost of Illness,' or 'The Cost of Sickness'?"

#### STATE CARE OF TUBERCULOSIS CASES IN VIRGINIA

The President of the Medical Society of Virginia, writes a President's Message in the December issue of the Virginia Medical Monthly. Taking as his topic, "State assistance for tuber-

culosis cases," he says:

"While the State Department of Health is not asking the support of the Medical Society, I feel that the individual doctors should be tremendously interested in one proposal of the Health Commissioner. He is proposing to extend the State care of tuberculosis cases by paying a part of their board in properly run local sanatoria. He is proposing this instead of trying to enlarge the present State Sanatoria, which are now nearly as large as they should ever be The main purpose of the Department of Health is to help the local communities take care of the advanced cases, who are now spreading infection among their children. These cases frequently have to be kept in an institution for a long time, and now indefinitely fill up beds in our present sanatoria which should be used for apparently curable cases. The plan would save the State money because it would be relieved of the cost of building extra pavilions at the sanatoria, and at the same time would cut in two the cost of caring for the patients by the municipalities.

"This plan appeals to me, an old TB worker, as a great step in advance, for the old open cases of TB now prove the greatest source of infection and one which we have long been fighting to eliminate. I feel that all our medical men are interested in reducing the amount of tuberculosis in Virginia and can well say a good word for our Health Commissioner, and try to get for him the necessary authority and appropriation to put this measure into effect. The State Health Commissioner has expressed himself as earnestly desiring the cooperation of the Medical profession. His work is recognized all over the United States and anything that we can do to aid him in improving his work, as in the plan mentioned, is really incumbent upon those medical men who are trying to put Virginia again in the first rank among the States."

Please mention the JOURNAL when writing to advertisers

#### THE "HICK" TEST IN RHODE ISLAND

The December issue of the Rhode Island Medical Journal contains the following suggestive editorial on the "Hick" test:

"This may be described as a test of the patient upon the physician and merits a brief discussion. The Hick has been described many times in both poetry and prose. His attire, mental attitude, contemplative manner and characteristic speech are well known and need no description. He may at rare intervals be drawn on the grand jury or consult a physician. Fifty years ago the term farmer was used in opprobrium and commiseration, now one would curry favor with these stalwart and upstanding sons of toil and envy their bank accounts.

"Any busy consultant can offer a large number of instances and illustrations of the fact that despite the high standard of work done by most physicians, many patients consult them who have not had the most cursory physical examination We respectfully submit that it takes but a few minutes to look into the throat, observe the chest, palpate the abdomen and pursue any simple test which the patient's story shows to be needed. In a life insurance examination requiring forty minutes, 80% of the time is spent in taking the applicant's story. Unless some such examination as this is conducted, it is the physician who is the "hick" and reacts to a 100% positive Hick test We venture further to suggest that if the usual simple tests are performed in each case that there will be less need for the so-called "group practice," for the doctor can then send his patient to that specialist who can satisfy his mind upon doubtful points. It may be stated with positiveness that quite a few of the laboratory tests occasionally performed are of only suggestive diagnostic value and not determinate, and satisfy only a part of the diagnostic doubt in the case. The physical examination together with brief notes is the thing. Furthermore with this examination comes the revelation of the patient's needs and the necessity of further medical care and the more complete fulfilment of the physician's usefulness. With the auscultation of the cough comes the need of further observation. the examination of the rectum comes the need of a slight operation which may advance the patient well upon the road to health and comfort. With the auscultation of the abdomen may come the discovery of intestinal flatus or hyperperistalsis, suggestive of chronic disease, and the urinalysis may give reasons for an elaborate complex and allow the application of a medicinal and hygienic régime which may prolong life and increase usefulness. It must be said that unless we are thorough in our methods and complete in our examinations some of the caustic criticism of our

(Continued on page 122-adv. xvi)

Hindle Electrocardiographs It is Significant that over half of the Medical Colleges recognized by the A.M.A. have "Hindle" Electrocardiographs. A number of them have two or three instruments for Teaching, Research or Clinic. The New University of Iowa Hospital one of the largest teaching hospitals under University control has two Hindle Electrocardiographs -a No. 1 model for research and teaching, and a No. 3 Model Mobile Type for routine work. The latter may be wheeled to the patient's bedside and is operated from the lighting circuit. "The number 1 Model installed in the old hospital in 1919 is in very satisfactory condition as well as the No. 3 Mobile Model (installed in 1929). We are very pleased with our Electrocardiographic Unit." Send for literature

# The Official Registry for Nurses

(Agency)

The New York Counties Registered Nurses Association District 13 of the State Nurses Association

> 305 Lexington Avenue New York City Tel. Ashland 3563

DAY AND NIGHT SERVICE

Registered Nurses .
Private Duty Hourly Nursing

Positions Filled in Doctors' Offices and Institutions

# Mager & Gougelman, Inc.

FOUNDED 1851

108 East 12th Street

New York City

Specialists in the manufacture and fitting of

# fitting of



Artificial<sup>†</sup>

Selections on request

148 State Street......Albany, N. Y.230 Boylston Street....Boston, Mass.1930 Chestnut Street....Philadelphia, Pa.

Charitalle Institutions Supplied at Lowest Rates

(Continued from page 121-adv. xv)

profession appearing from time to time in the lay press will prove to be more or less well founded; and incidentally we have never seen any physician who does good work and is thorough in his examinations, forsaken or his seed begging bread."

# DUES IN THE STATE SOCIETY OF WISCONSIN:

Over four pages of the proceedings of the House of Delegates of the State Medical Society of Wisconsin recorded in the November State Journal were devoted to the proposition to raise the State dues from ten dollars, as at present, to fifteen dollars. The first speaker, Dr. Beebe, called attention to the poverty of the rural Wisconsin doctors:—

"A year ago one of our past presidents made this assertion to me in a letter. We were arguing some of the things we argue, as we did last year. He said 'Where is the country doctor who does not take in at least \$750 a month and probably two or three times that amount?". Those are the very words he wrote.

"I went to the income tax collector of our district last spring and made inquiry as to the income of the doctors in a county adjacent to us, a county twice as wealthy as ours. The average net income of the men in that county was less than \$3,000."

Dr. M. G. Peterman of Milwaukee said:

"Times are just as hard in the city, and I think for the young man starting into practice today the overhead is something which causes him considerable worry. While he may get a great deal more service if he pays fifteen dollars dues, he could probably get a lot more service out of a Pierce-Arrow when he has to buy a Ford. If the Society were short of funds, if there were some good reason for raising the dues, perhaps we would be justified in making a change, but since the reasons advanced are for the purpose of expansion, I feel it is time to stop and see how far a State Society should expand."

The only new work that it was proposed to undertake was the employment of a medical man as full time editor of the Journal at a salary of \$10,000. Dr. Peterman continued:

"Certainly there are today more national and international medical journals, self supporting, entirely satisfactory, than any one man can read. It hardly seems advisable to raise the standard of the Wisconsin Medical Journal to add to the tremendous literature which we already have. If the State Journal contents itself with reporting the state meetings, perhaps publishing the Blue Book and

(Continued on page 123-adv. xvii)

(Continued from page 122-adv. 1v1)

saving considerable expense, publishing case reports of general interest, public news and other events of general interest to the men in the state, has it not fulfilled its function?"

Dr. Cowles of Green Bay said

"It seems rather out of place to me that we should sit around here and dicker about five dollars a year, when you think of it as a monetary consideration. I am sure if I voted to increase the dues I would be severely criticized by the society. It seems to me we should decide whether we want additional help in the State Society and whether we want o expand and take on additional expense."

Dr. Fiedler of Sheboygan said:

"I am reminded of a meeting in Green Lake five or six years ago when the dues were raised from five to ten dollars a year. There was the same argument. Just the same discussion took place as is taking place this evening. The dues were raised from five to ten dollars, and instead of losing members the Society has increased its membership continually since then, and the Society has made wonderful progress in that period of time."

Dr. Smiles of Ashland said:

"I am a better listener than speaker, for the reason that I stayed up until three o'clock this morning trying to earn my dues for next year, no matter what they may be. I started at seven this morning and drove down here, something like 330 miles. A good deal of that road had been deluged by four days of rain, so that my idea of the difference between ten and fifteen dollars now is not very clear."

This question of increased dues was finally

laid on the table.

## HEALTH WORK IN SCHOOLS OF BURLINGTON COUNTY, N. J.

The December issue of the Journal of the Medical Society of New Jersey contains a report of the one hundredth annual meeting of the Burlington County Medical Society on November 13, 1929, at which the following statement of policy was unanimously adopted:

"Medical and surgical corrective measures are primarily responsibilities of the home. The school purposes are, first, to determine health needs of the pupils and to inform the parents of those needs and the best procedure for meeting them; and second, to educate the pupil for healthful living. The school is not concerned with establishing and operating clinics, dispensaries or infirmaries in opposition to the medical and dental professions or to such facilities already established in the community.

(Continued on page 124-adv. xviii)

Please mention the JOURNAL when verting to advertisers

# Erysipelas Antitoxin *Lederle*

Based on 705 crysipelas patients treated with Antitoxin at Bellevie Hospital, Symmers concludes their

The antitionin treatment of crystpelas marks an advance, the results of which are commensurate with those obtained in the treatment of diphtheria."

The duration of the disesse was reduced over 50 per cent. Mortility from all causes was reduced from 11 per cent to 5 6 per cent.

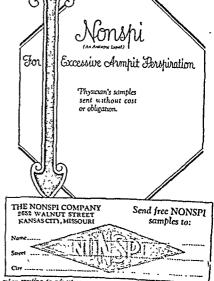
SYMMERS IT ITES

The instroxin should be idministered in full therapeutic doses, tirrespective of the age of the patient, and repeated at intervals of 24 hours until the local lesion cesses to spread and the edema begins to dissipate

Erysipelas Streptococcus Antitoxin (Lederle) is prepared by immunizing horses against several strains of the crysipelas streptococcus isolated from typical cases of the disease

I ster sture upon request

LEDERLE ANTITOXIN LABORATORIES
NEW YORK



Any one can make belts, but belts which give compression without uplift may do serious injury

# "STORM" The New

# The New "Type N" STORM Supporter



Pleases doctors and patients. Long laced back. Soft extension, low on hips. Hose supporters attached.

#### Takes Place of Corsets

Adapted for ptosis, hernia, pregnancy, obesity, relaxed sacro-iliac articulations, kidney conditions, high and low operations.

#### Katherine L. Storm, M.D.

Originator, Owner, and Maker
1701 DIAMOND ST. PHILADELPHIA



1826—George Tiemann & Co.—1930 107 East 28th Street New York, N. Y. (Continued from page 123-xvii)

"The exceptions to the above are, under acceptable conditions, as follows: (1) diptheria prevention by means of immunization; (2) dental correction when the number and the practice of local dentists necessitate supplementary procedures; (3) special classes for crippled children, the impaired in vision or hearing, the malnourished and pretuberculous, the child with speech defects, and the mentally subnormal; (4) known indigents when corrective measures for some reason will not or cannot be undertaken by the parents and when the defect is a decided handicap to the pupil's health and progress at school.

"In view of this general policy, the school does not need to have on-hand a large quantity or a great variety of drugs and supplies. It should, however, be prepared to meet general emergencies with first aid measures."

#### PROSECUTIONS FOR ILLEGAL PRAC-TICE IN NEW JERSEY

The December issue of the Journal of the Medical Society of New Jersey contains a report by Dr. C. B. Kelly, Secretary of the New Jersey Board of Medical Examiners, describing twenty-two cases of prosecutions for the illegal practice of medicine coming before the Board during the six months, June to November, 1929. Evidently the Board can accept a plea of guilty and impose a fine or a jail sentence. Seventeen paid a fine, and two were sent to jail for five days. Two cases appealed to a higher court, and one, a second offender, will be tried in a regular court of law.

The kind of practice done by the defendants was as follows:

Druggist6
Midwife1
Institution of Christian Psychology1
Health Resort1
Naturopath (second offense)1
Chiropractor unlicensed
Herbalist1
Cancer Specialist1
Tuberculosis Cure1
Physiotherapist1
Osteopath, licensed but practising
unpermitted forms of theraphy1

# DISTRIBUTION OF PHYSICIANS IN OHIO

The distribution of physicians in rural sections has received consideration in all parts of the United States. The December issue of the Ohio State Medical Journal reports a study of

(Continued on page 125-adv. xiv)

(Continued from page 124-adv xvii)
Ohio, in which the following conclusions are reached.

1. The supply of physicians in Ohio is estimated to be adequate to meet the demands of

the population.

2 Medical service in Ohio is, in general, equitably distributed, only a few counties suffering from what might be deemed a serious shortage of physicians in relation to their population.

3 The percentage of physicians in Ohio in proportion to the population is about equal to

the average for the nation.

4. Seventy of the 88 counties of the state have one or more hospitals or institutions where hospital service or similar services may be obtained.

5. All but one of the 18 counties lacking hospital facilities have a percentage of planeaus to population that is smaller than the average for the state

6 Ohio ranks 19th among the 48 state n

percentage of physicians to population 7. Ohio is ninth among the states in the number of physicians per 100 square miles the ratio being slightly over four times the ever age for the nation.

S Approximately half of the practicing physicians of the state are residents of one of the eight larger cities.

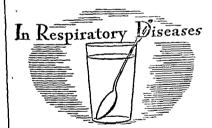
 All but one of these eight large urban districts show a percentage of physicians to population larger than the average for the state.

10. Forty and eight-tenths per cent of the total population of the state reside in these eight cities

11. Sixty-six per cent of the total number of physicians licensed in Ohio are members of organized medicine. Approximately 90 per cent of those eligible to membership are active members of the State Association. This is discussed more fully along in this article.

"The outstanding, definite conclusion shown by the state survey is that there is no genuine shortage of physicians in Ohio generally. While the figures reveal that medical service is poorly distributed in some sections of the state, they also show that the situations are not so serious that they cannot be met by readjustment of economic conditions.

"The survey bears out the conclusions reached by the Medical Economics Committee of the Ohio State Medical Association in its 1929 annual report of the House of Delegates



Alka-Zane is a granular, effertescent salt of calcium, magresium, sodium and potassium carbonates, citrates and phosphates. Dose, one teaspoonful in a glass of cold water.

WILLIAM R. WARNER & CO., Inc. 113 West 18th Street New York City IS acidosis delaying the results of treatment? Even a small change in the acid-base balance is dangerous and enously interferes with effective therapy. GAcidosis can be ruled out by supporting the alkali reserve with Alka-Zane. It contains the basic salts in physiological proportion. G We will gladly send a twin package, with literature, for trial.

Alka-Zane
for Acidosis

# PUBLIC RELATIONS OF THE MEDICAL PROFESSION

The discharge of the civic duties which devolve upon the medical profession is being considered in almost every medical group that meets for discussing medical problems. The leaders in medicine are convinced of their civic duties; their great work in the immediate future will be to convince the great mass of physicians who belong to medical societies in a passive way. The December issue of the Ohio State Medical Journal says editorially:

"The day when the physician could delegate to others his interest and responsibility in social and economic questions has passed; and the new era, with its changes in social and economic orders, has been accompanied by additional and multiplied responsibilities for the medical profession, both individually and

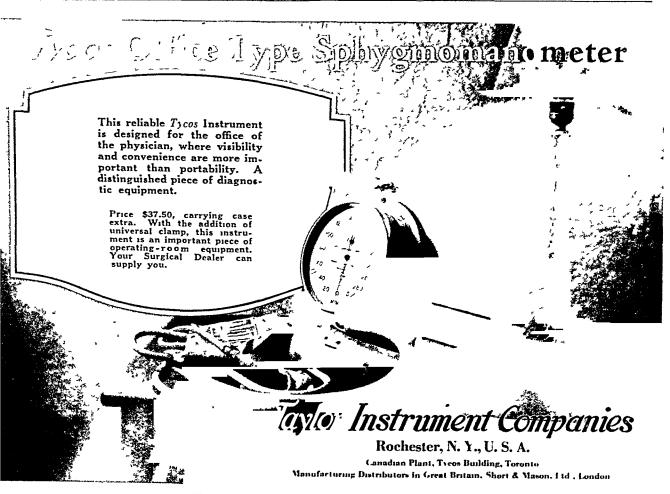
collectively.

"Numerous public statements made within recent months, both by leaders in the medical profession and by the laity, emphasize the point that the time has arrived when physicians must abandon a passive attitude toward questions involving the social and economic factors of medical practice, medical service and public health.

"The sentiment expressed by many of these writers and lecturers indicate that the public is expecting the medical profession to take the lead on questions pertaining to medical service and public health, and that the public does not expect the medical profession to shirk its responsibilities in bringing about readjustments, should they be found necessary after thorough investigation of the facts.

"There is naturally a wide difference of opinion both in and outside of the medical profession as to what readjustments, if any, should be made in the economics of medical and public health service to the public. Attempts to arrive at a mutual understanding of the situation are now being made.

"However, there are a few who will disagree with the statement that the medical profession should assume the leadership in all studies of the many involved questions and show the public that it is interested in trying to solve them or analyze and explain them in a way that will be satisfactory and beneficial to all concerned."



# PELLAGRA PREVENTION IN KENTUCKY

The December issue of the Kentucky Medical Journal has the following editorial on pellagra.

"In Kentucky in 1928 there were 165 deaths from pellagra. Pellagra is not infectious or contagious and yet our records would indicate thousands of cases. Success in the treatment of this disease depends a great deal on the early diagnosis. Investigations by the late Dr. Goldberger of the U. S. P. H. S. have proven that pellagra is due entirely to faulty diet.

"A complete and full diet is essential in the treatment of pellagrins. Meat, milk, fruits and vegetables must be taken in liberal quantities. Extensive experiment has shown that dried yeast contains relatively large amounts of the 'pellagra preventive vitamin.' This yeast is not the ordinary yeast used in making bread but is dried

brewers yeast.

"The State Board of Health of Kentucky has a supply of this yeast and will send it by mail on receipt of the price as follows:

"Green label dried Brewers yeast, \$0.80 for 2

pound sack.

"Red label dried Brewers yeast, \$1.00 for 2

pound can.

"The Red label yeast has been debitterized, that is, it has had the hop taste removed."

# THE MAINE JOURNAL

The question of combining the Maine Medical Journal with the New England Journal of Medicine has been considered in former years and is mentioned in the following editorial in the December issue of the Maine Journal:

"To join our efforts with those of the other New England States in producing a more representative New England journal has been suggested as an alternative course. This would doubtless be an easier solution of the problem than an attempt to improve our own publication; but the easier way is by no means always the best. State medical journals are not commercial enterprises. The Association must understand this, and be willing to finance our Journal in excess of its possible earnings.

"Our state, situated as it is rather remote from centers of great activity and thought, needs the Journal to link it more closely with these centers. With your help, this contact with the medical world can be satisfactorily maintained. Much of all that happens and is published of medical interest finds its way into the office of the Journal. It is our task to make this material of more practical use to the physicians of Maine.

The editors of the New York State Journal of Medicine would miss the Maine Journal if it were merged with another.



# "INTERPINES" GOSHEN, N. Y.



PHONE 117

ETHICAL-RELIABLE-SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL-QUIET-HOMELIKE-WRITE FOR BOOKLET

DR. F. W. SEWARD, Supt. DR. C. A. POTTER DR. E. A. SCOTT

# RIVERLAWN

DR. DANIEL T. MILLSPAUGH'S SANATORIUM

DR. DANIEL I. MILLSI AUGIIS SANAIORIO.

PATERSON, N. J.

A private institution for the care and treatment of those afflicted with mental and nervous disorders. Selected cases of alcoholism and drug addiction humanely and successfully treated. Special rates for the aged and semi-invalid who remain three months or longer.

Paterson is 16 miles from New York City on the Eric Railroad with frequent train service. Buses render half hourly transportation from the Hotel Imperial and Martinique.

Apply for booklet and terms

ARTHUR P. POWELSON, M.D., Medical Director

45 TOTOWA AVENUE

ESTABLISHED 1892

PHONE, SHERWOOD 8254

PATERSON, NEW JERSEY

# CLASSIFIED ADVERTISEMENTS

Classified ads. are payable in advance. To avoid delay in publishing, remit with order. Price for 40 words or less, 1 insertion, \$1.50; three cents each for additional words.

WANTED: SALARIED APPOINTMENTS EVERYWHERE for Class A Physicians. Let us put you in touch with investigated candidates for your opening. No charge to employers. Established 1896. AZNOE SERVICE is National, Superior. AZNOE'S NATIONAL PHYSICIANS' EXCHANGE, 30 North Michigan, Chicago.

BUFFALO, NEW YORK: Eye, Ear, Nose and Throat Practice of Deceased Physician, well established and located in excellent section of city. Office equipment up-to-date. Good opportunity if taken up promptly. Convenient terms. Apartment over offices available if desired. M. B. Morrison, Attorney, 742 Prudential Building, Buffalo, New York.

DOCTOR'S OFFICE to let—1472 Brook Avenue, New York City (near 171st Street). Formerly occupied by a physician for six years. 5 rooms. All improvements. Inquire, Superintendent.

WANTED—immediately, competent young clinician, controlling ward services either in state or general hospital, for collaboration in clinical research. Reply to Box 122, care N. Y. STATE JOLENAL OF MEDICINE.

USED HANOVIA MERCURY Quartz Lamp. Apple 8 Sun and Luxor Model, only slightly used ear rescription rentals. Ultra Violet and Infra Red Ray equipment, expert service and instruction by Direct Factory Representative in the Rochester, Auburn, Ithaca, Elmira and Hornell Districts Address Edgar P. Smith, No. 152 Barrington Street, Rochester, N. Y.

# A NEW AGENT FOR THE TREATMENT OF HEM-ORRHOIDS

Theoretically, the treatment of hemorthoids should probably in most cases le radical. In practice it is very often not possible to convince the patient of this, and the actual treatment followed will then be medical, i. e., palliative and corrective. A few months ago there was placed on the market a suppository incorporating a new anesthetic, Niketol, as well as the other agents usually employed for the purpose. Clinical results seem to have fully borne out the claim of the manufacturers that this new local anesthetic, an association of ethyl phthalamate and para-amino-benzoic-amino-ester, is particularly well absorbed through the mucous membranes, and gives immediate relief without any of the after-effects frequently associated with other local anesthetics. To overcome the objection often made to suppositories, that they act as a foreign body in the rectum, the melting point of these Hemorem Suppositories has been l

held as low as possible without seriously impairing the keeping qualities. The manufacturers, Niketol, Inc., will be glad to furnish samples and literature on request.—See page x.—Adv.

# BABYGAIN

BabyGain—made from fresh tuberculin-tested milk produced under rigid sanitary control, modified and powdered a few hours after milking—besides being a correctly balanced food for all babies—is especially valuable in cases where breast feeding needs to be supplemented.

Hospitals, nurses and physicians have found this powdered, modified milk the ideal substitute for mother's milk.

BabyGain requires only the addition of water to provide an infant diet that conforms both chemically and characteristically to the average human milk and may be readily adjusted to meet individual requirements. See page xiii.

—Adv.

# VITA GLASS

Vita glass has been subjected to numerous accelerated weathering tests by the U. S. Bureau of Standards, by Professor Stockbarger of the Massachusetts Institute of Technology, and by many other physicists. These physical or quantitative tests, as well as biological experiments with rats and chickens, have established the fact that the solarization (weathering or seasoning) of Vita glass takes place quickly; and that after a few weeks' of actual use its transmission of ultraviolet light becomes constant.

Vita glass is being marketed primarily as a health prophylaxis and not as a therapeutic agent; although it is now serving in the latter capacity in numerous well authenticated instances—particularly in the solaria of more than 20 hospitals in England and the United States.—See page vii.—Adv.

# THE TRUE STORY OF ACTEROL

To get the real facts on this important subject, do not fail to look for the special color supplement in the Journal of the American Medical Association for January 18.

In the meantime, please see the Mead Johnson announcement in this issue also entitled "The True Story of Acterol." See page xi.—Adv.

# LILLY RESEARCH LABORA-TORIES

Years of experimentation and thousands of clinical tests are necessary before sufficient is known of some products to warrant offering them for medical use. After long study, many discoveries of early promise may be found inapplicable.

In the co-operation of the Lilly Research Laboratories with the original investigators in the commercial development of such discoveries as Insulin, Para-Thor-Mone, and Liver Extract No. 343 ample time was taken to demonstrate their action clinically before they were released for sale

they were released for sale.

The refinements of Lilly antitoxins, smallpox vaccine, rabies vaccine, and other biologicals have been attained at the cost of years of patient work on the part of the Lilly Research Staff.

See Color Insert.—Adv.

# A FOOD DRINK

It is a well-known fact that the administration of suitable nourishment just before retiring is very effectual in inducing natural, restful sleep and this applies particularly in the treatment of insomnia and many extremely nervous conditions.

A food-drink that is palatable, easily digested, rapidly assimilated and particularly appropriate for nourishment at the hour of retiring may be quickly prepared from the following formula:

Mellin's Food Water Milk 4 level tablespoons 1/2 coffee cup 1/2 coffee cup

See page ix.—Adv.

# CHARLES B. TOWNS HOSPITAL

Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction." Charles B. Towns Hospital, 193 Central Park West, New York City. See page xxv.—Adv.

# KALAK WATER

Many diseases are complicated by an "acidosis." An important part in their treatment consists in replacing those elements needed to maintain the alkali reserve.

In clinical practice a rational and agreeable method of alkalinization is afforded in Kalak Water.—See page iv.—Adv.

# University of Buffalo School of Medicine

Requirements for admission: Two years of college work, including twelve semester hours of chemistry, eight semester hours each of physics and biology, six semester hours of English, and a modern forcign language.

Laboratories fully equipped. Ample facilities for the personal study of cases.

Address: SECRETARY, 24 HIGH STREET, BUFFALO, N. Y.

# X-Ray Courses for Physicians—

nurses—technicians—X - Ray physics—technique—interpretation. Classes now forming. Applicants may enter first of any month.

For information write

DR. A. S. UNGER, Director of Radiology Sydenham Hospital, 565 Manhattan Avenue, New York City

# CONFERENCE OF COUNTY SOCIETY OFFICERS IN IOWA

The Journal of the Iowa State Medical Society of December, 1979, has the following account of the fall meeting of the County Society officers:

"Thursday, November 7, upon call by Dr. John H. Peck, the officers of the county societies of the state, together with the councilors and deputy councilors from the various districts, convened in an all-day session at the Hotel Fort Des Moines. Des Moines, Iowa. This conference is the fourth of this sort to be held, and was by far the most generously attended. One hundred and thirty-six officers were present.

"Dr. Tom B. Throckmorton of Des Moines, secretary, presented the subject of society memberships, discussing the accomplishments of the past year in stimulating interest and enrolling physicians in both the county and state organizations. He presented plans and suggestions for furthering this campaign, especially emphasizing the importance of bringing inte membership the one hundred new physicians who were beginning practice in Iowa this year. Dr. D. C. Steelsmith of Des Moines, deputy state commissioner of health, spoke on the subject, "The County Health Unit." In this paper he explained the purpose and operation of the new county health unit law. Dr. A. V. Hardy, director of the State Diagnostic Laboratory at Iowa City, delivered a paper on "Laboratory Service" in which he outlined the advantages of having diagnostic laboratories located in the northwest, northeast and southwest quarters of the state.

"Dr. R. F. Childs of Audubon reported for the Committee on Medical Economics, stating the problems being attacked and asking that similar situations be referred to the committee since they would throw light on the various subjects being investiA well known Urological Journal says:

"If you must use a diuretic, try the best —water"

This recommendation is well worthy of adoption especially

# Poland

¶ Physicians have is used. commented favorably on its bland diuretic properties for over 60 years.

Literature Free on Request



POLAND SPRING COMPANY

Dept. K 680 Fifth Avenue New York City

gated. The members of the Committee on Medical Education and Hospitals, Dr. B. L. Eiker of Leon, Dr. A. W. Erskine of Cedar Rapids, and Dr. A. V. Hennessy of Council Bluffs, told of the great task being undertaken and urged that all county officers be prepared to assist the committee in collecting vital data.

"At 12.30 p.m. a luncheon was served at the Hotel Fort Des Moines, at which Dr. W. A. Rohlf presided. Following the luncheon, Dr. Channing G. Smith. Granger, chairman of the Council, Dr. John F. Herrick of Ottumwa, trustee, Dr. George C. Albright, secretary of the Johnson County Society, and Dr. Frank P. Winkler, deputy councilor of Osceola county, delivered short talks."

### ADVERTISING BY COUNTY SOCIETIES IN WASH-INGTON

The December issue of Northwest Medicine contains the following account of the medical advertising plan of the Pierce County Medical Society of the

State of Washington: "Dr. C. C. Leaverton made a report for the Publicity Committee and outlined their plans for making a contract with an advertising agency to carry on a program of public health education through the daily papers of his committee. He said that this plan has received the unanimous approval of the Board of Trustees and of every member of his committee. He said that the carrying out of the plan would depend on the voluntary subscriptions of members of the society and that about \$5,000.00 would be necessary. Dr. Leaverton then made a motion that this plan be approved by the society and that the committee be authorized to get the necessary funds by subscription. A great many questions were asked Dr. Leaverton and a general discussion followed, after which the motion was upanimously carried."

# Dr. Barnes Sanitarium STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases. Also Cases of General Invalidism. Cases of Alcoholism Accepted.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country. Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City. Frequent train service.

For terms and booklet address F. H. BARNES, M.D., Med. Supt. Telephone, 1867 Stamford, Conn.

# River Crest Sanitarium

Astoria, Queens Borough N. Y. City Under State License

JOHN JOSEPH KINDRED, M.D., Consultant

WM, ELLIOTT DOLD, M.D., Physician in Charge WALLECTION DOLD, M.D., Physician in Charge FOR NERVOUS AND MENTAL DISEASES including committed and voluntary patients, alcoholic and narcotic habitues. A Homelike private retreat, overlooking the city. Located in a beautiful park. Thorough classification. Easily accessible via Interhoro, B.M.T. and Second Ave. "L." Complete hydrotherapy (Baruch) Electricity, Massage, Amusements, Arts and Crafts Shop, etc.

Attractive Villa for Special Cases.
Moderate Rates

New York City Office, 666 Madison Ave., corner of 61st Street; hours 3 to 4 P. M. Telephone "Regent 7140." Sanitarium Tel.: "Astoria 0620."

By Interborough, B.M.T., and Second Avenue L.

# WEST HILL

HENRY W. LLOYD, M.D.

West 252nd St. and Fieldston Road Riverdale, New York City

B. Ross Natra, Res. Physician in Charge

Located within the city limits it has all the advan-Located within the city limits it has one those who are nervous or mentally ill. In addition to the main building, there are several attractive cottages located on a ten acre plot. Separate buildings for drug and alcoholic cases. Doctors may visit their patients and direct the treatment. Under State License.

Telephone: KINGSBRIDGE 3040

JOSEPHINE M. LLOYD

105 Boston Post Road, Rye, N. Y.

Henry W. Lloyd, M.D Hulda Thompson, R.N. Attending Physician Supervisor

TELEPHONE RYE 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted.

Special attention to Diets.

Hydro-therapy, Ultra Violet and Alpine Sun rays, Diathermy, Massage, Colonic irrigation. Inspection invited. Send for illustrated

HENRY W. ROGERS, M.D., Physician in Charge HELEN J. ROGERS, M.D.

# DR. ROGERS' HOSPITAL

Under State License

345 Edgecombe Ave. at 150th St., N. Y. C.

Mental and Neurological cases received on voluntary application and commitment. Treatment also given for Alcoholism and Drug addiction. Conveniently located. Physicians may visit and cooperate in the care of their patients.

Telephone, EDGcombe 4801

# BRIGHAM HALL HOSPITAL

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiene

Founded in 1855

Beautifully located in the historic lake region of Central New York. Classification, special attention and individual care.

> Physician in Charge Henry C. Burgess, M. D.

# HALCYON REST ROSS SANITARIUM, Inc.

Brentwood, L. I., N. Y. Telephone, Brentweed 55

The Ross Sanitarium is for convalescents, the aged, chronic invalidism, and for those needing rest and relaxation. Resident medical and nursing staff. The Sanitarium is homelike, with close attention to diet and comfort of the patient. The number is limited, thereby making it possible for the medical and nursing staff to give individual attention. Physicians sending patients may direct their management and treatment. Rates \$35 to \$100 per week. Established 32 years.

W. H. ROSS, M.D., Medical Director

# WHITE OAK FARM

PAWLING, DUTCHESS COUNTY, **NEW YORK** 

Located in the foothills of the Berkshires, sixty miles from New York City. Accommodations for those who are nervous or mentally ill. Single rooms or cottages as desired.

Flavius Packer, Physician-in-Charge

Telephones: Pawling 20

New York City-Caledonia 5161

# CREST VIEW SANATORIUM

GREENWICH, CONN.

(25 Miles from N. Y. City)

F. St. CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to Charmingly located, beautifully appointed.

Fresh vegetables year round

Senility, Infirmities, Nervous Indigestion, \$25-85 weekly. No addicts.

Established 35 years.

Tel. 773 Greenwich

Syracuse, N. Y., January 15, 1930

Dear Doctor:

In addition to our general pharmaceuticals we carry large stocks of Ampoules, Special Chemicals, Bottles, Boxes, Cartons, Corks, Cotton, Gauze, Gauze Bandages, Ligatures, eddles (Hypo), Thermometers, Syringes, etc.

MUTUAL PHARMACAL CO.. Inc.

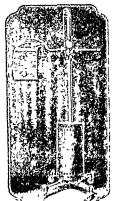
A great Calcium Therapy

# advance in CALCIUM Gluco. SANDOZ

Per Os - Palatable Intramuscular - No Irritation Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

708 710 Washington St. NLWYORK, N. Y. SANDOZ CHEMICAL WORKS, Inc.



DURING THE WINTER MONTHS

# Prescribe Ultra-Violet

As a general systemic tonic by reason of increased metabolism. For stimulating glandular activity to aid elimination procedure For body cell efficiency for greater resistance and for decreasing the absorption of toxic properties so detrimental to general health

The McIntosh Model Alpine Sun Lamp affords you the means of accomplishment with ease and precision because of the design and exclusive adjustment facilities.

Modern Ultra-Violet Therapy

is a 96-page book so written as to be of concrete service to the busy practitioner. It gives you valuable pointers with a wealth of outlined U.V. technique.



Sign the Confon For Your Coty

Main Office and Factory 223-233 N. California Ave CHICAGO, ILL



It Is FREE Send For Your Copy

> McIntosti I lee, Corp.

Name .

NEW YORK 303 Fourth Avenue

# Dr. Barnes Sanitarium

STAMFORD, CONN.

A private Sanitarium for Mental and Nervous Diseases. Also Cases of General Invalidism. Cases of Alcoholism Accepted.

A modern institution of detached buildings situated in a beautiful park of fifty acres, commanding superb views of Long Island Sound and surrounding hill country. Completely equipped for scientific treatment and special attention needed in each individual case. Fifty minutes from New York City. Frequent train service.

For terms and booklet address F. H. BARNES, M.D., Med. Supt. Telephone, 1867 Stamford, Conn.

# River Crest Sanitarium

Astoria, Queens Borough N. Y. City Under State License

JOHN JOSEPH KINDRED, M.D., Consultant

WM. ELLIOTT DOLD, M.D., ...,
FOR NERVOUS AND MENTAL DISEASE,
including committed and voluntary patients, alcoholic and narcotic habitues. A Homelike private
classification. Easily acmarqueh classification. Easily acretreat, overlooking the city. Located in a beau-tiful park. Thorough classification. Easily ac-cessable via Interboro, B.M.T. and Second Ave. "L." Complete hydrotherapy (Baruch) Electricity, Massage, Amusements, Arts and Crafts Shop, etc.

Attractive Villa for Special Cases. Moderate Rates

New York City Office, 666 Madison Ave., corner of 61st Street; hours 3 to 4 P. M. Telephone "Regent 7140." Sanitarium Tel.: "Astoria 0620."

By Interborough, B.M.T., and Second Avenue L.

# WEST HILL

HENRY W. LLOYD, M.D.

West 252nd St. and Fieldston Road Riverdale, New York City

B. Ross NAIRN, Res. Physician in Charge

Located within the city limits it has all the advantages of a country sanitarium for those who are nervous or mentally ill. In addition to the main building, there are several altractive cottages located on a ten acre plot. Separate buildings for drug and alcoholio cases. Doctors may visit their patients and direct the treatment. Under State License.

Telephone: KINGSBRIDGE 3040

JOSEPHINE M. LLOYD

105 Boston Post Road, Rye, N. Y.

Henry W. Lloyd, M.D Hulda Thompson, R.N. Attending Physician Supervisor

TELEPHONE RYE 550

For convalescents, aged persons or invalids who may require a permanent home including professional and nursing care. No mental cases accepted.

Special attention to Diets.

Hydro-therapy, Ultra Violet and Alpine Sun rays, Diathermy, Massage, Colonic irrigation. Inspection invited. Send for illustrated

booklet.

HENRY W. ROGERS, M.D., Physician in Charge HELEN J. ROGERS, M.D.

# DR. ROGERS' HOSPITAL

Under State License

345 Edgecombe Ave. at 150th St., N. Y. C.

Mental and Neurological cases received on voluntary application and commitment. Treatment also given for Alcoholism and Drug addiction. Conveniently located. Physicians may visit and cooperate in the care of their patients.

Telephone, EDGcombe 4801

# BRIGHAM HALL HOSPITAL

Canandaigua, N. Y.

A Private Hospital for Mental and Nervous Diseases

Licensed by the Department of Mental Hygiene

Founded in 1855

Beautifully located in the historic lake region of Central New York. Classification, special attention and individual care.

> Physician in Charge Henry C. Burgess, M. D.

# HALCYON REST ROSS SANITARIUM, Inc.

Brentwood, L. I., N. Y. Telephone, Brentweed 55

The Ross Sanitarium is for convalescents, the aged, chronic invalidism, and for those needing rest and relaxation. Resident medical and nursing staff. The Sanitarium is homelike, with close attention to diet and comfort of the patient. The number is limited, thereby making it possible for the medical and nursing staff to give individual attention. Physicians sending patients may direct their management and treatment. Rates \$35 to \$100 per week, Established 32 years.

W. H. ROSS, M.D., Medical Director

# WHITE OAK FARM

PAWLING, DUTCHESS COUNTY, **NEW YORK** 

Located in the footbills of the Berkshires, sixty miles from New York City. Accommodations for those who are nervous or mentally ill. Single rooms or cottages as desired.

Flavius Packer, Physician-in-Charge

Telephones: Pawling 20

New York City-Caledonia 5161

# CREST VIEW SANATORIUM

GREENWICH. CONN.

(25 Miles from N. Y. City)

F. St. CLAIR HITCHCOCK, M.D., Proprietor

Elderly people especially catered to Charmingly located, beautifully appointed.

Fresh vegetables year round

Senility, Infirmities, Nervous Indigestion, \$25-85 weekly. No addicts.

Established 35 years. Tel. 773 Greenwich

Syracuse, N. Y., January 15, 1930

Dear Doctor:

In addition to our general pharmaceuticals we carry large stocks of Ampoules, Special Chemicals. Bottles, Boxes, Cartons, Corks, Cotton, Gauze, Gauze Bandages, Ligatures, Needles (Hypo), Thermometers, Syringes, etc.

MUTUAL PHARMACAL CO.. Inc.

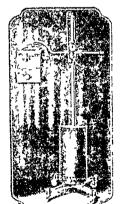
A great Calcium Therapy

# advance in CALCIUM Gluco SANDOZ

Per Os - Palatable Intramuscular - No Irritation Intravenous - Minimum of Reaction

Supplied: Tablets, Powder, Ampules

708 710 Washington St SANDOZ CHEMICAL WORKS, Inc.



DURING THE WINTER MONTHS

# Prescribe Ultra-Violet

As a general systemic tonic by reason of increased metabolism For stimulating glandular activity to aid elimination procedure. For body cell efficiency for greater resistance and for decreasing the absorp tion of toxic properties so detrimental to general health

The McIntosh Model Alpine Sun Lamp affords you the means of accomplishment with ease and precision because of the design and exclusive adjustment facilities

# Modern Ultra-Violet Therapy

is a 96 page book so written as to be of concrete service to the busy practitioner. It gives you valuable pointers with a wealth of outlined UV technique



Sign the Coupon I or Your Cops

Main Office and Factory 223-233 N. California A CHICAGO, ILL.



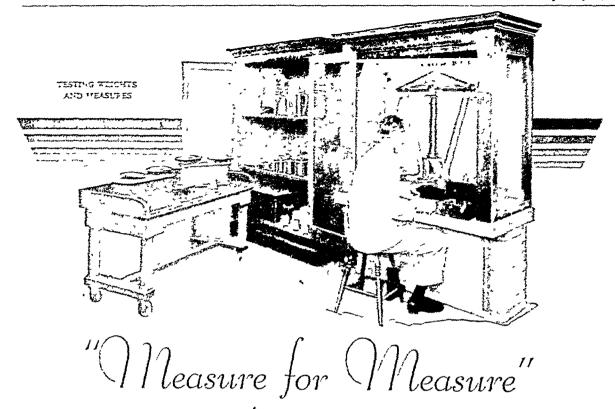
It Is FREE-Send For Your Copy

McIntosh Sun Lamp Name Ad lress

NEW YORK

303 Fourth Avenue Phone: Gramercy 7058

Please meetics the JOUIN 1L when cent it advertisers



A FAULTY gauge once discredited a long series of measurements made by a famous investigator.

In the production of pharmaceuticals and biologicals fidelity to formula, and scrupulous care in weighing and measuring are in vain if the weights and measures are inaccurate.

In the Lilly Laboratories the equipment for maintaining accuracy in these essentials consists of two sets of standard weights and measures and a balance designed for verifying and adjusting weights. One of the two sets of weights and measures is a working set, the other a reference standard used to control the working standard. All are adjusted within the tolerance limits prescribed by the United States Bureau of Standards.

Deficient weights and measures are corrected or discarded and destroyed. In the Lilly Laboratories each weight and measure is numbered for identification. This number is entered on a card on which is recorded the dates of its inspection and condition.

Scrupulous care in testing weights and measures is but one of the many means taken to make Lilly Products true to label in respect to both quantity and quality.

Iletin (Insulin, Lilly)

Merthiolate

Liver Extract

No. 343

Inhalant

Ephedrine Compound

No. 20

Inhalant

Ephedrine (Plain)

No. 21

Biologicals

Assayed and Standardized

Pharmaceuticals

# ELI LILLY AND COMPANY

INDIANAPOLIS, U.S.A.

# NEW YORK STATE JOURNAL of MEDICINE

PUBLISHED BY THE MEDICAL SOCIETY OF THE STATE OF NEW YORK

Vol 30 No 1

NEW YORK, N Y

Jmurry 1 1950

### EAR INFECTIONS IN BABIES \*

By MARVIN F JONES, M.D., FACS and JOSEPH M GERSTLY, M.D., NEW YORK N.Y.

From the Otological Department of the New York Post Graduate Medical School and Hospital

THE recent attitude of doctors regarding ear infection in bibles has possibly led us to deviate from the path of necessary conservative surgery. It is generally conceded that the infant and adult mastoid present two distinct diagnostic and treatment problems to the otologist

The first essential in a discussion of the subject is an accurate definition of the nomemel; The word "infant," for ex ture employed ample, from the viewpoint of the mother is from the cradle to the grave. From the viewpoint of the law, it is the first twenty one years of life. From the viewpoint of the diction iry it is described as 'the new born babe' therefore, necessary to limit the terms of life included in the phrase, infant in istoiditis?

In an attempt to standardize anatomically these periods it is necessary to consider the various stages of development from birth to maturity. In a review of authorities we find very conflicting statesments regarding this development, the period of complete development being spread over a term of from one year to puberty

The anatomists are quoted as follows -

Gray, "Mastoid cells, like the other sinuses of the cranium, are not developed until after puberty "

"The mastoid process becomes Piersol fairly distinct in the course of the second year It develops gradually about the time of puberty when it becomes preumatic. This may occur much earlier'

Deaver, "Prior to puberty the mastoid cells are few in number. They attain their full development in the voung adult"

Cunningham "The Mastoid process begins to develop in the second year

The anatomists agree on a period liter than the actual beginning and complete development of the mastoid as evidenced by the above opinions

We all realize the difficulty of satisfactory 1 ray examinations which might be of inmense value in determining the stages of development. Three works on this subject commend themselves for consideration. Chertle in 1906, stated as a result of his research that infant mastoids show cellular development within the first five years after birth. The carliest picumitic mastoid he found wis at the age of one year and seven months

Stewart stated before the New York Aca demy in 1913 that as a result of his radio graphic investigations he was convinced that distinct well formed, pneumatic cells were present as early as two years of age. In his article he quotes Dr Sidney Lange, who is probably the pioneer in this subject, to the ef fect that no cells are visible under ten years of ige, that the pneumatic characteristics vary from ten to fifteen years of age. This paper was read in 1909 before the American Roentgen Ray Society, and since that time the technique employed by radiographers has been sufficiently improved to make more recent information on this subject more accurate

Bigelow and Guerber in the year 1923 pre sented their results and used the opinion of Wittmarck that a mistoid which is not completely pneumatized by the end of the third year or it the very latest, by the end of the fifth year never becomes so liter

We find among the authors of books on otology the following opinions —

Politzer, "The tympanic antrum is the only pneumatic space present in the temporal bone in the new born. It is absolutely larger than the adult

Dench 'In the infint at birth the mist ad is but poorly developed, consisting usually of but a single cell the antrum

Kopetsky states that at the end of the first

\* Read at the Arnual Meeting of the Me I cal Society of the State of New York at Linca N Y June 6 1979

year pneumatization begins, at the end of the third year the mastoid process may already resemble the adult type, and he has observed a mastoid process in a child of two years which in no way differed from the adult type.

While these authorities have cited various periods of life as the period of complete development, or lack of development, there has been no record that we have been able to find of an attempt to state in detail the average sizes of mastoids from birth to complete development. This should be simple and considering the importance of the difference in treatment between a completely developed or partially developed mastoid and an undeveloped mastoid, it seems rather strange that a procedure so simple has not been published. This could be accomplished by measuring the mastoid excavation at the time of operation, then tabulating these measurements together with the age of the patient. A sufficient series would furnish us the information desired. In the absence of this information, we have attempted to demonstrate roughly the size of mastoids by means of dry dissections of several subjects. The conclusions drawn from these dissections are-first, that the mastoid process has pneumatized cells at a much earlier age than is commonly supposed. The reports of various cases, of which the report of the case by Dr. Bass, of Louisville, is an example, show that there is a development of mastoid cells in some cases before one year of age. In this report he states that he had a case of bilateral well-developed mastoids in an infant six months old and weighing eight pounds six and one-half ounces.

We also conclude that mastoids at various stages of development mechanically demand different methods of treatment.

We believe that too much dependence has been placed on the spontaneous resolution of mastoids in the infant, because the period of development and the anatomical location of, structures have been overstressed as factors aiding resolution.

The quotation is frequently heard, "The mastoid is not involved because there is only a single cell, i.e., the antrum present." statement cannot be made at any age over six months and be within reasonable limits a truthful statement.

There seems to be a feeling among otologists and pediatricians that the mastoid antrum is the only cell in the mastoid process up till the time the child is about five years old. The tendency to lengthen this age limit is increasing. The single cell idea combined with the knowledge of the anatomical difference between the child and adult mastoid have given a false sense of safety when dealing with an acute vastoiditis.

In order to place our presentation in definite chronological form we would like to divide our periods of development into four periods. Let us call the time elapsed between birth and the end of the eighteenth month the first period; the second eighteen months or until three years of age the second period; the next eighteen months or until four and one-half years age the third period; and from four and one-half years until death the fourth period. For all practical purposes a mastoid that is not developed at four and one-half years will in all probability not be developed during life. Therefore the treatment of an acute mastoiditis after four and one-half years of age will not differ from the treatment of an adult mastoid. We are not particularly concerned in this

paper with the fourth period.

1. Anatomy. The mastoid consists of one cell, namely, the mastoid antrum, larger than the adult, placed above and posterior to the middle ear cavity. The additus ad antrum is nearly perpendicular, relatively large in lumen, and short. The Eustachian tube is relatively short, more nearly horizontal, relatively large in calibre. The additus it easily closed by inflammation of embryonal tissue in the first six The Eustachian tube serves as casy entrance for infected material from the nose and throat and also acts in the capacity of a drainage tube for the middle ear when it contains pus under pressure. The membranatympani is thicker and more resistant during the early infancy periods. Embryonal tissue persists in the superior part of the middle ear, as folds in the membrane which is easily infected and changed in character. Exceptions to these rules occur frequently, of which exceptions the fact that pneumatized cells may be present in considerable numbers during this period is important. It is during this period that infection of the tympanic cavity or the mastoid antrum is most apt to occur. Under proper treatment it is also the period during which there is the highest percentage of cases which resolve. This resolution is due in a great degree to the anatomical structure.

2. Diagnosis. The diagnosis of infection in the middle ear and antrum during this period is perhaps the most important subject in recent discussions. Infection in the middle ear has been diagnosed by various changes in the appearance of the membrana tympani. These changes being characterized by primary retraction, loss of lustre, loss or distortion of the light reflex, congestion and redness in Shrapnell's area, and the early appearance of a pinkish blush of the tympanic membrane, followed later by redness, bulging, loss of landmarks, and a blending of the supero-posterior portion of the drum with the supero-posterior canal wall. The involvement of the mastoid

antrum is indicated by the drooping or prolapse of the superior-posterior canal wall, and the superior-posterior quadrant of the drum I his change obliterates the line of division between the drum membrane and the canal wall, at the annulus tympanicus To this is added, by means of rupture of the drum membrane, a profuse purulent discharge, more than would probably come from the middle Swelling, tenderness, redness over the mastoid process, and a diminution of the postauricular fold have all been considered signs of pathology in the middle ear and antrum that called for surgery. In addition to these signs, there are also the following general symptoms, fever, restlessness, pain, tenderness and coated tongue Laboratory examination adds a leukocytosis to the picture. The 4-ray The above has been of no practical value findings have been the accepted description of an acute of its and mastorditis during the first neriod.

During recent years records have been piesented by our western pediatric and otolaryn golic confreres which make us realize a new era has arrived Our accepted diagnostic facts have These spectacular records been supplemented are largely the result of real combined thought and conference at the bed-side. We in the east have been altogether too slow in following The additional facts we must now consider are more in the province of the pediatrician than the otologist. They are the general symptoms of a local infection. Among the reported gen eral symptoms are loss of weight dehydration, anemia diarrhea, vointing, inforcation, fever, loss of appetite, drowsiness, stupor and pallor These symptoms follow involvement of the gastro-intestinal tract. In addition we must consider the respiratory and genito urmary systems which we know are sometimes involved. Then include the vascular and nervous systems which should be occasionally

The diagnostic ability of the otologist is also taxed in this more recent otology The mag milying otoscope is now a necessary part of the diagnostic equipment. The minute changes in the drum are most important and are not visible by the unaided vision. With the electric otoscope, the quality, color, tone and vascu larity of the drum head become clear. In this new picture we have a membrane which ap pears thickened in the superior posterior quad rant the color is grey which resembles dirty tissue paper The membrane is atonic and when negative and positive pressure are after nated the membrane fluctuates with wide ex The blood vessels are diluted and tortuous especially in Shrapnell's area. They may extend along the malleus handle or cross the membrane. This entire picture is one of detail and one which when observed by the unaided vision, would give the impression of a normal drum to the examiner

Hand in hand with this more refined and scientific study should go a warning This same refined and scientific study which has been laboriously conducted without fear and with most altruistic ideals opens a wide avenue for the advance of sordid medicine This type of medicine is characterized by predominance of a desire for financial gain and by the desire to shift responsibility of a serious case practitioner is loath to spend the time to learn He will not admit his mability to see, understand and diagnose all conditions and assumes a position on a pedestal which has a foundation This individual and his confreres, seek an excuse rather than a cause for opera He will operate rather than spend time to study the case and arrive at a legitimate diagnosis. In accepting these new methods, therefore again the warning, "Proceed with increased vigilance"

The training by otologists who Treatment advocate early myringotomy has left an in delible impression upon the authors procedure has a definite technique and is never a "Stab in the dark' Start the incision at the six o'clock position with the knife blade up ward, incise parallel to the posterior portion of the annulus tympunicus up to the eleven o'clock position. Turn the blade in the direction of the additus ad antrum and continue the incision for a short distance into the canal This insures the maximum drainage from the middle ear cavity, the epitympanic area and the additus Paracentesis has no place in modern otology, myringotomy only should be considered. We believe there is a definite value in the repetition of this procedure so long as a cessation of discharge coincides with a rise in temperature. The repetition to be terminated if mastoiditis of the type that will not resolve is diagnosed. The supposed middle car destruction from repeated myringotomies will be considered in a paper by Crowe and Guild some time in the near future

To condense the treatment we will tabulate

Tubo Tympunitis

- 1 Argyrol 10% 25% in each side of nose three times a day
- 2 Cathartic
- 3 Lorced fluids
  - The heat from massive arrigation of the car

O. M. C. A Otthy Media Cutarrhal Acute (with fluid)

1 Myringotomy

pneumatization begins, at the end of the d year the mastoid process may already emble the adult type, and he has observed aastoid process in a child of two years which no way differed from the adult type.

While these authorities have cited various eriods of life as the period of complete de-elopment, or lack of development, there has een no record that we have been able to find of an attempt to state in detail the average sizes of mastoids from birth to complete development. This should be simple and considering the importance of the difference in treatment between a completely developed or partially developed mastoid and an undeveloped mastoid, it seems rather strange that a procedure so simple has not been published. This could be accomplished by measuring the mastoid excavation at the time of operation, then tabulating these measurements together with the age of the patient. A sufficient series would furnish us the information desired. In the absence of this information, we have attempted to demonstrate roughly the size of mastoids by means of dry dissections of several subjects. The conclusions drawn from these dissections are-first, that the mastoid process has pneumatized cells at a much earlier age than is commonly supposed. The reports of various cases, of which the report of the case by Dr. Bass, of Louisville, is an example, show that there is a development of mastoid cells in some cases before one year of age. In this report he states that he had a case of bilateral well-developed mastoids in an infant six months old and weighing eight pounds six and one-half ounces.

We also conclude that mastoids at various stages of development mechanically demand different methods of treatment.

We believe that too much dependence has been placed on the spontaneous resolution of mastoids in the infant, because the period of development and the anatomical location of structures have been overstressed as factors aiding resolution.

The quotation is frequently heard, "The mastoid is not involved because there is only a single cell, i.e., the antrum present." statement cannot be made at any age over six months and be within reasonable limits a truthful statement.

There seems to be a feeling among otologists and pediatricians that the mastoid antrum is the only cell in the mastoid process up till the time the child is about five years old. The tendency to lengthen this age limit is increasing. The single cell idea combined with the knowledge of the anatomical difference between

-bild and adult mastoid have given a false of safety when dealing with an acute ditis.

In order to place our presentation in definite chronological form we would like to divide our periods of development into four periods. Let us call the time elapsed between birth and the end of the eighteenth month the first period; the second eighteen months or until three years of age the second period; the next eighteen months or until four and one-half years age the third period; and from four and one-half years until death the fourth period. For all practical purposes a mastoid that is not developed at four and one-half years will in all probability not be developed during life. Therefore the treatment of an acute mastoiditis after four and one-half years of age will not differ from the treatment of an adult mastoid. We are not particularly concerned in this

paper with the fourth period.

1. Anatomy. The mastoid consists of one cell, namely, the mastoid antrum, larger than the adult, placed above and posterior to the middle car cavity. The additus ad antrum is nearly perpendicular, relatively large in lumen, and short. The Eustachian tube is relatively short, more nearly horizontal, relatively large in calibre. The additus it easily closed by inflammation of embryonal tissue in the first six The Eustachian tube serves as easy entrance for infected material from the nose and throat and also acts in the capacity of a drainage tube for the middle ear when it contains pus under pressure. The membrana tympani is thicker and more resistant during the early infancy periods. Embryonal tissue persists in the superior part of the middle ear, as folds in the membrane which is easily infected and changed in character. Exceptions to these rules occur frequently, of which exceptions the fact that pneumatized cells may be present in considerable numbers during this period is important. It is during this period that infection of the tympanic cavity or the mastoid antrum is most apt to occur. Under proper treatment it is also the period during which there is the highest percentage of cases which resolve. This resolution is due in a great degree to the anatomical structure.

2. Diagnosis. The diagnosis of infection in the middle ear and antrum during this period is perhaps the most important subject in recent discussions. Infection in the middle ear has been diagnosed by various changes in the appearance of the membrana tympani. These changes being characterized by primary retraction, loss of lustre, loss or distortion of the light reflex, congestion and redness in Shrapnell's area, and the early appearance of a pinkish blush of the tympanic membrane, followed later by redness, bulging, loss of landmarks, and a blending of the supero-posterior portion of the drum with the supero-posterior canal wall. The involvement of the mastoid

mastorditis has been diagnosed it is a dan gerous risk to delay for spontaneous recovery

to take place

Suppose the patient with an operative mas toiditis is not operated. That cases of spontaneous recovery do occur is not denied Operative appendicitis cases also recover, but no one questions the proper procedure is sur gical When a definite mastoiditis is present, with the chances of recovery slight, it is just poor surgical judgment to delay Complications causing disability and death do occur in these cases Meningitis is a rather common termi The autopsy is proving that more cases of meningitis originate from undiagnosed middle ear conditions, than has been formerly supposed Especially in cases which have an examination of the temporal bone post mortem does this become evident

Deafness is a condition to be seriously considered as a result of "Spontineously Resolved" cases Too little attention has been directed toward this point. In a few cases of so called deaf mutism, we have examined, a vestige of the hearing function has been present Total destruction of both tympanic mem branes give mute evidence of the destructive process which has at some time been present Coloric tests reveal the presence of vestibular tunction. In cases with the drum membrane in tact, this picture singularly resembles the one seen in "Latent Mastoiditis" It would seem feasible, therefore, to consider some of our congenital deafness cases as those whose hearing has been destroyed by early degenerative processes

### Table II

This table shows an unselected series of mastoid operations occurring on four different services at the New York Post Graduate Medical School and Hospital

Of 252 operated cases

69 were operated during the 1st year 68 were operated during the 2nd year 36 were operated during the 3rd year 30 were operated during the 4th year 18 were operated during the 5th year 20 were operated during the 6th year 11 were operated during the 7th year

# Lotal 252

Progressive loss of hearing is a valuable in dication for operation on the adult mastoid This valuable sympton is of course, lacking in the young baby I hat a loss does occur could hardly be doubted. It is our belief that proper examination and treatment during these early vears is the best means of preventing the deafness of later years

A continued low grade discharge from the

ear, especially if small in amount, is apt to be disregarded by the parents. Some of these cases have a discharge so slight as not to be noticed in the canal. We would be unwilling to class this as a complication, but it is from this type of case that our later day intracranial cases take origin. The history is rather stereo typed

The patient complains of nausea, dizziness difficulty in locomotion, pain in the head which keeps him awake. He is irritable, feels tired and looks sick. On being questioned he re plies that he has a discharge from one or both ears with impaired hearing as long as he can remember The mother says this was started when he was a baby. On examination one or both ears has a thick foul smelling discharge The car shows advanced destruction and at tempt at repair Labrinthine and intracranial complications are immediately considered. The prognosis is not good. If the mastoid is opened we find the sclerotic type with the sinus well forward and low middle fosse. No cells are present except the antrum of the so called in fantile mastoid. We prefer to consider these cases of arrested development due to destruc tive processes occurring at the critical age when the mastoid cells are beginning to form

Sinus Thrombosis, Betzold perforation, subperiostal abscess upidural abscess and other conditions might be added to the list which result

from delay

In addition to local involvement the time has arrived when latent and acute mastoiditis must be classed among the known locations which serve as a focus for general infection The cholera Infantum Syndrome in connection with infection in ears has been convincingly es tablished The kidneys are now being con sidered in the light of our new knowledge Chest conditions should most naturally follow The blood stream and nervous system are surely to be considered

### CASE REPORTS

S M-This child was admitted to the hospital at the acc of nine months ten days suffering from vomiting after meals. Since the last six weeks he was under supervision in the Periatric Clinic, but did not do so well at home. The stools were watery

The diagnosis on admission were

I Pyloro spasm and stenosis

Cerebral irritation Bilateral OMP \

Acidosis

Secondary dehydration

Three days after admission the child was given a transfusion of two hundred ec of whole blood and about three weeks after admission a bilateral mastoidectoms was done under local anaesthesia the cultures were re turned as pneumococcus type four. The next day an other transfusion was given of 150 cc whole blood

The weight at admission was fourteen pounds six ounces and fluctuated in the first three weeks between fourteen pounds six ounces and fifteen pounds eight ounces. Three weeks and two days after admission the child's weight dropped to thirteen pounds, twelve ounces and then he passed out with the diagnosis of marasmus. The temperature during the child's stay was about one hundred and two and that was only for a short time, at two separate times, about two weeks before he died.

Otherwise temperature was below one hundred and two.
The autopsy was: unresolved, bilateral bronchopneumonia, chronic fibrous pleurisy, chronic catarrhal enterocolitis, and marasmus. Operation was too long delayed in this case. Local antrotomios add little danger and these cases resolve slowly, if at all, when operation

is not done

F. M.—This child, the first of twins, was admitted to the hospital at the age of one month, seventeen days, with the chief complaint of vomiting after feeding. twin was also constipated. On admission the child weighed five pounds, fifteen ounces and when discharged he had a little cough, but physical examination of the chest was negative. Weight was six pounds, fifteen

ounces when discharged.

He was discharged on May 21st, and just one month later both ears started running and since that time the child has persistently failed to gain, and vomited at times. The child was admitted with the diagnosis of bilateral mastoiditis. Both mastoids were opened and drained. The week after the operation ninety cc. of blood was transfused. This transfusion was given for a sudden rise in temperature to one hundred and five and one-half. After which the temperature dropped to normal and stayed so until discharged from the hospital. His weight was seven pounds, and three-fourth ounces and he was apparently in good condition. During observation, both twins seem to be doing nicely at the present time. No cultures were taken from ear at time of operation.

Cultures are invaluable and should be taken on all operative cases. It would be interesting to note if this twin showed the same bacterial organism as the brother.

J. M .- This child was the second of twins born after a hard labor during which he suffered from a fracture of the left humerus and clavicle. In the next two weeks the child either regurgitated or vomited after practically every breast feeding. The vomiting was non-projectile and usually occurred immediately after nursing.

Child was admitted to the Post Graduate Hospital at the age of twenty-nine days with the chief complaint of vomiting. The bowels were not functioning properly. vomiting. The stools being less in frequency than usual for a child at that age. He was admitted to the hospital on the tenth day of February, 1928, his weight at time of admission being five pounds. This fluctuated in the first three weeks between five pounds and five pounds, nine and one-half ounces. At the end of the fourth week his weight rose to six pounds, two and three-fourth ounces, and after that there was a gradual rise, although very slowly to six pounds, eleven ounces. At that time he was discharged to the clinic which kept track of his case. His progress at home was unsatisfactory and he continued to gain weight very slowly but had marked diarrhoea and did not seem anxious to eat. This condition kept up with remissions and the child was finally returned to the ear clinic under my service and I suggested a toxic focus in the mastoid.

On admission the child, now eight months old, weighed eight pounds, eight ounces which is really less than a two pound gain in two months. The child was in marantic condition, refused his bottle, had diarrhoea, consisting of greenish yellow, sour smelling curds and a temperature fluctuating between ninety-nine and one hundred and two degrees. The child was operated on under local anesthesia and both mastoids opened. Gelatinous matter found in both mastoids which later gave pure culture of staphylococcus albus. Four days after operation transfusion of one hundred and twenty cc. of blood was given. The weight picked up gradually in the first week to n'ne pounds, three ounces and at discharge he weighed

nine pounds, five and three-fourth ounces. His diarrhoea stopped. He now takes his feedings very well, and his temperature has dropped to normal. Under observation

for some time the child is gaining rapidly.

J. A.—This child was admitted to the hospital in May, 1928, and was discharged about two weeks later, following a bilateral mastoidectomy. At the first admission the child was suffering from gastro-enteritis which did not clear up under feeding regime. Discharged the thirtieth day of May and was re-admitted the fourth of June for another attack of persistent vomiting and diarrhoea. The stools were green to yellow in color, liquid in consistency and had a sour pungent odor. On account of the marantic condition of the child plus anemia, a transfusion of one hundred and seventy cc. of blood was The weight at time of admission was eighteen given. pounds, twelve ounces. Second day in the hospital the weight dropped two ounces and then fluctuated. Six days after admission the child died, being at the time of death, eighteen pounds and one ounce. Autopsy was refused. Temperature fluctuated between ninety-nine and one hundred and two, although it was more steady between one hundred and one and one hundred and two six days after admission, and then between one hundred and two and one hundred and four preceding death.

P. R.—Age five months, ten days. Admitted April 19th, 1928, with the complaint of fever and a non-productive cough for the last four days. At the same time there was a slight swelling in front of the right ear and anorexia was another complaint. This child was pre-

viously treated for enlarged thymus.

Physical examination: A slight swelling anterior to the right auditory meatus. The drums are both dull and slightly edematous. Tonsils are inflamed and slightly enlarged. Diminished breath sounds with occasional spots of bronchial breathing and few rales and dullness on percussion from the right middle and lower lobes.

The diagnosis on admission was: right lower and mid-

dle lobar pneumonia and bilateral O.M.P.A.

At the end of April a bilateral myringotomy was done with an escape of sero-sanguinous fluid. The temperature on admission was 103.8 which gradually receded to normal.

The weight rose from fifteen pounds, eight ounces, to fifteen pounds, ten ounces. The urine was negative. He

was discharged on the 6th of May as cured.

He was re-admitted on the 16th of May, 1928, for running ears and a slight rise of temperature in the evening. The diagnosis was: right mastoid, left O.M.P.A. and furunculosis was made. (There was a rash over the body, which had become infected, and had caused boils to appear.)

On the 17th of May, a right mastoidectomy was done and the culture returned was streptococcus hemolyticus. A left myringotomy was performed and the left ear drum later resolved. There was a gastro-intestinal upset

following the operation.

On the first of June another incision was made into the left drum and pus was obtained. A note was made by the otological consultant who said, "Will do left mastoid if pediatric service think the general condition will

stand it. Local anesthesia preferable.'

Course: Temperature was a hundred and four on the second, third and fourth days. Then it dropped to between one hundred and one hundred and one and continued so to the end of the second week. Then there was a sudden rise to one hundred and four which dropped the same day and then began a steady rise to one hundred and five on the first of June. It fluctuated between that and one hundred and two and on June 7th, the temperature rose to 107.4 following which the child died.

The weight on admission was fifteen pounds, eight ounces and dropped steadily to twelve pounds, three and

one-half ounces on the day of death.

A transfusion of 200 cc. was given on the 29th day of

Blood culture and urine negative throughout the course.

Autonsy refused

Practically ill cases of this type demand a double autrotony

M S-Age seven months eleven days Admitted May

24th 1928 complaining of ear trouble

On May 3rd the left car began to run and was asso chated with fever Both ears were opened by a private physician Drange continuous However the tem rerature has been the same. On the night prior to ad mission the temperature was a hundred and four Physical examination. Showed a well developed boy of

shout eight months old not acutely ill Both ears were running profusely but the child did not have mastoid

tenderness

The impression was

I OMPA bilateral

2 Acu e bilateral mastoiditis

A bilateral mastoidectomy was done on the 26th of May and on the right side the cortex was perforated the I to chrome mostoid

Culture returned streptococcus hemolyticus Louise Temperature Following operation it rose to one hundred and four and fluctuated until the end of the fr t weel aid then ran around a hundred until the end of the third week. Then it rose to 1048 and dropped the same day to normal and then it gradually rose to one lundred and five in the three days following when the child died

After operation there was a gradual onset of gastro enteritis and anorexia The weight on admission was twei ty pounds. This gradually dropped to sixteen pounds and it death was sixteen pounds nine ounces. The rise was evidently due to a clysis of 175 cc. just before death on June 1sta Transfusion was given on June 11th of 100 cc of whole blood. The diagnosis at death was

Gastro enteritis

Mara mu 3

Secondary anemia 4 Bilateral mastoiditis

Gastro intestinal symptoms sometimes follow mastoid operat in. There being no notation regarding the sinuses they were considered negative

### CONCLUSIONS

I—The mastoid cells begin to assume their characteristic macroscopic form about the end of the first year

2-The antrum and the associated mastoid cells should be considered as a potential source of general infection as well as an area producing symptoms from its local pathology

3-Antrotomy as an operative procedure on a child under one and one half veirs is easily done in a short time under local anesthesia The shock to the prtient is negligible. If this operation is performed when indicated cases of latent mastoiditis intra cranial complications deafness and cases where the general symptoms are due to the ear will be decreased

- The mistoid operation should be done while the indications are definite and the policy of witchful writing beyond this stage should

5—The preservation of the child's acuity of hearing should have major consideration in ill cir infections

6-The largest percentage of operated mas

toids in our series occurred during the first two years of life

7-Streptococcus Hemolyticus was the in fecting organism in 831/2%

kecent operative procedures are tending toward quick healing and good cosmetic results. This case was one where the external wound had nearly closed and the dis charge still persisted. Is it not possible that premature closure may not cause the same G 1 Syndrome that the unoperated car causes. There was no note on sinuses

A H-Age four years one month Admitted July 7th 1928 for discharging left ear, of three weeks dura tion swelling left side of neck one week Pain in the abdomen vomiting and dark urine for the past four days Thysical Examination Left car running tonsils large

red and cryptic. Pharynx slightly inflamed adenorathy of the left cervical region

The diagnosis on idmission was

1 Left mastordi is Acute tonsilitis

3 Pvelitis

4 Cystitis

Vephritis

Urine (ii admission contained many red blood cells casts albumin and pus A mastoidectom, was done three days after admission. No culture was taken

Course The temperature on admission was one hun dred and one and gradually subsided to normal until discharged. There was a slight post operative rise to one hundred and two and six tenths

The urn e cleared up gradually and was negative on the 23rd of July Patient was discharged on the 28th of July as cured

### BIBI IOGRAPHY

Agazzi B Osservationi di Anatomia Descrittiva e Topografica Sulla Regione Mastoidea (Studio Cramo metrico e Radiografico) briol 12 254 294 1913 14 4rch Ital di Inat e di Em

Alden A M Gastro intestinal Disturbances in Infants is a Result of Streptococcus Infection in Ears South M J 19 360 62 1926
Alden A M Mastoid Infections in Infants Arch

Otolary 1601 5 39 42 1927

Alden A W and Lyman H W Gastro intestinal Disturbances in Infants as Result of Obscure Infection in Mastoid Laryngoscope 35 586-91 1925

Allen S F The Mastoid Operation Including Its

History Anatomy and Pathology Cincinnati 1892 Alom Les Mastordites Latentes Leurs Complications

Meningees Chez le Nourrisson et Lenfant du Premier Age Lion Med 136 181 89 1925 Baillin Politzer's Textbook of the Diseases of the Far

pp 43 48, 499ff London 1926

Barker W C Studies of the Normal and Pathological Wastond by Reentgen Ray J Ophth Otol & Laryn gol 24 401 410 1920

Bass A L Acute Bilateral Mastorditis in Infant Six Months Old Weight 8 Pounds 6½ Ounces, Hemorrhage

Months Old Weight 8 Pounds 9/2 Offices, Architect are from Antrum of Highmore, Case Reports Kintucks II J 25 552 55 1927
Bigelow N Types of Mastoid Structure with Special Reference to Their Differentiation by Means of Stereo rad ography Inn Otol Rhinol & Laryngol 27 887 1918

Bigelow A and Gerber I Further Observations of Mastord Structure by Means of X ray Rhinol & Laryngol 32 641 86 1923 Ann Otel

Bloch V I a Mustoidite du Nourrisson M'decine 8.293 97 1927 Brindel \ M istordites Chez les \ourrissons J de

Med de Bordeaux 92 149 1921 Cadentule and Retrouvey (Three Cases of Recurr ing Masterditis in Children ) I de Wed d Bordenur 92 445 1921

Carey, E. H.: Mastoiditis in Infants. Texas State J. Mcd., 22:373-76, 1926.

Cheatle, A. H.: The Infantile Types of Mastoid and Their Surgical Significance. Lancet, 1:491, 1910.

Coates, G. M.: Mastoiditis in Infant. Ann. Otol.

Rhinol. Laryngol., 36:913-24, 1927.

Downey, J. W.: Method of Demonstrating Surgical Anatomy of Mastoid by Models. Ann. Otol. Rhinol & Laryngol., 31:1009-1010, 1922. Flower, W. H.: Chapter IX. Skull of Dog, pp. 116-

149.

Forster, A.: Sur la Morphogénèse de L'apophyse Mastoide. Compt. Rend. Soc. de Biol., 83:434-36, 1920.
Friedman, J. and Greenfield, S.: The Mastoid Operation (Results in 100 Cases). M. J. & Rec., 1925.

Friedman, J. and Greenfield, S.: Three Cases of Mastoiditis with Interesting Complications. M. J. & Rec., 1925.

Friesner, I. and Rosen, S.: Puncture in Infants. Arch.

Otol., 7:524-26, 1928.

Gerber, I.: Some Observations of Mastoid Structure as Revealed by Roentgen-ray Examination. Am. J. Rocntgenol., 6:1, 1919.

van der Hoeven, L. J.: Infantile Type of Mastoid. J. Laryngol., 25:169-171, 1910.

van der Hoeven, L. J.: Beitrag zur Kenntnis der Entwicklung des Processus Mastoideus. Monatschr. f. Ohrenh., 49:546, 1915.

Jervey, J. W.: Mastoid and Middle Ear Infection in Children. J. S. Carolina M. A., 14:202, 1918.

Johnston, W. H.: Mastoiditis in Infants. J. Iowa M. Soc., 13:493-95, 1923.

Kecler, J. C.: Anatomy and Surgery of Temporal Bone, with Reference to Mastoid in Health and Disease. Ann. Otol. Rhinol. & Laryngol., 31:759-811, 1922.

Krauss, F.. Mastoiditis in Children. Penn. M. J., 24:147, 1920.

Lapouge: Trépanation Mastoïdienne Chez les Nourrisson. Rev. de Laryngol., 47:667-70, 1926.

Lothrop, O. A.: A Radiographic Study of the Mastoid. Boston M. & S. J., 170:343-48, 1914.

Lyman, H. W.: Mastoiditis a Cause of Gastro-intestinal Disturbances in Children. J. Missouri M. A., 22:293-95, 1925.

Lyman, H. W.: Mastoiditis in Infants. J. Missouri M. A., 24:541-43, 1927.

Lyman, H.W.: Infantile Mastoiditis with Gastro-intestinal Symptoms. Arch. Otolaryngol., 6:526-41, 1927.

McDougall and Knauer, W. J.: Five Atypical Cases of Mastoiditis in Children. Laryngoscope, 33:936-37, 1923. McMahon, B. J.: Pathology of Mastoiditis in Infants. Arch. Otolaryngol., 7:13-29, 1928.

MacNeil, F. A.: Masked Mastoiditis in Children Up to Age of 2 Years. Canad. M. A. J., 18:688-92, 1928.

Mayer, J. M.: Bilateral Mastoiditis in Twins Accompanied by Dentition and Complicated by Facial Paralysis; Report of Case. Laryngoscope, 36:305-307, 1926.

Mouret, J.: Etude sur la Structure de la Mastoïde et le Développement des Cellules Mastoidiennes; Influence de la Constitution de la Mastoïde sur l'évolution des otites moyennes. Bull. d'oto-rhino-laryngol, 15:310-313, 1912.

Rogers, J. S.: Systemic manifestations of Otitis Media and Mastoid Involvement in Very Early Infancy. J. Lancet, 46:34-36, 1926.

Rouvière, H. and Rouvière, Mme.: Sur le Développement de l'antre Mastoidien et des Cellules Mastoidiennes. Ribliog Anato Par. & Nancy, 20:24-34, 1910-11.

Seigneurin. Acute Mastoiditis in Infants Treated by Wilde's Incision Over Mastoid. Cases. Rév. de Laryngol. 47 751-54, 1926.

Shea, J. J., Morphology of Mastoid, Southern M. J., 18:53-55, 1925.

Sidbury, J. B.: Mastoiditis in Infants; Report of 40 Operated Cases. South M. J., 20,713-18, 1927.

Sisson, S.: The Anatomy of the Domestic Animals.

Saunders, Phila., 1914. Dog, pp. 188-190.
Southworth, T. S.: Is Frequency of Acute Otitis Media and of Subsequent Mastoid Operation a Reproach to Pediatrics? Arch. Pediat. 36:65, 1919.

Steurer: (Structure of Mucous Membrane of Middle Ear and Its Relation to Cell Formation in Mastoid Proc-

css.) Ztschr. f. Hals-Nasen-u. Ohrenh., 15:261-73, 1926.
Stewart, W. H.: Radiographic Findings Illustrating the Anatomic Development of the Mastoid Bone. Ann. Otol, Rhinol. & Laryngol., 22:677, 1913.

Talpis and Liebermann: Anatomical and Radiological

Study. Rév. de Laryngol., 48:615-61, 1927.

Turner, L. and Porter, W. G.: The Structural Type of the Mastoid Process; Based upon the Skiagraphic Examination of 1,000 Crania of Various Races of Mankind. J. Laryngol. & Otol., 37:115, 161, 1922.

Wagers, A. J.: Acute Mastoiditis Apparently Primary, in Infant 7 Months of Age. Laryngoscope, 34:453-56, 1924.

Welty, C. F.: Indications for Mastoid Operations as Shown in 100 Cases. J. A. M. A., 65:504-507, 1915.

Whiting, F.: Unreliability of Temperature in Otitis of Infants and Children as an Indication for Mastoid Operation. Surg. Gynec. & Obst., 30:364, 1920.

Wonsowski: Influence of Structure of Mastoid Process on Middle Ear Disease. Rév. de Laryngol., 48:451-55, 1927.

Alden, A. M.: Mastoiditis in Infants. Kentucky M. J., 26:403-406, 1928.

Guthrie, D.: Mastoid in Childhood, Record of 50 Consecutive Operations with Note on Value of Fat Grafting J. Laryngol. & Otel., 43:713-23, 1928.

Knick, A. and Witte, W.: (Roentgen Study of Development of Mastoid Cells after Otitis Media during First Year of Life.) Arch. f. Ohren.-Nasen-u. Kehlkopfh., 119:128-155, 1928.

Moore, R.: Mastoiditis in Infants. Texas State J. Mcd., 24:400-403, 1928.

Sánchez Moreno, L.: (Mastoiditis in Children; 31 Operated Cases.) Semana Méd., 2:768-775, 1928.

Dean, L. W.: Paranasal Sinus Disease in Infants and Young Children. South M. J., 15:846-50, 1922.

Dean, L. W.: Study of Tonal Ranges in Lesions of the Acoustic Nerve and Its End Organ. Laryngoscope, 33:309-27, 1923.

Dean, L. W.: Complications of Paranasal Sinus Discase in Infants and Young Children. Ann. Otol. Rhinol. & Laryngol., 32:285-97, 1923-24.

Dean, L. W.: Treatment of Paranasal Sinus Disease in Infants and Young Children. Laryngoscope, 34:30-35, 1924.

Dean, L. W.: Paranasal Sinus Disease in Infants and Young Children. Cincinnati J. Med., 5:78-82, 1924-25.

Dean, L. W.: Paranasal Sinus Disease in Infants and Young Children. J. A. M. A., 85:317-21, 1925.

Dean, L. W.: Diagnosis and Treatment of Paranasal Sinus Infections in Infants and Young Children under Ethylene Anesthesia. Laryngoscope, 36:257-66, 1926.

Dean, L. W.: Influence of Paranasal Sinus Infections in Infants and Young Children upon Certain Systemic Conditions and Influence of Certain Systemic Conditions in Infants and Young Children upon Method of Treating Coexisting Sinusitis. Ann. Otol. Rhinol. & Laryngol., 36:933-46, 1927. See also: Tr. Am. Laryngol. A., 49: 140-61, 1927.

Dean, L. W.: Acute Otitis in Infants; Its Influence on Certain Systemic Conditions and Influence of These Conditions on Method of Treating Coexisting Acute Otitis. Arch. Otol., 6:201-212, 1927. See also: Tr. Am. Otol. Soc. New Bedford, 17:749-72, 1927.

Dean, W.: Mastoid Case. Kentucky M. J., 25320-21, 1927.

# PLASTIC REPAIR OF SEVERE RADIUM BURNS AND ANGIOMA\* By C. R. STRAATSMA, M.D., NEW YORK, N. Y.

THE surgical treatment of a case of severe radium burns following the treatment of an angioma of the face and nose is here reported.

The patient (female, age sixteen) was first seen in the Clinic June 24th, 1927, and pre-

sented the following history:

For a period of five years, between the ages of five and ten, she had been having radium applications to the left side of the face for the treatment of an extensive birthmark. During and after treatment several sloughs had formed, resulting in considerable destruction



FIGURE 1

Before Operation

Showing dense scar and angioma.

of the soft parts of the side of the face. For the last five years there have been two open lesions about the size of a half dollar, which at no time showed any tendency to heal, in spite of patient having been treated in many

leading skin clinics.

There was severe destruction of the soft parts of the left face, left upper eyelid and left side of nose. The total area involved was approximately 12 square inches. At the junction of the lateral part of nose and cheek there was an ulcerated area with destruction down to the periosteum. A considerable portion of the left ala had been destroyed. Destruction also extended down over the left half of the upper lip, producing an ectropion and an upward pull of that side of the lip. Below the outer half of the left eve was a second ulcer about the size

of a quarter. The remaining lesion consisted of dense scar and angioma, the extent of which can be seen in Fig. 1.



FIGURE 2

Inter-operation

Showing source of the flap and its final destination.



Figure 3

Pedicle severed after eight days at provimal end, which
was planted in temporal region as shown.

In considering the case two problems immediately presented themselves. (1) The excision of the ulcers and their repair, realizing that constant irritation over a period of years would tend to produce a cancerous degeneration; (2) cosmetic improvement.

A series of plastic procedures, some exten-



FIGURE 4
Showing final result of operation.

sive and others minor, were necessary to com-

plete the repair.

The work began with the excision of scar tissue and undermining the skin of the neck and sliding it up to close the defect. In this

manner the upper lip and part of the face were repaired by utilizing the skin of the neck. In pulling up the neck skin, a fold was produced in the chin below left angle of the mouth. This fold was exercised and swung up as a hinge flap and used to replace the scar tisque of the lip. The source of the flap and its final destination can be seen in Fig. 2.

This procedure replaced the skin of the upper lip and corrected the ectropion. It was impossible to slide up more neck skin because of the pull on the lower eyelid, hence another source of tissue had to be considered. inner aspect of the left arm was chosen because the texture quite nearly matched the face and it was free from hair; furthermore. it was easily accessible for a pedicled transplant. Free grafting was not deemed advisable because of the poor blood supply of the dense scar bed. The tube was made in the usual manner and ten days were allowed to elapse before transplantation. Fig. 2 shows pedicle attached to the nose. After eight days the pedicle was severed at the proximal end. which was planted in the temporal region as seen in

No work was done over a period of seven months, at the end of which time 1½ inches of the tube nearest to the nose was spread out on the face covering the area between the edge of the lower lid and the previously transplanted neck skin. Two months later the remaining tube was spread out. Fig. 4 shows the

result attained.

# IODINE AND ITS INTRA-ABDOMINAL USE IN SURGERY BY S. M. STRONG, M. D., NEW YORK, N. Y.

It is generally conceded that Iodine in the tissues of the human race is one of the necessary chemicals in our very complex physiological chemical makeup, and that a certain definite percentage of this element must be maintained in our tissues to enable us to expend a normal amount of physical and nervous energy. In emergencies, we no doubt, use a proportionate amount of our reserve supply of Iodine, depending on the severity of the emergency and time period involved.

of the emergency and time period involved.

Surgery in all forms causes more or less shock, and shock in turn is an emergency demanding a tax on our chemistry and it is fair to assume that among other things ledine is one of the body chemicals used to tide us over our emergency periods.

It will be recalled that Courtois reported in 1813 the discovery of the element to which Gay'Lussac and Davy gave the name Iodine, and he produced it by using Sulphuric Acid

on the ashes of seaweed. Todine is widely distributed through nature. The main supply is in the sea and the materials obtained from the sea. It is estimated that the seas contain something like 60.000,000,000 metric tons of Iodine. The animal kingdom, we are told, had its beginning in the sea or the wet lands by the sea, and gradually in the course of evolution we have wandered inland. Perhaps in our present so-called high state of civilization we are kept too dry and too far away from . nature's own Iodine supply. Our foods are so prepared that we, in this way also, are deprived of a source of supply of Iodine and other elements highly essential to our physical and mental fitness in these days of increased demands on our energies. Probably most of the animal kingdom and many of the species of the vegetable kingdom are dependent on Iodine as a part of their chemistry. It is interesting to note that the cocoanut trees

do best on the shores of the sea when quantities of seaweed are packed on the ground around them, whereas they do poorly when planted inland away from the sea and appear to starve for Iodine.

In animals of the sea classified as lower than the vertebrates, Iodine seems to be diffusely scattered throughout their tissues in compounds organic and inorganic, which indicates that they are a necessary part of their metabolism. Coastal regions are the richest in Iodine and the glacial region the lowest, and goiter is more common where the soil and water contain lower or non-constant amounts of Iodine.

That compound of the Thyroid gland, known as Thyroxin, contains 65% Jodine, and this compound greatly increases our metabolic rate and our physical energy. That the various cells of our organs contain chemicals in complex combinations by the thousands is known, as is the fact that Jodine is frequently a part of these combinations but there is yet, undoubtly, much to be explained and discovered. What is the relation of Jodine to cell activity? Why is Jodine scarce in one section of a cell and yet rich in another section of the same tissue?

Iodine, as we obtain it from the Pharmacist, has been, and is today one of the great benefactors of our human race. It is perhaps not always used to its best advantage, for all tissues will not accept Iodine equally well, nor will the same class of tissue in different individuals accept Iodine with equal effect. The skin blisters with the use of Iodine on one person, and the same solution is readily absorbed without injury to another. Iodine very successfully destroys bacteria on the skin when the proper solution is used, but it is not well tolerated in the eye and some other tissues.

I have used solutions of Tincture of Iodine in Intra-abdominal Surgery over a period of years with gratifying results, which, I think, are worthy of note and the further consideration of Surgeons doing abdominal surgery.

I fear that we have been inclined to use stronger solutions of Iodine on the tissues than has been necessary or desirable. Personally, in my surgical work I have learned to respect the milder solutions of Iodine. One fourth of one per cent solution for the irrigation of wounds used by Carrol-Dakin method, without any of the dangers sometimes encountered in using the Carrol-Dakin solution, and it is highly successful when used in very mild solutions as wet dressings. Also for painting the tissues about wounds, using two, three, or five per cent solutions, and painting the skin for large areas adjacent to the injury, with the

idea that the Iodine is taken up by the Lymphates and is then ready should bacteria from the wound travel that way.

The results of the bactericidal effects of Iodine is explained in an article which appeared in the Lancet February, 1915, in a letter from II. Lyon Smith, M. D. He speaks of a case of Cystitis due to B-Coli and says, "An emulsion of living B-Coli obtained from a catheter specimen of the urine was divided into six equal portions. To each portion an equal volume of solution of Tincture of Iodine in varving strengths, distilled water being the dilutent, was added thus:

	1—2% 2—1%	Ţr.	Iodine	in 	distilled.	water
••	30.5%	++	14	6	44	44
44	40.25%	**	84	**	"	44
"	5-0.125%	**	**	**	41	**
**	6-0.0625%	"	44	**	+6	"

These tubales were at once placed in an incubator at 37° for five minutes only and directly afterwards an equal volume from each was pipetted into a tube of gclose. The inoculated tubes were incubated at 37° for twenty hours and no growth occurred in any of them. The deduction was that the Tincture of Iodine solution in each of the six strengths had proved an effective bactericide." I think these results obtained by Dr. Smith merit our consideration. As a check on the above report. I asked the Laboratory of the Flushing Hospital to use the same solutions on Streptococcus Hemolyticus and the B-Coli but to incubate all for seventy-two hours. In their report to me dated July 29th, 1929, the solutions were sterile for Streptococcus in all dilutions and for the full period of seventytwo hours, but with the B-Coli, the 0.0625% solution was not sterile.

An interesting article appeared in the N. Y. Medical Journal, February, 1911, written by Major Frank T. Woodbury, Medical Corps, U. S. Army. He says: "Tincture of Iodine may be used in full strength even on the peritoneum, provided, and this is important, that the surface to which it is applied is left a dry brown, no excess being allowed to drip down and collect in pockets or crevices. It may be used in solutions of varying strengths to irrigate cavities of wounds or organs, provided the excess is flushed out with normal salt solution. This will overwhelm the germs and stimulate Phagocytosis, nature's own antiseptic." He further says:-"Daunrauther and Gollet have used Iodine solutions in the abdominal cavity, and as the writer has used pure Tincture of Iodine on the peritoneum with brilliant results, both as to immediate prompt healing and recovery and as to freedom from post-operative adhesions and obstruction." In another article by this same writer in the N. Y. Medical Journal, he said that he had never seen a case of poisoning even when he used full strength mopped on the peritoneum and the uterus. He has mopped a case of intestinal obstruction with lodine with good results.

Dr. Louis Franks likes Iodine on the skin but fears the results of letting any Iodine get into the abdomen.

Dr Sidney J. Meyer fears pure alcohol or lodine in the peritoneal cavity.

Dr. F. A. Crislet of Memphis, Tennessee, is quoted as using Tincture of Iodine 1/3 with alcohol intraperitoneally all the time and he thinks that they are saving many lives.

In the Louisville Monthly Journal, March, 1913, an article by W. C. Roberts, M.D. of Louisville, Kentucky, says in part:—"That Dr. William T. Morris thinks Iodine on the external abdominal wall may penetrate through and cause peritonitis." Dr. Frank thinks Iodine applied to abdominal wounds gets into the peritoneal wounds and causes intestinal obstruction. Dr. E. J. Johnson is quoted as pouring pure Iodine into the peritoneal cavity with good results in infected peritonitis in a large number of cases and mopping out, such cases as pus tubes, appendicitis, etc., 15 or 20 cases reported.

Thus we see differing and opposite opinions on the use of Iodine within the abdomen. From these few meager writings that I have been able to find, most of the argument seems to be based on the use of pure U. S. P. Tincture of Iodine within the abdominal cavity or to touch a highly infected spot.

For many years, and in probably two hundred laparotomies I have left a large amount of a one per cent or a half of one per cent Tincture of Iodine in water solution, warmed, in the abdominal cavity. This solution has been poured from a pitcher into the abdominal cavity after the peritoneum has been partially or nearly closed by sutures, thereby insuring a larger amount of this solution remaining within the peritoneal cavity. Frequently we have poured some of this solution over intra-abdominal tissues while we were actually at the height of our surgical procedure. I have become so pleased with my results that I have long since adopted this as a standard of my routine in clean and infected cases. In drainage cases as well as when the abdominal wall is closed at once, my results have been universally pleasing. In clean cases I think that I have given my pa-

tients the added bactericidal protection of the Iodine, and furthermore, I believe the absorbing of this mild solution gives the patient back some of the Iodine which has been expended under the stress of the operation. These patients recover from the anaesthetic in better general condition, with more nearly normal pulse rate, less exhaustion, less nausea, and more optimistic on their outlook of recovery. They show more self-confidence and determination to do for themselves, are in hed a shorter period of time, leave the hospital sooner, and in all these ways I believe the Iodine plays a marked part and I have come to rely on it, other things being equal, to make my abdominal surgery the finished product we all strive for. I have never seen a case of Iodine poisoning when my technique, as outlined, has been followed. I believe this technique of using Tincture of Iodine within the abdomen is original. In using this solution in abdominal surgery. I refer to the standard surgical procedures of which Cholocystectomy or Cholocystotomy, Appendectomy, Hysterectomy, might be good examples.

In the common infected puncture wounds of the hand and arm, for example, I have had most pleasing results by striping the arm from shoulder to finger tips with 3% or 5% Iodine solution and encasing the entire hand and arm in a light and loose gauze dressing and having this kept constantly wet with 1/4 or 1/2 per cent Iodine solution in water. That is, a drachm of Tincture of Iodine is put in two quarts of water and the dressing kept wet and cool, the balance of the body being kept warm. occasional wet dressings a drachm of Iodine to a pint of witch-hazel makes a very efficient application. With the dressings kept constantly wet with the Iodine solution in water, the skin takes on a bronze color and frequently peels, but it is not tender. It is frequently advisable to clean the skin first with green soap followed by alcohol to remove any grease or oil that may be on the skin, permitting the Iodine solution to be readily and rapidly absorbed. Such a solution, no doubt, meets bacteria within the lymphatic system and destroys them or renders them non-virulent and also stimulates Phagocytosis.

Many other examples of the use of Iodine and Iodine solutions might be recorded here, but I feel that I have sufficiently emphasized the advantage of Tincture of Iodine, and I advocate the more frequent use of the methods outlined above and the reporting of the end results obtained.

Volune 30 Number 1

### PAGET'S DISEASE OF THE NIPPLE\*

### By J FRANK FRASER, MD, NEW YORK, N Y

From the Department of Dermatology and Pathology, Cornell University, New York City

IN 1874 Paget' described a chronic affection of the skin of the hipple and areola which occurred in women between 40 and 60 and was "followed within a period of from one to two years by cancer of the mammary gland"

Paget observed 15 cases and the "majority of these had the appearance of a florid, intensely red, raw surface, very finely granular, as if nearly the whole thickness of the epidermis were removedlike the surface of a very acute eczema or that of an acute balanitis From such a surface on the whole or a greater part of the nipple and areola there was always copious yellowish clear viscid fluid exudation. The sensitions were commonly tingling, itching and burning, but the malady was never attended by disturbances of the general health. The above form of eruption was never seen to extend beyond the arcola, and only once did Paget see the condition "pass into a deeper ulceration of the skin after the manner of a rodent ulcer" "In some of the cases the eruption had presented the characteristics of an ordinary chronic eczema with minute vesications succeeded by soft, moist, yellowish scales or scales and constant viscid exudation. In others the appearance resembled psoriasis with dry, white, desquamating scales. In these forms the condition spread beyond the areola in widening circles, or with scattered blotches of redness, covering nearly the whole breast "

Paget in his original article also expressed the belief that a similar sequence of events might be observed in other situations than the breast. "I have seen," said he, "a persistent rawness of the glans penis, like a long enduring balantis, followed after more than a year's duration by cancer of the substance of the glans." "A chronic soreness or irritation on the surface of the lip often long precedes cancer in its substance."

The chinical picture described above led Paget to believe that the cruption was a form of eczenit or psoriasis, and that some of the cases were cured and not followed by any other disease. He does not, however, refer specifically to any case which ran a course followed by a cure. As a matter of fact, all the cases which he was "able to watch were eventually succeeded by scirrhous cancer." Thus we can see that the observation and interpretation of the condition given by Paget was confined to the clinical appearances of the skin condition. In other words, the disease as described by Paget was a clinical picture which he did not distinguish from other forms of dermatitis which might be followed by cancer, such as

chronic irritation of the lip or balantis or the plans pems

### Microscopic Anatomy

It is not certain who was the first to describe the microscopic changes now admitted to be peculiar to the disease. There are two striking char acteristic features in the histologic picture.

(1) The presence in the epidernus of groups of neoplastic cells, commonly known as Paget cells, which may be seen replacing and causing compression of the normal epidermal cells. A row of flattened basal cells, with dark staining nuclei, may sometimes be seen between the tumor cells and the upper edge of the corium tiple foci of tumor cells or single cells may be found in the upper layers of the rete malnight or even as high up as in the stratum corneum whence they may have been carried by the upward movement incident to the normal process of kera tinization A similar picture is frequently seen in the intraepidermal type of pigmented moles the cells of which in many respects bear a strik ing resemblance to "Paget cells" The Paget cells are readily recognized by their size, which is usually larger than that of the normal prickle cell their clear cytoplasm, absence of prickles, and hyperchromatism of the nuclei

(2) The second feature is the marked reactive inflammatory process in the corium characterized by the presence of an exudate of lymphocytes

and plasma cells

### COUMENT

It is almost universally agreed that Paget's disease as it is known today is a definite histoological entity and not a form of eczema as Paget thought. The majority of modern investigators believe that the lesion is cancer, but there are still divergent views in regard to the origin of the Paget cells. The different theories have been discussed in recent articles by Muir.<sup>2</sup> Pautrier.<sup>2</sup> Traser<sup>1</sup> and others, and therefore only brief reference will be made to them here

The theory that Paget's disease is a precancerous dermatosis, as thought by Darier<sup>6</sup> and his followers, and that "Paget cells" are the result of degenerative changes in epidermal cells (dyskeratosis) may be disearded. That they are epidermal cells which have undergone malignant transformation in situ has been held by some but vigorously contradicted by others. Masson, Pautrier and Levy have argued against this theory. Pautrier has expressed the view that the Paget cells are invading tumor cells which reach the epidermis from an underlying carcinoma by means of amoibod movements. It is well known that tumor cells are capible of such amicbeil

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York at Utica N Y June 6 1929

movements. Muir regards the Paget cells as tumor cells which arise (at least as a rule) "by neoplastic proliferation of the epithelium of the upper parts of the ducts of the nipple and thence they pass into the epidermis." Cheatle<sup>7</sup> has enun-



Figure 1
Paget's disease, showing duct-like formation growing
down from the epidermis.

ciated what he considers amounts almost to a law, namely, "that carcinoma arising in the breast below a line drawn parallel with the top of the nipple and immediately below the expansions of the outlets of the mammary ducts does not induce Paget's disease." It may be noted that the difference between Cheatle's view and that of Muir and Pautrier is that the carcinomatous transformation is primarily in the epidermis and upper part of the ducts and that the



FIGURE 2

Early scirrhus cancer showing typical "duct cancer" in terminal ducts and scirrhus type replacing the lobules.

Attrophical non-neoplastic lobules middle, right.

associated cancer is not a metastasis but a primary tumor induced by the same causative agent that causes the epidermal lesion.

In a recent lecture by Alexander Frasers on the pathogenesis of skin tumors, before the dermatological section of the New York Academy of Medicine, he advanced the view that the Paget cells arose from groups of epidermal cells which he classified according to their special functions. According to this view the epidermis in the region of the nipple is composed of several functionally listinct groups of cells. One of these groups has he function of mechanical protection which is

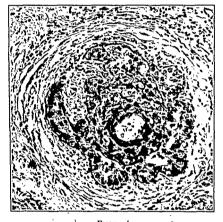


Figure 3

Clinical duct cancer with Paget's disease showing infiltration in scirrhus formation at lower end.

exhibited by the tendency of the cells to differentiate directly into corneus epithelium. From this group arises the ordinary squamous cell epitheliomas. A second group, the cells of which are normally indistinguishable from the others, belongs to those cells which embryologically grow downwards to produce the mammary ducts and gland. Although these cells in their normal state show no morphological difference from the other epidermal cells, when subjected to a neoplastic stimulus, they show the tendency to differentiate not into corneus epithelium, but into transitional duct epithelium and sometimes when

the differentiation is complete into cylindrical cells. From these cells originate Paget's disease and it is this cycle of differentiation which marks off the so-called Paget cells from the rest of the epidermis. The extent of involvement varies in different cases, but it is usually limited to those portions of the ducts above the sinuses. Carcinomatous involvement is determined by the functional system of cells and not by morphological continuity. When the mid-portion of the ducts, which presumably has a somewhat different function, is involved, we have the picture of ordinary duct carcinoma. When the intralobular end of the duct is involved, the picture is that of com-



Duct cancer showing compression of non-neoplastic prickle cells in centre.

mon scirrhous cancer (Fig. 2). The frequency of involvement is well marked from within outwards; the scirrhous or intralobular form being by far the most common, the mid-portion next, and the intraepidermal (Paget's disease) the larest of all.

### EXTRA MAMMARY PAGET'S DISEASE

About thirty-five cases of Paget's disease of the nipple occurring on other situations than the nipple have been reported. The majority of these, as I pointed out in a previous article, were examples of mistaken diagnoses. The others in all probability were sweat duct cancers. The most recent cases of so-called extra mammary Paget's disease of the nipple have been one reported by Drake and Whitfield—"Paget's disease of the vulva"—and a case of Paget's disease of the glans penis, by Susman. Whitfield refuses to accept the view that Paget's disease is an intracpithelial tumor originating from ducts, notwithstanding the fact that his description and figures clearly point to a cancer arising from sweat ducts. From the figures in Susman's case, one is impressed with their resemblance to a basal carcinoma of the adenoid type. The origin of the lesion in Susman's case was apparently from the preputial glands.

Neoplastic proliferation of the epidermal endings of sweat ducts gives a similar histologic picture (Paget cells) and may be interpreted on the same theory as that given above for Paget's disease of the nipple, the difference being that in one instance we are dealing with sweat ducts and in the other with mammary ducts. The marked similarity between the two may be explained by the fact that embryologically the mammary gland is developed through a special differentiation of sweat ducts.

# Summary

(1). Paget's disease of the nipple is a mild grade of corcinoma of the intraepidermal portion of the mammary duct.

(2). For an indefinite period, sometimes extending a few years, the lesion may remain intraepidermal but later on breaks through its epidermal confines and becomes an infiltrating and metastasising carcinoma of the breast.

(3). Paget's disease being essentially a carcinoma, the minimum rational treatment is mas-

tectoniy

### BIBLIOGRAPHY

1. Paget, Sir James: St. Barth Hesp. Rep. 10:87 (1874).

2. Muir, Robert. Paget's Disease of the Nipple and Its Relationships. J. Path. & Bact. 30:451 (April) 1927.

3. Pautrier. Archiv. Dermatology & Syphilology. June, 1928.

4. Fraser, J. Frank. Archiv. Dermatology & Syphilology, Dec., 1928, Vol. 18, pp. 809-825.

 Darier, J.: Notes sur le Maladies de Paget. Bull.
 Francais de Dermat. et Syph. 32:1 January (1925).
 Masson, P. Considerations sur le maladie de Paget. Bull. Soc. Francais de Dermat. et Syph. 32:6 (Jan. 18) 1925.

7. Cheatle, G. L. Paget's Disease of the Nipple. Brit. Jour Sury. 2-295, 1923-1924.

8. Fraser, Alexander. Prof. of Pathological Histology. University and Bell. Medical College.

9. Drake and Whitfield. Brit. Jour. Dermatology, May, 1929.

10. Susman. Brit Jour. Surgery, p. 695, 1928.

movements. Muir regards the Paget cells as tumor cells which arise (at least as a rule) "by neoplastic proliferation of the epithelium of the upper parts of the ducts of the nipple and thence they pass into the epidermis." Cheatle has enun-



FIGURE 1

Paget's disease, showing duct-like formation, arosying down from years for the passage of legislation to terminate the intolerable conditions which existed. Finally the State took action and legislation was effected which provided for the establishment of a State Lunatic Asylum at Utica. This asylum was opened in 1843, and was to provide for the transfer of the most curable cases from County almshouses. The main building of the present Utica State Hospital, with its Greek portico, is the original structure.

In 1848 a law was passed providing for the transfer of insane persons in State and County

prisons to the Utica State Hospital.

In New York City the insane had so increased in number that special buildings were erected to accommodate them. At first they were taken care of in the almshouse at Bellevue Hospital, but in 1839 a new asylum was opened on Blackwell's Island, the first county asylum to be erected in the State. Later, in 1871, another city institution was opened on Ward's Island.

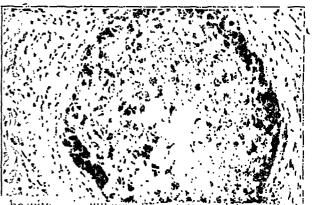
Brooklyn, then a separate city, opened the Flatbush Asylum in 1852. Monroe County, in 1863, was authorized to build a county asylum for its insane at Rochester. The New York, Brooklyn and Rochester Asylums eventually became State

Hospitals.

In 1858 a law was passed to establish an asylum for the criminal insane at Auburn Prison, for the care of insane convicts, and the Matteawan institution for the care of those becoming insane while under indictment for a criminal offense, was opened in 1892.

associated cancer is not a metastasis but a primary tumor induced by the same causative agent that causes the epidermal lesion.

In a recent lecture by Alexander Fraser<sup>8</sup> on the pathogenesis of skin tumors, before the dermatological section of the New York Academy of Medicine, he advanced the view that the Paget cells arose from groups of epidermal cells which he classified according to their special functions. According to this view the epidermis in the region of the nipple is composed of several functionally listinct groups of cells. One of these groups has he function of mechanical protection which is



Department of Mental Hygiene was created in 1927. This Department now has supervision of the State Hospitals, State Schools for the Feeble-

minded and the Epileptic.

As may be expected, the treatment of the insane in the old days was chiefly custodial. Mechanical restraint (now abolished in the form of locked leather gloves, locked cuffs and canvas suits, with the arms of the patient tied behind his back, were in vogue for disturbed patients. The Utica crib, a slatted contrivance placed over the patient's bed, permitting the patient only to sit up, was in use for excited patients. So-called "chemical restraint" in the form of combinations of large doses of chloral, bromides and hyoscyamus, ("the black bottle") were in common use for controlling the troublesome and maniacal patients. In more severe excitements, hyoscin hypodermatically was administered. The patients in the wards for disturbed and untidy cases, were seated in strong arm chairs or benches screwed to the floor. Strong rooms for isolating the destructive and unruly patients were in common use. The nursing care was of a meager order. There were no trained nurses or attendants. The ward force was paid a mere pittance; physicians were few and ill paid.

Farm activities for the able-bodied, ward work, care of grounds and employment in the various hospital industries, were the chief activities available for patients. In some of the more progressive institutions various forms of amusements and recreations were organized. Patients who recovered or who showed marked improvement.

<sup>\*</sup> Read at the Annual Meeting of the Medical Society of the State of New York, at Utica, N. Y., June 5, 1929

were discharged or paroled for a short period, but there was no after care whatsoever, until the second decade of our century. Mental and physical examinations were of a meager nature and written in long hand. A few rubber stumps with stereotyped wordings might have well been employed to take the place of the continued notes. Today a stenographer is provided for each ward service, thus assuring more comprehensive case history notes. The medical staffs' conception of mental disorders was rudimentary and the medical interests of the physicians were chiefly directed toward the physical aspects of their patients.

However, in the course of time progress was made Schools of nursing for the training of nurses and attendants were mangurated A Psychiatric Institute was established, and under the stimulating influence of Dr Adolf Meyer, a uniform system of anymnescs taking and mental and physical examination was developed throughout the entire State Hospital system. He arranged for courses of instruction for the more interested physicians from the various hospitals, used his influence to establish clinical and pathological laboratories in each hospital urged the securing of autopsy material for study, held clinical conferences at the various institutions in order to stimulate the interest of the medical staff and en courage them in the direction of scientific research

The Instanta Law, or as it is now termed, the 'Mental Hygiene I aw, has in the course of years been amended from time to time, in the direction of eliminating the legal aspects of commitment and making it more of a medical procedure. In this was entrance to the hospital is freinitated and while formerly the relatives of patients looked upon commitment as a last resort, we now receive many voluntary cases who can leave after giving ten day' notice, also cases on physicians' certificates, and temporary commitments for thirty days' observation, on the local health officer's certificate.

We have been handicapped in our treatment of patients by shortage of physicians, the constant turnover of both doctors and nursing personnel and by the overcrowding. It takes about two years to train a physici in in the art of making mental and physical examinations spends much time and money in this training, only to have them leave to seek more desirable fields of endeavor where opportunities for fin uicial ad i incement are more promising. A permanent in terested medical staff is the key tone of all recon structive effort. If it cannot be had our best intentions are frustrated to a greater or less extent The overcrowding is a serious problem and a bandicap in practically all of our hospitals. It is had enough to crowd a lot of normal people together in the same day rooms dining-rooms and dormitories twenty-four hours of the day, but think of the results of crowding an excessive number of mentally sick patients together for weeks, months or years. This condition bringabout irritation, personal conflicts and retards recoveries and improvements. The mentally sick for the most part are human like the rest of us, and react to an unfavorable environment like normal persons. On March 31, 1929, there were 45,145 patients in the State hospitals, an excess beyond their certified capacity of 30.8%. In many, the overcrowding is 40%. This tremen dous excess is not only present in the metropolitan district, but also in the up-state hospitals, who are compelled to receive transfers of patients from the metropolitan district.

The great minority of our patients are not of the disturbed type, although the casual visitor to our hospitals generally asks to be taken where the 'wild ones' are. The conception of the average citizen is that the insane are individuals who

run around like raving manuacs

Medical care and treatment of our patients has been vastly improved in recent years. Among the outstanding features are the following. Erection of modern reception buildings in many of our hospitals. These provide for improved classification, segregation and treatment of incoming patients.

The use of restraint is now limited to the protiction sheet and canvas camisole. Wet packs are used only as a therapeutic measure not as re-

straint Dry packs are prohibited

Increased facilities for hydrotherapy. Continuous baths of water at body temperature are extensively used for disturbed patients. Hypnotics have been reduced to a minimum. Seclusion in a room the door of which the patient cannot himself or herself open, is limited to three hours and the patient is visited every hour.

Better provision for the care of surgical medical and infirmary cases. The new State Hospital now being erected in Rockland County will have a separate well planned medical and surgical hospital for patients and employees.

Development of clinical laboratories under the charge of a full time pathologist, assisted by trained technicians. We are experiencing difficulty of late in securing pathologists on account of the low salary paid them.

The establishment of dignostic clinics in many of our hospitals. These have facilities for eye, cir, nose and throat examinations, medical, surgical and gynecological, and other specialty examination rooms, dental units with full time resident dentists and dental hygienists, psychological examination rooms 1-ray units, physio therapy and basal metabolism apparatus, nursing and stenographic service, a staff of competent visiting and consulting specialists who make scheduled visits to the hospital

Modern operating rooms

Fully equipped examining rooms on each ward

# ANATOMY

How the uterus is supported, and the mechanism for production of prolapse, has given rise to two distinct schools, a proper appreciation of which necessitates some anatomical exposition.

In dissecting a female pelvis from within, when the peritoneum is removed, one can easily determine the presence of a mixture of connective, areolar, and smooth muscle tissues which radiates to all parts of the bony pelvis, with the cervicouterine junction as a center. The lateral or parametrial parts (cardinal ligaments-Koch's transverse ligaments) extend to the sides of the pelvis. The posterior or sacro-uterine portion extends to the sacro-iliac synchondroses, and are the lateral boundaries of the cul-de-sac of Douglas. teriorly, a thinner layer is fixed to the spmphysis and is designated as the pubo-cervical ligament. That this is the main support of the uterus is the undoubted belief of E. Martin, Fothergill, and a host of other workers. Halban and Tandler,1 whose epoch-making research has firmly established the anatomy of the female pelvis, are just as convinced that the levator ani muscles, its fascias, and the triangular ligament (together the so-called "pelvic sling"), are the sole supports of the uterus and injury to these structures is the etiology for prolapse.

The levator ani muscles are attached to the rami pubis, anteriorly; and to the arcus tendineus and obturator fasciae, laterally. They encircle the urethra, vagina, some fibers blend with the anterior rectal wall (pubo-rectal fibers), other fibers join the corresponding ones from opposite side, join the coccygcus muscle and thus close the pelvis posteriorly. Anteriorly, however, there is a gap between these muscles (levator gap), which is covered by the triangular ligament made up of the deep transverse perineii muscles and covered with two layers of firm fascia. The urethra and vagina pierce this ligament and are covered along their course with some of its fascia (fascia propria). This "hiatus genitalis" is the

Thus, briefly, the pelvic organs are contained in (A) an elastic connective tissue which permits of mobility in response to pressure, and (B) a muscular plate whose entire function is to pull the urethral, vaginal and rectal orifices anteriorly.

weak point in the entire pelvic sling.

# ETIOLOGY

The causes, therefore, in multipara are:

I. Parturient.

(a) Subinvolution, and

(b) Laceration which causes a lengthening of the "sling," and therefore the vaginal and rectal openings sink backwards, and the pressure formerly exerted on the pelvic muscles, is now exerted on these openings.

Fitzgibbon,4 however, contends and proves that laceration of the pelvic floor cannot and does

not produce prolapse, but only produces rectocele, which can be relieved by perineorrhaphy. On the other hand, he cites cases of prolapse, in which the perineum is intact, and his lelief is that prolapse is caused by injury to the cadopelvic or levator fascia, in front of the cervix and in the lateral fornices.

II. The type of woman, as described by Stiller (Culbertson<sup>11</sup>), thin, long-waisted and undernourished is subject not only to prolapse, but to other evidence of poor muscular development, as varicosities, and visceroptosis.

III. A definite relationship between prolapsus uteri and spina bifida, in multipara, has been noted by Ebeler and Dunker.<sup>2</sup> They have roentgenrayed twenty-eight multipara with prolapse and found twenty-five cases of spina bifida occulta. They took another series of twenty-eight women, without prolapse, and found only three cases of spina bifida occulta on roentgen examination. Here the causative factor seems to be a neurotrophic disturbance in the fourth sacral nerve supplying the pelvic muscles.

IV. Ascites and large tumors may cause prolapse, but with the removal of its cause, the uterus often assumes its normal position.

In a review of the literature of prolapsus uteri, one is impressed with the large number of cases of prolapse in the adult nullipara and in the newborn. Munro, in 1735,3 reported the first known case in a girl of three years of age. Shaeffer<sup>a</sup> reported a case in a fetus in the second half of intrauterine development. However, the etiology in the newborn is fairly well known, in that 86%of these cases are associated with spina bifida. In the adult, nullipara, where the prolapse develops later in life and with no spina bifida to account for it, Findley believes this to be a stigma of infantalism, and cites the accompanying sterility as evidence. Up to 1917, there have been reported 153 cases of prolapse in newborn and in adult nullipara, and I have been unable to find any new cases since then.

# TREATMENT

Before considering the operative relief of prolapse, it is advisable to stress the importance of prophylactic treatment of this condition. Masson<sup>25</sup> is certainly justified when he states that "Many of the radical operations for marked degrees of uterine prolapse, cystocele and rectocele in women who have passed the menopause, could be avoided by proper management and minor operations earlier in life. The majority of women applying for treatment for procidentia date their troubles from their first confinement. Failure on the part of the general practitioner or obstetrician to recognize and adequately treat subinvolution, pelvic infection, and lacerations of the cervix and perineum is responsible for the amount of radical treatment later."

Full bladder, full rectum, prolonged labors, and submucous tears, are held responsible for subse-

quent prolapse

It is noteworthy that episiotomy, long held in contempt, is being practiced as a prophylictic measure against prolapse Cron" states that in 53% of his normal cases and 63% of his opera tive deliveries (per vagina) he resorted to this method of preventing separation of muscles and fascia, in prolonged labors Post partium examination in his cases revealed perfect restoration of the pelvic floor, almost nulliparous in character

At the Brownsville and East New York Hospital, episiotomy is performed almost routinely on primipara, in normal spontaneous deliveries In verbal communications from the six leading obstetricians the post partum healing of these wounds is by primary intention, and the pelvic floor is antiomically and physiologically intact

Observations ten years later, on these cases, will record how effective episiotomy is in prevent

ing prolapse of the uterus

When a patient seeks surgical relief for prolapse of the uterus, the gynecologist is confronted with a very difficult and perplexing prob lem 1e, the type of operation to do in order to obtain the best results. There are at present many distinct types of operations, and one must be skilled to apply the proper method to a par-The age, social status, general ticular case health, provision for future pregnancy, condition of uterus, and the preference of the patient all have a bearing on the choice of the operation and the probability of cure

The commonest types of operations are con-

sidered below

### 

1 Vaginal operations

a Anterior colporrhaphy

b Rawl's operation

Cothergill operation

2 Abdominal operations

n Webster-Baldy

b Olshrusen and modifications

Luture pregnancy eliminated

a Interposition operation

b Kieland operation

( Hysterectomy

1 Vagınal

2 Abdominal

d Sims Limmet-Baldwin

e I c Forte operation—complete clos ure of vigini

I do not intend to describe the technic in all these operations, except in those types that are not well known and that I have been able to glean from recent literature. The Rawl's technic and auterior Colporrhaphy are only feasible in cases of moderate cystocele, associated with first degree prolapse and is mentioned only in connection

The Fothergill method of cure as adopted by the Manchester School as based upon the belief that the connective tissue is the main support of the uterus. The incision, is for an anterior colporrhaphy, is carried well laterally around the cervix and the vaginal mucosa denuded so well to expose the parametrical tissue. This is sutured in front of the cervix and acts as a shelf to sup port it In a report of 156 cases, 150 are reported as cured with only six failures

F H Lacey reports 450 cases, who have had the same operation-cases that have been fol

lowed for two and one half years

Agc	Cases	Cures 9
Under 20	1	100%
21-30	75	87%
3140	200	89%
4150	108	95%
5160	47	89%
61—70	21	87%
71	1	100%

Graves16 in discussion of his experiences with types of operations finds the Webster Baldy distinctly unsatisfactory and condemns it as not based on sound principles For prolapse, how ever. Graves finds the Obship sen operation al most ideal and reports its use in about 690 cases with very satisfactory results

An extensive review of the literature impresses one that the operation of subvesical interposition of the uterus, as developed by Watkins, Wertheim and Shruta is hie ideal on , un

der the proper circumstances

Johnson<sup>16</sup> in 68 cases—operated on between 1909 and 1919-reports 54 cured with no imme diate operative mortality Again in 1923, in fifty cases operated on since 1919, he reports 32 replies to his letters of inquiry with 27 cases wholly cured (90%), two partially cured and three failures

Grad,17 Phaneuf18 and Brady21 report very satisfactory results with the interposition opera

tion giving results as high as 90% cures

Out of 23 interposition operations Grad17 re ports 19 successful, 2 partial success and 2 fail

Phaneouf reports only 3 fulures in a series of 63 cases observed over a period of seven years

Brady's statistics are still better, that of 48 cases-45 obtained excellent results, 2 are im proved and only one failure

In a very recent article, Crossen-2 sums up. very briefly and aptly, the case for the interposi tion operation as follows

(1) The uterus is used to close the weakest spot in the pelvis

(b) Operative traum i and time are reduced to i minimum-very necessary when one considers that this operation is performed most often on elderly women, whose general vitality is reduced.

(c) Subsequent marital relations are not interfered with.

However, the main criticisms that one finds against this operation are:

- 1. It only relieves cystocele, using the uterus to space the gap in the pelvic floor.
  - 2. There is no definite support for the cervix.
- 3. It necessitates sterilization—which is highly disadvantageous in child-bearing women.
- 4. Many have severe bladder symptoms for long periods post operative.

Bullard<sup>24</sup> in an analysis of the treatment for prolapsus uteri at the Woman's Hospital, New York City, gives the following figures:

while all the others are relegated to a historical past.

# BIBLIOGRAPHY

- 1. Frank, R. T.—Surg. Gyn. & Obst. 1917, Vol. 24, p. 42.
- 2. Ballantyne & Thompson—Amer. Jour. Obst. 1897, Vol. 35, p. 161.
- 3. Findley, R.-Trans. Amer. Assn. Gyn. & Obst. Vol. 29, p. 129.
- 4. Fitzgibbon, G.—Surg. Gyn. & Obst. 1916, Vol. 23, 5. 7.
- 5. Fothergill—Journ. Obst. & Gyn. Brit. Emtp. 1921, Vol. 28, p. 251.
- Lacey—Journ. Obst. & Gyn. Brit. Emtp. 1921,
   Vol. 28, p. 260.
  - 7. Shaw-Surg. Gyn. Obst. 1922, Vol. 34, p. 394.
- 8. Lynch, F. W.—Surg. Clinics of N. Amer. April, 1922, p. 553.

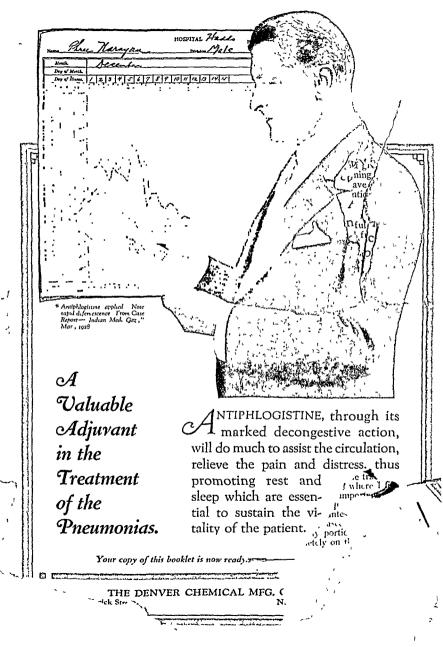
TYPE OF OPERATION	Number of Cases	PER CENT COMPLETE SUCCESS	PER CENT PARTIAL SUCCESS	PER CENT TOTAL FAILURES	REMARKS	
Interposition Operation	77	63.6	32.4	3.8	Minor defect in partial success group consisted of bladder symptoms.	
Bissel Resection of Uterus	12	50	41.6	8.3	Operation discontinued because of comparatively poor results.	
Mayo	50	76	18	6	Enterocele is a very	
Vaginal Hysterectomy	74	78.3	17.5	4	frequent and trouble- some complication.	
Sims-Emmet- Baldwin	4	100				

R. T. Frank<sup>1</sup> decries the multiplicity of operations, their apparent lack of proper anatomical attack and offers his experience and technique, based upon a proper anatomical basis. However, he offers no definite statistics as to length of cure, age, incidence and operative mortality and a proper evaluation of his procedure is as yet impossible.

It is well to remember that practically no case of prolapse can be properly treated unless a posterior colporrhaphy or perineorrhaphy is done in addition to whatever other procedure is undertaken.

In conclusion, my impression, from a review of the literature, is that the proper anatomical and pathological factors of prolapse are being understood now better than ever, and the number of operations used in the cure are being rapidly reduced. Only those operations, which are based on sound anatomical and physiological principles are being used, with better results.

- 9. Boldt, H. J.—Surg. Gyn. & Obst. 1923, Vol. 36, p. 742.
- 10. Johnson-Surg. Gyn. & Obst. 1926, Vol. 42, p. 527.
- 11. Culbertson-Pclvic Surgery. 1923.
- 12. Frank, R. T .- Gyn. & Obst. Path. 1923.
- 13. Crossen-Disease of Women.
- 14. Crossen-Operative Gyn.
- 15. Cunningham-Human Anatomy.
- 16. Graves, A. P.—Amer. J. Obst. & Gyn. Vol. 6, p. 137.
- 17. Grad, H.—Amer. J. Obst. & Gyn. Vol. 8, p. 163.
- 18. Phaneuf, L.—Amer. J. Obst. & Gyn. Vol. 8, p. 322.
  - 19. Conrad, G.-Zentralblatt f. Gyn. Vol. 49, p. 743.
  - 20. Sachs. Ztsch. F. Geburts. & Gyn. Vol. 89, p. 384.
  - 21. Brady-Surg. Gyn. & Obst. Vol. 43, p. 476.
- 22. Crossen-H. S. Southwestern Medicine. Vol. 12, p. 187.
- 23. Cron, Roland S.-Surg. Gyn. & Obst. Vol. 43,
- 24: Bullard-Am. Journ. of Obst. & Gyn. Vol. 11, p. 623.
- 25. Masson, James C.—Minnesota Med. Vol. 12 p. 67.



# ERMOTHERAL in a safe, convenient form!

continuous heat and mechanical support provided by an Antiphlogistine dressing are decided beneficial in many affections of the respiratory tract so plant during the winter months.

In Icute Tonsillitis, Pharyngitis and Laryngitis and — all those respiratory conditions calling for the application and maintenance of continuous moist heat, Anti-hlogistine is the local adjuvant par excellence.

Applied to the neck, Antiphlogistine helps to relieve the local discomfort and may do much to obviate the onset

# In Acute Bronchitis

Antiphlogistine is generally applied as hot as can be comfortably borne to the entire front, as well as the back, of the thorax and covered by oil silk or rubber sheeting so as to retain the heat. Thirty-five years of clinical use show that

# Antiphlogistine

by Kaintaining a uniform degree of heat for over twelve deration usctivates the circulation, induces diaphoresis and hours, annuale pain and discomfort associated with this disease

# POSTOPERATIVE COMPLAINTS AND VISCEROPTOSIS

### By WILLIAM L CORCORAN, MD, NEW YORK N Y

THE causative factors producing symptoms in the lower abdominal region are legion. This is true for male and female individuals, but especially true of the latter.

It is my purpose to emphysize one predisposing factor, one indirect cause of annoying conditions that bring to mught treatment of a medical, topical or surgical inture, even though such treatment my be considered of great or specific value under other and uncomplicated circumstances. This particular factor is visceroptosis.

Constipation, gaseous eructations, regurgitation, flatus, tenesmus, micturia, localized distress, pan of all types (slight, moderate, severe colicky, rheumatic, neuritic leading to the hip joints, to the sacrollacs or to the symphysis), bad taste, fetid breath, amenorrhea, menorrhagia, dysmenorrhea, vaginal discharge, pruritis, hemorrhoidal fluctuations, anal fissures, vertigo, tinnitus aura, disturbances of vision, fatigue, backache head ache, and finally persistent postoperative uneasiness are bitterly complained of and the stubbornness of those symptoms to relieving measures may often suggest the presence of a neurosis

The underlying condition of visceroptosis itself responds beautifully to corrective measures, yet, owing to the veiled condition of affairs, those corrective measures are unfortunately often not in Were they initiated then the removal of the indirect ptotic influence upon a persistent residue of symptoms would bring gratifying results for unaccounted manifestations that emanate from the female pelvis, and at times from the lower male abdomen Prior to the performance of an abdominal operation, ordinary ptosis and ptotic symptoms may have been present together with the acute symptoms and signs due to a sur gical abdomen Even so, the immediate postoperative career may have been free from annoy ances of the direct type because of the beneficial results due to the surgical removal of an irritating influence, to postoperative diet, to catharsis, to rest in bed, etc However, when, according to followup clinic-fashion patients present themselves three months, six months or one year after operation, how often do we not hear the complaint of some or all of the direct symptoms, even though the surgical fault has been corrected and removed from consideration as a causative fac tor For example, after a retrocecal or chronically inflamed type of appendix has been removed, and the pain around the iliac crest, or in the hip joint, or in the sheral region either retuins or threatens its recurrence, then it behooves the operator to formulate a good clear reason for such a miship. Let us consider backache, panis in the limbs, menstrual disorders, micturia, and sterility, when due to much inical displacements of

Local applications to an infected or the uterus hecrated cervix along with the insertion of a correct pessary, are known to give relief in a certain percentage of cases This relief may be tem porary or may be perminent or may be used to advantage in a diagnostic way prior to surgical The measures may be adapted to the measures cervical pathology or to surgical adjustment of a malposition, all of which brings about relief in a percentage of cases, but there yet remains an other percentage which fails to yield expected results from topical applications, pessary or surgicil correction, or the good result may be of such a temporary nature that a tendency appears to condemn all topical and surgical procedures. No matter how valuable they may be, they hardly seem worth while, in view of the actual result

Fo my personal satisfaction I repeatedly find the concelled ptotic influence of great importance in a large group of the remaining deficient percentage, so much so, that I have mangurated in my survey of cases special attention to the follow-

1—Along with a history of major abdominal and pelvic complaints, a careful recording and consideration of symptoms will frequently evince

a hidden ptotic tendency

2—Low blood pressure without evident circulatory disturbance, along with slight impairment of the blood characteristics

3—The presence of a small amount of albumin

or of indican

4—The notation of the asthenic state, the presence of a pendulous abdomen, lordosis, scoliosis, impoverished nutrition

5-Palpation, when abdominal structure per-

nuts, of the impacted colon

6—Skiagraphic examination in the erect posture of the gastrointestinal tract by means of a barum series, thereby, making a specific record of the draphragramatic outlines, air space, and the prescue of gas anywhere throughout the tract, the pressage of the ingested barum in transit to the stomach, its reception and distribution upon reaching the stomach, the position and outline of the latter, its emptying time, retention if any, the location of the small bowel, the eccum, ascending, transverse and descending colon and rectum

In the ptotic influence of the outright asthenic, we find a complete downward displacement of the entire or greater portion of the tract, but on repeated examination of cases where I find the indirect ptotic influence so important, this is not increasingly the case. Trequently the storach will be high fixed, the small intestinal flurry found in situ and the eccuin, ascending colon, hepatic themse and a goodly portion of the transverse colon ptosed completely on the floor of the right

pelvis with the remaining transverse colon, making an abrupt ascent to reach a normally fixed splenic flexure or the opposite position of the flexures may be present. At times, both flexures may be more or less within normal sites with a suspension of the transverse colon between, extending well down into the pelvis. Again the redundant The various positions · colon may be present. which the gastrointestinal tract may assume, can only be specifically recorded by skiagraphic examination. Any one or all dislocations may be present with surgical conditions in the abdomen and pelvis, and not obvious at the time of operation for the removal of an appendix, tube, ovary, uterus, or for replacement of the pelvic viscera. It is here our indirect influence may give rise to immediate or delayed postoperative annoyances.

The treatment of direct influencing type or ptosis depends largely on correction of specific

faults.

1—Diet. The ingestion of plenty of water, the taking of regular and small feedings at first,

gradually increasing the volume.

2—Medication of specified type. Administration of Acidum Hydrochloricum Dilutum if an achylia, or the ingestion of alkalis if a hyper chlorhydria; neither, if the total and free hydrochloric acid is normal. Digestive ferments in a vehicle for tonic medication, with strychnina if the therapeutic indications are present; with sedatives, the best of all Sodii Bromidum if its use will be an advanttge. Mineral oil for lubrication both per os and rectum. Glandular therapy if indicated.

3—Colonic irrigations in restricted numbers if

costiveness, flatus and mucus are present.

4—Exercise. Walking, short distance at first. Setting up and body bending procedures. The knee chest position. In the female this position to be assumed with vulva open for entrance of air so that the atmospheric pressure will carry

womb upwards.

5—Supportive measures. Supporting measures are the most important influences in correction, but the prescribed supportive corset or belt with its pads must be designed and constructed to remedy the actual to the toroid upon x-ray examination. At the correct is put on the corsetiere must give a matrictions for its wear-

In porting times which must be followed are  $n_{e,w}$ 

(a) The caset must first be adjusted while he patient is lying down. The lower edge of the corset and the attached pads must be at of upper portion of symphysis pubis, a uppermost part of corset or belt pulled tight, but must be worn y snug so the uplift will not

(b) The corset or belt must be removed only during periods when patient is lying down.

6—The occurrence of pregnacy may be considered a definite help, but the above outline of treatment must be inaugurated postpartum.

Now the indirect influencing type of treatment can be handled by bearing in mind such possibilities as minor symptoms in the syndrome, recognizing the mentioned possible factors that may be observed on physical examination, laboratory suggestion, and an x-ray survey of the gastrointestinal tract. For the successful treatment of the direct type it is quite necessary to handle these cases systematically as outlined. In the indirect influencing type where symptoms are not only annoying, but numerous, such detailed treatment is not always necessary. By correcting the local, mechanical, or surgical outstanding cause of trouble the major step is accomplished, but this correction must not be handicapped from producing its expected results. At times a complete state of ptosis may be present with outstanding symptoms of local, mechanical, or surgical conditions. Here a systematic detailed correction must be made in conjunction with other procedures. Again the uterine displacement, diseased ovary, tube and appendix may be corrected surgically without any of the many immediate or delayed complaints, if correction of ptosis is incorporated in the after treatment.

When the ptotic pressure from above is removed, the topical treatment of the locally diseased cervix, and the early use of the pessary alone or with the associated dilatation and curettage when indicated, will often give symptom-free results.

The following cases typify some of the surgical conditions which may be complicated by visceroptosis.

# REPORT OF CASES

Case 1-Miss K.R., age 54, was admitted to the Knickerbocker Hospital, October 4th, 1924. complaining of stomach symptoms intermittently for the last twenty years. The last attack, the onset of which was three weeks ago has been very severe and persistent, a heavy feeling being present in epigastrium with a diffuse pain throughout abdomen occurring two to three hours p.c. and relieved by hot drinks. A physical examination revealed the abdomen to be scafoid in type with a palpable abdominal aorta and a tender mass in left upper quadrant. The working diagnosis-Duodenal ulcer with possible malignancy. X-ray findings-Stomach large, fish-hook type, located in median line. Between middle and upper part of corpus there is a defect in its filling. part of stomach is characterized by an irregular contoured channel. Location of alteration is at level of arcus costae. Five hour picture shows no retention. Skiagraphic findings indicate carcinoma of the corpus ventriculus. Diagnosis on discharge-Carcinonia of stomach, condition in-

operable.

This case was referred to me October 10th. 1924, with the above hospital survey. History and physical examination identical with that above. Positive urinary findings, s.g. 1.010, albumin ft. trace, indicanuria. Blood examination Gastric extraction after and count negative. test meal showed definite achylia.

After a course of tincture of belladona up to the point of tolerance, a gastrointestinal x-ray series was taken in both the prone and erect position. Gastrointestinal findings-Upright:-Long atonic drawn-out stomach, syphon form. Lowermost pole resting on the floor of the pelvis. Prone:—Stomach over a hand breadth below the crests, atonic, tense, in central portion it shows a condition similar to the hour glass contraction. This is noticed on all plates in the prone position. No other defects in the stomach outline. hour glass appearance is evidently nothing more than an apposition of the stomach walls at that position due to an elongated stomach. Duodenal cap fairly well filled out and seems to show itself persistently. Six hour picture-Stomach empty, barium in lowermost portions of the ileum and some in the ascending colon. Twenty-four hour picture-Barium in ascending and proximal portions of the transverse which portions of the colon are definitely looped and ptosed into the pelvis. Forty-eight hour picture-Most of the barium is in the distal portion of the transverse colon and some in the descending colon. Diagnosis-Profound visceroptosis.

The following routine was inaugurated:

1—Visceroptotic diet.

2—Elimination of the colon contents by irrigations and mineral oil.

3—Medication—Acidum Hydrochloricum Dilutum with meals.

4-Abdominal support designed according to

In six weeks patient was symptom free and has continued so ever since, weight increasing forty pounds. Patient was last seen July 16th, 1928. Had no complaints whatsoever.

Case 2-Mrs. P. B., age 34, was admitted to the Knickerbocker Hospital, January 28th, 1926, complaining of pain throughout abdomen, gaseous eructations, nausea, vomiting, constipation, persistent vaginal discharge, backache, headache, vertigo, fatigue, and painful enlargement on right labia. A physical examination revealed the abdomen to be distended and rigid. No visible pulsations. Tenderness marked over both lower quad-Vaginal examination—Cystic enlargement on right labia, cervix normal, tender palpable masses present on both sides. Rectal examination -Tender masses palpable, within both lower

quadrants. Urinary findings normal. Blood examination and count normal. Working diagnosis -Bilateral salpingitis and oophoritis, Bartholin cyst. Operation-Median line incision. Appendix freed from right ovary, acutely inflamed, removed. Uterus normal in structure, size and Right ovary, cystic throughout, removed. Right tube, acutely inflamed, removed Left ovary, cystic throughout, removed. pyòsalpinx removed. Wound closed in lavers. Bartholin cyst enucleated with subsequent repair. Patient's postoperative career was uneventful, Loth wounds healing by primary union, and she was discharged February 7th, 1926, improv.d. Diagnosis on discharge-Salpingo-oophoritis, appendicitis, cyst of Bartholin gland.

For some weeks after leaving the hospital, the patient complained of backache, headache, vertigo, gaseous eructations, nausea and vomiting, and constipation which would respond only to strong purgatives. Being a well nourished individual with a fairly well developed abdominal musculature, a ptotic condition was not outrightly suspected. However, the last mentioned symptoms were not present during the immediate postopera-

tive career.

A fractional test meal gave evidence of an achylia, but during the time of operation I explored the upper quadrants and made out a normal emptying gall bladder. Subsequent urmalysis showed a one plus albumin and an indicanuria with a negative microscopic picture. These facts led to a gastrointestinal x-ray examination which revealed the following: A stomach filled out completely, located just below the level of the iliac crest, duodenal cap filled out normally. Five-hour picture-Stomach empty and a small intestinal flurry present on floor of pelvis. Twenty-four hour picture-The meal outlines a normal ascending colon and hepatic flexure and extends throughout the proximal three-quarters of the transverse colon which is supported on the floor of the pelvis. Forty-eight hour plate shows the meal in the distal quarter of the transverse colon meeting a normally placed splenic flexure and descending colon.

After the establishment of diet, medication, elimination, specific abdominal support and exercise, all mentioned symptoms have disappeared but at present and for the past six months an artificial menopause has made itself evident and is gradually being checked by glandular therapy.

Case 3-Mr. G. L., age 35, was admitted to the Knickerhocker Hospital, July 19th, 1927, complaining of pain in lower right abdomen, nausea and vomiting, and constipation. A physical examination revealed the abdomen to be rigid and slightly distended, with a tenderness present over right lower quadrant. No visible pulsations, Rectal examination-Tender palpable mass within right pelvis. Urinary findings-Marked trace of

albumin. Blood examination-White cell count 14,000. Working diagnosis—Acute appendicitis. Operation-Right rectus incision. Appendix isolated, delivered, acutely inflamed throughout, removed by carbolized knife, and mesentery tnd stump ligated. Wound repaired in layers. Postoperative caréer uneventful, wound healing by primary union, and patient was discharged July 30th, 1927, cured.

Patient was observed once per week after leaving hospital and the gradual onset of the following symptoms appeared within six weeks: pain throughout abdomen, one-half hour after the ingestion of food, gaseous eructations, backache, fatigue, and loss in weight of ten pounds since May 1st, 1927. The consideration of these symptoms, along with the urinary findings led to an x-ray of the gastrointestinal tract, which disclosed the following:—A stomach which filled out completely, normal in size and position, with a normal duodenal cap. Five-hour picture-Stomach empty, meal in small intestine. Twentyfour hour picture—Meal in ascending colon, extending upwards to level of right iliac crest. Forty-eight hour picture—The ascending colon, hepatic flexure, and proximal two-thirds of transverse colon ptosed well below the level of the right iliac crest. The remaining portion of the transverse colon ascends abruptly to meet a normally fixed splenic flexure and descending colon, the outline of the latter appearing in the seventytwo hour view.

An abdominal belt with specific padding for the existing rightsided ptosis was applied. months following application of belt combined with diet, medication, and exercise all the postoperative symptoms disappeared, the urinalysis is normal and the patient has gained fifteen pounds in weight.

Case 4—Mrs. E.C., age 31, was admitted to the Knickerbocker Hospital, May 26th, 1927, complaining of sudden onset of persistent pain in lower right abdomen, with nausea. A physical

examination revealed a moderately distended abdomen, no rigidity or visible pulsation, but a tender palpable mass within right pelvis. Urinary and rectal examinations also revealed a tender palptble mass within right pelvis. Urinary findings—Albumin trace and indicanuria. Blood examination-White cell count 7,000. Working diagnosis—Right cystic ovary. Operation—Right rectus incision, appendix isolated, and removed by ligation of mesentery and stump, severed with carbolic knife. Right ovary, cystic, clamped at stump, severed, and stump and vessel ligated. Uterus, tubes and left ovary normal. repaired in layers. Postoperative career uneventful, wound healing by primary union. discharged, cured.

Two months later patient complained of backache, epigastric quivering, gaseous eructations, headache and fatigue. A gastrointestinal series disclosed the following:—A long atonic, syphonform of stomach, lowermost pole on floor of pelvis with a normal duodenal cap. Six-hour picture—Stomach empty, barium in lowermost portion of ileum and in ascending colon. Twentyfour hour picture—Barium in ascending colon, location below level of right iliac crest and in transverse colon which is definitely ptosed on floor of pelvis. Forty-eight hour picture—Transverse colon outline remains distinct and the splenic flexure is shown well below level of left iliac crest, the column continuing in the descending colon.

A fractional test meal revealed the presence of an achylia.

All symptoms were rapidly relieved by diet, elimination, medication, and abdominal support.

# BIBLIOGRAPHY

Robinson, Byron: The Pelvic Brain.
 Keen, W. W.: Keen's Surgery.
 Rehfuss, Martin: Diseases of the Stomach.
 Kantor, John L.: The Treatment of the Common Disorders of Digestion.



# NEW YORK STATE JOURNAL OF MEDICINE

Tultor in Chief-Orrin Sage Wightman, M.D...... New York Executive Editor-Feank Overton, M.D...... Patchogue Advertising Manager-Joseph B Turts...... New York

Business and Editorial Office—2 East 103rd Street, New York, N. Y. Telephone, Atwater 5056
The Medical Society of the State of New York is not responsible for views or statements, outside of its own authoritative actions published in the JOURNAL Views expressed in the various departments of the JOURNAL represent the views of the writers

### MEDICAL SOCIETY OF THE STATE OF NEW YORK

Offices at 2 East 103rd Street, New York City. Telephone, Atwater 7524

### **OFFICERS**

President-JAMES N. VANDUR Town	at n	A 15	President Elect-William H Ross, M.D Brentwood
First Vice President—FLO' Sicretary—Daniel S Do Treasurer—CHARLES GORD	ı		Second Vice President—Lyman G Barton, M.D Plattsburg Assistant Secretary—Peter Irving, M.D New York Assistant Treasurer—LAMES PEDERSEN, M.D New York
Speaker-John A. Card, "			Vice Speaker-George W. Cottis, M.D Jamestown

### TRUSTEES

GRANT C MADILL, M D., Chairm	anOgdensburg
JAMES T. ROONEY, M DAlbany	HARRY R TRICK, M DBuffalo
ARTHUR W. BOOTH, M.DElmira	NATHAN B. VAN ETTEN, M.D New York

### CHAIRMEN, STANDING COMMITTEES

Arrangements-Walter A. Calin Legislative-Harry Aranow, M.D.	AN, M.D	Rochester
Pub. Health and Med Education-	-T. F. FARMER.	M.D , Syracuse
Medical Economics—Bei Public Relations—James		
Medical Research-Part		

### CHAIRMEN, SPECIAL COMMITTEES

Periodic Health Exam's-C.	
Vurse Priblem-NATHAN B.	
Physio Therapy-RICHARD K	
Birth Control and Sterilization	
Anti Diphtheria-Natuan B.	
Pollution of Waterways-Citt-	

### PRESIDENTS, DISTRICT BRANCHES

The Destated Commen D	STANWIX, M.D	Fifth District-Paige E THORNHILL, M.D Watertown
Cacoud District Currence	H. GOODRICH, M DBrooklyn	Sixth District-LARUE COLECROVE, M.DElmira
Thred District-Frank A	VANDER VEER, M DAlbany	Seventh District-Austin G Morris, M DRochester
Fourth District-Westers	L. Munson, M DGranville	Eighth District-THOMAS J. WALSH, M D Buffalo

### SECTION OFFICERS \*\*\*\*\*\*\*\* 25 %

•		•			
			LEGAL		
	Office a	t 15 Park	Place, New York.	Telephone, I	Barclay 5550
Couns	elLLOYD	PAUL STRYK	Er, Esq	Attorney-Loui	enz J. Brosnan, Esq

Executive Officer-Joseph S. Lawrence, M D. 100 State St., Albany. Telephone Main 4-4214

For list of officers of County Medical Societies, see this issue, advertising page xxvi.

### NINETEEN HUNDRED AND THIRTY

The new calendar year finds the Medical Society of the State of New York and its constituent county societies in the midst of their most active season. A year-book of record has closed and a new volume has begun, but the continuity of the work of the Society goes on.

Ten thousand or more members of the State Society will doubtless make a New Year resolution to preserve their Journals. Our editorial suggestion is that they begin with the Journal of December fifteenth, 1929, for that number contains an index of medical society activities which will continue during the present year. The editors frequently have requests for information as to where records of certain activities may be found. The yearly index will help inquirers to answer many of these questions directly for themselves. Possibly too, the index will be a revelation of the wealth of the material in the Tournal.

#### COST ACCOUNTING IN MEDICAL PRACTICE

By reason of the shafts being levelled at the medical profession in general, and at individual physicians, from all angles, in popular magazines, your President would urge that the individual doctor adopt a system of bookkeeping for the coming year from which en masse, the pubic in New York State, or in any given community, may be informed by organized medicine just how much it costs the individual doctor to give attention to each person per call in his office during the coming year of 1930; just how much it costs per house call on the average, for the year; and just how much charity work per day, at the regular fees the doctor has given to the community.

This can all be done by adopting a real system of bookkeeping, such as the successful merchant is now compelled to keep, if he would know his standing financially at the end of the year.

It is now the question of overhead expenses, by the reduction of which the merchant hopes to have more for himself at the end of the year. And by the same token the doctor should learn to disassociate his income from medical practice, from his income from invested savings (if he has any), and so learn if he is unconsciously taking from his savings to help support his professional practice.

In the offing, as one travels about the State, one realizes that doctors are poor business men, and pay little heed to the *outgo* of their money, but are eager to learn how they may increase their income.

Education of the people in preventive medicine is coming to the fore, and as such offers outlet for creation of more income when the individual physician is prepared to give in value, that which the public now seeks in small measure but will demand in larger measure as time elapses.

For this the doctor *must* prepare himself individually by the acquisition of knowledge, and the few simple instruments necessary, and school himself in their uses.

In proportion as the physicians examine apparently healthy persons, and uncover the beginnings of diseases which will wreck vengeance on the human system later, and forestall such ravages by sound and honest advice, then in just such proportion will our State Health Department, Educational and Welfare groups and well meaning individuals have less need to awaken a health fear in our population, and the work of prevention will be done by each individual physician who will be paid therefor by his own retained patient, and not by the high powered, high salaried physician of any group.

Because of the physician of the present day and hour having been schooled in curative medi-

cine, he is loath to enter these new fields and is backward in accepting that which is being forced upon him, and in which much increased income is to be gained.

Dentists ethically send out a notice to their patients every three, six or twelve months "to keep your appointment to have your teeth examined, and so keep them in good condition if disease has started."

Perhaps the time is now here when a County Medical Society might send such a card each six months to each resident in the County, paying for the cost of a postal shower by assessment, or asking the local charity association interested in better health to do this.

The return would be at least 100% for the money invested, and would be scattered among the individual physicians, as it would come from their patients, and from some who has never seen a physician.

In some spots in this State I have found a physician, who is preparing himself to take up health examinations as a specialty, which is no more than advanced physical diagnosis, so soon as the campaign toward health consciousness is in full swing. He is forearming himself to the creation of new business, in his office, with less expense in overhead, saving of time to be devoted to other income producing things, and will take away from that physician who has not so forearmed himself, some of the latter's practice. It is inevitable—no matter how much the more poorly equipped, lazy and careless physician may howl. And as he takes away this work from other physicians, he is also reaping the benefits of the seeds which are being sown by those outside of the profession in creating this situation.

Carry this thought to its conclusion, where every doctor has a vast number of physical examinations to do each year, in his own office, for which he is paid, and in which he forestalls many predatory diseases, and we shall see better satisfied physicians with lessened mental worries and a better satisfied and healthier populace, with no pecuniary loss to the doctors of this or of coming generations.

Sickness, accidents, etc., there will always be, perhaps in lessening degree—but the creation of new income-producing avenues for the physician is of present vital import—and we see these avenues opening now, and must prepare ourselves to march down them, fully prepared to cope with whatever we may encounter.

Thus will we again regain confidence with our patients, see the cultists and faddists disappear through their own fallacious reasonings, and render to humanity that which is our duty.

JAMES N. VANDER VEER, President.

#### DR. ALBERT VANDER VEER

Dr. Albert Vander Veer died in his home in Albany on December 19, 1929, aged eighty-eight years, after a lifetime of leadership in the practice of surgery and civic medicine. He graduated from George Washington University in 1863, and served with distinction as surgeon in the Army of the Potomac during the Civil War. He served as President of the Medical Society of the State of New York, and as President of the American Medical Association. He was a Regent of the University of the State of New York from 1895 to 1921, retiring as its Chancellor. He was a man of broad learning and sympathies, and im-

pressed his pleasing personality upon the students in the Albany Medical College and on the physicians throughout the Nation To him more than any other physician was accorded the honor of the deanship of the medical profession of New York State.

Doctor Vander Veer's mantle of medical leadership has fallen on his three sons—Dr James N. Vander Veer, now President of the Medical Society of the State of New York; Dr. Edgar N. Vander Veer, now President of the Third District Branch of the State Society; and Dr Albert Vander Veer, Jr, of New York City

#### INDEXING MEDICAL SOCIETY ACTIVITIES

The official medical societies of the Counties, the States, and the Nation are practicing public health and civic medicine to an ever increasing extent. The record of this practice is found in the official Journals of the State Medical Societies, and seldom elsewhere. The NEW YORK STATE JOURNAL OF MEDICINE makes these records a prominent feature, and it also conducts a department called "Our Neighbors" containing reports from other State Journals and the Journal of the American Medical Association. A special index of these Medical Society activities was published in the Journal of December 15, 1929.

Following the precedent of last year, this index will be reprinted and a copy mailed to every Medical Library in the United States While it is true that indexes of medical journals are bound with the completed volumes, yet Librarians wish to have copies on file for quick reference without having to send to the stackroom for a number of bulky volumes It is gratifying to find that the Journals of Ohio and New Jersey have printed similar indexes and have filed copies with the Library of the New York Academy of Medicine. Other librarians will doubtless value the indexes of medical society activities

#### LOOKING BACKWARD

This Journal Twenty-Five Years Ago

Conference Club: The officers of the New York State Medical Association met in the Yale Club, New York City, on December 20, 1901, and formed a conference club to meet three times a year, at a dinner, for the purpose of promoting acquaintanceship and friendliness among the officers and of exchanging ideas. Dr. E. Eliot Harris was the organizer and first president of the club. Concerning this club the New York State Journal of Medicine of January, 1905, quotes Dr. J. R. Goffe, President, as saying:

"Three years ago a club was organized win the Association, known as the Cautemet Club, the object being to consider, from the club is accorded to time, the interests of the Association and how they can be best subserved. It is accorded to all the subsect of the State, District Brand and Associations, and members the committees. The club meets the first the subsect of the State, District Brand and the subsect of the State, District Brand and the subsect of the State, District Brand and the subsect of the State, District Brand and the subsect of the State of t



## MEDICAL PROGRESS



Diagnosis and Clinical Forms of Extrasystolic Ventricular Arhythmia.--Dr. L. Gallavardin sums up an exhaustive article on this subject as follows: This form of arhythmia is most difficult to describe even though it possesses the traits of arhythmias in general. This difficulty of description is due in part to the fact that we do not know the exact origin nor the actual significance of extrasystolic accidents. All of these extrasystolic hearts, from those frankly sound to those gravely lesioned, may have their rhythm overlaid and as it were sprinkled with these ventricular extrasystoles and it is rather the clinical context than the study of rhythms and graphics which enables us to fix the semeiological value of the arhythmia. One may describe in schematic fashion and in the order of increasing gravity the benign arhythmias. the extrasystoles in volleys, the extrasystolic arhythmias which announce the slowly progressive cardiopathies, and the severe extrasystoles of grave cardiopathies which are often the prelude to fibrillation. The author gives 11 case histories which illustrate these different clinical types of extrasystolia. In the benign forms one should reassure the patient and may also prescribe such drugs as quinine, quinidine, salicylates, etc. Several drugs have some power over the symptom although not of course curative. Thus atropine may arrest the extrasystoles, but only for a short time. If there is an actual lesion of the heart digitalis will prove of value but if the condition is so serious that fibrillation is feared digitalis should be used with great circumspection for it can antagonize some symptoms while aggravating others. Injudiciously given it may aggravate the rhythmic disorder and perhaps precipitate fibrillation,-Le Journal de Médicene de Lyon, September 20, 1929.

Catheterizing the Right Heart.—Dr. W. Forssmann, in the search for some procedure less radical than intracardiac injection, proposes the sounding of the right heart through the veins and made various experiments on the cadaver to determine its feasibility. He passed a ureteral catheter along the various veins with the aim of locating possible val-vular obstruction, and also left the catheter in situ until the thorax could be laid open. He found a sound could be made to pass from the cephalic vein through the subclavian and innominate veins into the right heart, the left arm being preferable for the purpose. Volunteers then appeared among the author's colleagues and trials showed it was possible to introduce a No. 4 ureteral catheter into an elbow vein by means of a cannula and continue it for a distance of 35 cm. The author then made the experiment on his own person and passed the catheter a distance of 65 cm. before any resistance was encountered; this represented the space between the left elbow and the right heart. The location was checked up There were no unpleasant by röntgenograms. collateral or residual symptoms. The first opportunity for a clinical test was supplied by a case of peritonitis secondary to a ruptured inflamed appendix, with the patient in a desperate condition. Some blood was drawn from a vein at the right elbow and the catheter was introduced to the depth of 60 cm.—the arm having been elevated when resistance was felt at 30 cm. Glucose solution with suprarenin and strophanthin addition was infused for an hour with sensible improvement. This was temporary and the infusion was repeated without strophanthin. After a rally the patient succumbed 6 hours after the infusion was begun. The heart outlasted the respiration by. 6 minutes. Although the catheter had been constantly in position there were no evidences of mischief from this source. The author regards his method as safer than intracardiac injection for it eliminates the risk of pericardial shock and hemopericardium. One uses so to speak the natural passages.—Klinische Wochenschrift, Nov. 5, 1929.

The Treatment of Hyperpiesia.—A. H. Douthwaite states that each case of hyperpiesia must be treated in relation to the symptoms, signs, and causes of the condition. Exercise should be restricted only in so far as is indicated by the patient's symptoms and signs. A restriction of meat to thrice weekly is ample. Eggs, brain, liver, and fat should be largely excluded in an attempt to lower the cholesterol in the circlation. In the obese glutton the diet should be a rigid one, composed of fresh fruit and vegetables. The daily use of saline cathartics is odious and useless. Obstinate constipation responds to a vegetarian diet and non-irritating laxatives, such as sulphur, psyllium seeds, and mineral oil. As to drugs, the nitrites are useless except in emergencies. The iodides are not helpful in cases not associated with syphilis. Bromides are of value in the nervous type of patient. Thyroid extract is seldom helpful except in the obese menopausal patient. Veratrum viride is of undoubted value, but must be used with great caution. Acetylcholine stimulates the parasympathetic system and antagonizes adrenalin. It lowers arterial tension by producing dilatation of the arterioles, the capillaries being unaffected. Douthwaite uses a preparation consisting of acetylcholine hydrochloride with glucose. This powder is dissolved immediately before use and injected intra-musculary, the initial dose being 0.05 gram raised subsequently to 0.1 gram daily. This dose produces a steady fall in the systolic pressure, reaching its lowest level in three to four hours with a gradual return to its former height in eight or nine hours. With this treatment the heart and blood vessels are relieved of excessive stress for several hours daily, and the summation of such respites, taken over a year, represent an enormous saving of effort to the heart muscle. In advanced cases lowering of the blood pressure is, of course, contraindicated. Diathermy is sometimes of value. Venesection is still unsurpassed by modern measures in the obese florid type of man who will not submit to dietary restrictions and continuous treatment. Eliminative treatment is essential in the sallow toxic type of patient .--British Medical Journal, November 9, 1929, ii, 3592.

The Treatment of Pneumonia from the Point of View of the Circulation,—After showing in detail how the various factors involved in pneumonia conspire to impair the circulatory apparatus, John Brodie warns against meddlesome fussiness, which exhausts the patient and does much harm. Disturbing influences, like pain and insomnia, must be minimized. An opiate administered in the early days of the disease is a wise measure. Morphine should be replaced by a milder sedative after the fourth day of the disease. If, in spite of a mild diet, the abdomen shows signs of distention, only water and orangeade should be taken. · A simple enema should be given and a rectal tube inserted for removing flatus. If these measures are not effective an intramuscular injection of 0.5 to 1 c.c. of pituitrin should be given. There is good reason for the exhibition of digitalis as a routine measure to all patients with pneumonia; 45 to 60 minims of the tincture, or the corresponding dose of the powdered leaf, should be given daily until the fifth day, and then the amount reduced to 30 minims, avoiding the toxic effects of the drug. There is now a decidedly more favorable opinion than formerly in regard to the value of oxygen. Its administration cannot. however, be considered a therapeutic measure unless the inspired air contains from 30 to 60 per cent., and 40 to 50 per cent. seems to be the optimum dose in the average case. The nasal catheter method of Stokes is satisfactory in mild cases. For more severe cases a higher concentration is essential, and this can be best attained by means of an oxygen chamber, such as that of Barach. There can be no doubt that the effective administration of oxygen in ade-

quate dosage is supportive and tends to prolong life until the mechanism of immunity gains sufficient force to accomplish recovery. As to cardiac stimulants, the administration of fairly large and repeated doses of strong alcohol seems to be unscientific Strychnine exercises no specific action on the heart and as a respiratory stimulant it is unsatisfactory There is more reason in the use of adrenalin, but it must be given with caution, small repeated doses being safer than one large dose In acute emergencies it may be given intravenously; if this proves ineffectual, an intracardiac injection may be tried. Pituitrin is useful under similar circumstances, although rather less so than adrenalin,—Canadian Medical Association Journal, November, 1929, xxi, 5.

Soft Palate Symptomatology with Especial Reference to Tuberculosis .- Dr. Paul Neuda refers to his earlier papers beginning in 1923, in which he is seen to be the first to call the attention of the profession to this subject. His attention was first attracted to the symptom complex in question in 1921 and he has been able to isolate the following associations: In the blood states known as crythremia and polycythemia there may be abortive attacks in which only the soft palate is hyperemic, the balance of the oral mucosa having a normal The zone of junction between the hard and soft palates is the most involved-in other words the upper third of the soft palate. In icterus he has also found that the color, when the oral mucosa is involved, persists longer in the soft palate than elsewhere and especially on both sides of the raphe at the junction of hard and soft palates. In duodenal ulcer he has also noted in a number of cases the coincidence of polycythemia with hyperemia of the soft palate: and finally he has noted the presence of the symptom in the bronzing seen in certain diseases of the pancreas. In the cases of the above associations the gastrointestinal tract was the seat of various affections, but later the author's attention was attracted to tuberculosis of the lungs, larynx, etc. In the tuberculous subject the soft palate is peculiar in structure, being very delicately constructed, pale, and free from fat. In certain doubtful or complicated cases the condition of the soft palate was sufficient to influence the author's diagnosis. The pallor in these cases is associated with an anemic state of the entire gastrointestinal tract while the delicacy is due to the resorption of fat in the tuberculous .- Schweizerische medizinische Heceenschrift, September 21, 1929.

Syphilitic Pulmonary Granulosis. The difference of title refer to a luctic affection which services acute miliary tuberculosis of the limit authors have seen two cases which have been

most exhaustively studied; and both clinically and pathologically the diagnosis was tuberculosis. However when histological and bacteriological criteria were invoked the condition turned out to be syphilitic. The critical symptoms were the fever, dyspnea, and cyanosis and the cases ended fatally in from one to three weeks. However, a cured case has been reported by Professor Favre. This expression of syphilis has thus far been seen only in late and congenital cases. It has not been seen in the sound lung but thus far only in lungs with old pulmonary sclero-gummatous syphilis. There is nothing in the origin of these lesions which suggests the history usually found in acute miliary tuberculosis, in which affection the bacilli enter the blood stream from some remote and minimal lesion and are disseminated throughout the lungs; but there is a close parallel with those cases in which at the close of an ordinary caseous pulmonary tuberculosis terminal miliary granules are found scattered throughout the lungs. In the first case described the patient, two years after his chancre, developed what appeared to be a typical apical tuberculosis with hemoptysis and was interned in a tuberculosis sanatorium. No bacilli were found, and after the death of the patient the apical lesion was seen to have been a gumma. Clinically the miliary disease runs its course with all the malignancy of the corresponding tuberculous affection, death occurring from asphyxia. In Favre's recovered case the dyspnea and fever yielded promptly to antisyphilitic treatment.—Journal de Médecine de Lyon, October 20, 1929.

Is Measles Changing Its Type?—This question is at present agitating some of the German pediatricians, most of whom do not appear to believe that the disease has changed during the century, however individual epidemics may show departures from certain standards. One assertion has reference to diminished contagiousness and the non-necessity of notification. In the Deutsche medizinische Wochenschrift for Sept. 27, Noeggerath concedes that the first case in a family is not necessarily followed by others but this immunity is not necessarily a true one, for there may have been absence of the sort of contact which diffuses the disease. In rationalizing these apparent immunes the entire subject of exposure must be analyzed. The physician should at least continue the family quarantine by isolating the non-infected from the infected. Notification might be omitted save as part of a campaign to fight Moro in an article had an actual epidemic. noted in 1925 that some cases of measles exanthem were so atypical as to render diagnosis difficult. In such cases the incubation period was unusually prolonged-17 to 19 days. Also he noted that some exposed children escaped

in an astonishing manner. But he does not regard such behavior as anything more than variation within natural limitations. Fischl who first brought up this subject of modified measles saw in a recent Prague epidemic many cases of apparent immunity and many abor-The fear of measles pneumonia tive cases. does not seem so acute today as formerly, and recently our attention has been called to postencephalitis following Fischl himself writes a note in the same journal in which he claims that enough of his colleagues have made admissions to justify his bringing the subject to the attention of the profession.

Electrical Treatments in Acute Conditions. -C. B. Heald calls attention to the value of electrical treatments in acute conditions, such as pneumonia, peritonitis, and septicemia. Following the pioneer work of Eaton Stewart, the use of diathermy has now become a routine procedure in St. Bartholomew's and the West Middlesex hospitals. In the primary selection of electrical treatments in acute conditions, the first essential is to endeavor to visualize the actual pathological condition and the physical response most desired. It is desirable to eradicate all stimulative and irritative characteristics in certain types of currents, and to produce currents with true sedative effects. The direct current, with the technique which the author describes, can be used with benefit to reduce pain, spasm, and swelling in fractures and severe injuries. In acute poliomyelitis diathermy can be applied over the spine where the lesion is known to be, using a current of about one milliampere for twenty minutes, with electrodes 6 by 9 inches over the spine and the abdomen. In pneumonia, bronchopneumonia, and allied conditions, the author's experience has confirmed that of Stewart. To avoid moving or disturbing patients who are collapsed and suffering from difficult breathing the pads may be applied under the armpits. The treatment is usually followed by hours of quiet sleep, breathing becomes deeper and more physiological, and delirium frequently ceases abruptly. In septic conditions, such as peritonitis, septicemia, septic cavities, and osteomyelitis, ultraviolet light has a genuine field of usefulness. For burns extremely small doses of ultraviolet light from a full-sized mercury vapor lamp, at 30 inches distance, for two minutes, the burnt surface being covered either with liquid paraffin or ambrine and the remainder of the limb protected from the rays. Pain is more rapidly alleviated by this method than by picric acid, tannic acid, liquid paraffin, or ambrine alone, healing is more rapid and the resulting scar is better. Heald warns practitioners to be exceedingly careful to employ only those who

are thoroughly qualified to give electrical treatments in acute conditions—The Lancet. November 9, 1929 coxii 5511

Acute Yellow Atrophy of the Liver Caused by Acetylene Tetrachloride -- W Schibler re ports two cases of industrial poisoning which occurred in the Aarau Canton of Switzerland. the patients being women employees in a shoe manufactory The cases, in which full autop sies were held, upheld the teaching that this malady usually occurs in two distinct stages The first or prodromal stage is of variable duration and presents disturbances of the general health and of the gastroenteric functions, vomiting, slight fever and slight icterus The second period is one of nervous manifes tations, with motor unrest, screaming, delirium, and slight convulsive movements of the arms A mild soporous stage passes into deep and fatal coma-Icterus increases there is mirked fetor of the breath, with acute hemorrhagic diathesis and Babinski's toe phe The pulse is rapid but respiration is slowed. There is diminished liver dulness with tympanites in the epigastric region. In the cases reported neither leucin nor tyrosin appeared in the urine but the latter contained albumin and cylinders with biliary coloring matter. The blood was altered even to the naked eve, being yellowish brown and thicker than normal, the red cells numbered 6500000 with hemoglobin 120 A leucocytosis of 15,000 was present but the differential count showed no marked departure from normal Blood sedi The author mentation was much slowed knows of a third fatal case in another locality and abortive cases with joundice and marked prostration have been seen in the same factory and reported by Lejeune Acetylene tetra chloride is an ingredient of the glue used in shoe making. In this paper no evidence is given to inculpate it and in the second case none of the latter could be recovered by dis till ition of the blood and urine, although we have thus far no delicate tests to apply -Schweizerische medizimsche Wochenschrift, Oct 26, 1929

Hyperchrome Anemia in Intestinal Affections -H Glatzel alludes to the enterogenic theory of permicious anemia upon which, however, authorities differ widely. The author describes at great length a fatal case in a previ ously healthy man aged 54 with the picture of hyperchrome anemia-characteristic skin color, atrophy of the lingual mucosa achilia gastrica and anacidity, urobilinuria, retinal hemorrhages, dilatation of the heart, and the blood counts of permitious anemia. Death in blood counts of permeious memia this case had however been due to diverticulithis case had nowever men and purulent in history of concer in the ascendants and colregularities. A second patient, a woman of a real should not intermere. —Klu ischess find a fustory of multiple abdominal op-

tions-total extirpation of the uterus and tubes following gonorrheal infection appen dectomy, ileostomy for post operative ileus followed shortly by a second laparotomy with side to side unastomosis, a further laparotomy for post operative ileus with a second anasto mosis, and in operation for hernia this series of interventions she developed the picture of pernicious anemia and died with symptoms of extreme cachevia. Various cases are on record in which a picture developing af ter stenosis of the colon more or less recalled pernicious anemia, and the same is true of stenosis of the small bowel, resection of the same, enteritis etc In the author's case of diverticulitis the observation seems to stand ilone, for he has at least been unable to find a similar one in literature. In discussing diverticulitis in general he makes no mention of the theory that severe autointoxication of intes tinal origin has sometimes been associated with diverticulum formation. It is evident he implies that there are two schools of opinion on pernicious anemia, one of which adheres to a restricted view of an idiopathic affection while the second is wide enough to include cases secondary to bowel affections -- Munchener medizinische Wochenschrift, October 18, 1929

Prevention of Cancer - Prophylaxis, accord ing to Professor O Teutschlander, is applied ciology. It is usually assumed that it can be applied only to evogenous cancers in which evidences of a precancerous condition or chronic iritation are apparent and that this type of cancer is much more infrequent than the internal or endogenous type, but this the author denies, for enneer of the stomach, cer vix, etc. may be regarded as exogenous and he would reverse the common opinion by making the majority of cancers secondary to irritative factors. The first step in prophylaxis is obvious-removal of such irritating novae as are apparent to us, or if this be impossible render ing them innocuous. Under this head come all occupational cancers and organized prophyl axis of industrial diseases should, of course take care of this group. The second step in prophylaxis is the extirpation of all precen cerous lesions whether or not due to the chronic application of an irritant. In many cases surgical removal is indicated on general principles and without any bearing on cancer Many of these affections are of congenital origin and belong under mulformations, while others like leucoplakin are required as a result of sustained irritation. The author does not believe that an undue susceptibility to cancer can be antagonized by diet, hygicne, or drugs, and our only hope from general prophylaxis hes in eugencies, for men and women with

brift September 7, 1929



## LEGAL



#### GRANT C. MANDILL—OUR CANDIDATE FOR REGENT

The Legislature of the State of New York will presently find itself faced with the duty of filling the vacancy in the Board of Regents caused by the recent resignation of Walter Guest Kellogg.

The importance of this great body and its vital relation to the medical profession are so well known to every member, as to obviate the neces-

sity of extended comment.

The members of the State Board of Medical Examiners are appointed by the Regents. The Regents have the power to remove any of the examiners for misconduct, incapacity or neglect of duty. The Regents are the head of the Department of Education and have the power to appoint and at their pleasure to remove the Commissioner of Education. The Regents also have the power to appoint and at their pleasure to remove a deputy Commissioner of Education, who shall perform such duties as the Regents may assign to him. Though the Commissioner of Education has the power to appoint assistant commissioners, he can do this only "subject to the approval of the Regents." This provision applies likewise to the appointment and removal of "all other needed officers and employees of the State Education Department." The Regents have the power to appoint the members of the Grievance Committee upon the nomination of the various medical societies. They have likewise the power to remove any member of the Grievance Committee after due hearing, for malfeasance in office or neglect of duty. After the Grievance Committee has found a physician guilty of the charges preferred against him, it must transmit to the Education Department the record, findings and determination wherein and whereby such practitioner has been found guilty, together with their recommendation. It is then the duty of the Regents, after due hearing, in their discretion to execute an order accepting or modifying the determination of the Grievance Committee. Thus, in the most intimate and direct way the practice of medicine is regulated and controlled by the Regents of this state.

Section 51 of the Education Law provides,

among other things:

"Conformably to law the regents may supervise the entrance regulations to and the licensing under and the practicing of the professions of medicine, dentistry, veterinary medicine, pharmacy, optometry and chiropody, and also supervise the certification of nurses, public accountants, certified shorthand reporters, architects, and members of any other profession which may

hereafter come under the supervision of the head of the board of regents."

The Board of Regents are the governors of the University of the State of New York, an institution conceived and set up by Alexander Hamilton. So important is this body that it finds express recognition in the Constitution of our state. Article 9, Section 2 of that Constitution provides:

"The corporation created in the year one thousand seven hundred and eighty-four, under the name of The Regents of the University of the State of New York, is hereby continued under the name of The University of the State of New York. It shall be governed and its corporate powers which may be increased, modified or diminished by the Legislature, shall be exercised by not less than nine regents."

The objects of this institution are stated in the Education Law as follows:

"\* \* \* to encourage and promote education, to visit and inspect its several institutions and departments, to distribute to or expend or administer for them such property and funds as the state may appropriate therefore or as the university may own or hold in trust or otherwise, and to perform such other duties as may be intrusted to it."

By statute it is also provided that

"The university shall be governed and all its corporate powers exercised by a board of regents whose members shall at all times be three more than the then existing judicial districts of the state. The regents now in office and those hereafter elected shall hold, in the order of their election, for such times that the term of one regent will expire in each year on the first day of April, and his successor shall be chosen in the second week of the preceding February, on or before the fourteenth day of such month. A regent shall be elected by the legislature, on joint ballot of the two houses thereof.

"All vacancies in such office, either for full or unexpired terms, shall be so filled that there shall always be in the membership of the board of regents at least one resident of each of the judicial districts. A vacancy in the office of regent for other cause than expiration of term of service shall be filled for the unexpired term by an election at the session of the legislature immediately following such vacancy, unless the legislature is in session when such vacancy occurs, in which case the vacancy shall be filled by such legislature."

It would be idle to attempt within the compass of this editorial a full statement of the vast powers and jurisdiction with which the Board of Regents, from the time immenorial, have been vested by statute. The Board of Regents is an institution as old as the state. The roll of its membership from the beginning is a catalog of eminent and distinguished men. The most outstanding characters in all the professions and walks of life have given of their time and strength to this great institution. Not only as physicians having a direct interest in this body, but as citizens alert to the interests of the commonwealth, it should not only be our duty, but our great pleasure to exert the concerted and united influence of our Society in furtherance of

the appointment to the present vacancy of a man who would measure up in all respects to the high traditions of the office; who possesses that breadth of knowledge and training which qualify him for it and that confidence of his conferers in his profession and of the citizens at large which should render his appointment a distinguished acquisition to an honorable body. Such a man is Dr. Grant C. Madill, of Ogdensburg, who resides in that part of the State in which a vacancy now exists. His appointment would be an honor to the Medical Profession; and the people at large would have reason to thank the physicians for their splendid contribution to the public service.

#### KELOID - CLAIMED NEGLIGENCE IN INJECTION PRIOR TO TONSILLECTOMY

In this case a small boy was brought to the doctor's office by his mother for examination of his tonsils and adenoids. The doctor examined them and found them to be diseased and recommended their removal. The mother consented and the child was brought to the doctor's office for that purpose. The doctor being apprehensive that the boy might be a bleeder, decided to give him an injection for the purpose of coagulating the blood. The syringe and needle were sterilized. The needle was a new one and had only recently been purchased from a reputable manufacturer. The needle was a proper one for the purpose for which the doctor was about to use it. After the needle had been sterilized and inserted in the ampule of medication, the doctor had the boy stand up while he held his arm and his nurse held his body, while the mother stood by. Both the boy and the mother were cautioned that the boy should not move while the injection was being made. Nevertheless, just as the doctor inserted the needle into the flesh about half way between the elbow and shoulder at a time when the needle was penetrating the muscles, the boy jumped and wrenched his arm, thus causing the needle to break, about three-quarters of the needle remaining in the muscles. The doctor immediately made an incision about one-half inch long at the point where the needle had broken, and probed for it, but could not locate it. He then immediately took the boy and his mother to a hospital where an x-ray was taken of the boy's arm, and a physician at the hospital under a general anaesthetic removed the needle. In the removal an incision was made in the boy's arm about two inches long and several sutures were put in where the incision was made. The boy's arm was bandaged and he went home. The physician who took the needle out treated the arm for about a week, In healing the arm developed a keloid where the incision was made.

An action was thereafter commenced against the physician who made the injection in which it was claimed that the doctor negligently caused the needle to break in the boy's arm and further that he used a defective, broken and rotten needle, and failed to inspect the same before injecting it.

The case came on for trial and after the close of the plaintiff's case, the court on our motion dismissed the action, thus terminating it in the doctor's favor.



The state of the s



## NEWS NOTES



#### COUNCIL MEETING

The second regular meeting of the Council of the Medical Society of the State of New York was held on December 12, 1929, in the offices of the Society in the New York Academy of Medicine, with twenty-three members present and the President, Dr. J. N. Vander Veer, in the Chair.

The principal business was the reception of reports from the Chairmen of the Commit-

tees both standing and special. The Council voted that the Journal publish the report of the Committee on Public Health and Medical Education, and that part of the Report of the Executive Officer relating to county societies.

It being the fifty-second anniversary of the birthday of the President, a resolution was adopted felicitating Dr. Vander Veer on his activities and friendships.

#### COMMITTEE ON PUBLIC HEALTH AND MEDICAL EDUCATION

Report to the Council, December 12, 1929

December 12, 1929.

Continuing its former policy the Committee's major activity has dealt with graduate education. Since the last report to the House of Delegates the following courses have been given under the direction of the committee:

Rockland County, Tuberculosis, 4 lectures; Wayne County, Surgery, 6 lectures; Ontario County, Surgery, 6 lectures; Washington County, Internal Medicine, 6 lectures; Tioga County, Traumatic Surgery, 5 lectures; Steuben County, Internal Medicine, 6 lectures; Monroe (with Livingston), Heart Disease, 5 lectures; Genesee (with Orleans and Wyoming), Heart Disease, 5 lectures; Sullivan County, Internal Medicine, 6 lectures.

It will be seen from this report that nine courses were given this fall reaching twelve counties. The course in Rockland County was given in cooperation with the State Department of Health through its' Division of Tuberculosis. The State Department of Health paid part of the expenses of this course. Unfortunately, this course had to be given in the summer which probably made the attendance smaller than it should have been although the attendance was most satisfactory. The committee feels that the course in Tuberculosis is an excellent one for many county societies. The Division of Tuberculosis of the State Department of Health is to be complimented on the splendid cooperation evidenced in arranging this course.

A new course on Traumatic Surgery arranged by Doctor Moorhead of New York City was given in Tioga Cunty Doctor Moorhead selected an excellent cup of lecturers and they presented their subject most instructively to the Tioga County Medical Society. The Secretary of the Tioga County Medical Society on November seventh wrote the following letter: "Am writing to tell you how we all enjoyed the lectures on Traumatic Surgery you sent our Society. You can recommend this group of men to any society. The same subjects given by other men might not be so good but these men were all splendid." The attendance at this course was small in numbers but large in proportion to the county membership, the percentage of attendance being 78.

It will be noted that of the nine courses given this fall, six dealt with medical subjects and three with surgical. The committee is pleased that the county medical societies prefer the medical subjects which, undoubtedly, are those upon which the average practitioner needs further enlightenment, although the general surgical course and the course on Traumatic Surgery as outlined by Doctor Moorhead cover only the most practical matters.

Our Committee submits the following summary of the work done during the fall of 1929: Total number of courses ...... Total number of lectures ..... 49 Number of county medical societies before which courses were given ..... Total attendance of all courses ............1623 The largest attendance for one course (Monroe County) ..... 841 The smallest attendance for one course (Rockland County) ..... Total cost of all courses .........\$1,745.38 Average cost per course ..... 193.93 Average cost per county ...... 145,45 Average cost per attendance .......

In preparing the summary it was necessary to estimate figures for the past four lectures in the Sullivan County Course which will not be com-

pleted until December 11th and figures for which have not been reported to the Chairman's office.

The Council's attention is called to the rather low expenditure which the committee has made this fall notwithstanding the fact that slightly more work has been done than last fall. This has been possible by grouping nearby counties in taking the same course on the same day, one in the afternoon and one in the evening which has largely reduced traveling expenses. Committee has also been fortunate in securing excellent lecturers who in most cases resided rather close to the place in which the lecture was given. The lecturers were teachers representing the following institutions; Columbia University. Cornell University, New York University, Post-Graduate Hospital Medical College in New York City, Rochester University, Syracuse University and Yale University.

The Committee has already started preparations for some of the spring courses; namely, courses in Chemung, Jefferson and Saint Lawrence Counties. It also has requests for courses in the following counties; Onondaga, Oswego, Delaware, Schoharie, Otsego and Clinton. Several other counties are considering the possibility of having a course. Three counties which had courses this fall have presented requests for

courses in the fall of 1930.

This Committee has cooperated actively with the special committees on Periodic Health Examinations and Physiotherapy both of which subjects were under the direction of this committee last year. A considerable amount of correspondence has been carried on between the Chairmen of these Committees and the Chairman of this Committee. The Chairman of this Committee also attended a meeting of the Committee on Periodic Health Examinations on September 20th.

The Committee has under consideration with the Division of Tuberculosis of the State Department of Health plans for interesting county medical societies in a study of mortality rates for tuberculosis and the need of further efforts to control this disease. This need is apparently much more acute in certain counties than we realize at the present time.

The Committee has sent requests to each county society for information regarding their public health activities. Seventy-five per cent of all county societies have responded. An analysis of these replies will be discussed at the meeting of this Committee to be held in January.

For some time there has been a tendency on the part of the House of Delegates to create special committees to consider specifically certain single subjects many of which have had to do with Public Health. The wisdom of such action is not doubted. However, it would make the work of the State Society more efficient if this committee was kept in closer touch with the work of these special committees. This has been especially shown in the close cooperation between the special committees on Periodic Health Examinations and Physiotherapy, and the standing committee on Public Relations with this Committee. The Committee on Public Health still feels that the medical profession has not mastered the problem of Diphtheria Immunization any place near to its satisfaction. However, because of the fact that a special committee has to deal with this subject we do not know how far we are to proceed with it and still follow the instructions of the Council or the House of Delegates. A meeting of the Committee will be held in January to discuss largely these various Public Health questions already alluded to and in addition the subject of Maternal Mortality, and the organization of County Health Departments, the latter to be worked out in conjunction with the Public Relations Committee. At this meeting it is also planned to take under consideration what changes, if any, should be made in the Committee's policy of Graduate Education.

THOMAS P. FARMER, M D., Chairman. .

#### COUNTY SOCIETY ACTIVITIES

Report of the Executive Officer, Dr. J. S. Lawrence to the Council, December 12, 1929

Herewith is submitted a brief survey of the activities of thirty-nine County Societies as recorded in the office of the Executive Officer. Unfortunately, this is not complete, owing to our difficulty in keeping in close contact with the officers of the County Societies, and some of the information may not be stated correctly because it has been taken from the newspapers. We shall greatly appreciate receiving corrections or additions from any Secretary.

Albany County has just completed a he week program, in which the County Society an active part. Last year, as an innovation Society held one monthly meeting at each of three hospitals. The staff of the hospital acras host, supplied the program.

The Allegany County Society is taking an tive interest in and has appointed a committee assist with the children's clinics that are beheld in the county. It also has requested t

board of supervisors to provide a room to be used for the detention of patients to be committed to the state hospital.

The Bronx County Society has a very active Committee on Medical Economics, which has held a conference with representatives of insurance carriers and self insurers in the county, and contemplates further conferences of the same character. It has secured the establishment in the Bronx of a special Bureau of the Workmen's Compensation Commission.

The Broome County Society, in conjunction with the Binghamton Academy of Medicine, is about to give a series of six talks to the Kiwanis Club on health subjects. After the Club has had talks from other groups, a second series of health talks is to be prepared. They are also planning for themselves a week of symposia, a particular subject to be taken up each day and visitors invited to open the discussions.

The Cayuga County Society supervises the activities of its very efficient county laboratory and recently stimulated a campaign for a new tuberculosis hospital.

The Chenango County Society is taking an active part in the erection of an addition to the Chenango Memorial Hospital.

The Clinton County Society has a committee to study the maternal and pre-natal work done in the county. It recently passed a resolution asking for increased financial support of the efficient county laboratory.

The Columbia County Society, at its most recent meeting, passed a resolution endorsing the appointment by the board of supervisors of two additional public health nurses, and another resolution opposing any fixation of medical fees by the state.

The Cortland County Society has sponsored the creation of a county health department, which the board of supervisors has authorized.

The Delaware County Society proposes to hold this coming spring, at least six clinics "which will deal with diseases and problems of interest to the people and medical profession of the county."

The Dutchess-Putnam Society has a very active Public Health and Public Relations Committee. It is considering, with the assistance of voluntary agencies, the high infant mortality in the county, and it has recently been asked to give an opinion to the board of health on the wisdom of establishing free periodic health examination centers.

The Erie County Society has directed local agencies in an intensive public health campaign against cancer. It has been conducting a radio lecture program and has assisted Dr. Fronczak, Commissioner of Health of Buffalo, with an anti-diphtheria campaign.

The Fulton County Society enjoyed a unique

program at a recent meeting. They invited a banker and a broker to address them on the subject of "Finance."

The Greene County Society is attempting to stimulate interest in the erection of a county hospital. A small fund for that purpose is available.

The Kings County Society is making a study of the necessity of medical examinations and health guidance of boys in vocational schools, and is stimulating an anti-cancer campaign.

The Lewis County Society has been taking an active part in a campaign for a county hospital, which resulted in a vote of two to one by the people of the county, authorizing the board of supervisors to appropriate \$80,000.00, to be met by a similar amount from the state, for the erection of a county hospital.

The Madison County Society, by resolution, recently requested the board of supervisors to employ four additional county public health nurses.

The Monroe County Society is busily engaged in perfecting plans for the entertainment of the State Society at its annual meeting, June 2-5, 1930.

The Nassau County Society has a full-time executive secretary. Some of his duties are to assist with the collection of accounts and to act as a liaison with voluntary agencies in promoting diphtheria immunization and anti-cancer programs.

The five County Societies of Greater New York are actively promoting a periodic health campaign and a diphtheria immunization campaign. In addition, the New York County Society is very effectively conducting a publicity bureau which is receiving widespread approval. Its Committees on Civic Policy, Medical Economics, and its Special Committee on Dispensaries, are very active.

The Oneida County Society, in conjunction with the County Committee on Tuberculosis and Public Health, is promoting a periodic health examination campaign. In connection with this, the members of the Society are lecturing to workmen in the various industries:

The Onondaga County Society is actively assisting in a diphtheria immunization campaign.

The Ontario County Society has recently secured, through the board of supervisors, an appropriation for the employment of a county school medical inspector.

The Orange County Society appointed a committee to meet a committee of the board of supervisors for the purpose of studying the administration of the new Public Welfare Law. This committee made its report to the County Society and the board of supervisors, recommending that in the administration of the law, the family physician be given preference when medical aid is

sought. The board of supervisors adopted the recommendation and by resolution recommended to the towns that no physicians to the poor be appointed; that in every instance the family physician be employed under the same conditions as he might have served had the patient sought him directly. It is hoped that the physician's charges will be rendered in the same spirit. The County Society has also appointed a committee to investigate the prevalence of heart disease in the county.

The Otsego County Society recently held a special meeting to discuss economic problems.

The Queens County Society is building a very fine home. It has for several years cooperated very effectively and satisfactorily with the Queensboro Tuberculosis Committee.

The Rensselaer County Society has recently established a physicians' exchange and is cooperating with the Chamber of Commerce in creating a credit association. It has appointed a certified milk commission; is actively cooperating with the County Tuberculosis and Public Health Association in promoting periodic health examinations; and is considering the employment of an executive secretary.

The Rockland County Society is considering the creation of a county health department.

The St. Lawrence County Society is urging the employment of additional public health nurses.

The Saratoga County Society has made a medical examination of the school children of the county and at its last meeting appointed a committee to appear before the board of supervisors, asking its cooperation in the creation of a public health council to be composed of four physicians and three lay persons, the president of the County Society to be chairman of the committee and the three lay persons to be the judge of the children's court, the commissioner of education of the county, and a member of the board of

supervisors; and to petition them to appropriate \$25,000.00 to carry out the health program which they have developed, a part of this \$25,000.00 to be spent in the employment of four public health nurses.

The Schoharie County Society sponsored a

public meeting on cancer.

The Steuben County Society has cooperated with Dr. Allen Freeman in making a public health survey of the county.

The Suffolk County Society conducts one of the best anti-tuberculosis campaigns in the state and has a county health department with unusual features. The Society acts in an advisory capacity to the county board of health. It has also endorsed an anti-cancer campaign and the examination of the eyes of school children.

The Sullivan County Society is cooperating most effectively with the county health association in promoting a health education program.

The Tompkins County Society is considering the creation of a county health department.

Tioga County has had no hospital. The Medical Society has taken the initiative in securing one, which is being built at present in Waverly.

The Ulster County Society is stimulating haste in the construction of a county tuberculosis

liospital.

The retiring president of the Washington County Society, Dr. W. S. Bennett, delivered an exceedingly interesting and instructive address before his Society on the subject of "Economic Changes During the Past Century and How They Have Affected the Physician." He limited himself in the discussion to conditions in his own county. The address was carried in full by a number of the newspapers in his county and in neighboring counties, and was the occasion for two very splendid half-column editorials. It deserves to be considered a County Society activity.

The Wyoning County Society is interested in having the supervisors and state convert the Warsaw Hospital into a county hospital.

#### COUNTY SOCIETY ACTIVITIES RECORDED IN THE JOURNAL

Supplementing the report of Dr. Lawrence on the records of the civic and community activities of County Medical Societies on file in the office of the Executive Officer, the editors have studied the county society records that have been printed in the JOURNAL during the past year

The officers of thirty-two county societies sent reports of their societies during the year 1929 These reports are principally on the subject of the business, scientific and social work of the societies; but in addition practically every society has considered some topic having a civic or community relation, similar to those recorded in the report of Dr. Lawrence. However, the records

of the civic activities of the county societies received by the JOURNAL directly from the counties, has been meager, as is shown by the following index:

Page

Bronx, Economics of Dispensaries 46
Bronx, Compensation law 484
Bronx, Health Examination work 706
Bronx, Anti-diphtheria campaign 706

Dutchess-Putnam, Survey

Dutchess-Putnam, Water and Sewage in-

Jefferson, Survey

Page
Monroe, Anti-tuberculosis Campaign 483
Montgomery, Survey
Nassau, Investigation of Hospitals and Lab-
oratories 4/
Nassau, Post-graduate Education 47
Nassau, Executive Office Established 47
Oneida, Survey 408
Orange, Survey 560
Oueens, Cooperation with Tuberculosis As-
sociation1415
Rockland, Survey 559
Saratoga, School Children Examinations and
Correction of Defects104, 1316
Saratoga, Public Health Appropriation by
Board of Supervisors1477
Schoharie, Preparing Newspaper articles for
popular health education
Suffolk, County Department of Health 45, 961
Tioga, Hospital at Waverly 413
Ulster, Discussion of physical defects of
school children

Many references to the civic activities of county medical societies are contained in the reports and addresses of the officers and committeemen of the State Society; but it is a fact that the total number of references recorded in every way is probably only half of the number that are not recorded at all, and which do not reach either the executive officer or the editors.

The JOURNAL is almost the only repository of the records of the civic activities of county societies. An investigator of the year 1979, reading the JOURNAL, would get the impression that the members of the county societies of the year 1929 were not very active in the discharge of the peculiar civic duties which devolve upon the medical profession.

The editors wish to call the attention of the leaders of the county societies to the opportunities for mutual helpfulness which will come from a full record of every activity of every society.

#### THE COMMITTEE ON PHYSICAL THERAPY

The Committee on Physical Therapy, appointed in accordance with the resolution at the 1929 Annual Meeting of the Society, consists of the following members: Richard Kovacs, M.D., Chairman, New York City, Floyd O. Reed, M.D., Yonkers, Philip L. Forster, M.D. Albany, Walter J. Craig, M.D., Albany, Homer J. Knickerbocker, M.D., Geneva, Guy H. Turrell, M.D., Smithtown Branch, Lee A. Hadley, M.D., Syracuse.

The first meeting of the Committee was held in Albany on September 5th, in the Legislative Bureau of the Society. Besides the members of the Committee, Dr. Vander Veer, President of the Society, and Dr. J. S. Lawrence, Executive Officer, were present. The Committee realized that in the field of physical therapy there exists considerable confusion, due to the rapid development of the use of physical measures during the past few years, and the lack of fundamental knowledge on the part of the medical profession thereon, and also due to the unfortunate injection of a physiotherapy clause in the new Medical Practice Act which gives lay people the right to practice physical therapy as a craft. The Committee, therefore, decided first to make a survey of the existing facilities for graduate and post-graduate instruction, and to encourage the further development of these facilities and inform the medical profession about them. The Committee went on record as disapproving courses sponsered by commercial interests such as manufacturers of apparatus and lecturers not under the auspices of a recognized medical institution. The Committee decided also to inform the Secretaries of all County Societies and the Chairman of the Committee on Public Health of its work and to offer them its advice on all problems pertaining to physical therapy. The Public Health Committees were asked to designate one or two members as a Sub-Committee on Physical Therapy. The Committee also decided to publish within a reasonable time a detailed statement as to the general statue of physical therapy for the information of the medical profession of New York State.

It was decided to study also the question of physical therapy in relation to compensation work, and to make cooperative efforts to this effect with the insurance companies. Dr. Homer J. Knickerbocker, of Geneva, was appointed to study this problem. The Committee also recommended that the program of the next Annual Meeting of the Society should contain papers spreading practical knowledge on the subject of physical therapy.

The status of the licensed physiotherapists (physical therapy technicians) was discussed, and the Committee expressed its opinion that the requirements of the existing law as to the preliminary four years study as a basis for admission for examination, and as to a subsequent real examination, should be enforced; and, finally, that the missing provisions for censuring technicians and revoking their licenses in case of violations, should be supplemented.

Future meetings of the Committee are to be

held monthly on first Thursday afternoons, alternately between New York and Albany,

and, possibly later, further up-State.

The October meeting of the Committee was held at the New York Academy of Medicine on October 3rd, with Dr. Kovacs presiding and Drs. Reed, Turrell, Forster and Craig present. Replies were read from several County Societies, notably, New York, Bron, Kings, Nassau, Orange, Jefferson and Lewis, stating that they had appointed Committees on Physical Therapy. There were also reports received from various medical schools as to the existing of physical therapy. The Committee decided that one of the later meetings should be given over to a conference with the Education Department of New York State, especially to discuss the status of the physical therapy clause and also educational activities. Complaints as to objectionable courses of teaching held by a commercial concern were referred, through the Secretary of the State Society, to the Council on Physical Therapy of the American Medical Association, for further investigation.

The November meeting of the Committee was held at the Legislative Bureau of the Society in Albany, on November 7th. Besides the members of the Committee, Dr. Vander Veer, President of the Society, attended the meeting, Responses from several County Societies were presented, and it was decided to ask Sub-Committees on Physical Therapy to make a survey of physical therapy activities in their communities, especially in reference to institutional work; and that these committees also be informed that regional conferences with them will be held beginning with the new year.

The Chairman reported about a conference with the Medical Department of the Department of Labor, and a subsequent arrangement for a joint meeting with the members of the New York Claim Association with this Committee, this meeting to be held at the New York Academy of Medicine on December 6th.

The Chairman reported that the draft of the statement on the status of physical therapy is ready and will be sent out for further study and approval to the President of the Society and to all members of the Committee, and for their correction before being published

The Committee endorsed a resolution from the Special Committee on Physiotherapy of the Medical Society of the County of New York, reporting violations of the Medical Practice Act by persons operating as licensed physiotherapists, and calling for a more thorough supervision of these individuals and establishments, and recommending a strengthening of the provision of the law to meet these alleged

illegal operations, was endorsed.

The conference meeting with the insurance carriers was held on December 6th at the New York Academy of Medicine, at which there was an attendance of forty, and at which it was the consensus of opinion that the status of physical therapy in compensation work is unsatisfactory and serves neither the real interest of the patient nor that of the medical profession and the insurance company. A joint committee of six, in which the insurance carriers and the State Society are equally represented, was empowered to take up the details of this problem, and after finishing its survey to make definite recommendations at anotherlarge joint meeting

RICHARD KOVACS, M.D., Chairman.

#### TRI-STATE CONFERENCE

The thirteenth meeting of the Tri-State Conference was held on Saturday morning, December 7, 1929, in the Hotel Chelsea, Atlantic City, beginning at 10:30 o'clock. There were present from New Jersey President A. F. McBride, who presided; Vice-President G. N. J. Sommers; Secretary J. B. Morrison: Executive Secretary and Editor H. O. Reik, and Past-Presidents E. R. Mulford and Philip Marvel.

From Pennsylvania, President W. T. Sharpless; President-Elect R, V. Patterson; Secretary W. F. Donaldson, and Editor Frank Hammond

From New York, President J. N. Vander Veer; President-Elect W. H. Ross; Past-President James E Sadlier; Executive Officer J. S. Lawrence, and Executive Editor Frank Overton.

The principal subject of discussion was "Profitable Results Accruing from the Four Years'

Existence of the Tri-State Conference." The results were set forth by Dr. Reik in a paper which he had prepared. Doctor Reik first described the personnel of the Conference, and its objectives as set forth in the first call for organization. He also rehearsed the ten subj which had been discussed at the Conferences

After this preamble Doctor Reik discussed progress which New Jersey had made along lines of the ten subjects in which the New Jer State Society obtained help from the Tri-Si Conference, as follows:

1. Medical Laws: New Jersey being ingewith the value of those of New York,

2. Nursing: A realization of the unserth. of training and the service renderal?

3 A diphtheria campaign "

Jersey with less labor and cost and more hope of success because of what New Jersey had learned from New York.

4. Periodic health examinations: New Jersey will avoid waste of effort by observing what the

other states are doing.

5. In the Workmen's Compensation Law, New Jersey has learned little from the other states but has contributed much to them, for the outstanding influence of President MacBride in the field is universally recognized.

6. Relation to Voluntary Health Agencies: New Jersey is encouraged to establish a Welfare Committee in every county, after the New York

plan of a Public Relations Committee.

7. Graduate Education is being established under the administrative leadership of Rutgers College after a practical failure of other plans.

8. Expert medical testimony: A model law has been endorsed by the New Jersey State Medical

Society and the State Bar Association.

9. State control of private hospitals: A law for that purpose was enacted by the influence of Commissioner Ellis.

10. The Journal: The ideals of Pennsylvania set forth by Editor Hammond are kept constantly in mind.

The paper of Doctor Reik was the plea of an advocate for the Tri-State Conference. The paper of the next speaker, Dr. W. H. Ross, was the charge of the judge who had studied the subject impartially. Doctor Ross stated that he had formed his opinion after reading the stenographic reports of all the twelve meetings. He had not found that the subjects discussed by the Conference had been settled, nor could they be in the changing conditions of medical service; but the discussions had great value as stepping stones.

The Conference had wasted time on topics which belonged to other bodies,—the nursing, topic, for example. On the other hand the Conference had omitted subjects which are of the deepest concern to all the officers of State Soci-

eties, two of which are

1. Expenditures and their object;

Trustees and their field in planning future activities of the State Society.

Settle the broad questions, and the minor ones will settle themselves. Expert testimony is only a minor question which the Bar Association should settle.

The State Journal is the greatest subject before the Tri-State Conference. If the managers of each journal think they have the best publication, there is no use in a discussion of the subject. Where shall the journals get advertisements? If the Conference can't agree on this question, it is futile to waste money and time on its discussion.

Doctor Ross made a plea that the Conference produce practical results, quoting from an editorial in the Pennsylvania State Journal: "The value of the Conference depends on how much can be carried away from it." He suggested that the subject for consideration be presented briefly and concisely by a chosen speaker, and that the discussion be of the nature of a round-table on that particular topic.

Doctor Vander Veer suggested that the Tri-State Conference adopt a program of subjects for the three conferences of the year. He also was in favor of publishing the entire stenographic notes of each conference in the Journal.

Doctor Sadlier said that he valued the proceedings of the Tri-State Conference so much that, like Doctor Reik, he had collected them into a volume. The question of state aid to general hospitals in rural counties is now being considered in New York State, and the Tri-State Conference can aid New York if Pennsylvania will tell its expenses along those lines. Regarding the practical value of the conference, Doctor Sadlier said that he had got both inspiration and information from every one. Although some impractical things had been discussed, yet the general results were valuable.

Doctor Lawrence spoke of the random nature of much of the discussion at the Tri-State Conference, and gave as an example his paper on "The Opportunity of the County Society" when he made some definite suggestions which went entirely unnoticed in the discussion, while the speakers talked on subjects which were foreign to his paper.

The readiness with which a discussion may be sidetracked was illustrated by the morning conference at which the speakers in the general discussion devoted about half their time to subjects apart from that announced on the program, among them being the following:

Reporting county society meetings.

2. Reciprocity of licensure between Pennsylvania and New Jersey.

3. Post-graduate instruction.

4. Control of irregular practitioners.

The impression gained from the discussions from the floor and from conversations, both before and after the meeting, was that the Tri-State Conference could be of great value to the leaders of the three State Medical Societies in two ways:

- 1. Acquaintanceships formed.
- Information exchanged.

Both of these objects could be best promoted by informal, round-table discussions rather than general papers. The present Conference is practically another medical society where long, formal papers are presented and discussed. It would be more practical to conduct a round-table discussion and to hold each speaker down to the subject under discussion.

A second number on the morning program was a paper by Mrs. Taneyhill on her work in popular medical education. Mrs. Taneyhill has been in the employ of the New Jersey Medical Society for three years as Doctor Reik's assistant in lecturing to groups of laymen. She first tried the plan of arranging lectures through county medical societies, but only a few had asked for them.

She next cooperated with the Women's Auxiliaries; but this Fall she had lectured principally to school children, filling engagements arranged by the State Commissioner of Education and the County School Commissioners.

The Conference adjourned at quarter past one and the members were entertained at luncheon by the Medical Society of New Jersey.

#### ANNUAL REGISTRATION

The time is at hand for the annual registration of physicians in accordance with Section 170 of the Practice of Medicine Act which was passed in 1926 at the request of the Medical Society of the State of New York. This law has frequently been quoted as a model on which other States are basing legislation.

The following letter from the representative of the University of the State of New York will

be of interest to every physician.
Albany, N. Y., December 16, 1929.

Dear Editor:

May I call the attention of your readers to annual registration? As you know the law provides that physicians should register with this Department between the first day of October and the first day of January. At this writing more applications have been received than at the same date in previous years, but there are still approximately over 5,000 physicians out of approximately 18,500 who have not sent in their application cards. The Department is extremely reluctant to use the powers given it by law to compel registration, and hopes that the physicians of the State who have not already done so will send in their application cards immediately.

Your cooperation in this matter will be very

much appreciated.

CHARLES B. HEISLER, Assistant in Higher Education.

#### WESTCHESTER COUNTY HEALTH DEPARTMENT

The New York Times of December 27, 1929 states that the Board of Supervisors of West-chester County has voted unanimously to establish a County Health Department, which shall include all that part of the County which lies outside of the four cities—Yonkers, White Plains, Mount Vernon and New Rochelle. The

estimated cost of the County Health Department will be \$100,000 of which the State will contribute one half. Westchester adjoins Greater New York and is therefore in the Metropolitan area. Its population in 1920 was about 350,000 of which considerably over one-half was in the four cities.

#### REDUCING DRUGS

Reduction of weight is now a popular fad, and inquiries come to the Medical Information Bureau regarding the safety of various methods of losing flesh. Answers to the following letter will assist the Bureau to answer the questions:

Dear Mr Editor:

The Medical Information Bureau of the Academy of Medicine and the County Medical Society is eager to secure information with reference to the deleterious effects resulting from the use of patented reducing drugs, such as Marmola, Nutroids, etc. Needless to say, the information asked for is such as physicians can give without violence to the confidential relationship between patient and physician. Any information on this item will be keenly appreciated

> IAGO GALDSTON, M.D., Secretary, Medical Information Bureau,



## THE DAILY PRESS



#### PRISON RIOTS

Something is wrong in prison managements when an epidemic of riots can suddenly occur, and when two can break out in the Auburn State Prison within six months. It is a striking fact that the State authorities should treat the riots largely as a medical condition and should send two physicians to have charge of the whole matter-Dr. Frank L. Christian, Superintendent of the State Reformatory at Elmira to have charge of Auburn Prison during the emergency, and Dr. George F. Chandler, of Kingston, to make an investigation into the causes of the riots.

The report of Dr. Chandler was made public on December 20, and the New York Herald Tribune of that date summarizes the doctor's recommendations as follows:

"Foremost among seven recommendations made by Colonel Chandler is the abolition of the Mutual Welfare League, which was established at Auburn in 1913 by the late Thomas Mott Osborne and now has a branch at Sing Sing.

"The six other recommendations by Colonel Chandler in his report are:

"Immediate relief of overcrowding at Auburn prison, with use of the state fair grounds at Syracuse as a possible solution.

"Increase of the guard force by at least fifty, with a course of training before assuming duties, and selection to be taken from the civil service and placed in the hands of the Department of Correction.

"Sufficient civilian employees to handle the mails, telephones and the state's money.

"Better food and more clothing.

"Abolition of all special privileges.



Cartoon from the New York Herald Tribune of December 17, 1929.

"Provision for segregation of prisoners.

The New York Herald Tribune had anticipated Dr. Chandler's report when on December 17 it printed a cartoon showing a prisoner haranging his associates about luxuries that are demanded by the enforced guests of the State.

#### THE PECCADILLO

A peccadillo is the microbe of a little sin or had habit to which children are especially sensitive. James J. Montague warns against it

"The peccadillo is so small It hardly can be seen at all. Just one or two, or even three, Can do no harm to you or me. But even germs, unless they throng In herds a hundred thousand strong, Are powerless to make one ill Despite their base and evil will. The germs evade the questing eve. But multiply and multiply Upon your clothing and your meals Until they lay you by the heels.

in the following instructive verses from the New York Herald Tribune of November 19, 1929:

And so the peccadillo may Become a patriarch some day. Until along with it you'll find A whole collection of its kind Intent to make of you a wild And rather good-for-nothing child. And so if peccadillos lurk Around you when you play or work, Unless you are a little dunce You will get rid of them at once, And men will praise a few years hence Your industry and innocence."

#### HEALTH RHYMES

We do not think much of health rhymes until we are confronted with convincing evidence that they actually do have a favorable effect on the health habits of children. But there are various kinds of health rhymes. The New York Sun of December 2 printed some origin il jungles founded on the following news item.

on the following news item
"Miss Mary Duggan of Feachers College
wants childhood rhymes that will substitute

Mistress Mary, healthy very,
How does your garden grow\*
With spinach greens and pers and beins
And rhubarb plants all in a row

There was an old woman who lived in a shoe She had lots of children who healthfully grew She fed them on onions raw fried and boiled, And thus were all germs that beset children foiled

Little Polly Flinders
Sat among the cinders
Warming each pretty little toe
Her mother fed her beet tops
And now whene'er the heat drops
Her blood's so rich she sits out in the snow

Bye baby bunting, Diddy's gone a-hunting Lo get some dindchon greens So baby'll know what vigor means

Jack Sprat could cit no fat, His wife was like her mate Their idea of a banquet was A vegetable plate

Curly Locks! Curly I ocks! Wilt thou be minc?
Thou shalt not wash dishes Nor yet feed the swine,
But sit at the table
And have for desseit
I lot of broccoli
Including the dirt

healthful foods to: those about which the old jingle authors wrote?

The Sun intended that the verses should be tunny, for it printed them in its joke column. We showed them to some mothers who had small children and to our surprise both the mothers and the children thought them to be both funny and serious. We are therefore reprinting them as either fact or funcy,—take your choice.

Simple Simon met a pieman
Going to the fair
Said Simple Simon to the piemin
"For pie I never care"

Said the pieman to Simple Simon With a silly grin (ach), "I ve only pics," and Simon gasped And mumbled, "What! No spinach?"

Sing a song of sinpence, A pocket full of rye, Four and twenty blackbirds Baked in a pie

When the pie was opened
The children all did sing
"Never mind the nice part—
We want a neck or wing!

The Queen of Hearts
She made some tarts
All on a summer's dis
The Knave of Hearts
It stole the tarts
And ate them right iwas

The King of Hearts
Cilled for the tarts
The Queen she used her heid,
Unto the King
She had them bring
Some succotash instead

Old Mother Hubbard
Went to the cupboard
To make her dog sit up and beg,
But when she got there
Of bones it was bare,
So the doggie got spinish and egg

## Z/Z

## BOOKS RECEIVED



- Acknowledgment of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from this column will be made for review, as dictated by their merits, or in the interests of our readers.
- A Graphic Guide to Elementary Surgery. By Prof. Dr. Th. Naegeli. Translated by J. Snowman, M.D. Octavo of 206 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$5.00.
- Applied Electrocardiography. An Introduction to Electrocardiography for Physicians and Students. By Aaron E. Parsonnet, M.D., and Albert S. Hyman, A.B., M.D. Octavo of 206 pages, illustrated, New York, The Macmillan Company, 1929. Cloth, \$4.00.
- THE DOCTOR IN COURT. By Edward Huntington Williams, M.D. 12mo of 289 pages. Baltimore, The Williams & Wilkins Company, 1929. Cloth, \$3.00.
- Memoranda of Toxicology. Partly Based on Tanner's Memoranda of Poisons. By Max Trumper, B.S., A.M., Ph.D. Second Edition. 16mo of 214 pages. Philadelphia, P. Blakiston's Son & Company, 1929. Flexible leather, \$1.50.
- RECENT ADVANCES IN PULMONARY TUBERCULOSIS. By L. S. T. BURRELL, M.A., M.D. Octavo of 217 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, \$3.50.
- THE PRACTICE OF REFRACTION. By W. STEWART DUKE-ELDER, M.A., D.Sc., M.D. Octavo of 410 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1928. Cloth, \$4.00.
- RECENT ADVANCES IN OPHTHALMOLOGY. By W. STEWART DUKE-Elder, M.A., D.Sc., M.D. Second Edition. Octavo of 405 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, \$3.50.
- SQUINT: Its Causes, Pathology, and Treatment. By CIAUD WORTH, F.R.C.S. Sixth Edition. Octavo of 246 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, \$3.50.
- Medical Clinics of North America. Vol. 13, No. 2, September, 1929. (Chicago Number.) Published every other month by the W. B. Saunders Company, Philadelphia and London. Per Clinic Year (6 issues). Cloth, \$16.00 net; paper, \$12.00 net.
- DISEASES OF THE CHEST AND THE PRINCIPLES OF PHYSICAL DIAGNOSIS. By GEORGE WILLIAM NORRIS, A.B., M.D. and HENRY R. M. LANDIS, A.B., M.D. Fourth Edition. Octavo of 954 pages, illustrated. Philadelphia and London, W. B. Saunders Company, 1929. Cloth, \$10.00.
- THE TREATMENT OF DIABETTS MELLITUS WITH HIGHER CARBOHYDRATE DIETS. A Textbook for Physicians and Patients. By WILLIAM D. SANSUM, M.S., M.D., PERCIVAL A. GRAY, Ph.D., M.D., and RUTH BOWDEN, B.S. 16mo of 309 pages. New York and London, Harper & Brothers, 1929. Cloth, \$2.50. (Harper's Medical Monographs.)
- CLINICAL MEDICINE FOR NURSES. By PAUL H. RINGER, A.B., M.D. Third Revised Edition. 12mo of 330 pages, illustrated. Philadelphia, F. A. Davis Company, 1929. Cloth, \$3.60.
- THE NUTRITION OF HEALTHY AND SICK INFANTS AND CHILDREN for Physicians and Students. By E. NOBEL,

- C. Pirquet and R. Wagner. Second Revised Edition. Authorized translation by Benjamin M. Gasul, B.S., M.D. Octavo of 243 pages, illustrated. Philadelphia, F. A. Davis Company, 1929. Cloth, \$3.50.
- THE AFTER-TREATMENT OF OPERATIONS. A Manual for Practitioners and House Surgeons. By P. Lockhart-Mummery, F.R.C.S. Eng. Fifth Edition. 12mo of 281 pages. New York, William Wood & Company, 1929. Cloth, \$3.25.
- On Prescribing Physical Treatment. By Matthew B. Ray, D.S.O., M.D. (Edin.) Octavo of 179 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$3.75.
- DISEASES OF THE STOMACH. A Text-book for Practitioners and Students. By Max Einhorn, M.D. Seventh Revised Edition. Octavo of 593 pages, illustrated. New York, William Wood & Company, 1929. Cloth, \$6.00.
- Interns Handbook. A Guide to Rational Drug Therapy, Clinical Procedures and Diets. By Members of the Faculty of the College of Medicine, Syracuse University. Under the direction of M. S. Dooley, A.B., M.D. 16mo of 254 pages. Philadelphia and London, J. B. Lippincott Company, 1929. Cloth, \$3.00.
- International Clinics. Edited by Henry W. Cattell, A.M., M.D. Thirty-ninth Series, Volume III. Octavo of 308 pages, illustrated. Philadelphia and London, J. B. Lippincott Company, 1929.
- Tularemia. History, Pathology, Diagnosis and Treatment. By Walter M. Simpson, M.S., M.D. Octavo of 162 pages, illustrated. New York, Paul B. Hoeber, Inc., 1929. Cloth, \$5.00.
- AN INTRODUCTION TO THE STUDY OF HUMAN ANATOMY. By ROBERT JAMES TERRY, A.B., M.D. Octavo of 345 pages. New York, The Macmillan Company, 1929. Cloth, \$3.50.
- A System of Bacteriology in Relation to Medicine. By Various Authors. (Prepared under the direction of the Medical Research Council.) Volume III. Octavo of 413 pages, illustrated. London, His Majesty's Stationery Office, 1929. Cloth, £8-8-0 a set; £1-1-0 each.
- Gastric and Duodenal Ulcer. By Arthur F. Hurst, M.A., M.D., and Matthew J. Stewart. M.B. (Glasg.), F.R.C.P. Octavo of 544 pages, illustrated. London and New York, Oxford University Press, 1929. Cloth, \$20.00.
- Applied Pharmacology. By A. J. Clark, M.C., B.A., M.D. Third Edition. Octavo of 529 pages, illustrated. Philadelphia, P. Blakiston's Son & Company, 1929. Cloth, \$4.00.
- SURGICAL CLINICS OF NORTH AMERICA. Vol. 9, No. 5. October, 1929. (Philadelphia Number.) Published every other month by the W. B. Saunders Company, Philadelphia and London, Per Clinic Year (6 issues). Cloth, \$16.00 net; paper, \$12.00 net.



#### BOOK REVIEWS



HANDROOF OF PHYSIOLOGY BY W D HALLIBURTON M D, and R J S McDowall. M B D Sc F R C P Eighteenth Edition Octave of 902 pages illustrated Philadelphia P Blakiston's Son & Company 1920 Cloth \$475

This volume represents the 1928 revision of what his been known since 1896 is Halliburton's Physiology? Some idea of the excellence of this work may be gauged by the fact that in 29 years seventeen editions totalling one hundred and sixteen floursand copies were published. The present edition measures up to the high standard set

by its predecessors and has for a co author R J S McDowall the Professor of Physiology at Kings College London

The general plan and make up of the hook follow the truditional scheme found in most physiology texts. The basic anatomy and detailed function of the general and special org ins of the body are presented and in addition there are chapters on such subjects as Conscious Activity, and The Physiology of Conscious States. So ne of the sections have been almost entirely rewritten for this edition.

Additions have been made to the chapters on the Polygraph The Formation of Blood and Bile Blood Groups etc so as to bring the volume abreast of the recent advances that have been made in the climical and laborators phases of medical science

FRANK & MAILON

HANDIOOK OF ANISTHETICS BY J STUART ROSS MB ChB and H P FARLIE MD Third Edition 12mo of 339 pages illustrated New York William Wood & Company, 1929 Cloth \$325

Those of us will read the first edition of this book

Inose of us will again appreciate the author's lucid style and his careful descriptions and explanations. He shows a wide acquaintance with the literature and his catholicity by quotitions from American journals and modestly lets his own long experience form the backbone of the book without insisting overnuch upon his own opinions as authoritative. After all there is not so much difference in the principles of scientific mesthicis as there is the possibility of conflicting opinion in varying methods. Most of us will agree with the cau tious upproval of Levy's positive recommendation of Chiloroform and agree with Russ that there is a place for it in combinations and if employed at all that in telligent and uncersing care must be exercised.

The American reader will have to interpret and qualify this essentially English volume in the light of our own practices. Of the 66 illustrations we would recog nize only five and they not of latest models of apparatus Gwathmer is credited for his Colonic and Synergistic inethods Crile's almost forgotten Anoci mesthesia is approved Louckhardt and Herb of course for their work with Ethylene the little used Fudo trached method of Elsberg with illusion to Meltzer and Auer the Wayo men and their technic in Local Anesthesia about include all the cis Atlantic references. One may be pardoned for a smile at his apology to nurse techni cians for including them in the male pronouns chapter on Local and Spinal Anesthesias might well have been omitted because of the meagerness of the dis cussion. We have half a dozen volumes devoted to these subjects alone. Ross is profitable reading because one feels the author's rersonality and is impressed by the worth whileness of his statement opinion and argument. He is a safe guide because he knows the way and can point it out

THE PRINCIPLES OF CHINICAL PATHOLOGY IN PRACTICE A Guide to the Interpretation of Laboratory Investigations for the Use of Those Engaged in the Practice of Medicine By Geoffree Bourne M.D. (Lond), M.R.C.P. and Kenneth Stone M.D. (Oxon), M.K.C.P. Octavo of 392 pages. New York Oxford University Press. 1929. Cloth \$4.75. (Oxford Medical Publications)

In the Principles of Clinical Pathology in Practice' Bourne and Stone have attempted to present the resources of the laboratory in a way intended to be of special value to the practitioner. The book embodies a consideration of lal oratory information from the point of view of direct application of the information derived by laboratory examinations to the patient. Technique is not described and as is stated in the preface, Facts likely to be of assistance to the clinician have been included facts unlikely to be of use have been excluded.

A very useful treatment of the subject is attained by classifying the material according to disease and under the latter specifying the laboratory findings together with their interpretation. A fairly complete bibliography is given the illustrations are adequate. The contents are up to date and complete. The style is simple concise and unusually clear. For the busy doctor whose activities prevent intimacy with the laboratory its methods and close requirintance with its usefulness, and resources this little volume of 374 pages will prove unusually The specialist be he surgeon or internist profitable also will find in it much of practical value and perhaps arrive at a quicker understanding of much that is re quired or passed over by occasional reference to this book MAX LEDERER MD

DISEASES AND DEFORMITIES OF THE SPINE AND THORAX BY ARTHUR STEINBLER M D Quarto of 573 pages illustrated St Louis The C V Moshy Company 1929 Cloth \$12.50

In the preface the author states that he has endeavored to develop the topic coherently and logically by dwelling on basic theoretic and experimental evidence. He has succeeded well in doing so

The book is different from the average medical text book where the material is digested for the reader. The author tells his story coherently he gives authoritative opinions on disputed points and expects the reader to draw his own conclusions. He wishes the reader to do his own digesting and in that way develop orthopedic judgment or orthopedic conscience, as he calls it

The subject is presented in a scholarly and masterly manner with a wide scope. It includes concential and static deformities scoliosis low back pain tuberculosis tractures and dislocations osteomyelitis syphilis chronic arthritis tumors and a synopsis of the anatomy of the spine.

It is distinctly a very valuable contribution. It is especially valuable because of the large list of bibliographical references.

The book should be in the library of every orthopedist and industrial surgeon but is of doubtful value to the general practitioner



## OUR NEIGHBORS



#### SECRETARIES' CONFERENCE IN NEW JERSEY

The December issue of the Journal of the Medical Society of New Jersey contains the full stenographic report of the proceedings of the Conference of County Secretaries and Reporters which was held on November 6, 1929, in Trenton, and which was attended by representatives from fourteen out of the twenty-one counties of the State. It is interesting to note that this was exactly the same proportion that attended the conference of New York Secretaries in 1926, but is more than that of the New York conference of 1929 when 32 out of the 60 county societies were represented (see N. Y. STATE JOURNAL OF MEDI-CINE. October 1, 1929, page 1212). Concerning the attendance the New Jersey Journal of December says editorially:

"Unfortunately, we are compelled to say of this gathering as we do of the majority of medical organization meetings, that it was not as well attended as it should have been. Seven counties, just one-third of the whole number, were not represented. Of the 37 individuals serving as secretaries or reporters to the 21 county societies (5 counties elect the same man to fill both offices) only 18—just one-half of the whole—participated in the conference. We wish somebody would tell us why."

The New Jersey report covers fifteen pages, but the following abstracts will show the nature of the discussions:

The first speaker was Dr. W. H. Ross, President-elect of the Medical Society of the State of New York. Dr. Ross founded his remarks principally on the activities of the New York State Medical Society where he formed his opinions and conclusions after first-hand experience. He spoke of the public character which has developed in medicine in the last decade; the relations of the medical profession to other agencies; and the adjustments which doctors have to make in order to meet the new conditions. He then described the work of the Committee on Public Relations of the Medical Society of the State of New York. and of medical service along preventive lines. He urged the physicians to recognize the necessity of lay health organizations, but advised the physicians to assume the leadership in preventive medicine and public health by means of their county medical societies. He particularly commended the Bergen County Medical Society for its medical publicity by means of paid advertisements in the daily newspapers of Hackensack.

The opinion of the remarks of Dr. Ross held

by the New Jersey secretaries is indicated by the following editorial comment:

"Dr. Ross finds that there is some justification for the complaint that some of our number are incompetent practitioners because of failure to keep step with advancing medical science, and also for the public discontent arising from the fact that the profession as a whole has not kept pace with a rapidly changing world by greater practical application of its increased knowledge in the field of scientific medicine. Both findings are quite in line with what the officers of our state society have been constantly preaching for several years past, and some of the other suggestions in his paper are deserving of special consideration."

Dr. S. T. Snedecor, Secretary of Bergen County Society, described the publicity work of his County Society and said:

"Regarding the publicity campaign in Bergen County started a year ago, perhaps the advertising is the part of it that is best known, but I would not have you think that the advertising overbalances the other activities of the county medical society. One of the things I started the first year that I was secretary was a monthly 'Bulletin,' giving the programs of meetings and telling in detail of our activities so that each man in the society would know what was going on, what meetings were being held, what correspondence was taking place, and what the state society was doing for us. It solves many prob-There are no long-winded discussions of misunderstandings at the business meetings, and the members always come ready to push things because they know in advance what is going on.

"We had to raise the dues this year for the state society, so we boosted that along with the county work. It cost us \$5 to run our routine activities, and the county society voted \$25 dues so that we can have some money for the 'Public Relations' work."

"As to the results of our advertising, I'm sure that the doctors have done twice as many health examinations this year as during the previous year. As for the rest of it, I think Dr. Ross' speech has shown us the need for this type of work, this sort of intangible need which you cannot measure."

"A word about this year's program: We do not feel that anything we have done is of a set nature. Some of our advertisements were in the form of an experiment. We have a local

(Continued on page 50-adv. xii)

## COMMON SENSE in a Cough Syrup

INSTEAD of the awe-inspiring formula of the old-fashioned cough syrup,

## THATE

brings a common sense composition of four synergistic drugs to your service, to effect quick relief.

Thiate is a new, pleasant tasting cough syrup, which demonstrates its efficacy in a hurry. In this modern cough syrup Potassium Guaiacol Sulphonate has been combined with Benzocaine Benzoate, Sodium Mono-Benzyl Succinate, and Sodium Salicylate.

Now Thiate does not choke up a cough temporarily. It treats hacking, distressing paroxysms by loosening the secretions and aiding in their smooth expulsion.

A common sense way to find out if this is so is to try Thiate on one cough. Let us send you a bottle, with our compliments, for the test.

THE WM. S. MERRELL COMPANY

CINCINNATI, U.S.A.





#### Comfort and Support with New Inner Pad Belt

Where scientific abdominal uplift and support are desired, this new Camp Inner Pad Belt (Model No. 913) serves admirably. With the Patented Adjustment attached directly to the soft inner pad, the beli provides for correct upward and backward support. This Adjustment makes manipulation easy and a stronger pull possible. The outer elastic section controls extra adipose tissue. The Inner Pad Belt insures maximum comfort with proper support. Dealers stocking these items add a service which customers will appreciate . . . and, at the same time, increase profit possibilities. Sold by surgical houses and the better drug stores.

Write for our Physicians' Manual

S. H. CAMP AND COMPANY Manufacturers, JACKSON, MICHIGAN
CHICAGO LOYDON NEW YORK
Madison St. 252 Regent St., W. 330 Fifth Ave. 59 E. Madison St.

### Barrow Manor

New York's Most Attractive Suburban Convalescent Home

A Private Home for Convalescents Semiinvalids and Elderly People. Mental Patients Not Accepted

Quiet, Restful, Exclusive, Accessible

Medical Service Exclusive Services of Nurse Semi-Private and Private Accommoda-

Diets Laboratory Analysis Alpine Sun Lamp Physio-Therapy Massage Colonic Irrigations

Physicians are invited to supervise in care of their patients

Henry J. Barrow, M.D. Medical Director

Violet C. Smith Superintendent

No. 1 Broadway Dobbs Ferry

Telephone Dobbs Ferry 2274

Inspection invited Information upon Request (Continued from page 48)

radio station which has given us choice broadcasting hours, 12:30 noon on Sundays, for about 6 minutes; we do not want too long a time. The advertising is placed in seven papers in the county. Broadcasting is really of a personal nature and I think the man's name should be used. I believe we are getting away from the old fashioned idea that we should not use a man's name in this connection. All the newspapers have consented to save space each week to print the radio talk. So we make of it a general publicity program. We are, in addition, having reprints made of those advertisements for distribution throughout the county. If you need money, here is one way to get it: The Tuberculosis League sent us \$200 and offered to distribute reprints and assist in every possible way. We are organizing a speakers' bureau. We intend to keep on with our advertising in much the same form. This month we will join the New York campaign and advertise public health examinations. We keep a directory, from time to time listing the towns and the men eligible to practice, teaching the people who the local The whole program is interestphysicians are. ing, and we feel that the results are very fruitful. It is in line with the message Dr. Ross has given us today and we welcome any other suggestions This work is not at all complete, we are really just beginning it."

Dr. J. B. Morrison, Secretary of the State Society, described the publicity work conducted by Dr. Reik and Mrs. Taneyhill. Concerning

crippled children he said:

Cooperation has come also from the Commission for Crippled Children. We did not accept kindly the first draft of that law, and one of our chief criticisms was the fact that the Commission was given the power to take out of the hands of an ordinary physician any case of a deformed or crippled child that the Commission thought was not receiving proper treatment. We now think the law as passed is one of the greatest advances that was ever made. Doctors are now represented on that staff by those who will see that justice is done every time; but they think first of the welfare of the child, and if he is not receiving the most scientific, modern, up-to-date treatment, they feel that they have a right to advise the Commission to take him out of the hands of his physician."

Concerning lay health organizations, Dr. Morrison said:

"Dr. Ross spoke of cooperation of the medical profession with social organizations. The social medical organizations, you know, are here to stay. A great many of them are led by teachers who have taken a university course in social work. They are actually giving up their lives to social welfare work. They are pioneers and know what

(Continued on page 52-adv. xiv)

# FELLOWS' SYRUP

Clinically tested and proved all over the world

REMINERALIZATION

VITALITY

**ENERGY** 

DEMINERALIZATION

CONVALESCENCE

**NEURASTHENIA** 



SODIUM

CALCIUM

POTASSIUM

MANGAL ESE AND IRON

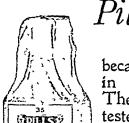
STRYCHNINE AND QUININE

FELLOWS MEDICAL MANUFACTURING COMPANY, Inc.

26 Christopher Street, New York City.

Please mention the IOURNAL when writing to advertices

#### Cardiologists prescribe



Digitalis

Leaves
(Davies Pose)
hympoly Insta
Each Cicontains
Oil Gran (11g
Plans) Delegates

DOSF Ora

BAYIES POSEECO LIE

## Pil. Digitalis

(Davies, Rose)

because they are digitalis in its completeness. They are physiologically tested leaves in the form of physiologically tested pills, giving double assurance of dependability.

Each pill contains 0.1 gram, the equivalent of about 1½ grains of the leaf, or 15 minims of the tincture.

Convenient, uniform, and more accurate than tincture drops.

Sample and literature upon request.

DAVIES, ROSE & CO., Ltd.
Pharmaceutical Manufacturers, Boston, Mass.

## As a General Antiseptic

in place of TINCTURE OF IODINE

Try

## Mercurochrome-220 Soluble

(Dibrom-oxymercuri-fluorescein) 2% Solution

It stains, it penetrates, and it furnishes a deposit of the germicidal agent in the desired field.

It does not burn, irritate or injure tissue in any way.

## Hynson, Westcott & Dunning

Baltimore, Maryland

(Continued from page 50-adv. xii)

they want and are going to get it. They have the power and influence and, what Dr. Ross did not tell you, they have almost unlimited funds. They really have the public welfare at heart and the medical profession can no longer hang back, as it has in the past, and withhold the assistance that these organizations are craving. You may say you haven't the time nor the money. I had neither the time nor money when I started in as secretary of your society, but I saw what was needed for the profession and that unless we woke up to a realization of the fact that we were in a changing aspect of medicine, that medicine would be so changed in the next twenty years that we would not recognize it; and that unless we tried to solve these problems through the medical profession we would have lots of time to sit around in our offices and with far less money to spend."

The next paper on the program was by Dr. B. F. Buzby, of Camden County, on the subject "The Relation of the Secretary to His Own Society." He spoke of the relation of officers to one another, the making of program, delegates to neighboring societies, collection agencies, and qualifications for membership in county societies.

Several subjects were brought up in the general discussion. Eligibility to membership was

expressed by Dr. Morrison as follows:

"Regarding this membership drive, I feel that the province of organized medicine is to bring within our folds every reputable physician who has not proved himself to be disreputable. We have conditions in our county societies where one doctor scarcely recognizes the other for some personal reason, perhaps, but they are both members of the society and deriving the benefits therefrom. I know other instances where thoroughly good men have been kept out because of some personal grievance on somebody's part. The greater influence you bring to bear upon these men the better, and whether they will attend the meetings or not is for them to decide. Let them pay their dues and you can get along without them if they do not want to attend, but I believe organized medicine should offer membership to every reputable physician in the state."

The work of the Program Committee was described by Dr. Irvin of Atlantic City, as follows:

"From what I have heard, I guess our society is the only one that does not have a program committee; that function is taken over by the president and has worked out very well. We always have some well-known man from the outside as speaker. Of course, we have had no trouble in getting them to come to Atlantic City; one of the hotels, where we hold our evening meetings, very kindly entertains them without cost."

Tenure of office was described by Dr. Lathrope of Morris County, as follows:

(Continued on page 54 -adv Az1)

#### DIET QUESTIONS have GELATINE ANSWERS

# HOW CAN YOU MAKE A DIABETIC KEEP TO HIS DIET AND ENJOY IT? . . .

As every physician knows, ordinary everyday hunger has a way of complicating the diabetic diet problem. The memories of patients are notoriously short—and it is often easy to forget the diet when the appetite craves something "good to eat"!

Knox Sparkling Gelatine has the double faculty of providing dishes that are "good to eat"—and also dietetically correct for diabetics.

Knox Gelatine, being real gelatine—free

Knox Gelatine, being real gelatine—free from sugar, coloring and ready-prepared flavoring—combines delightfully with the foods most commonly prescribed for diabetics: eggs, cream, meat, fish, vegetables and fruits. Moreover, it multiplies the forms in which these foods may be presented, bringing to the diabetic menu a tempting variety that will please the most jaded appetite.

May we send you the recipes contained in the Diabetic Recipe Book, prepared by an eminent dietitian? If you will clip the coupon below we shall be glad to send you this book by early mail.

KNOX GELATINE LABORATORIES 432 Knox Avenue, Johnstown, N Y.

Please send me, without obligation or expense, the booklets which I have marked. Also register my name for future reports on clinical gelatine tests as they are issued.

□ Varying the Monotony of Liquid and Soft Diets □ Recures for Anemia □ Diet in the Treatment of Diabetes □ Reducing Diet □ Value of Gelatine in Infant and Child \* eeding

Name Address

KNOX
is the real
GELATINE

The

## New "Master" Elastic Stocking



Made with boot strap at top only (full length tape, of course, if desired).

Made in colors which have been scientifically worked out so as not to show through thin silk hose.

Made with no tape on back, but woven together with a practically invisible seam.

And - Each Handwoven to measure.

## Pomeroy Company

SURGICAL APPLIANCES

16 EAST 42ND STREET, NEW YORK

ROGERS BLDG. ( Fordham Rd. at ) BROOKLYN NEWARK

SPRINGFIELD

NEW YORK DETROIT CHICAGO

BOSTON WILKES-BARRE (Continued from page 52-adv. xiv)

"I think the secretary's job should be a more or less continuous one, also the treasurer's and reporter's. When chosen I said I would take the position of secretary for five years, and at the end of that time I shall resign because I think there are other men in the society who can and should do the work and I do not think it should be saddled on one man for too long a time. I also think it is better for the society to have a change occasionally. This is, however, merely a personal opinion and the society may feel differently about that in some cases. I think it is a good plan to get men in, particularly the men who sit around and growl. They should be given something to do. Generally, if a man criticizes he is thinking about things and that is the sort of man you may want to get on the job. I know of one instance where a man was a chronic kicker, but made one of the best officers that society has had for a long time, when he was put in as president.'

Dr. Diverty of Gloucester County described a local organization of physicians as follows:

"I have been a member of our society for 42 years and during that time there have been many changes. The difficulty with us is to get our men to attend meetings. Some of us attend regularly, but many will not come out. The question is how can we make it interesting for them? belong to a local organization in Woodbury to which every local physician belongs. We call it the Physicians' Association, and it has been in existence continuously for twenty years. I don't believe there is any other such organization in New Jersey. We have practically a 100% attendance. The thought has come to me-why not apply this rule we have followed there to our country society? Once a month we go alphabetically down the list and have a meeting at the home of some member who gives us a dinner. At first we called it the Protective Association. but have changed the name as that did not sound very elevating. We keep a list of every man in the community who does not pay his bills. We agreed among ourselves that if such a man is making good wages and applies to us for services, we will refuse to attend him unless he pays us in advance."

Collecting bills was described by Dr. Pinneo, Essex County, as follows:

"As to the matter of collections, three different schemes have been considered in our county. 1 learned that the City Bank, in New York, which is the second largest financial organization in the world, had a small loan plan and that the doctors were using it, so I proposed to our bank that it should organize the same plan—that the bank shall make loans to patients, without collateral. on endorsement to us. Then the patient is paying

(Continued on page 56-adv. xviii) .



she brings fresh fish for the market and cod liver oil for PATCH. because she is one of the beam trawlers equipped with a Patch cooker, in which a Patch worker extracts the oil from the fish livers as they are caught-a floating Patch plant to insure the quality of

A and D, is a Patch patent and one of the developments pioneered by Patch for the production of this modern, palatable, vitamin potent cod liver oil.

There is no substitute for cod liver oil, and Patch's Flavored Cod Liver Oil presents a product that is unusually palatable, standardized for vitamin A and D potency, and offers these vitamins in familiar dosage.

May we send you a sample bottle for a demonstration of its palatability?

#### Patch's Flavored Cod Liver Oil The E. L. PATCH COMPANY

Boston, Mass.

The E. L.	Patch Co., 80, Dept. NY	
Stoneham	80, Dept. NY	1.
Boston, Ma	ass.	•••

## PUBLIC RELATIONS COMMITTEE OF NEW JERSEY

The Medical Society of New Jersey has a committee on Public Relations, although it is called the Welfare Committee. It consists of thirty members. An organization meeting was held on October 27, 1929; and its proceedings were reported in the December Journal.

The first subject discussed was the work of Mrs. Taneyhill in popular medical education, consisting principally of lectures to school children.

The Committee also has charge of graduate education, and expects to institute courses early in the year with the assistance of Rutgers College.

Mental hygiene clinics were described as follows:

"The proposed establishment of mental hygiene clinics throughout the state was discussed by the House of Delegates and by the Pediatric Section of the state society in June. As the question was presented in the House by the Committee on Public Health and Sanitation, the society instructed that committee to continue its work. In the Pediatric Section a special committee, under the Chairmanship of Dr. E. C. Jackson, was appointed to aid in the development of plans presented by Dr. Plant. We are informed by Dr. Jackson that his committee has been enlarged to relude members having expert knowledge of this

subject and that arrangements are being made for cooperation with the committee on Public Health and Sanitation and also with the State Department of Institutions and Agencies. Dr. Jackschas also requested, and the Editor has grante the request, space in the Journal for 'a series of monthly articles starting with the a, b, c's of mental hygiene, and gradually increasing the dosage in successive articles up to the point of saturation.'

The committee also expects to take up the promotion of legislative plans for establishing standards of surgeons and other specialists, sub-committee was appointed to consider the matter.

The committee will appoint a subcommittee investigate the subject of fee splitting and oth unprofessional conduct.

Cooperation with the Pharmaceutical Association in medical legislation has been partly a ranged. This action was approved.

Concerning collection agencies, the committee reported:

"During the past year there was much ta about the difficulty encountered by physicians collection accounts and expression given to muc dissatisfaction with collection agencies. TI Journal has carried two special articles explaining

(Continued on page 60- adv. xxii)



#### NASON'S COD LIVER OIL

enjoys widespread approval by physicians. For its purity! For its high quality! The cod are caught in freezing temperatures in the Arctic waters off the Lofoden Islands, Norway; the oil immediately extracted and carefully refined in NASON'S own nearby plants. In the American Laboratories of the Tailby-Nason Company each lot is biologically tested and flavored. Its vitamin potency is warranted Nason's palatable cod liver oil complies with the U. S. P. standards for cod liver oil. In addition, it is required to have

tor cod liver oil. In addition, it is required to have a content of fat soluble vitamin A, determined by the U. S. P. method, of not less than 800 units per gram, and an antirachitic potency such that 0.01 Gm. per day will produce definite healing (as determined by x-ray photographs) in the leg bones of rachitic rats in eight days when added to a diet lacking in vitamin D, the rats being also deprived of ultraviolet light

TAILBY-NASON COMPANY

Kerdall Square Station

Boston, Mass.

NYJ 1-30

## Nason's Palatable-Norwegian Cod Liver Oil

The Better Tasting Kind





BEFORE thus ing for any ailment the first question the physician asks the patient concerns the function of the bowels. A very necessary question, to be sure.

Then he must ask himself what corrective to prescribe to suit the condition, withour interfering with the treatment.

Agarol is a safe answer to the question that the physician, of needs, must ask himself many times every day.

Agarol, the original mineral oil and agaragar emulsion with phenolphthalein, is free from any artificial flavoring, sugar, alkali or alcohol. It is safe in diabetes, in gastric diseases, for children as well as adults. No excess of mineral oil to interfere with digestion or to cause leakage.

In addition, gentle stimulation of peristalsis, makes the result certain and the reestablishment of regular habits possible. One tablespoonful at bedtime
—is the dose

Final decision on the true worth of Agarol rests with the physician. We will gladly some a twin

AGAROL for

-nasti